

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

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

- Offer RAAM referral/harm reduction resources
- Provide naloxone kit
- Consider opioid withdrawal symptom management: clonidine 0.1mg TID

Offer buprenorphine.
 Does the patient want buprenorphine treatment?

NO YES
 SEE ED ORDER SET

Is the patient in moderate withdrawal? (COWS ≥13)

NO YES

Is timing of last opioid use appropriate?
 >12 hours since short-acting opioid
 >18 hours since intermediate-acting opioid
 >48 hours since fentanyl

NO YES

Initiate buprenorphine
 • Usual starting dose 4mg
 • Elderly/patients on BZDs/unsure of last opioid use 2mg

Reassess in one hour

Symptoms improved or the same?

NO YES
 Give another 2-4 mg

- OPTIONS:**
- Offer home buprenorphine start
 - Offer microinduction buprenorphine start
 - Offer return to ED when in withdrawal for buprenorphine treatment
 - Patient handouts on buprenorphine treatment
 - Home start
 - Naloxone kit

- Rapid worsening of symptoms is likely precipitated withdrawal
- **DO NOT** give another dose of buprenorphine in the ED
- **DO NOT** give additional opioids
- Offer symptomatic treatment and home buprenorphine start
- Patient handouts on buprenorphine treatment
- Home start

- PATIENTS ON METHADONE SHOULD NOT BE CHANGED TO BUPRENORPHINE IN THE ED.**
- Consider dosing in the ED or a bridging Rx of their usual dose as long as they have not missed more than 3 days of medication
 - Confirm last dose with pharmacy
 - Send discharge note to treatment provider

- PRECAUTIONS**
- Patients in naloxone-induced withdrawal after reversal of overdose still need to meet criteria for time from last opioid use to avoid precipitated withdrawal.
- CONTRAINDICATIONS**
- Allergy or hypersensitivity to buprenorphine or naloxone
 - Decreased level of consciousness
 - Patient unable to provide informed consent
 - Severe liver dysfunction
 - Acute intoxication
 - Acute severe respiratory distress

- Patients can be monitored and re-dosed in the ED OR discharged with tablets or Rx to maximum 16mg for Day 1
- Write a prescription for daily observed doses (maximum 16mg/day) until planned follow up (max 7 days)
- Dispense naloxone kit, buprenorphine handout, and harm reduction info sheet