Intended Population

Adult emergency department patients with opioid use disorder (OUD) desiring initiation of medications for OUD

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Clinical Diagnosis of Opioid Use Disorder (OUD)

If patient is a study candidate, contact research team via Epic chat @ *ED Research Opioids*

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Assess Opioid Exposure Type and Last Use

Short-Acting: Anticipate Withdrawal > 12 Hours

Extended Release: Anticipate Withdrawal > 24 hours

Methadone Maintenance: Anticipate Withdrawal > 72 hours (consider continuing methadone)

Methadone patients may experience precipitated withdrawal with buprenorphine up to 72 hrs. from last use

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Assess for Potential Contraindications

Methadone use within 72 hrs.; co-occurring benzodiazepine or alcohol use; allergy

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For All Patients: See ED Buprenorphine Quick List

Order Urine Toxicology plus Methadone

Order Urine Pregnancy Testing for Patients with Childbearing Potential

Order RN COWS Assessments with Ancillary Medications for Symptom Management

Order Virology Labs for Patients with IVDU or Other High-Risk Behavior

Send Referral to Gilman Clinic for All Virology Lab Patients: They Will Follow-up with Patient

Consult Care Management for Rapid Access Follow-up (Use CONFMSG Email if Overnight Hours): Options Include: CAM Clinic, CONNECT Van, PSLC, Groups Recover Together, Better Life Partners, PCP (see next page)

Prescribe State Supplied Naloxone Starter Kit: Pharm will Provide with Education

Order Harm Reduction Teaching for Discharge (see next page)

Offer Referral to MaineHealth Peer Recovery (see next page)

This guideline was ratified by the Emergency Medicine faculty in May 2026. It reflects our expert opinion and currently available scientific literature and is not necessarily applicable to all patients or institutions. It is intended to serve as a reference for clinicians caring for patients and is not intended to replace providers' clinical judgment.

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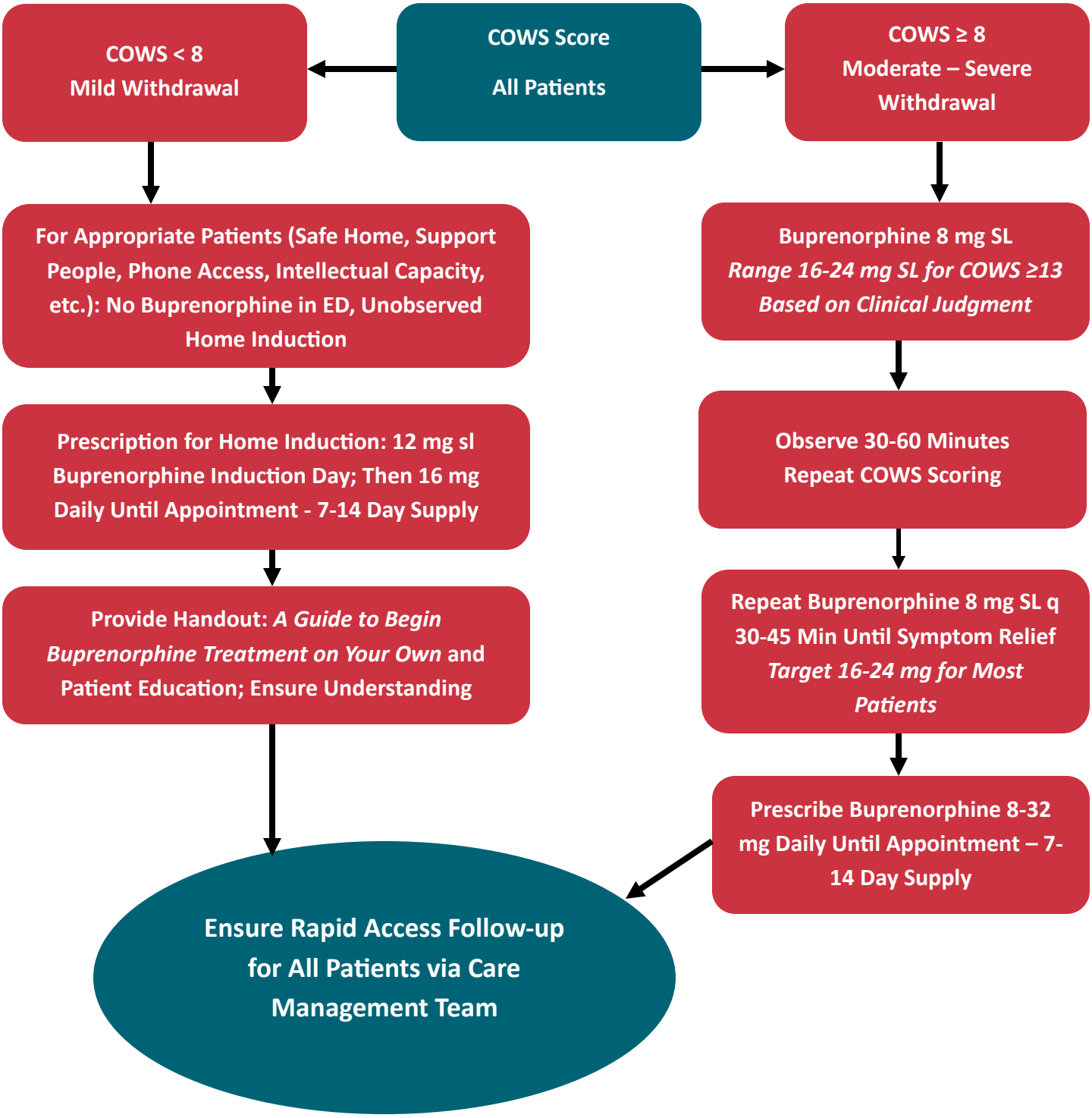

