BUPRENORPHINE (BUP) ALGORITHM

MODERATE TO SEVERE OPIOID WITHDRAWAL?
- Use clinical judgement to determine moderate to severe withdrawal.
- If uncertain, use the Clinical Opioid Withdrawal Scale (COWS).
- If using COWS, the score should be ≥ 8 or ≥ 6 with at least one objective sign of withdrawal.
- Document: which opioid used, time of last use.

COMPLICATING FACTORS
- Identify and manage complicating factors prior to proceeding.
- The only absolute contraindication is allergy to buprenorphine.
- Refer to Buprenorphine Guide before dosing buprenorphine for:
  - Clinical suspicion of acute liver failure
  - ≥ 20 weeks pregnant
  - Intoxicated or altered
  - Withdrawal precipitated by naloxone
  - Taking methadone or long acting opioid
  - Chronic pain patients taking prescribed opioids
  - Withdrawal symptoms are inconsistent or borderline (COWS of 6-8), or opioid use within 12 hours; consider beginning with a low dose (2-4 mg SL) and titrating every 1-2 hours.

PARENTERAL DOSING
- Use if unable to take sublingual (SL)
- Start with 0.3 mg IV/IM buprenorphine; may repeat as needed; switch to SL when tolerated.

PRECIPITATED WITHDRAWAL
- Buprenorphine can cause precipitated withdrawal if too large a dose is given too soon after the last opioid use.
- The longer the time since last opioid use (> 24 hours) and the more severe the withdrawal symptoms (COWS ≥ 13) the better the response to initial dosing.
- Only patients with objective improvement in withdrawal after the 1st dose should receive subsequent dosing.
- Worsening after buprenorphine is likely precipitated withdrawal; no further buprenorphine should be administered in the ED; switch to symptomatic treatment.

SYMPTOMATIC TREATMENT
- Supportive medications such as clonidine, gabapentin, metoclopramide, low-dose ketamine, acetaminophen, NSAIDs.

LOWER TOTAL DOSE OPTION (16 mg)
- Possible lower risk of sedation or precipitated withdrawal.
- Some patients will go back into withdrawal in less than 12 hours increasing risk of early dropout.
- Buprenorphine prescription or next day follow-up should be available.

HIGHER TOTAL DOSE OPTION (24-32 mg)
- Increased magnitude and duration of opioid blockade.
- More complete treatment of withdrawal in heavier users.
- May suppress craving and protect against overdose (opioid blockade) for 2 days or more.
- Use with caution in medically complex patients, older patients, and patients using other sedatives such as alcohol or benzodiazepines.

RE-EVALUATION TIME INTERVALS
- The time to SL buprenorphine onset is typically 15 minutes and peak clinical effect is typically within 1 hour.
- Re-evaluate patient 1 hour after buprenorphine doses.
- Observe for 1 hour after the final dose before discharge.

DEA 72 HOUR RULE
- Patients may return to the ED for up to 3 days in a row for repeat doses.
- At each visit administer 16 mg SL buprenorphine.

FOLLOW-UP
- Goal: follow-up treatment available within 3 days.