

Approach to Starting Buprenorphine in the ED

Buprenorphine Standard Initiation

Contact ED substance use navigator/hospital to home coordinator if available.

● Patient presents with opioid withdrawal, overdose or complication of opioid use (skin/soft tissue infection, abscess, endocarditis)

Are any exclusion criteria to buprenorphine present?

- Allergy or hypersensitivity to buprenorphine or naloxone
- Reported methadone use in the last 72 hours
- Unable to provide informed consent
- Altered mental status, depressed level of consciousness, or delirium
- Acute intoxication
- Severe medical illness such as sepsis, respiratory distress, severe liver dysfunction

Provide supportive care and re-evaluate.

OPTIONS:

- Consult addiction medicine if available; patient may be a candidate for **methadone** or **SROM**
- Offer **methadone** if appropriate
- Offer RAAM referral/harm reduction resources
- Provide **naloxone kit**

Does the patient meet criteria for standard buprenorphine start?

- Moderate withdrawal (COWS ≥ 13)
- >12 hours since short-acting opioid
- >18 hours since intermediate-acting opioid
- >48 hours since fentanyl

OPTIONS:

- If the patient is post-naloxone for overdose or in acute withdrawal from fentanyl < 48h, see **Buprenorphine Macro dosing Initiation**
- Offer **home buprenorphine start**
- Offer **microinduction buprenorphine start**
- Offer return to ED when in withdrawal for buprenorphine treatment
- Patient handouts about buprenorphine **treatment, home start, micro dosing**
- Provide **naloxone kit**

Initiate buprenorphine:

- Usual starting dose: 4 mg
- Elderly/on BZDs/unsure of opioid tolerance or last opioid use: 2 mg

- Rapid worsening of symptoms is likely precipitated withdrawal
- Precipitated withdrawal can be treated with additional buprenorphine doses 8 mg q1h until symptoms resolve (max 32 mg total dose). See **Buprenorphine Macro dosing Initiation**



Symptoms improving or not worse?

- Patients can be monitored and re-dosed in the ED until symptoms resolve/total dose of 16 mg OR discharged with tablets or Rx to maximum 16 mg for Day 1
- Write a prescription for daily observed doses (maximum 16 mg/day) until planned follow up (max 7 days)
- Refer to RAAM/community clinic
- Dispense **naloxone kit**
- **Buprenorphine handout**
- **Harm Reduction Info Sheet**

Give another 2-4 mg

● See [Buprenorphine Reference Guide](#) for further information