**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 short acting opiates (oxycodone, morphine, hydromorphone) for 6-8 hours or long acting opiates for (morphine ER and oxycodone ER) for 24 hours.
* Patient should be off fentanyl for 24 hours to reduce incidence of precipitated withdrawal.
* Precipitated withdrawal is a worsening of withdrawal symptoms 30- 60 minutes after administration of buprenorphine. This should be treated promptly. Use GEN: BUPRENORPHINE PRECIPIATED WITHDRAWAL order set to guide management.
* If patient on long acting opiates, including methadone consult IMPACT .
* Daily max dose can go up to 32 mg if needed for high opioid tolerance.

Consider IMPACT consult for complex inductions, patient engagement, anticipate need for longterm IV antibiotics, or question about Substance Use Disorders.

* Consider HRBR consult to bridge prescription at discharge

**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
* Hepatitis C virus w/confirmation ONCE
* HIV Quantitative PCR, Plasma COLLECT NOW, X1

**BUPRENORPHINE - NALOXONE**

**Day 1**

* Day 1: buprenorphine ONCE (scheduled) + PRN
	+ buprenorphine-naloxone (SUBOXONE) 2 mg, sublingual, ONCE

When COWS greater than 10 AND 2 objective signs of opioid withdrawals (tachycardia, sweating, yawning, rhinorrhea, vomiting/diarrhea, or piloerection).

* + buprenorphine-naloxone (SUBOXONE) 2 mg, sublingual, EVERY 1 HOUR AS NEEDED for patient reported cravings, withdrawal, or moderate pain, for 11 doses

\*\*Total Daily Dose not to exceed 24mg, days reset at 0700\*\*

**Day 2**

* Day 2: buprenorphine daily + PRN

Day 2: MAX TOTAL DAILY buprenorphine dose is 24 mg including scheduled dose and PRN's

Daily Dose: TOTAL DAILY DOSE GIVEN ON DAY 1 as maintenance daily dose

* + buprenorphine-naloxone (SUBOXONE) 4-24 mg, sublingual, DAILY for 1 dose starting tomorrow at 0900

RN to total dose from Day 1 (Day defined at 0700-0659). Hold for sedation

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

\*\*Total Daily Dose including daily AND PRN not to exceed 24 mg, days reset at 0700\*\*

**Day 3**

* Day 3: buprenorphine daily + PRN

Day 3: MAX TOTAL DAILY buprenorphine dose is 24 mg including scheduled doseand PRN's

Daily Dose = TOTAL DAILY DOSE (daily dose + PRN) GIVEN ON DAY 2 as maintenance daily dose

* + buprenorphine-naloxone (SUBOXONE) 4-24 mg, sublingual, DAILY for 1 dose, starting the day after tomorrow at 0900

RN to total dose from Day 2 (Day defined at 0700-0659). Hold for sedation

* + buprenorphine-naloxone (SUBOXONE) 2 mg, sublingual, EVERY 2 HOUR AS NEEDED for patient reported cravings, withdrawal , or moderate pain, starting the day after tomorrow for 1 day

\*\*Total Daily Dose including daily AND PRN not to exceed 24 mg, days reset at 0700\*\*

**Day 4 and beyond**

Provider to order scheduled dose

**BUPRENORPHINE**

**Day 1**

* Day 1: buprenorphine ONCE (scheduled) + PRN
	+ buprenorphine (SUBUTEX) 2 mg, sublingual, ONCE

When COWS greater than 10 AND 2 objective signs of opioid withdrawals (tachycardia, sweating, yawning, rhinorrhea, vomiting/diarrhea, or piloerection).

* + buprenorphine (SUBUTEX) 2 mg, sublingual, EVERY 1 HOUR AS NEEDED for patient reported cravings, withdrawal or moderate pain, for 11 doses

\*\*Total Daily Dose not to exceed 24 mg, days reset at 0700\*\*

**Day 2**

* Day 2: buprenorphine daily + PRN

Day 2: MAX TOTAL DAILY buprenorphine dose is 24 mg including scheduled dose and PRN's

Daily Dose: TOTAL DAILY DOSE GIVEN ON DAY 1 as maintenance daily dose

* + Buprenorphine (SUBUTEX) 4-24 mg, sublingual, DAILY for 1 dose starting tomorrow at 0900

RN to total dose from Day 1 (Day defined at 0700-0659). Hold for sedation

* + buprenorphine (SUBUTEX) 2 mg, sublingual, EVERY 2 HOUR AS NEEDED for patient reported cravings, withdrawal or moderate pain, starting tomorrow for 1 day

\*\*Total Daily Dose including daily AND PRN not to exceed 24 mg, days reset at 0700\*\*

**Day 3**

* Day 3: buprenorphine daily + PRN

Day 3: MAX TOTAL DAILY buprenorphine dose is 24 mg including scheduled dose and PRN's

Daily Dose = TOTAL DAILY DOSE (daily dose + PRN) GIVEN ON DAY 2 as maintenance daily dose

* + buprenorphine (SUBUTEX) 4-24 mg, sublingual, DAILY for 1 dose, starting the day after tomorrow at 0900

RN to total dose from Day 2 (Day defined at 0700-0659). Hold for sedation

* + buprenorphine (SUBUTEX) 2 mg, sublingual, EVERY 2 HOUR AS NEEDED for patient reported cravings, withdrawal or moderate pain, starting the day after tomorrow for 1 day

\*\*Total Daily Dose including daily AND PRN not to exceed 24 mg, days reset at 0700\*\*

**Day 4 and beyond**

Provider to order scheduled doseSUPPORTIVE 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