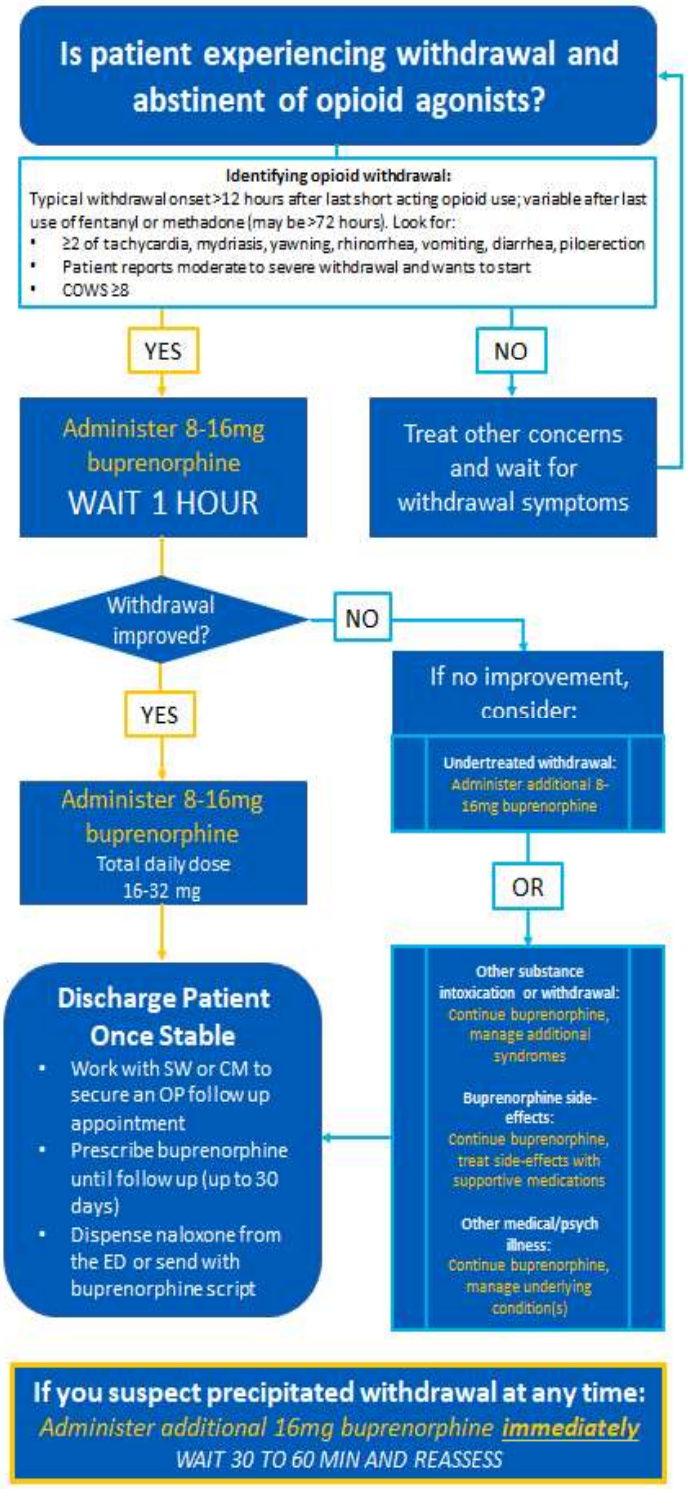
SHOUT TEXAS

Buprenorphine Initiation in the Emergency Department

A DEA X-Waiver is NO LONGER REQUIRED to prescribe buprenorphine.



This guide was adapted from CA Bridge and is intended as a quick reference for emergency department clinicians treating patients with opioid use disorder (OUD) who are interested in and appropriate for buprenorphine initiation.

Patients may present to the ED with standalone opioid withdrawal or withdrawal concurrent with an acute medical need. In most cases, buprenorphine can be administered to treat withdrawal in conjunction with acute medical assessment and stabilization. Similar protocols have been demonstrated to stabilize patients for disposition in less than 2 hours.

Don't delay initial dosing

A urine drug screen and lab testing are NOT necessary prior to initial buprenorphine administration, especially if the patient is already experiencing withdrawal symptoms.

If a patient has already completed withdrawal and wants to start buprenorphine:

1. Administer 2mg buprenorphine q2h until cravings managed and not oversedated
2. After first day, consolidate to daily dosing

Buprenorphine 101

- Sublingual films or tablets are OK.
- Bup-naloxone is preferred; consider bup mono-product for pregnancy or patient's cost-burden.
- Daily dosing preferred; may split dose BID or TID
- Onset is within 15 minutes, peaks at ~1 hour, and reaches steady state in ~7 days.
- Possesses a "ceiling effect" - doses higher than 24mg do not further suppress respiratory or cardiovascular function.
- Pause opioid pain relievers when starting bup; OK to introduce opioid pain relievers after bup is started if patient has acute pain.

Note: Protocol may vary for complicating factors. Algorithms vary based on clinical scenarios. Treat to your patient's symptoms.