

Buprenorphine Induction from the ED
Maine Medical Center
Department of Emergency Medicine

1. Background

This guide details the procedures and workflows associated with Maine Medical Center ED buprenorphine induction and rapid follow-up. Note that the information provided here is anticipated to change over time; there may be updates, corrections, and changes for clarity as we begin this program and gain experience with ED-based induction. In addition to this more comprehensive document, we have also developed several other information guides including:

- A “Quick Start Guide” that provides less detail, but essential information on the process of ED induction with buprenorphine,
- A “Frequently Asked Questions” document that addresses common concerns and queries, and
- A flow diagram depicting the anticipated workflow associated with this program.

2. Patient Identification and Screening

Patients who may benefit from ED-initiated buprenorphine induction may be identified in multiple ways, including through presentation for withdrawal symptoms, a chief complaint related to opiate use disorder, or other mechanisms. Anyone can initiate the identification and screening process. Care Management, Nursing and the treating medical provider should all be notified of potentially eligible patients; this will allow Care Management to begin their assessment and evaluation.

Please consider the patient’s last known substance use to help determine whether the patient may be in the appropriate time frame for withdrawal:

- Morphine: 8-12 hours
- Heroin: 12-24 hours
- Oxycodone and hydrocodone: 12-24 hours
- Oxymorphone: 24-30 hours
- Methadone: 36 hours to a week

Know that these numbers are not exact and you should remember to treat the person in front of you. Unfortunately, we do not always know what substances our patients have actually used. The longer acting the opioid, the longer we may need to wait. We do not want to induce precipitated withdrawal.

There are some differences of opinion regarding giving buprenorphine to patients who have received naloxone after an acute opioid overdose. It is important to wait until the rescue

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naloxone has been metabolized to evaluate the patient's degree of withdrawal. While there is no definitive consensus, it is recommended that clinicians wait between 2 and 4 hours following administration of rescue naloxone to begin Clinical Opioid Withdrawal Scale (COWS) scoring. The decision to proceed with ED-based induction will also depend upon the Care Manager's assessment, as they may have determined that the patient is not yet ready to engage in treatment, may not be willing to wait, etc.

To begin the assessment process, open the EPIC ED chart and navigate to "My Notes." Under "My Notes," there is a flow sheet called "**Opioid Risk Tool.**" If you have a patient that you believe may be a candidate for ED induction, please fill this form out as best you can. This will give you some guidance as to whether or not your patient meets our ED-based induction criteria. Even if you end up not proceeding with induction, please complete the risk tool as best you can. **You should not order the medication until the "Opioid Risk Tool" flow sheet is complete.** We will also be using this tool in program evaluation data collection, so PLEASE make every effort to fill it out.

The screenshot shows the EPIC EMR interface. The top navigation bar includes links like 'Dragon Log In', 'Dragon Log Out', 'ED Manager', 'ED Track Board', 'In Basket', 'My Dashboards', 'My Reports', 'ED Chart', 'My Settings', 'Patient Lists', 'Print', and 'Log Out'. The patient's name 'Airdrill, Marianne' is displayed. The left sidebar shows various tabs: 'Chart Review', 'Adv Care Plan', 'Results Review', 'Snapshot', 'Problem List', 'Review Visit', 'My Note', 'Orders', 'Dispo', and 'Critical Care'. The 'My Note' tab is selected, showing a list of notes. The 'Opioid Risk Tool' note is highlighted. The flow sheet is titled 'Opioid Risk Tool - ED Buprenorphine Induction Criteria'. It includes a section for 'Buprenorphine Inclusion Criteria Checklist' with a 'Yes/No' column. The checklist items are: 'Clear diagnosis of opioid use disorder with physiologic dependence and risk for accidental overdose', 'No evidence of severe benzodiazepine or alcohol use disorder', and 'Lab findings'. The 'Lab findings' section includes 'UDS negative for methadone'.

At your request, Nursing will obtain a COWS score to determine the degree of withdrawal symptoms the patient is experiencing at that moment. The initial COWS score may not be the one that you need to act upon. The patient may be in the department for a couple of hours depending on ED volume, the availability of Care Management, etc.

Care Management will also initiate their piece: assessing the patient's motivation to engage in treatment, insurance status, and ability to follow-up; the availability of a rapid follow-up

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appointment; determining whether or not the patient has received a recent buprenorphine prescription via a check of the PMP; and they will obtain necessary release signatures.

If a Care Manager is not available, a provider can still initiate ED induction; however, you will **NOT** be able to provide the patient with a prescription. The patient will need to remain in the ED for later completion of the Care Management process. This intake assessment is important as we still may decide not to provide script based on information obtained during the assessment. In addition, we cannot get the patient the necessary rapid follow-up without Care Management doing their piece.

Contraindications for ED-initiated Buprenorphine Induction:

- COWS score < 8,
- Positive for methadone usage,
- Concern for significant alcohol or benzodiazepine use disorder (related to the risk of respiratory depression with concomitant buprenorphine utilization),
- Acutely suicidal, homicidal, or psychotic,
- Use of buprenorphine for pain.

