Buprenorphine Induction Protocol

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<tr><td>Prior to Induction</td><td>

- Take a history and confirm opioid use disorder. Evaluate for withdrawal and cravings
- Encourage medications as evidence shows that patients who choose medication management have much lower relapse rates
- Discuss the range of medication options (buprenorphine, naltrexone, methadone if over 18)
- Explain when meds can be started:
  - Buprenorphine can be started after patient starts developing withdrawal symptoms
  - Naltrexone has to be started after all withdrawal symptoms have cleared (up to 7 days)
  - Methadone can be started right away but has to be prescribed from a specialized methadone clinic
  - Any medication can be started if the patient has already had a period of abstinence and no longer has withdrawal symptoms
- For patients who cannot wait for withdrawal, consider admission for support during withdrawal (meds can be started after admission)
- **Prescribe Narcan (4 mg X 2 doses)**

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<tr><td>For patients who choose buprenorphine</td><td>

- Tell patients that buprenorphine **SHOULD NEVER** be taken in combination with other sedatives, including alcohol, benzodiazepines or other opioids because of the risk of accidental overdose.
- Ask patients to fill a prescription and bring the medication with them to the next appointment. Usually 2mg X 20 tablets are enough for 3-4 days until the next appointment.
- Tell patients NOT to start medication until the induction appointment.
- For patients who are waiting for withdrawal symptoms in order to start meds, ask them to be together with/under the supervision of a parent/guardian until the induction appointment if possible.
- Suggest comfort medications for withdrawal symptoms (NSAID's, anti-diarrheal meds, trazodone for sleep)

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At time of induction	• Collect and count pills. If there is a discrepancy ask for an explanation. Call the pharmacy to check the number of pills dispensed if needed. • Take a brief substance use history to determine last use of opioids, alcohol, benzodiazepines and other drugs. • Consider a pregnancy test for all females. • Explain how to use sublingual medications and demonstrate in front of a parent if possible.

Start the induction	For patients using opioids other than fentanyl
	• Measure a (Clinical Opioid Withdrawal Scale) COWS If COWS $\geq$5, administer 1-2 mg of buprenorphine.
	• Observe patient for 30-45 minutes and repeat COWS. If score remains $\geq$ 5, administer second dose of 1 mg.
	• Continue until COWS < 5
	• If COWS score increases after first dose, STOP the induction. Observe in the office until symptoms resolve to a tolerable level or consider referring to ED for ongoing management.
	For patients using fentanyl
	• Buprenorphine can precipitate withdrawal symptoms even when patient starts in withdrawal
	• Start very low and go very slow
	• Consider treating withdrawal symptoms
	    ○ HTN/Anxiety: Clonidine 0.1 mg po tid ***Hold if hypotensive***
	    ○ Diarrhea: Loperamide 4mg po with 1st loose stool, then 2mg per loose stool. Max of 24 mg per day
	    ○ Pain: Ibuprofen 600 mg or Acetaminophen 650 mg po q4-6h
	    ○ Abdominal cramping: Dicyclomine (Bentyl) 20 mg po q4h
	    ○ Nasal congestion: Diphenhydramine 50 mg po q4h
	    ○ Muscle cramps: Methocarbamol 750 mg po q6h

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	○ Insomnia: Trazodone 50-100 mg po qhs
After the induction	• Have the patient take an additional 2 mg of buprenorphine before bed if withdrawal symptoms have returned. • Divide the total dose from the day of induction in half and administered BID. (Buprenorphine can also be dosed once daily if patient prefers) • **Check in with the patient by phone during the first 24 hours**
Offer Drug testing	• See separate Drug Testing guidance sheet
Offer supportive counseling	• Teens attempting behavior change can benefit from supportive counseling. • Many teens who use opioids have co-occurring mood and/or anxiety disorders and may be willing to accept a referral for help with these issues • Patients with newly-diagnosed opioid use disorder might require more intensive treatment early on for stabilization, such as residential treatment or PHP

Induction Worksheet

Time	COWS Score (see separate COWS sheet)	Buprenorphine administered	Comments

Disclaimer:The Buprenorphine Induction Protocol Tip Sheet is offered for information purposes only and is not meant as a substitute for independent medical judgment or the advice of a qualified physician or healthcare professional. The Buprenorphine Induction Protocol Tip Sheet is not intended to provide medical advice or clinical services to patients, to verify or approve medical information or credentials, or to make any medical referrals. The Buprenorphine Induction Protocol Tip Sheet does not provide professional or medical advice or recommend any particular medical device or service, including recommendations or endorsements through the Buprenorphine Induction Protocol Tip Sheet. Users who choose to use information or recommendations made available by the Buprenorphine Induction Protocol Tip Sheet do so at their own risk and should not rely on that information as professional medical advice or use it to replace any relationship with their physicians or other qualified healthcare professionals.

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