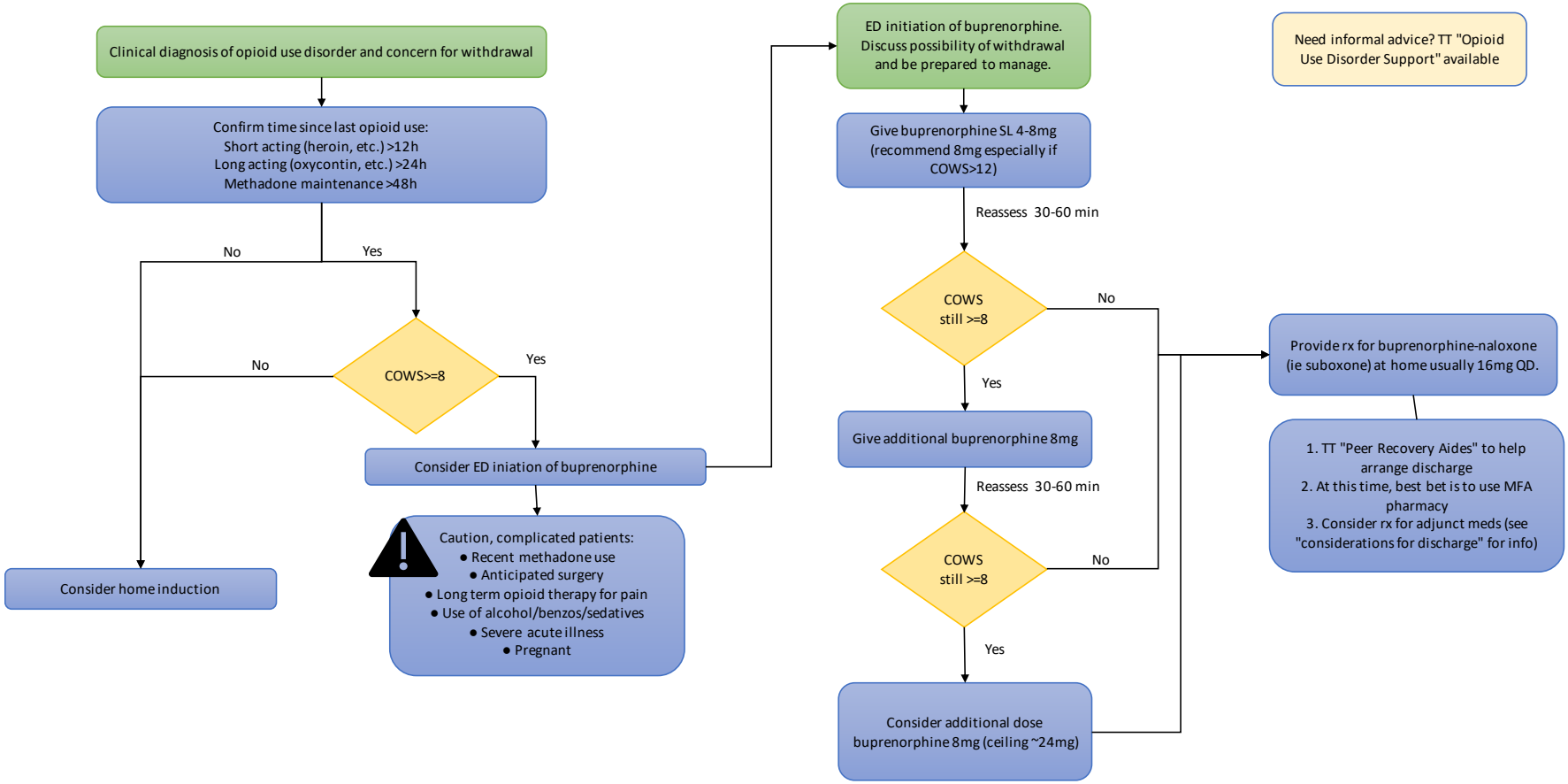
Clinical diagnosis of opioid use disorder and concern for withdrawal
Confirm time since last opioid use:
Short acting (heroin, etc.) >12h
Long acting (oxycontin, etc.) >24h
Methadone maintenance >48h
No
Yes
COWS>=8
No
Yes
Consider home induction
Consider ED iniation of buprenorphine
Caution, complicated patients:
● Recent methadone use
● Anticipated surgery
● Long term opioid therapy for pain
● Use of alcohol/benzos/sedatives
● Severe acute illness
● Pregnant
ED initiation of buprenorphine. Discuss possibility of withdrawal and be prepared to manage.
Give buprenorphine SL 4-8mg (recommend 8mg especially if COWS>12)
Reassess 30-60 min
COWS still >=8
No
Yes
Give additional buprenorphine 8mg
Reassess 30-60 min
COWS still >=8
No
Yes
Consider additional dose buprenorphine 8mg (ceiling ~24mg)
Need informal advice? TT "Opioid Use Disorder Support" available
Provide rx for buprenorphine-naloxone (ie suboxone) at home usually 16mg QD.
1. TT "Peer Recovery Aides" to help arrange discharge
2. At this time, best bet is to use MFA pharmacy
3. Consider rx for adjunct meds (see "considerations for discharge" for info)