

Form Title      **Buprenorphine/Naloxone (Suboxone®) Initiation Emergency Department,  
Adult Orders**

Form Number   **21289-bond**

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**Buprenorphine/Naloxone (Suboxone®)  
Initiation Emergency Department, Adult  
Orders Set**

Select orders by placing a (✓) in the associated box

Last Name <i>(Legal)</i>		First Name <i>(Legal)</i>	
Preferred Name <input type="checkbox"/> Last <input type="checkbox"/> First		DOB <i>(dd-Mon-yyyy)</i>	
PHN	ULI <input type="checkbox"/> Same as PHN	MRN	
Administrative Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Non-binary/Prefer not to disclose (X) <input type="checkbox"/> Unknown	

**The Opioid Use Disorder Telephone Consultation Line is available 0800-2000 hours daily including weekends and statutory holidays**

**Ensure ALL three inclusion criteria met:**

- Age 18 years old and older. If the patient is under the age of 18, consider calling the Opioid Use Disorder Telephone Consultation Line OR discuss with an Addictions and/or Pediatric consultant.
- Suspicion of opioid use disorder
- Patient willing to engage in buprenorphine/naloxone

**Exclusion Criteria**

- Allergy to buprenorphine or naloxone
- Being admitted for medical/psychiatric concern
- Severe liver dysfunction
- Currently prescribed or using methadone or buprenorphine/naloxone
- Clinical signs of sedative/depressant impairment or intoxication (\*DO NOT use EtOH level in isolation)

**Priority**

- Provide naloxone kit and associated teaching at soonest opportunity

**Pregnancy**

Pregnant patients ARE NOT EXCLUDED from taking buprenorphine/naloxone but will likely benefit from expert consultation or opinion to guide dosing, other management considerations, and follow-up. Opiate withdrawal is a risk to the fetus and may increase the risk of spontaneous abortion / premature labour, or other complications. Consider calling the Opioid Use Disorder Telephone Consultation Line or discuss with the OB-GYN consultant on call or providing consultation.

**Prior to initiating buprenorphine/naloxone**

**1. Determine TIME since LAST opioid use:**

- Initiate buprenorphine/naloxone at least 12 hours since last Short Acting Opioid (e.g. fentanyl, heroin, crushed OxyContin®, Percocet®)
- Initiate buprenorphine/naloxone at least 24 hours since last Long Acting Opioid (e.g. PO OxyContin®, Hydromorph Contin®, OxyNeo®)
- Initiate buprenorphine/naloxone at least 72 hours since last methadone dose

**2. Determine initial Clinical Opiate Withdrawal Scale (COWS) score:**

**Patient Care**

Patient Care Assessments

- Perform Clinical Opiate Withdrawal Scale (COWS) score now. See form 20900.

IF, sufficient time since last opioid use AND COWS score greater than or equal to 12 →

**Continue to ED INDUCTION orders**

IF, insufficient time since last opioid use and/or COWS score less than 12 →

**Continue to HOME INDUCTION orders**

Prescriber Name	Prescriber Signature	Date <i>(dd-Mon-yyyy)</i>	Time <i>(hh mm)</i>
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**Emergency Department Induction Orders**

**Patient Care**

Patient Care Assessments

- Perform Clinical Opiate Withdrawal Scale (COWS) score prior to first dose and then once again after 1 hour. See form 20900.
- Inform MD if signs of precipitated withdrawal (Patient complaining of marked worsening symptoms of opioid withdrawal within 30 minutes of the first dose of buprenorphine/naloxone)
- One hour after second buprenorphine/naloxone dose, inform MD for possible patient discharge

**Medications**

Central Nervous System Agents

*IF sufficient time since LAST opioid use AND Clinical Opiate Withdrawal Scale (COWS) is greater than or equal to 12, give:*

- buprenorphine/naloxone 2 mg/0.5 mg SL 1 tab sublingually once witnessed. Dose 1 to be given only if sufficient time since LAST opioid use AND Clinical Opiate Withdrawal Scoring (COWS) score is greater than or equal to 12. Nurse to observe all buprenorphine/naloxone doses to ensure taken sublingually and tablet dissolves. Patient to stay NPO for 30 minutes after tablet dissolves.

AND THEN,

*Reassess Clinical Opiate Withdrawal Scale (COWS) after 1 hour, if NO signs of precipitated withdrawal, give:*

- buprenorphine/naloxone 2 mg/0.5 mg SL 2 tabs sublingually witnessed (total of 4 mg/1 mg). Dose 2 to be given only if at 1 hour following dose 1, COWS remains same or improves and patient shows NO signs of precipitated withdrawal. Nurse to observe all buprenorphine/naloxone doses to ensure taken sublingually and tablet dissolves. Patient to stay NPO for 30 minutes after tablet dissolves.

Discharge Instructions/Follow Up

*After the second dose is given, provide 3 additional doses for patient to take home.*

- buprenorphine/naloxone 2 mg/0.5 mg SL 1 tab sublingually every 1 hour PRN (total of 6 mg/1.5 mg). 3 tabs to be dispensed for patient to take home. Ensure associated counselling/patient teaching.
- Provide and give Emergency Department Buprenorphine/Naloxone Initiation Patient Information Sheet: Discharge Instructions.
- Confirm discharge counselling done as per Patient Information Sheet by MD and nurse.
- Patient to return to ED if symptoms acutely worsen or feel unable to manage.
- Provide naloxone kit and associated teaching to patient at soonest convenience. Review harm reduction practices: use clean supplies, do not use drugs alone, use smaller test doses if still using, provide information for supervised consumption sites.
- Confirm Fax/Referral Sheet sent to Opioid Use Disorder Treatment Clinic. Patient provided information for follow-up appointment.

Prescriber Signature	Date <i>(dd-Mon-yyyy)</i>	Time <i>(hh mm)</i>
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**Home Induction Orders**

**Patient Care**

Patient Care Assessments

- Perform initial Clinical Opiate Withdrawal Scale (COWS) score. See form 20900.

**Medications**

Central Nervous System Agents

*IF insufficient time since LAST opioid use and/or Clinical Opiate Withdrawal Scale (COWS) is less than 12 in the emergency department, give the following medication to take home:*

- buprenorphine/naloxone 2 mg/0.5 mg SL 1 tab sublingually every 1 hour PRN (total of 12 mg/3 mg). 6 tabs to be dispensed for patient to take home. Ensure associated counselling/patient teaching.

Discharge Instructions/Follow Up

*Ensure 6 tabs dispensed for patient to take home.*

- Provide and give Emergency Department Buprenorphine/Naloxone Initiation Patient Information Sheet: Home Dosing Information.
- Confirm discharge counselling done as per Patient Information Sheet by MD and nurse.
- Patient to return to ED if symptoms acutely worsen or feel unable to manage.
- Provide naloxone kit and associated teaching to patient at soonest convenience. Review harm reduction practices: use clean supplies, do not use drugs alone, use smaller test doses if still using, provide information for supervised consumption sites.
- Confirm Fax/Referral Sheet sent to Opioid Use Disorder Treatment Clinic. Patient provided information for follow-up appointment.

Prescriber Signature

Date *(dd-Mon-yyyy)*

Time *(hh mm)*