

Quick Start Guide to Buprenorphine Induction from the ED

For more information, please also refer to the longer document entitled “ED Buprenorphine Induction for Instructions from the ED,” check our FAQs document, or contact Tammi Schaeffer (tschaeffer@mmc.org) or Matt Glazer (mglazer@mmc.org) for further questions.

1. Potential patient identification

Patient is identified as possibly benefiting from buprenorphine induction and rapid follow-up from the ED.

2. ED Assessment Procedures

a. Provider opens “Risk Opioid Tool” in My Notes.

- Between the provider and Care Manager, all items should be answered. This assessment will help to evaluate which patients meet criteria for ED induction.

b. Provider accesses “Buprenorphine” Quick List on order screen

- Request COWS assessment from Nursing.
- Request Care Management Consult order; you should also verbally communicate directly with Care Manager.
- If clinically indicated, you may place lab orders *or* you may wait until the Care Manager has completed their evaluation. Remember that delays in ordering may delay results and other processes.

c. Care Manager shares results of their assessment

- If the patient does NOT MEET criteria for ED-initiated buprenorphine, you can still consider arranging follow-up and comfort meds (see *Smart Set Instructions* below).
- If Care Manager’s evaluation determines that the patient MEETS criteria for ED-initiated buprenorphine, the final decision is made by the provider.

d. Confirm there is no lab or other contraindication to treatment

- Absolute Contraindications: presence of methadone in the urine; active psychosis, suicidal or homicidal ideation.
- Possible Contraindications: Concern for significant, concomitant alcohol or benzodiazepine use disorder.
- Determine pregnancy status as applicable.

e. If the patient does not meet criteria due to an initial COWS < 8, you can either observe the patient for 1-2 hours and reassess for worsened withdrawal symptoms or the patient can be discharged if they do not have acute needs.

- These patients (COWS < 8) can still be provided with a referral for a prescheduled follow-up with one of our community partners *or* they can return to the ED the following day for reassessment and possible ED induction.

3. ED Medication Procedures

a. If COWS > 8

- Provider places medication order
 - In “Buprenorphine” *Quick List*, click med order after confirming patient’s status as pregnant vs. not.
 - Order will result in the RN giving up to 12mg buprenorphine (4mg q 1 hr X 3 doses) to achieve COWS < 8.

b. If COWS > 8 after maximum dose given

- You may still consider rapid follow-up and comfort meds (see *Smart Set Instructions* below) for discharge.
- These patients DO NOT need and SHOULD NOT receive a buprenorphine bridge script.

c. If COWS < 8

- If the patient’s follow-up appointment is more than 24 hours away, we WILL provide the patient with a bridge script for buprenorphine, as detailed below.

4. Disposition Procedures & Smart Set Instructions

a. Click on “Smart Set” in the *Dispo Navigator* and types in “MMC Buprenorphine,” to open the relevant “Smart Set.”

- Diagnosis: Place the appropriate diagnoses. Although there maybe more than one, “Opiate Withdrawal” should be included as a diagnosis as this is the reason for this therapy.

• Discharge Prescriptions

- **Buprenorphine/naloxone (or buprenorphine alone if pregnant)**
- Choose the strength that got the patient to a COWS < 8
Examples: If one dose (4mg buprenorphine) got their COWS < 8, choose 4/1 buprenorphine/naloxone; If they needed 2 doses (8mg buprenorphine), choose 8/2 buprenorphine/naloxone; If they needed all 3 doses (12mg buprenorphine), choose 12/3 buprenorphine/naloxone.
- Remember that if we cannot get COWS < 8 with 12 mg, do not go further. In this case, stop induction attempts, discharge with comfort meds, and arrange for rapid follow-up with a community partner.

- Please be certain to write for **films**.
- Only provide enough films to bridge the patient to their follow-up appointment.
Examples: If induction is completed on Monday and the patient’s follow-up appointment is on Tuesday, they do not need a bridging prescription. If induction is completed on Friday and the patient’s follow-up is Monday, they will require two bridging doses of buprenorphine for Saturday and Sunday.
- We are generally only providing **three days’** worth of bridging doses (long weekend) but in selected situations (Virology Clinic follow-up, Greater Portland Health) it may be appropriate to provide up to five days of bridging buprenorphine.
- Please be sure **MMC pharmacy** is selected.
- The pharmacy will provide up to three days (five in rare circumstances as noted above) drug at no charge if the patient is unable to pay.

*****VERY IMPORTANT*****

You will see a field on the buprenorphine prescription that says, “NADEAN:*** Exemption Code D Medication-Assisted Treatment for substance use disorder; to be filled XX/XX/2019.”

It’s **VERY IMPORTANT** that you put your **waiver DEA number** in the wild card (***) **WITHOUT** a space after the colon (:). If this is not done correctly, the medication will **NOT** be e-prescribed.

Your **waiver DEA number** is the same as your regular DEA **EXCEPT** that the first letter is replaced by the letter “X”.

Example: If your regular DEA is BS12345, your waiver DEA number is XS12345.

- **Naloxone**
Please choose most appropriate naloxone product based on availability and the patient’s ability to pay. Please engage our pharmacists for assistance in making this determination.
- **Comfort Medications**
If you are unable to get the patient’s COWS score to < 8 or the patient otherwise does not meet criteria for ED induction, consider prescribing comfort medications upon discharge at your discretion. Document “If no induction discharge prescriptions” in the *Smart Set*.

5. Follow-up Plan

- The follow-up plan will be determined by the Care Manager. They will assist you in choosing the appropriate location for follow-up. **They will also give you the date/time that you must put in the follow-up instructions.**
- Anticipate that most of our patients receive follow-up at the Maine Behavioral Healthcare South Portland Hub.
- If there is a known diagnosis of hepatitis and/or HIV **AND** the patient is **not** currently receiving virology care, they can follow-up at the MMC Virology Treatment Center for both their substance use disorder and virology treatment.

6. Patient Instructions

- Please choose the most appropriate patient instruction sheet(s).
- If they are receiving a prescription, be sure to include the first option, “MMC Buprenorphine Information.”

7. Associate Diagnosis

- This option may come up as you sign *Smart Set* orders. Click “All,” then “Accept” to move forward.

8. General information

- There is a system-wide smart phrase, **.EDBUPMDM** to assist with your documentation.
- We are **not** facilitating ED-based inductions for patients taking buprenorphine for pain. These patients need to be referred back to their own providers and should NOT get a follow-up to one of our substance use disorder partners.
- The Virology Clinic has agreed to follow-up on virology labs ordered in the ED. If you choose to send virology labs (in the bup. *Quick List*), tell the patient that labs will be evaluated by the MMC Virology Clinic and that the Clinic will contact them directly. Please assure we have a good phone number for the patient. **Please put in a consult to the VTC (EPIC order REF2600).** The reason for the consult is: “Follow up of labs drawn in the ED.” A smart phrase **.EDVIROLAB** should go in your MDM for this.
- If a Care Manager is not available, the provider can still do the induction at their own discretion. If control of withdrawal symptoms has been established, the patient can wait in the ED until a Care Manager is available. **We cannot get follow-up scheduled without a Care Manager.** We **must** have completion of the Care Manager’s evaluation and patients must understand that even if provider completes the initial induction, the results of the Care Manager’s evaluation will determine the course of further care.