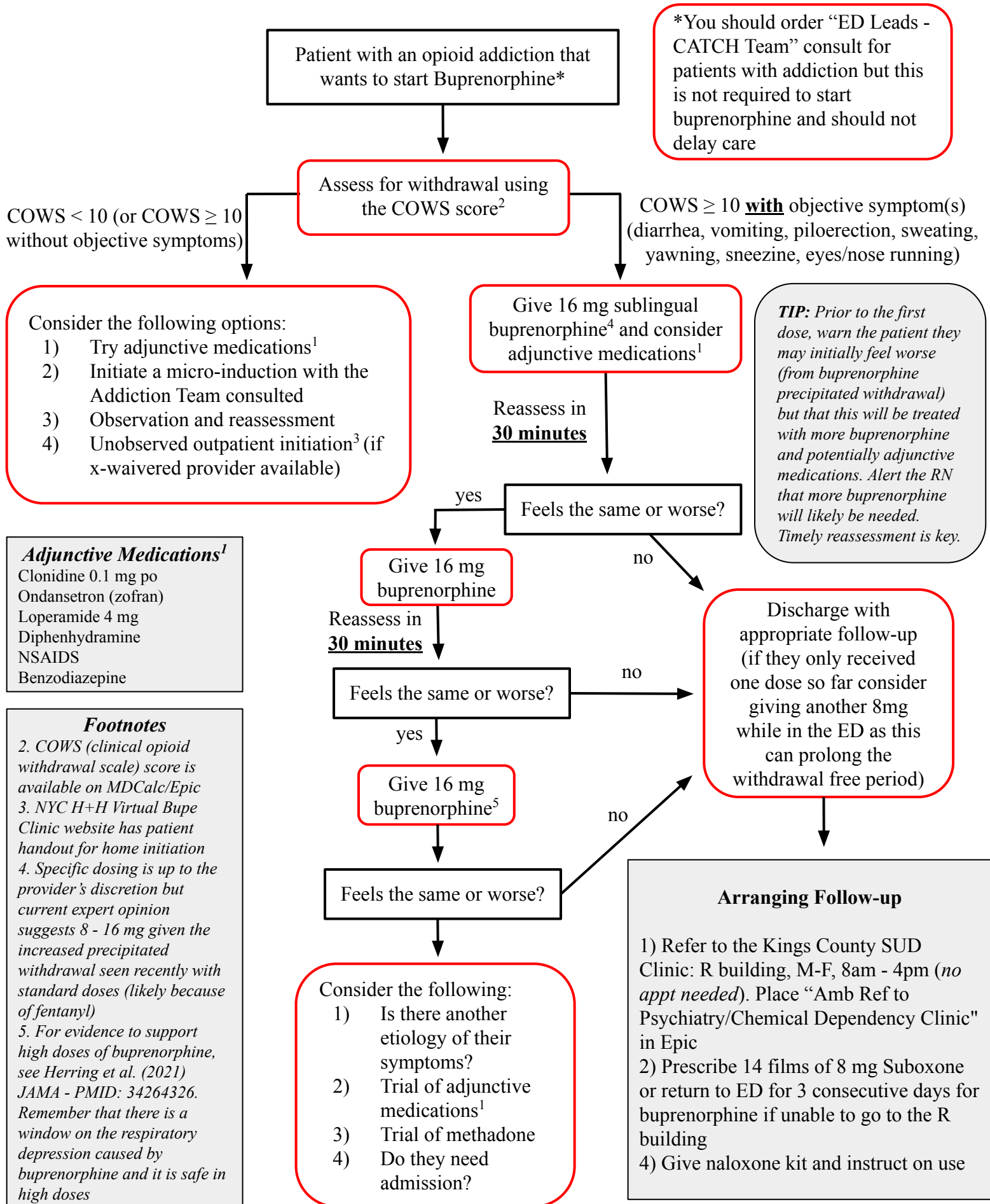


ED Buprenorphine Macro-Induction Protocol
 Kings County Emergency Department
 Developed with Kings County Addiction Medicine Service
 Updated: Feb 2023



*You should order "ED Leads - CATCH Team" consult for patients with addiction but this is not required to start buprenorphine and should not delay care

- Consider the following options:
- 1) Try adjunctive medications¹
 - 2) Initiate a micro-induction with the Addiction Team consulted
 - 3) Observation and reassessment
 - 4) Unobserved outpatient initiation³ (if x-waivered provider available)

Adjunctive Medications¹
 Clonidine 0.1 mg po
 Ondansetron (zofran)
 Loperamide 4 mg
 Diphenhydramine
 NSAIDS
 Benzodiazepine

Footnotes
 2. COWS (clinical opioid withdrawal scale) score is available on MDCalc/Epic
 3. NYC H+H Virtual Bupe Clinic website has patient handout for home initiation
 4. Specific dosing is up to the provider's discretion but current expert opinion suggests 8 - 16 mg given the increased precipitated withdrawal seen recently with standard doses (likely because of fentanyl)
 5. For evidence to support high doses of buprenorphine, see Herring et al. (2021) JAMA - PMID: 34264326. Remember that there is a window on the respiratory depression caused by buprenorphine and it is safe in high doses

TIP: Prior to the first dose, warn the patient they may initially feel worse (from buprenorphine precipitated withdrawal) but that this will be treated with more buprenorphine and potentially adjunctive medications. Alert the RN that more buprenorphine will likely be needed. Timely reassessment is key.

Arranging Follow-up

- 1) Refer to the Kings County SUD Clinic: R building, M-F, 8am - 4pm (no appt needed). Place "Amb Ref to Psychiatry/Chemical Dependency Clinic" in Epic
- 2) Prescribe 14 films of 8 mg Suboxone or return to ED for 3 consecutive days for buprenorphine if unable to go to the R building
- 4) Give naloxone kit and instruct on use