**Allergies:**  **Weight:**  kg

**Diagnosis:**

**Service:**  **Attending:**

Use of Medication Assisted Treatment for Opioid Use Disorder Policy: <https://ohsu.ellucid.com/documents/view/6784>

**Order Considerations**

* Patient should be off fentanyl for at least 24 hours to reduce incidence of precipitated withdrawal.
* Consider using short acting opiates to control withdrawal symptoms while waiting for 24 hours since last reported fentanyl use. Last dose of short acting opiates should be 6-8 hours before buprenorphine is started.
* Supportive care medications are important especially in the first 24 hours since last reported fentanyl use.
* Doses up to 32 mg per day may be needed initially. Not all insurance plans will cover 32 mg for continuation of outpatient therapy. Ensure proper coverage before continuing maintenance dose of 32 mg.
* Precipitated withdrawal is a worsening of withdrawal symptoms 30- 60 minutes after administration of buprenorphine. This should be treated promptly with an additional dose of buprenorphine and lorazepam. Use GEN: BUPRENORPHINE PRECIPIATED WITHDRAWAL order set to guide management.
* Do NOT use if patient is on methadone, consult IMPACT.
* Do NOT use if patient is pregnant, consult IMPACT.
* Consider IMPACT consult for complex inductions, patient engagement, anticipate need for longterm IV antibiotics, or questions about Substance Use Disorder.

**Nursing**

* RN assess Clinical Opiate Withdrawal Scale (COWS) Routine, SEE COMMENTS

RN assess COWS every 1-2 hours PRN for opioid withdrawal symptoms to determine when buprenorphine/naloxone can be given. Only check score while patient is awake. Stop checking COWS after buprenorphine-naloxone is initiated.

* If COWS <10 but patient symptomatic, give supportive care medications Routine, CONTINUOUS
* Must observe administration of buprenorphine-naloxone Routine, CONTINUOUS
* Notify Provider Routine, CONTINUOUS

Notify Provider:

-- If 30 minutes or more after a first dose, patient reports worsened withdrawal symptoms.

-- if buprenorphine/naloxone given orally, page provider for repeat dose to be given sublingually.

**Labs**

* Drug Screen, Urine; w/ confirm - ONCE COLLECT NOW, X1
* Liver Set (AST, ALT, Bili Total, Bili Direct, Alk Phos, Alb, Prot Total) COLLECT NOW, X1
* HCG Qual, Urine COLLECT NOW, X1
* Chronic Hepatitis B Panel (CHBP)
  + Hepatitis B Surface Ag w/ reflex confirmation ONCE
  + Hepatitis B Surface Ab Qual, Serum ONCE
  + Hepatitis B Core Ab, Serum ONCE
* Hepatis C virus w/ confirmation ONCE
* HIV Quantitative PCR, Plasma COLLECT NOW, X1

**BUPRENORPHINE - NALOXONE**

**Day 1**

* cloNIDine HCl (CATAPRES) tablet 0.1 mg, oral, ONCE

Notify provider prior to administration for SBP less than 90 mmHg

Notify provider prior to administration for HR less than \_\_\_\_\_\_\_bpm

Give 1 hour before initial dose of buprenorphine-naloxone. DO NOT abruptly discontinue

* Ondansetron (ZOFRAN) ODT tablet 4 mg, SL, ONCE

Give 1 hour before initial dose of buprenorphine- naloxone

* Tizanidine (ZANAFLEX) tablet 4 mg, oral, ONCE

Give 1 hour before initial dose of buprenorphine-naloxone

* gabapentin (NEURONTIN) tablet 600 mg, oral, ONCE

Give 1 hour before initial dose of buprenorphine-naloxone

* buprenorphine ONCE (scheduled) + PRN
  + buprenorphine-naloxone (SUBOXONE) 16 mg, sublingual, ONCE ( +1 hour)

When COWS greater than 10 AND 2 objective signs of opioid withdrawal (tachycardia, sweating, yawning, rhinorrhea, vomiting/diarrhea, or piloerection) AND 24 hours after last fentanyl use

