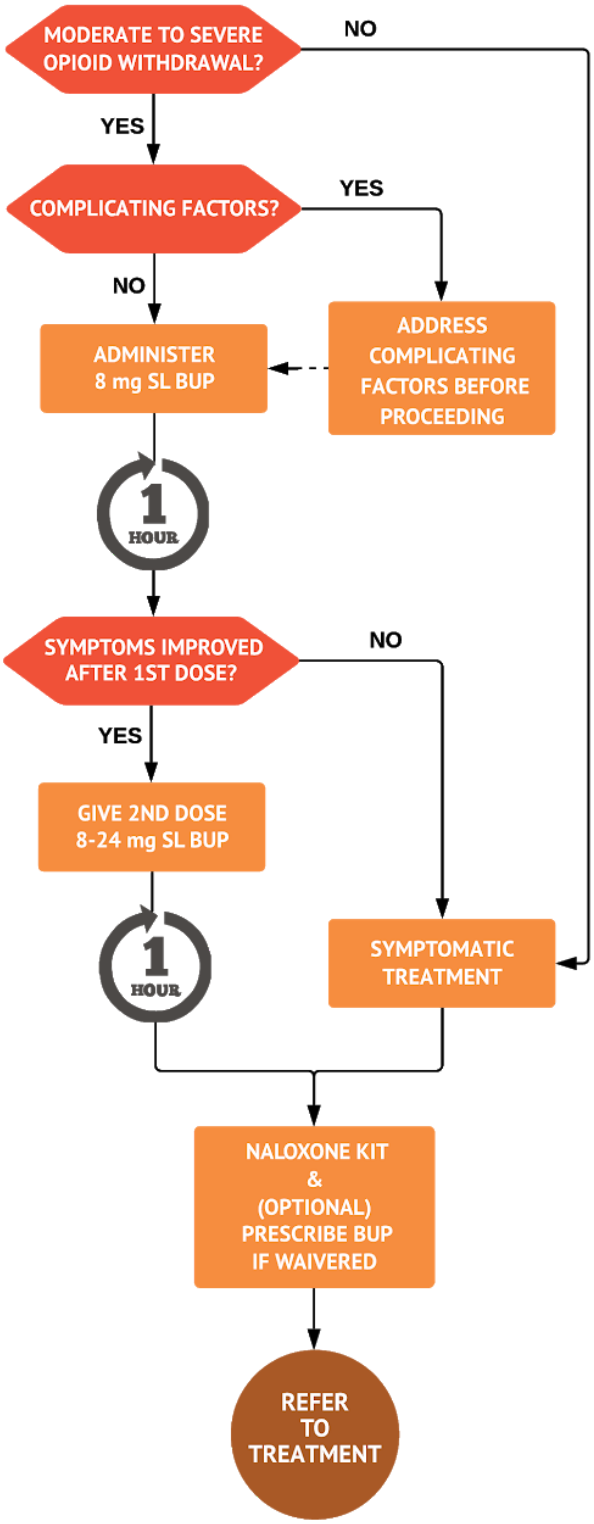
BUPRENORPHINE (BUP) ALGORITHM

MAY 2018



ED BRIDGE Emergency Buprenorphine Treatment

MODERATE TO SEVERE OPIOID WITHDRAWAL

- Use clinical judgement to determine moderate to severe withdrawal.
- If uncertain, use the Clinical Opioid Withdrawal Scale (COWS)
- If using COWS, the score should be ≥ 8 or ≥ 6 with at least one objective sign of withdrawal
- Document: which opioid used, time of last use

COMPLICATING FACTORS

Identify and manage complicating factors prior to proceeding.
The only absolute contraindication is allergy to buprenorphine.

Refer to Buprenorphine Guide before dosing buprenorphine for:

- Clinical suspicion of acute liver failure
- ≥ 20 weeks pregnant
- Intoxicated or altered
- Withdrawal precipitated by naloxone
- Taking methadone or long acting opioid
- Chronic pain patients taking prescribed opioids
- Withdrawal symptoms are inconsistent or borderline (COWS of 6-8), or opioid use within 12 hours; consider beginning with a low dose (2-4 mg SL) and titrating every 1-2 hours

PARENTERAL DOSING

- Use if unable to take sublingual (SL)
- Start with 0.3 mg IV/IM buprenorphine; may repeat as needed; switch to SL when tolerated

PRECIPITATED WITHDRAWAL

- Buprenorphine can cause precipitated withdrawal if too large a dose is given too soon after the last opioid use
- The longer the time since last opioid use (> 24 hours) and the more severe the withdrawal symptoms (COWS ≥ 13) the better the response to initial dosing
- Only patients with objective improvement in withdrawal after the 1st dose should receive subsequent dosing
- Worsening after buprenorphine is likely precipitated withdrawal; no further buprenorphine should be administered in the ED; switch to symptomatic treatment

SYMPTOMATIC TREATMENT

- Supportive medications such as clonidine, gabapentin, metoclopramide, low-dose ketamine, acetaminophen, NSAIDs

LOWER TOTAL DOSE OPTION (16 mg)

- Possible lower risk of sedation or precipitated withdrawal
- Some patients will go back into withdrawal in less than 12 hours increasing risk of early dropout.
- Buprenorphine prescription or next day follow-up should be available

HIGHER TOTAL DOSE OPTION (24-32 mg)

- Increased magnitude and duration of opioid blockade
- More complete treatment of withdrawal in heavy users
- May suppress craving and protect against overdose (opioid blockade) for 2 days or more
- Use with caution in medically complex patients, older patients, and patients using other sedatives such as alcohol or benzodiazepines

RE-EVALUATION TIME INTERVALS

- The time to SL buprenorphine onset is typically 15 minutes and peak clinical effect is typically within 1 hour
- Re-evaluate patient 1 hour after buprenorphine doses
- Observe for 1 hour after the final dose before discharge

DEA 72 HOUR RULE

- Patients may return to the ED for up to 3 days in a row for repeat doses
- At each visit administer 16 mg SL buprenorphine

FOLLOW-UP

- Goal: follow-up treatment available within 3 days