

[illegible]

### First prescription for 6 days (should have follow up latest on day 6)

- buprenorphine naloxone 2-0.5mg strips at least #14, 0 refills
- clonidine 0.1mg q6hrs PRN withdrawal symptoms

### Tips

- Only use strips if possible, pills do not split well
- Try and make things easy, cut up strips up and fill a mediset for the week
- Close follow up is vital, ideally every 1-2 days and essential before stopping full agonist (day 7)
- Take it slow, unless there is a time constraint
- if symptoms of withdrawal, repeat that day's dose for an additional day then begin gradually increasing again (eg if withdrawal symptoms on day 4, repeat day 4's dose on day 5, if tolerated increase dose the following day)
- can also slow down protocol for more gradual dose increases if repeated symptoms of withdrawal

### References

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## **Choosing How to Start Buprenorphine**

We want to make it as comfortable as possible for you to start buprenorphine.

Buprenorphine (also known as Suboxone or Subutex) is a long-acting opioid and one of three medications used to treat opioid addiction. It reduces the use of other opioids and lowers the risk of overdose. We recommend it if you have cravings for opioids, if you are struggling to cut back on use, and if you have withdrawal when you stop opioids.

*1. What is the issue?* If you start the standard dose of buprenorphine while you have other opioids like heroin, fentanyl, or oxycodone in your system, it can put you into immediate withdrawal or make withdrawal worse. We call this “precipitated withdrawal.”

*2. Why does this matter?* You may need opioids for pain OR you may have recently taken another opioid, like fentanyl or methadone, that lasts more than a few hours. It can be hard to stop opioids for many hours or days, especially in the hospital.

*3. Have you started buprenorphine before? What did you do that time?*

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*4. What did you like about it and what did you not like about it?*

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*5. What is most important to you? You can check off more than one.*

- ☐ Continuing my opioid medications (either methadone or opioids for pain)
- ☐ Managing pain
- ☐ A fast transition to buprenorphine
- ☐ Avoiding withdrawal
- ☐ Using an approach with the most evidence
- ☐ Starting buprenorphine the way I’ve done it before
- ☐ Trying something new
- ☐ Other: \_\_\_\_\_

*6. Here are two options to start your buprenorphine:*

|                                    | <i>What it means:</i>                                                                                                                                                                                                                                                                                                                              | <i>Reasons to choose:</i>                                                                                                                               | <i>Reasons NOT to choose:</i>                                                                                                                                                                                             |
|------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Standard start</b>              | <ul style="list-style-type: none"><li>• We stop all opioids and wait 8-72 hours for the opioids to wash out of your body before starting buprenorphine</li><li>• We keep you comfortable with non-opioid medications</li></ul>                                                                                                                     | <ul style="list-style-type: none"><li>• More evidence</li><li>• Sometimes faster</li></ul>                                                              | <ul style="list-style-type: none"><li>• Need to stop opioids and wait for withdrawal</li><li>• Could worsen withdrawal</li></ul>                                                                                          |
| <b>Low-dose, overlapping start</b> | <ul style="list-style-type: none"><li>• We continue methadone or opioids for pain</li><li>• At the same time, we start buprenorphine at a low dose and slowly increase the dose over a few days</li><li>• Once buprenorphine is built up in your body, we stop other opioids</li><li>• In our experience, this will not cause withdrawal</li></ul> | <ul style="list-style-type: none"><li>• Designed to minimize withdrawal</li><li>• You continue methadone or opioids for pain at the same time</li></ul> | <ul style="list-style-type: none"><li>• Less evidence</li><li>• Might cause withdrawal, especially if we don't follow the process</li><li>• Sometimes slower and might mean you stay in the hospital for longer</li></ul> |

No matter what you choose, we will monitor you and we can change course if needed.

*7. What did we decide today?*

- Standard start
- Low dose start
- Continue to discuss and decide later

**8. What are the next steps?**

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