

ED Observation 3-Day Buprenorphine Micro-Inductions Tip Sheet

- The patient must be awake & alert enough to understand and consent to the 3-day buprenorphine induction.
- If the patient is experiencing mild withdrawal symptoms (COWS <10), it may help to treat them with a dose of methadone 30mg before attempting to talk to them about the benefits of buprenorphine vs methadone and the 3-day micro-induction strategy.
- Set expectations with the patient that they may experience mild symptoms during the micro-induction, and you will keep them comfortable during the induction with full agonist and adjunct therapies. Understand that patients may be hesitant/fearful if they have had precipitated withdrawal when starting buprenorphine in the past.
- Once the patient agrees to the induction, start the first dose of Belbuca 150 mcg *right away*. The sooner you get started, the sooner the patient can be discharged!
- Wait until the patient expresses mild symptoms of opioid withdrawal before giving the first dose of methadone 30 mg. Re-dose with methadone 10mg dose 2-3 hours later if there is still discomfort consistent with withdrawal.
- On day two, give the dose of methadone that kept them comfortable the day before or if none given, continue to wait for withdrawal to give first dose and second dose as needed. Same for day three.
- There are three treatment strategies if symptoms of withdrawal develop while the patient is on methadone 40 mg. You may need to work with the patient and CATCH team to come up with a plan and use more than one approach. You can:
 - Treat symptomatically with adjunct therapies (See Table below):
 - Add a second agonist (e.g. hydromorphone (Dilaudid) 1-3 mg PO every 2-4 hours as needed), AND/OR:
 - Slow down the induction by giving Belbuca doses every 6 hours rather than every 4 hours

Table 1: 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