Emergency Department Buprenorphine Dosing + 72 Hour Take Home

Patient Not Already Treated with Buprenorphine

Is patient in significant withdrawal?

Confirm with patient they feel bad and ready to start bup

Look for at least 2 objective signs of opioid withdrawal

mydriasis, yawning, coryza, tearing, sweating, vomiting, diarrhea, piloerection, tachycardia/hypertension

Can use COWS score ≥8 with ≥2 objective signs

yes

Dose 8-16 mg buprenorphine SL

If desired, can observe patient for **dose optimization**
buprenorphine 8 mg SL every 30-60 min

Prescribe 1-4 weeks to outpatient pharmacy

Daily dose is total dose administered in ED

up to 32 mg/day

If patient cannot acquire prescribed buprenorphine, can return to ED for daily subsequent doses or ED can dispense up to **3 days** (72 hours) of take-home doses

refer to outpatient buprenorphine prescriber

If patient worsens after bup administration

consider worsening withdrawal/inadequate bup dosing

consider intox/withdrawal from other substance

e.g. benzo/alcohol/alpha-2/cannabis withdrawal, stimulant toxicity

consider medical illness

e.g. infection, hyperthyroidism, panic, acute abdomen, pancreatitis, ACS

if sudden, severe worsening of opioid withdrawal symptoms after bup dose, possible **precipitated withdrawal:**
treat with high dose buprenorphine and sedatives
patient may require resus-level monitoring

discuss with addiction specialist

no

Patient Already Treated with Buprenorphine

has had dose of buprenorphine in past 24 hours or no recent full agonist opioids

Most patients with OUD are treated with 8 mg QD, BID, TID, or QID
Treat with patient's usual dose, up to 32 mg/day
Prescribe to outpatient pharmacy 1-4 weeks of patient's usual dose

X waiver no longer required

If patient cannot acquire prescribed buprenorphine, can return to ED for daily subsequent doses or ED can dispense up to **3 days** (72 hours) of take-home doses

refer to outpatient buprenorphine prescriber

Option 1: Hold in ED awaiting sufficient withdrawal

Option 2: Admit or Observation for bup initiation

Withdrawal sufficient to start bup typically occurs 24-36 hours after last use, but can vary from 6-72 hours

methadone withdrawal commonly takes longer

Treat withdrawal symptoms with **comfort medications** while waiting for full agonist opioids to wash out

e.g. ondansetron, loperamide, clonidine, lorazepam

Option 3: Discharge with bup Rx for home initiation

Rx or dispense at least twelve 8 mg doses (32 mg SL TID x 3 d)
Rx or dispense comfort medications above
DC patient with instructions and bup prescriber followup

example handout: "ASAM patient's guide to starting buprenorphine at home"

Alternative Initiation Strategies

For patients who decline conventional initiation (which requires a period of withdrawal) alternatives include
low-dose buprenorphine initiation (microdosing) and
injectable long acting buprenorphine

discuss with addiction specialist

Example 2 week Buprenorphine Prescription

Buprenorphine-naloxone 8/2 mg film
1 film SL TID
Dispense x 2 weeks (42 films)
May substitute generic, branded, tablets, or buprenorphine monoproduct
ICD-10 F11.20

send comments to reuben strayer **emupdates@gmail.com**

credit: CABridge ED Buprenorphine QuickStart

Emergency Department XR Bup Direct To Inject

Severe Withdrawal

16 mg SL bup

Monthly Brixadi or Sublocade

Additional SL bup:
8 mg SL q1h prn ongoing withdrawal

Followup in 1-2 weeks for consideration of additional dosing

Mild-Moderate Withdrawal

Brixadi 24-32 mg

Can use full agonist (street, prescribed) for withdrawal symptoms

Additional SL bup:
wait 24h
8 mg SL q4-8h prn ongoing withdrawal

Followup in 1-7 days for monthly XR bup

No Withdrawal

Low dose buprenorphine initiation
or
Wait for more severe withdrawal
or
DTI with higher risk of precip

Brixadi 8-32 mg

Can use full agonist (unregulated opioids or prescribed methadone/short-acting opioid) for withdrawal symptoms

Additional SL bup:
wait 24h
8 mg SL q4-8h prn ongoing withdrawal

Followup in 24-48h for another weekly or monthly XR bup

Patients on high dose methadone (e.g. ≥100mg)
are likely at higher risk for precipitated withdrawal

consider reducing dose prior to DTI or proceed with careful patient counseling and close monitoring