Buprenorphine (Bup) Emergency Department Quick Start

CA BRIDGE

Abstinence and onset of withdrawal

Objective uncomplicated opioid withdrawal* — NO → **Rx self-directed ("home") start:** Wait for severe withdrawal then start with 8 mg SL. Rx per "Discharge" box below

Administer 8-16mg bup SL

1 HOUR

Withdrawal improved? — NO → **If no improvement or worse consider:**

Undertreated withdrawal: Occurs with lower starting doses and heavy tolerance; improves with more bup (add'l 8-16 mg SL).

Other substance intoxication or withdrawal: Stimulant intoxication, alcohol/benzo/xylazine/GHB withdrawal. Continue bup; manage additional syndromes.

Bup side-effects: Nausea, headache, dysphoria. Continue bup, treat side-effects with supportive medications.

Other medical/psychiatric illness: Anxiety, sepsis, influenza, DKA, thyrotoxicosis, etc. Continue bup, manage underlying condition.

If sudden/signficant worsening, consider precipiated withdrawal: See box below.

YES

Administer 2nd dose
Additional 8-16 mg SL bup for total daily dose of 16-32 mg

Discharge

- **If prescriber has X-waiver:** Prescribe sufficient bup/nx until follow-up: e.g., buprenorphine/naloxone 8/2 mg SL films 2-4 films qday #32-64, 0 refills (may Rx more PRN). Notes to pharmacy: bill Medi-Cal FFS, ICD 10 F11.20, X DEA # ___.
- **If no X-waiver:** Use loading dose up to 32 mg SL for long effect and give rapid follow up (<72 h).
- **Dispense naloxone** from the ED (not just prescribed): e.g., naloxone 4 mg IN spray #2.
- **Document** Opioid Withdrawal and/or Opioid Use Disorder as a diagnosis.

Treatment of precipitated withdrawal

Precipitated withdrawal is a sudden, significant worsening of withdrawal after bup or full antagonist (e.g., naloxone).

Administer additional 16 mg SL bup immediately.
Reassess in 30-60 minutes. If continued distress remains: Repeat 8-16 mg bup SL.

If precipitated withdrawal not resolved by bup:

Consider alpha-2 agonists (clonidine or dexmedetomidine), antipsychotics (e.g., haloperidol), cautious use of benzodiazepines (e.g., 1-2 mg PO lorazepam x 1), high potency opioid (e.g., fentanyl 100-200 mcg IV q30 or infusion), or ketamine (0.3 mg/kg IV slow push q30 minutes or continuous infusion until calm). Once withdrawal is managed, continue daily bup dose.

Need to get your X-waiver?

Scan this QR code!

We encourage shared decision making with patient for dosing.

*** Opioid Withdrawal:**

At least one clear objective sign (prefer ≥ 2): Tachycardia, mydriasis, yawning, rhinorrhea, vomiting, diarrhea, piloerection. **Ask the patient if they are in bad withdrawal** and if they feel ready to start bup. If they feel their withdrawal is mild, it is too soon.

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

Typical withdrawal onset >12 hours after last short acting opioid use (excluding fentanyl); variable after last use of fentanyl or methadone (may be >72 hours).

Start protocol may vary for complicating factors:

- Altered mental status, delirium, intoxication
- Severe acute pain, trauma, or planned large surgeries
- Organ failure or other severe medical illness (decompensated heart failure, respiratory distress, hemodynamically unstable, etc.)
- Recent methadone use
- Minimal opioid tolerance (consider lower dosing)

Most people who use fentanyl do well with starts following this guide. For fentanyl specific initiation questions, see Fentanyl FAQ.

If patient has already completed withdrawal (no longer symptomatic withdrawal, often >72 hrs from last use of opioids) and wants to start bup: give bup 8mg SL q6h PRN cravings, usual dose 16-32mg/day. After first day, consolidate dosing to daily.

Bup dosing notes

This guidance is for the ED. We advocate for continuation & initiation of bup in inpatient and outpatient settings. Algorithms vary based on clinical scenario.

- Any prescriber can order bup in the ED/hospital. X-waivers are only needed for discharge Rx.
- Either bup or bup/nx (buprenorphine/naloxone) SL films or tab are OK. If chronic pain, may split dose TID-QID.
- Bup monoproduct or bup/nx OK in pregnancy. See Buprenorphine Quick Start in Pregnancy.
- Pause opioid pain relievers when starting Bup. OK to introduce opioid pain relievers after bup is started if patient has acute pain.

March 2022

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)
1-855-300-3595

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