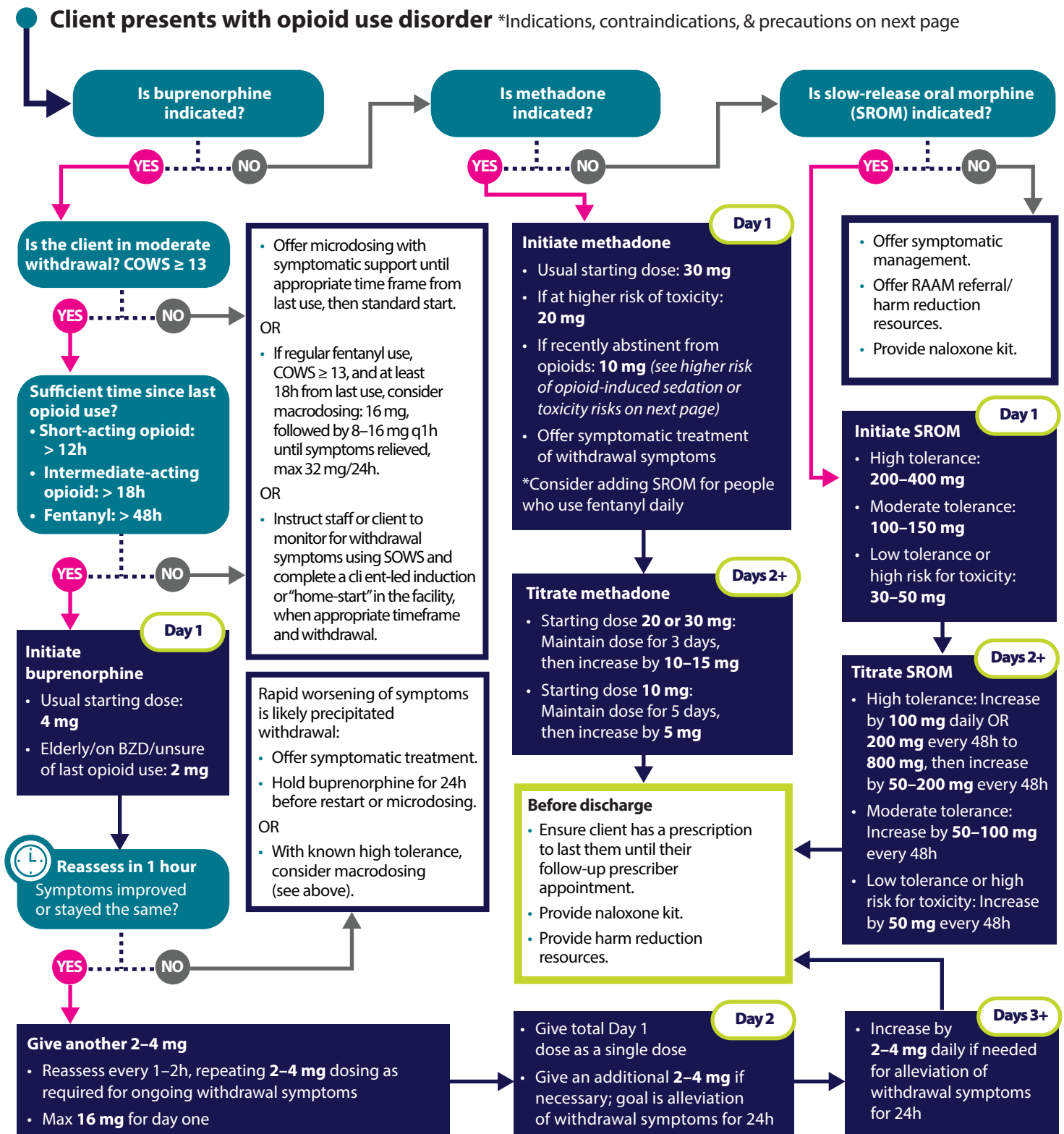


# Clinical Pathway for Medical Management of Opioid Withdrawal and Opioid Use Disorder in Community Residential WMS

**Client presents with opioid use disorder** \*Indications, contraindications, & precautions on next page



## BUPRENORPHINE

### Use buprenorphine when...

- Client prefers buprenorphine
- Higher risk of opioid-induced sedation or toxicity
- Known QT prolongation/history of ventricular arrhythmias
- Difficulty accessing methadone after discharge

## METHADONE

### Use methadone when...

- Client prefers methadone
  - Contraindication to buprenorphine
  - Unsuccessful with buprenorphine initiation or tolerance in the past
  - Ongoing high-risk use despite **24+ mg** of buprenorphine
- High-risk use: Regular use of fentanyl, opioid + benzodiazepine use, overdoses, injection-related infections*

## SROM

### Use SROM when...

- Client prefers SROM
- Contraindications to buprenorphine or methadone
- Unsuccessful with buprenorphine or methadone initiation or tolerance in the past
- SROM can be added to methadone when there is ongoing high-risk use on methadone alone

## PRACTICAL PRECAUTIONS TO OAT

- Hold OAT medication if intoxicated, sedated, or impaired level of consciousness.
- Consider referring to hospital for management if client is on OAT and has acute liver or respiratory illness.
- Use lower starting doses and monitor closely if the client is on high doses of sedating drugs, especially benzodiazepines. Methadone can be particularly dangerous when combined with benzodiazepines.
- SROM is contraindicated in renal insufficiency. Measure renal function before SROM start in the elderly.
- Clients on higher doses of methadone (**120+ mg**) should have an ECG to check QT interval.
- Send the client on OAT to the ED if they show signs of impending overdose (methadone overdose has an insidious onset and is easily missed).

**FOR COMPLETE INFORMATION ON PRESCRIBING AND A LIST OF CONTRAINDICATIONS, REFER TO THE PRODUCT MONOGRAPHS**

## HIGHER RISK OF OPIOID-INDUCED SEDATION OR TOXICITY:

- Use of any sedating substance (BZD, alcohol, other)
- Respiratory disease, e.g., COPD, sleep apnea
- Lower opioid tolerance, e.g., recent incarceration or discharge from inpatient rehabilitation, use of prescription opioids vs. illicit fentanyl
- 60+ years old
- Liver dysfunction, e.g., cirrhosis with low albumin, high INR