

ED OBSERVATION UNIT:
RAPID LOW DOSE BUPRENORPHINE INITIATION PROTOCOL
NYC H+H KINGS COUNTY HOSPITAL CENTER

General Observation Guidelines apply for all ED observation patients.

INCLUSION CRITERIA

- Patient with Opioid Use Disorder (OUD) who is motivated to start medication for OUD (MOUD) with buprenorphine
 - Patients may be using street opioids (heroin, fentanyl) or prescription opioids (morphine, oxycodone, hydromorphone, methadone)
 - Not yet in withdrawal sufficient for a standard/macro buprenorphine induction (patient has a COWS < 10) and/or patient had an overdose and received Narcan greater than one hour ago
- OR**
- Patient with OUD in significant opioid withdrawal that has been successfully initiated on buprenorphine in the ED using a macro-induction protocol but requires further social work and/or CATCH team involvement to connect with ongoing treatment
- AND**
- Meets General Observation Criteria
 - Is willing to stay on the ED Observation service for 2-3 days for the micro-induction AND/OR is willing to stay up to 2 days for social work and CATCH team assessment

EXCLUSION CRITERIA

- Methadone dose > 70mg
- COWS ≥ 10 (standard or “macro” induction preferred)
- Concurrent alcohol withdrawal
- Requires a 1:1 for violent/aggressive behavior
- Requires sedation (HPD call, manual restraint, chemical sedation) for agitation in the ER
- Evidence of decompensated or poorly controlled psychiatric illness
- Concomitant acute illness that requires inpatient admission

Last updated 11/8/2023
Reviewed by Dr. Doukas, Mark,
Lavadera, and Feuerbach

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INTERVENTIONS

CATCH consults are available Monday-Friday 8a-8pm. The team can also be reached by Epic chat "KC Addiction Medicine Team" as needed during off hour for help with determining patient suitability and answering any questions.

However, initiating the protocol does NOT require Addiction team approval.

Rapid Micro-Induction Protocol

- Use the "**Rapid Low Dose Buprenorphine Initiation (4 days) order set**" on Epic
- Day One:
 - Belbuca® 150 mcg q4 Hours for 6 doses
 - If /when the patient exhibits symptoms of opioid withdrawal, administer **methadone 30 mg PO*****. Reassess the patient in one hour and administer an additional 10mg dose as needed for continued withdrawal (max 40mg daily per hospital policy).
 - Please call pharmacy 7130 to confirm methadone order to expedite delivery
 - If the patient is prescribed methadone, confirm the dose with their OTP and administer this dose.
- Day Two:
 - Belbuca® 450 mcg q4 Hours for 6 doses
 - Administer total methadone dose from day 1 (plus any additional as needed for continued withdrawal for a maximum daily dose of 40 mg).
- Day Three:
 - Suboxone® 2mg q4 hours for 6 doses
 - Administer total methadone dose from day 1 (plus any additional as needed for continued withdrawal for a maximum daily dose of 40 mg).
- Day Four (if needed):
 - Suboxone® 8mg q6 hours for 3 doses
 - **Discontinue** methadone
 - Coordinate with CATCH team for Suboxone® discharge planning
 - 3 days of Suboxone® 8mg TID with R building followup

***Remember, dosing with methadone is a guideline and you are free use whichever opioid agonist you feel comfortable with ~ including but not limited to hydromorphone (Dilaudid ®), morphine.

Additional Interventions

- CBC/CMP & EKG and pregnancy test (as indicated) prior to acceptance into Observation
- Prioritize patient movement from ER holding area to observation unit
- Ensure patient property vouchered and secured per hospital policy and procedure manual
- Social Work consult
- IV Hydration as needed
- Adjunct medications for continued withdrawal despite full agonist therapy (**Appendix B**)
- PRN Narcan order for altered mental status and/or respiratory rate less than 8

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DISPOSITION

Successful micro-induction, Discharged

- Prescription for Suboxone® 8 mg films (usually 8mg TID)
- Social work ensures safe discharge to home / shelter
- Ambulatory Referral to Psychiatry / Chemical Dependency (CD) Clinic
- Narcan Kit offered / given to patient
- Follow-up with R Building as walk-in to Central Intake Unit (CIU) Monday-Friday 8am-3pm
OR at appointment given by CATCH team

Unsuccessful micro-induction, Discharged

- Unable to successfully complete micro-induction and wishes to leave
- Narcan Kit offered / given to patient
- Follow-up with R Building as walk-in to Central Intake Unit (CIU) Monday-Friday 8am-4pm
OR at appointment given by CATCH team

Successful macro-induction in ED and connected with CATCH team, Discharged

- Prescription for Suboxone 8mg® films (usually 8mg TID)
- Social work ensures safe discharge to home / shelter
- Ambulatory Referral to Psychiatry / Chemical Dependency (CD) Clinic
- Narcan Kit offered / given to patient
- Follow-up with R Building as walk-in to Central Intake Unit (CIU) Monday-Friday 8am-3pm
OR at appointment given by CATCH team

Admission

- Requires more than 72 hours to complete micro-induction
 - Continue induction until stable for Suboxone
- Precipitates withdrawal with COWS ≥ 10 despite attempts to manage the patient with full agonist *and* adjunct therapy, requiring more aggressive interventions

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Appendix

a. Rapid Micro-dosing Initiation Protocol – Belbuca®:

Day	Belbuca	Suboxone	Total Daily Dose of Belbuca	Maximum Suboxone Equivalent	Full Agonist
1	150 mcg q4h	0	900 mcg	1.8 mg	Continue
2	450 mcg q4h	0	2.7 mg	5.4 mg	Continue
3	STOP Belbuca	2 mg q4	N/A	12 mg	Continue
4	0	Titrate as needed	N/A	12 – 24 mg	STOP

b: Suggested adjunct therapies for treatment of opioid withdrawal if symptomatic after dose of methadone has been maximized at 40 mg

Symptom	Medication	Dose
General discomfort	Clonidine	<90kg: 0.1 to 0.2 mg. May repeat every hour as needed, up to a total of 3 doses, provided blood pressure and heart rate remain stable; Max dose 0.8 mg/day. >90kg: 0.2 to 0.3 mg. Max of 1.2 mg/day
Anxiety, irritability, restlessness	Lorazepam	0.5 - 1 mg orally every 4 to 6 hours as needed (maximum 6 mg daily)
Anxiety, irritability, restlessness	Hydroxyzine	25 to 100 mg orally every 6 to 8 hours as needed (maximum 400 mg daily)
Anxiety, irritability, restlessness & nausea	Diphenhydramine	50 mg PO/IV/IM every 4 to 6 hours as needed (maximum 300 mg daily)
Diarrhea	Loperamide	4 mg orally followed by 2 mg after each loose stool (maximum 16 mg daily)
Nausea/vomiting	Ondansetron	4 to 8 mg IV every 12 hours as needed (maximum 16 mg/day)
Muscle aches, joint pain, headache	Acetaminophen	650 to 1000 mg orally every 4 to 8 hours as needed (maximum 4000 mg daily)
Muscle aches, joint pain, headache	Ibuprofen	400 mg orally every 4 to 6 hours as needed (maximum 2400 mg daily)
Muscle aches, joint pain, headache	Ketorolac	15mg IV every 6 hours as needed (maximum 120 mg daily)
Insomnia	Melatonin	5mg nightly as needed
Insomnia	Trazodone	25 to 100 mg orally at bedtime
Insomnia	Quetiapine	25 to 50 mg orally at bedtime

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