

Approach to Patients With Opioid Use Disorder in the ED

Buprenorphine Standard Initiation

Contact ED substance use navigator/hospital to home coordinator if available.

Patient presents with opioid withdrawal, overdose or complication of opioid use (skin/soft tissue infection, abscess, endocarditis)

Are any exclusion criteria to buprenorphine present?

- Allergy or hypersensitivity to buprenorphine or naloxone
- Reported methadone use in the last 72 hours
- Unable to provide informed consent
- Altered mental status, depressed level of consciousness, or delirium
- Acute intoxication
- Severe medical illness such as sepsis, respiratory distress, severe liver dysfunction

NO

YES

Does the patient meet criteria for standard buprenorphine start?

- Moderate withdrawal (COWS ≥ 13)
- > 12 hours since short-acting opioid
- > 18 hours since intermediate-acting opioid
- > 48 hours since fentanyl

YES

NO

Initiate buprenorphine:

- Usual starting dose: 4 mg
- Elderly/on BZDs/unsure of opioid tolerance or last opioid use: 2 mg



Reassess in one hour

Symptoms improving or not worse?

YES

NO

Give another 2–4 mg

Provide supportive care and re-evaluate.

OPTIONS:

- ☐ Consult addiction medicine if available; patient may be a candidate for methadone or SROM
- ☐ Offer [methadone](#) if appropriate
- ☐ Offer RAAM referral/harm reduction resources
- ☐ Provide [naloxone kit](#)

OPTIONS:

- ☐ If the patient is post-naloxone for overdose or in acute withdrawal from fentanyl < 48h, see [Buprenorphine Macrodosing Initiation](#)
- ☐ Offer [home buprenorphine start](#)
- ☐ Offer [microinduction buprenorphine start](#)
- ☐ Offer return to ED when in withdrawal for buprenorphine treatment
- ☐ Patient handouts about buprenorphine [treatment](#), [home start](#), [microdosing](#)
- ☐ Provide [naloxone kit](#)

- Rapid worsening of symptoms is likely precipitated withdrawal
- Precipitated withdrawal can be treated with additional buprenorphine doses 8 mg q1h until symptoms resolve (max 32 mg total dose). See [Buprenorphine Macrodosing Initiation](#)

- Patients can be monitored and re-dosed in the ED until symptoms resolve/total dose of 16 mg OR discharged with tablets or Rx to maximum 16 mg for Day 1
- Write a prescription for daily observed doses (maximum 16 mg/day) until planned follow-up (max 7 days)
- Refer to RAAM/community clinic
- Dispense [naloxone kit](#)
- [Buprenorphine handout](#)
- [Harm Reduction Info Sheet](#)

● See [Buprenorphine Reference Guide](#) for further information