Otherwise, ED buprenorphine induction is based upon physician and Care Management discretion.

In addition, it is important to note that **pregnancy is not a contraindication** to ED-initiated buprenorphine induction. In fact, entry into treatment is recommended for pregnant patients, in order to avoid complications associated with substance use disorder for both the patient and her baby. Please see below for a more comprehensive description of the prescribing changes necessary for the treatment of pregnant patients with buprenorphine monotherapy (vs. buprenorphine/naloxone for non-pregnant patients).

3. Placing ED Induction-related Orders

There is a tab on the **Quick List** that says “**Buprenorphine.**” Clicking on that will open further orders. You can order the COWS assessment, labs, and the necessary medications from there when you are ready.

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Order Sets

Suggested (3): ED Admission Phase 1 - Bed rec, MH AMB WI FEVER/URI, Pediatric- Abdominal Pain, Vom, ED Abdominal Pain, ED Abdominal Pain (User), ED Acute Anaphylaxis

Quick Orders CT/US/MRI/X-RAY **Buprenorphine**

Medications	Hematology	Nursing
<input type="checkbox"/> 0.9% NaCl Bolus	<input type="checkbox"/> Blood Type + Screen	<input type="checkbox"/> EKG 12 lead - STAT
<input type="checkbox"/> acetaminophen oral liquid orderable	<input type="checkbox"/> CBC + Differential	<input type="checkbox"/> EKG 12 lead - ASAP
<input type="checkbox"/> acetaminophen tablet	<input type="checkbox"/> CBC W/O Differential	<input type="checkbox"/> EKG (15 Lead) (peds)
<input type="checkbox"/> aspirin chewable tablet (324mg PO)	<input type="checkbox"/> D-Dimer DDU (to exclude VTE)	<input type="checkbox"/> Insert Peripheral IV
<input type="checkbox"/> bupivacaine (PF) 0.5 % injection	<input type="checkbox"/> PT/INR	<input type="checkbox"/> Oxygen - Protocol
<input type="checkbox"/> Derma-flex		
<input type="checkbox"/> dexamethasone 1 mg/mL concentrated oral solution	Chemistry	Consults
<input type="checkbox"/> dexamethasone 10 mg/mL (for oral administration)	<input type="checkbox"/> Basic Metabolic Panel	<input type="checkbox"/> Emergency department co Psychiatry
<input type="checkbox"/> dexamethasone injection (4mg IV)	<input type="checkbox"/> Comprehensive Metabolic Panel	<input type="checkbox"/> Inpatient consult to Cardio
<input type="checkbox"/> diltiazem injection	<input type="checkbox"/> HCG QUANTITATIVE, BLOOD (SERUM PREGNANCY)	<input type="checkbox"/> Inpatient consult to Gener: Surgery
<input type="checkbox"/> diphenhydramine capsule	<input type="checkbox"/> Lactate - Whole Blood	<input type="checkbox"/> Inpatient consult to Neuro
<input type="checkbox"/> EPINEPHrine injection	<input type="checkbox"/> Lipase	<input type="checkbox"/> Inpatient consult to Pediat Surgery
<input type="checkbox"/> fentanyl injection	<input type="checkbox"/> Magnesium	<input type="checkbox"/> ED Consult Request for Ad
	<input type="checkbox"/> NT-Pro-B-Type Natriuretic Peptide	
	<input type="checkbox"/> POC Bedside Glucose Test	

Summary **Orders** **Options**

Manage Orders Order Sets

Standard [New] [Next]

No Orders

Remove All Save Work Sign & Hold Sign

Labs are a screening to be sure that: 1) there is no methadone in the urine, 2) the patient is not pregnant, and 3) there is no florid hepatitis. A small bump in LFTs NOT a contraindication.

Order Sets

Suggested (1): ED Admission Phase 1 - Bed request, ED Abdominal Pain, ED Abdominal Pain (User), ED Acute Anaphylaxis

Quick Orders CT/US/MRI/X-RAY **Buprenorphine**

Labs	Nursing	Medication
<input type="checkbox"/> Buprenorphine Induction Labs	<input type="checkbox"/> COWS assessment x1, then every 1-2 hours after dose of buprenorphine/naloxone	<input type="checkbox"/> COWS score > 8 and Not Pregnant - buprenorphine total dose is 12 mg
<input type="checkbox"/> Virology Labs (followed by Virology Treatment Center)	<input type="checkbox"/> Consult to Care Management	<input type="checkbox"/> COWS score > 8 and Pregnant - buprenorphine total dose is 12 mg

Summary **Orders** **Options**

Manage Orders Order Sets

Place new orders or order sets [New] [Next]

Standard [New] [Next]

No Orders

Remove All Save Work Sign & Hold Sign

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The screenshot displays the Epic EMR interface for a patient named Margaret Impactsocket. The main panel is titled "Buprenorphine Induction Labs" and contains a list of labs to be ordered. The labs are as follows:

- ☒ Comprehensive Metabolic Panel
Stat, First occurrence today at 0928 P
- ☒ POC Alcohol Breath Test
STAT, Once, First occurrence today at 0928
- ☒ Tox Screen + Methadone UR (Inpatient) - MMC Lab
Stat, First occurrence today at 0928 P
- ☐ CBC + Differential
Stat, Starting 9/16/19
- ☐ HCG Qualitative, Urine (Urine Pregnancy)
Stat, Starting 9/16/19

The interface also shows a sidebar with navigation options and a top bar with patient information and a search function. The "Next Required" button is visible at the bottom of the lab list.

