

Opioid Use Disorder, Withdrawal and Linkage to Treatment

Buprenorphine Guide for OUD Treatment and Withdrawal		RAPID START Buprenorphine Guide for OUD Uncomplicated Treatment	
DAY 1	<ul style="list-style-type: none"> <input type="checkbox"/> UTox, Pregn Test, PDMP, COWs, confirm OUD, QTc, LFTs <input type="checkbox"/> Ensure mild withdrawal (COWS>8) or has been off opioids x 5 days before administering buprenorphine (bup) <input type="checkbox"/> If patient received opioids: <ul style="list-style-type: none"> <input type="checkbox"/> Short acting: wait 12 hrs <input type="checkbox"/> Long acting: wait 24-48 hrs <input type="checkbox"/> Methadone: ask for help <input type="checkbox"/> If COWS ≥ 8 or no opioids x5d <ul style="list-style-type: none"> <input type="checkbox"/> give Bup 4mg x 1 <ul style="list-style-type: none"> <input type="checkbox"/> 1 hour later → recheck COWS. If ≥ 8, give 4mg more <input type="checkbox"/> 6 hours later (sooner if withdrawal symptoms) → recheck COWS. If ≥ 8, give 4mg more. <input type="checkbox"/> Do not exceed 16mg on Day 1 	DAY 1	<ul style="list-style-type: none"> <input type="checkbox"/> Evaluate for OUD history and withdrawal symptoms <input type="checkbox"/> Administer 8mg Bup <input type="checkbox"/> 1 hour later → check if withdrawal improved <ul style="list-style-type: none"> <input type="checkbox"/> if yes, bust still withdrawing, give 8mg more <input type="checkbox"/> if not, consider other diagnoses <input type="checkbox"/> Do not exceed 16mg on Day 1
DAY 2	<ul style="list-style-type: none"> <input type="checkbox"/> Give day 1 total dose. Refer to reverse side for pain guidelines. <input type="checkbox"/> If continued withdrawal or cravings, increase by 2-4 mg daily. Most achieve craving and withdrawal control on ≤16mg per day 	DAY 2	<ul style="list-style-type: none"> <input type="checkbox"/> Give 16mg or day 1 total dose. Refer to reverse side for pain guidelines. <input type="checkbox"/> If continued withdrawal or cravings, increase by 2-4 mg daily. Most achieve craving and withdrawal control on ≤16mg per day <p>** Uncomplicated = no methadone x 5 days, no acute pain or surgery, not altered, no severe illness</p>
<p>Buprenorphine and Methadone Quick Facts</p> <ul style="list-style-type: none"> • Any inpatient provider can order Bup or methadone to treat opiate withdrawal, OUD, or continue outpatient therapy • Any provider with an X Waiver can prescribe Bup at discharge, but ideal link to OUD treatment program with close follow up • We are not allowed to rx Methadone for OUD at discharge. 			

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Diagnosing OUD	Harm Reduction Checklist	Withdrawal Assessment	Acute Pain and OUD
<p>1. Does patient use heroin and have s/sxs of withdrawal?</p> <p>2. If unsure or no signs of withdrawal or patient using prescription opiates, use DSM criteria</p>	<ul style="list-style-type: none"> <input type="checkbox"/> HIV and HCV dx and tx <input type="checkbox"/> HAV, HBV, and Tdap vaccines prn <input type="checkbox"/> Review safe injection practices: <ul style="list-style-type: none"> <input type="checkbox"/> Don't use alone <input type="checkbox"/> Wash hands <input type="checkbox"/> Clean injection site <input type="checkbox"/> Inject slowly or test site <input type="checkbox"/> Use clean needle <input type="checkbox"/> Don't share supplies <input type="checkbox"/> Bup or methadone <input type="checkbox"/> Naloxone for every patient <input type="checkbox"/> Treat withdrawal even if patient is ambivalent or may not want Bup or methadone after discharge <input type="checkbox"/> Do not co-prescribe benzos <p style="text-align: center;">For more info: NC Harm Reduction Coalition www.nchrc.org 2154 Wrightsville Avenue</p>	<p><u>COWS shortcut</u>: Subjective symptoms AND ≥ 1 objective withdrawal sign:</p> <ul style="list-style-type: none"> • Subjective <ul style="list-style-type: none"> • Nausea/vomiting • Abdominal Pain • Myalgia • Chills • Runny nose • Objective (AT LEAST 1) <ul style="list-style-type: none"> • Restlessness • Sweating • Rhinorrhea • Dilated pupils • Watery eyes • Tachycardia • Yawning • Goose bumps • Diarrhea • Tremor 	<ul style="list-style-type: none"> • DO treat acute pain and OUD <ul style="list-style-type: none"> • PRN opioids work even for patients on Bup • Split Bup into TID or QID dosing • DO continue methadone or Bup before and after surgery • DO use adjunctive meds (regional block, etc)
DSM Criteria for OUD			Adjunctive Support
<p>Risk of bodily harm</p> <p>Exceeds own limits</p> <p>Role failure</p> <p>Relationship trouble</p> <p>Unable to cut down</p> <p>Time spent gathering</p> <p>Using despite health</p> <p>Gives up activities</p> <p>Craving</p> <p>Tolerance</p> <p>Withdrawal</p>			<ul style="list-style-type: none"> • Sweating, restlessness, hot flashes, watery eyes → Clonidine 0.1 – 0.3 mg po q8h • Diarrhea → loperamide • Nausea → Zofran • Insomnia → melatonin • Anxiety → diphenhydramine • Abdominal cramps → dicyclomine • Myalgias → acetaminophen