**Emergency Department Initiation of Buprenorphine for Opioid Use Disorder**

- **Symptomatic treatment with non-opioids prn**
  - Consider home-initiated buprenorphine (harm reduction)
  - Outpatient addiction referral

- **Opioid withdrawal?**
  - No

- **Discuss with addiction specialist**
  - Yes

- **Complicating factors?**
  - No

- **Buprenorphine 4-8 mg SL**
  - Observe 30-60 min

- **Symptoms improved?**
  - Yes

- **Second dose of buprenorphine 8-24 mg SL**
  - Observe for 1 hour

- **Buprenorphine prescription**
  - If x-waivered prescriber available

  - Refer to outpatient addiction treatment

- **If inadequate withdrawal, buprenorphine will precipitate withdrawal**
  - Score on clinical opiate withdrawal scale (COWS) should be ≥ 8, the higher the better

- **Severe medical disease or very intoxicated/altered (e.g. acutely ill, liver failure)**
  - Using methadone or extended-release opioid
  - Naloxone-precipitated withdrawal
  - Taking high dose prescription opioids daily

  - The higher the daily dose of opioids the patient usually uses, and the more severe the withdrawal, the higher the initial dose of bup
  - If borderline/inconsistent withdrawal symptoms, dose 2-4 mg every 1-2 h
  - If vomiting, may use 0.3 mg IV/IM every 30-60 min
  - If symptoms not improved with 8 mg bup, patient may be in buprenorphine-precipitated withdrawal and effect of higher buprenorphine dose is uncertain
  - Bup can cause nausea - if primary symptom is nausea, treat with ondansetron 8 mg

  - The bigger the initiation dose of buprenorphine, the longer the patient is protected from withdrawal, cravings, and street opioid overdose
  - High dose (total dose of 16-32 mg in ED) preferred if patient not able to be seen by bup prescriber or fill prescription in next 12-24 hours
  - Do not initiate high dose if patient is heavy user of alcohol or benzodiazepines, medically complex, older age - for risk of respiratory depression

- **Harm Reduction for all opioid misusers**
  - All patients at high risk for OD should receive take home naloxone
  - Consider screening for HIV, Hep C
  - If IVDU, refer to local needle exchange & discuss safe injection practices
  - Open door policy: if unwilling to be treated for addiction now, come back anytime, we’re here 24/7

- **Harm reduction**

  - Buprenorphine/naloxone 8/2 mg
  - 1 tab/strip BID SL
  - Dispense x 1 week

- **72 hour rule**: Patient may return to ED for up to 3 days
  - Administer 16 mg SL on days 2 & 3