* + buprenorphine-naloxone (SUBOXONE) 8 mg, sublingual, EVERY 1 HOUR AS NEEDED for patient reported cravings, withdrawal, or moderate pain, for 2 doses

\*\*Total Daily Dose not to exceed 32 mg, days reset at 0700\*\*

**Day 2 and beyond**

Provider to order scheduled dose

**BUPRENORPHINE**

**Day 1**

* cloNIDine HCl (CATAPRES) tablet 0.1 mg, oral, ONCE

Notify provider prior to administration for SBP less than 90 mmHg

Notify provider prior to administration for HR less than \_\_\_\_\_\_\_bpm

Give 1 hour before initial dose of buprenorphine. DO NOT abruptly discontinue

* Ondansetron (ZOFRAN) ODT tablet 4 mg, SL, ONCE

Give 1 hour before initial dose of buprenorphine

* Tizanidine (ZANAFLEX) tablet 4 mg, oral, ONCE

Give 1 hour before initial dose of buprenorphine

* gabapentin (NEURONTIN) tablet 600 mg, oral, ONCE

Give 1 hour before initial dose of buprenorphine

* buprenorphine ONCE (scheduled) + PRN
  + buprenorphine (SUBUTEX) 16 mg, sublingual, ONCE ( +1 hour)

When COWS greater than 10 AND 2 objective signs of opioid withdrawal (tachycardia, sweating, yawning, rhinorrhea, vomiting/diarrhea, or piloerection) AND 24 hours since last fentanyl use.

* + buprenorphine (SUBUTEX) 8 mg, sublingual, EVERY 1 HOUR AS NEEDED for patient reported cravings, withdrawal, or pain, for 2 doses

\*\*Total Daily Dose not to exceed 32 mg, days reset at 0700\*\*

**Day 2 and beyond**

Provider to order scheduled dose

SUPPORTIVE CARE MEDICATIONS

**Supportive Care Medications**

* cloNIDine HCl (CATAPRES) tablet 0.1-0.2 mg, oral, THREE TIMES DAILY AS NEEDED for sweating/agitation. Hold for sedation/dizziness

Notify provider prior to administration for SBP less than 90 mmHg

Notify provider prior to administration for HR less than \_\_\_\_\_\_\_bpm

DO NOT abruptly discontinue

* tiZANidine (ZANAFLEX) tablet 2-4 mg, oral, EVERY 6 HOURS AS NEEDED for muscle spasms

Maximum of 3 doses in 24 hours. DO NOT exceed 36 mg per day.

* hydrOXYzine (ATARAX) tablet 25-50 mg, oral, EVERY 4 HOURS AS NEEDED for anxiety
* ondansetron ODT (ZOFRAN ODT) tablet 4 mg, oral, EVERY 8 HOURS AS NEEDED for nausea/vomiting, first line
* hyoscyamine (LEVSIN) tablet 0.125 mg, oral, EVERY 6 HOURS AS NEEDED for abdominal cramping. Maximum adult dose of 1.5 mg in 24 hours.
* loperamide (IMODIUM) capsule 2 mg, oral, FOUR TIMES DAILY AS NEEDED for diarrhea

Maximum of 16 mg (8 capsules) per day for adults.

* NSAIDS *(Single Response)*
* ibuprofen (MOTRIN) tablet 400-600 mg, oral, EVERY 6 HOURS AS NEEDED   
  for mild pain, moderate pain

Not to exceed 3000 mg per 24 hours

* ketorolac (TORADOL) injection 15 mg, intravenous, EVERY 6 HOURS AS NEEDED for 5 Days   
  for mild pain, moderate pain
* acetaminophen (TYLENOL) tablet 1,000 mg, oral, EVERY 6 HOURS AS NEEDED for mild pain, moderate pain, multimodal pain control

**Insomnia**

* traZODone (DESYREL) tablet 50-100 mg, Oral, AT BEDTIME AS NEEDED for insomnia