# Emergency Department Opioid Misuse Treatment Map

## in withdrawal
- **desires treatment for opioid addiction**
  - see emupdates.com/help for complete initiation pathway
  - exclusions from ED buprenorphine initiation
  - on methadone or extended-release opioids
  - on high dose (usually prescribed) opioids
  - very intoxicated (with other substances)
  - buprenorphine allergy
  - verifying adequate withdrawal is crucial
  - if inadequate withdrawal, buprenorphine will precipitate withdrawal
  - mdcalc.com/cows or your favorite resource
  - COWS should be $\geq 8$, the higher the better

## in withdrawal
- **does not desire treatment**
  - consider buprenorphine anyway
  - alternative: methadone 10 mg IM or 20 mg PO
  - non-opioids much less effective, do not address cravings:
    - clonidine, NSAID, antiemetic, antiarrheal, haloperidol, ketamine
  - refer to MAT clinic
  - harm reduction (see box)

## not in withdrawal
- **desires treatment for opioid addiction**
  - if waivered doc present, can prescribe buprenorphine for home initiation
  - alternatives: return to ED when withdrawing or hold in ED to await withdrawal
  - refer to MAT Clinic

### Detox Is Dangerous
- abstinence-based treatment is ineffective for most OUD patients, almost all relapse and relapse is very dangerous. Strongly encourage MAT, even though many patients/families/providers ask for rehab

### Harm Reduction for all opioid misusers
- Discuss overdose risk reduction strategies
- Explain how to recognize and respond to overdose
- Offer to screen for HIV, Hep C, pregnancy
- Assess for shelter & food insecurity, comorbid medical & psychiatric dz

- all patients at high risk for OD should receive take home naloxone
  - high risk: daily use of $\geq 90$ MMEs, opioid therapy $>3$ months, current or past opioid misuse
  - very high risk: ↓ tolerance (just incarcerated, detoxed), prior OD, concurrent use of BZD/alcohol

- if IVDU, refer to local needle exchange and encourage safe injection practices

- Do you lick your needles?
- Do you cut your heroin with sterile water?
- Do you discard your cotton after every use?
- Do you inject with other people around?
- Do you do a tester shot to make sure a new batch isn’t too strong?

### open door policy
- if unwilling to be treated for addiction now, come back anytime, we’re here 24/7

### buprenorphine Rx
- buprenorphine/naloxone 8/2 mg sublingual tabs
  - 1 tab SL bid–dispense 14 tabs
  - bup patient info handout at emupdates.com/help

### Harm Reduction

- unless patient will certainly get bup within 24h
  - **second dose of bup**: 8-24 mg

- if waivered doc present, can d/c with prescription

- advise on dangers of etoh/benzo use while on bup

### refer to outpatient addiction care
- the smaller the ED buprenorphine dose, the tighter the followup has to be, esp if no Rx
  - if administered or Rx bup, must dx OUD and document f/u plan

### not in withdrawal
- **does not desire treatment**
  - engage, encourage to move to treatment
  - refer to addiction care

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**buprenorphine/naloxone** 8/2 mg sublingual tabs

1 tab SL bid–dispense 14 tabs

bup patient info handout at emupdates.com/help

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alternatively, **patient can return to ED** while awaiting followup: on days 2 and 3 dose 16 mg SL

x-waiver not required to dose in ED on days 2&3 however cannot continue beyond 3 days by law