ADDITIONAL INFORMATION

All Patients Should Receive: Brief intervention, overdose education, naloxone distribution, referral to ongoing treatment, and harm reduction education including on the dangers of co-use of alcohol and benzodiazepines.

Clinical Opioid Withdrawal Scale (COWS) Scoring Tool: If COWS score is 13 or higher, consider starting with a 16 mg buprenorphine dose.

Warm Hand Offs: Including a specific appointment date, time, and location is best. When possible, patients may benefit from completing phone intake (e.g. Better Life Partners or Groups Recover Together) while in the ED.

Ancillary Medications for Symptom Relief Include:

Withdrawal Symptom	Consider
Musculoskeletal Aches or Pains; Headache	Acetaminophen, ibuprofen, ketorolac
Diarrhea	Dicyclomine, loperamide
Nausea or Vomiting	Zofran, prochlorperazine, promethazine
Hypertension, Tachycardia, Anxiety, Restlessness	Clonidine

When Consulting Care Management for Follow-up, Especially After Hours:

Please use EPIC secure chat or CONFMSG e-mail to oncoming Care Manager with Patient's Name, MRN, Current Phone Number. Please share the need for a rapid access follow-up appointment following buprenorphine induction overnight. The Care Manager will follow-up. ***Note:*** If a patient already has a buprenorphine prescriber, they can see that provider and do not need additional follow-up arrangements.

Options for Follow-up:

Comprehensive Addiction Medicine Clinic. Send referral in EPIC. Patients must have MaineCare or other insurance as of March 2026. Anticipate an appointment in 1-2 weeks as of March 2026. Located at 576 St John Street, Portland ME.

Preble Street Learning Collaborative Connections Clinic: No referral required in EPIC, no appointment required. Monday, Tuesday, Wednesday from 0830-noon and again from 1-4 pm. Patients have found it helpful in the past if we tell them a specific time and date to go.

CONNECT Van: Refer to CONNECT in Epic. Good for unhoused patients who will have trouble getting to an appointment. Van will go find these patients if able. Helpful if the patient has a phone number in EPIC chart.

Groups Recover Together: No referral in EPIC required. Recovery groups and individual treatment. Patient can call to make an appointment or schedule one online 24/7. Offices in Biddeford, Brunswick. They take Medicaid, Medicare, and private insurance. Physical Location Open Monday-Thursday, 0900-1900. Located at 315 Park Ave, Portland ME. 207-245-7654. https://locations.joingroups.com/me/portland/groups-recover-together-portland-me-grt010.html

Better Life Partners: No referral in EPIC required. Link with community partners in Offer same day appointments and online options, and they offer group treatment and harm reduction services. Patient can call to complete their intake while still in the ED. 866-679-0831. https://betterlifepartners.com/opioid-addiction-treatment/

PCP, Including Greater Portland Health: If patient has a PCP, this is a good option for follow up.

How to Add Harm Reduction Resources to Discharge Instructions in Epic

1. Go to Dispo tab

2. Scroll down to discharge instructions

3. Click “Clinical Reference”

4. Click “Additional Search” tab

5. Search “Harm Reduction”

6. Click *“MH Harm Reduction Tips to Keep You Safe”* and *“MH Harm Reduction Resources Greater Portland”.*

These will then print with patient’s discharge instructions. It is recommended to go over them with the patient at discharge.

MH Peer Recovery Partners:

Professional peer recovery resource through Maine Health for free. Requires referral in EPIC, place “Amb Referral to Peer Services.” They will follow-up on the outpatient side. They can accompany patients to appointments, give supportive calls or texts, introduce patients to resources, etc. Please ensure that the patient’s phone number is up to date in Epic.