Buprenorphine (Bup) Hospital Quick Start

- Any prescriber can order Bup in the hospital, even without an x-waiver.
- Bup is a high-affinity, partial agonist opioid that is safe and highly effective for treating opioid use disorder.
- If patient is stable on methadone or prefers methadone, recommend continuation of methadone as first-line treatment.

**Uncomplicated**

**opioid withdrawal?**

**YES (stop other opioids)**

**Administer 8mg Bup SL**

**1 HOUR**

**Withdrawal symptoms improved?**

**NO**

**Start Bup after withdrawal**

Supportive meds prn, stop other opioids

**NO**

**Administer 2nd dose**

Inpatient: 8mg. Subsequent days, titrate from 16mg with additional 4-8mg prn cravings. ED: 8-24mg. Consider discharge with higher loading dose.

**Maintenance Treatment**

16 mg Bup SL/day

Titrating to suppress cravings; usual total dose 16-32mg/day

**Discharge**

- Document Opioid Withdrawal and/or Opioid Use Disorder as a diagnosis.
- If no X-waiver: Use loading dose up to 32mg for long effect and give rapid follow up.
- If X-waiver: Check CURES (not required in Emergency Department if ≤7 day prescription), prescribe sufficient Bup/Nx until follow-up.

**Overdose Education Naloxone Kit**

Naloxone 4mg/0.1ml intranasal spray

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**Buprenorphine Dosing**

- Either Bup or Bup/Nx (buprenorphine/naloxone) films or tab sublingual (SL) are OK.
- If unable to take oral/SL, try Bup 0.3mg IV/IM.
- OK to start with lower initial dose: Bup 2-4mg SL.
- Total initial daily dose above 16mg may increase duration of action beyond 24 hrs.
- Bup SL onset 15 min, peak 1 hr, steady state 7 days
- May dose qday or if co-existing chronic pain split dosing TID/QID.

**Complicating Factors**

- Altered mental status, delirium, intoxication
- Severe acute pain, trauma or planned large surgeries
- Organ failure or other severe medical illness

Recent methadone use

**Diagnosing Opioid Withdrawal**

Subjective symptoms AND one objective sign

**Subjective:** Patient reports feeling “bad” due to withdrawal (nausea, stomach cramps, body aches, restlessness, hot and cold, stuffy nose)

**Objective:** [at least one] restlessness, sweating, rhinorrhea, dilated pupils, watery eyes, tachycardia, yawning, goose bumps, vomiting, diarrhea, tremor

**Typical withdrawal onset:**

≥ 12 hrs after short acting opioid
≥ 24 hrs after long acting opioid
≥ 48 hrs after methadone (can be >72 hrs)

If unsure, use COWS (clinical opioid withdrawal scale). Start if COWS ≥ 8 AND one objective sign.

If Completed Withdrawal:

Typically >72 hrs since last short-acting opioid, may be longer for methadone. Start Bup 4mg q4h prn cravings, usual dose 16-32mg/day. Subsequent days, OK to decrease frequency to qday

**Opioid Analgesics**

- Pause opioid pain relievers when starting Bup.
- OK to introduce opioid pain relievers after Bup is started for breakthrough pain. Do not use methadone with Bup.

**Supportive Medications**

- Can be used as needed while waiting for withdrawal or during induction process.

**Pregnancy**

- Bup monoprodct or Bup/Nx OK in pregnancy.
- Consider referencing buprenorphine in pregnancy guide.

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**PROVIDER RESOURCES**

**California Substance Use Line**
CA Only (24/7)
1-844-326-2626

**UCSF Substance Use Warmline**
National (M-F 6am - 5pm; Voicemail 24/7)
1-855-300-3395