Virology Labs

You should consider ordering virology labs in these patients as they are at high risk for HIV and Hepatitis. There is an order panel available as requested by the MMC Virology Treatment Center (VTC). Some labs will likely not result while the patient is in the ED. The VTC has agreed to follow-up on these labs with the patients.

If you order these, please let the patient know that these labs will be referred to the VTC, who will review and contact the patient with results. They will then coordinate treatment as appropriate. Place a referral (EPIC order REF2700) order in. Put "follow-up on labs placed in the ED" as reason for consult. Also, place the smart phrase **.EDVIROLABS** in your MDM. Please make sure that the patient's contact information is available and correct for the follow-up team.

The screenshot displays the Epic EMR interface for the Virology Labs order panel. The panel is titled "Virology Labs" and contains a list of labs to be ordered. The labs are as follows:

- ☒ Hepatitis A Ab Total with Reflex
Stat, First occurrence today at 1325 P
- ☒ Hepatitis B Surface Ag
Stat, First occurrence today at 1325
- ☒ Hepatitis B Core Ab Total
Stat, First occurrence today at 1325 P
- ☒ Hepatitis B Surface Ab
Stat, First occurrence today at 1325 P
- ☒ Hepatitis C Ab Diagnostic Reflex HCVVL
Stat, First occurrence today at 1325
- ☒ HIV 1+2 AB+AG Reflex HIVVL
Stat, First occurrence today at 1325 P
- ☐ HIV RNA QN PCR - If known HIV
Stat, Starting 10/12/19

The interface also shows a sidebar with navigation options and a top bar with patient information and a search function. The "Accept" button is visible at the top right of the panel.

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4. Medication Orders in Patients Who Meet Criteria for ED Induction

If a patient never reaches a COWS score > 8 after two to three assessments over a few hours, **no buprenorphine should be given**. These patients can be discharged with rapid referral and follow-up. In addition, you may consider comfort medications as indicated. As another option, the patient can return to the ED the following day for a new assessment for buprenorphine induction.

If a patient meets induction criteria from both Care Management and physician standpoints (no medical or psychiatric concern), the COWS score is > 8, and the Opiate Risk Tool agrees, you may proceed with ED induction with buprenorphine/naloxone combination therapy in non-pregnant patients (buprenorphine monotherapy only for pregnant patients).

Patients should be given an initial dose of 4mg/1mg buprenorphine/naloxone. You will often see improvement in the patient's symptoms in 20-30 minutes, but it can take longer.

This dosage can be repeated every one hour two times (q 1 hour x 2) until a COWS score > 8 is reached. Our goal is to get the COWS below 8. We are maxing out at 12mg/3mg. If we can't get control with this dose there is a chance buprenorphine is not right for them. If this occurs, the patient can receive a referral and comfort meds, but no script for buprenorphine.

Induction for a pregnant patient is the same as non-pregnant **except** the medication is the **mono-product buprenorphine**. **No naloxone is given for pregnant patients**.

The screenshot displays the Epic EMR interface for a patient named Margaret Impactsocket. The 'Orders' section is active, showing a 'Quick List' of orders. Under the 'Medication' tab, a suggested order is visible: 'buprenorphine-naloxone 2-0.5 MG SL tablet 2 Tab, Sublingual, Once, today at 0930, For 1 dose'. The order is for a COWS score > 8 and Not Pregnant, with a maximum total dose of 12 mg. The interface also shows 'Labs' and 'Nursing' tabs with their respective suggestions. The 'Labs' tab suggests 'Buprenorphine Induction Labs' and 'Virology Labs (followed by Virology Treatment Center)'. The 'Nursing' tab suggests 'COWS assessment x1, then every 1-2 hours after dose of buprenorphine/naloxone' and 'Consult to Care Management'.

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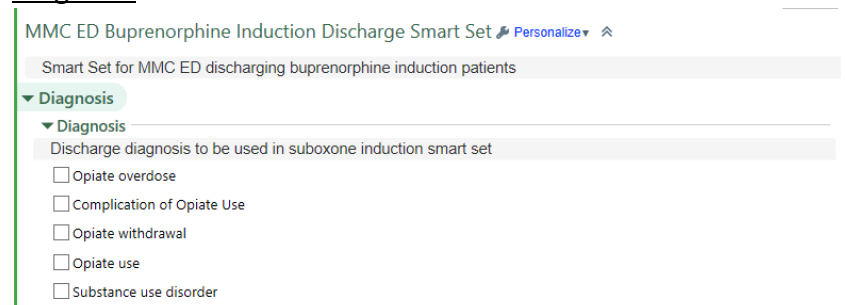
In general, buprenorphine is very well tolerated. However, we need to be careful not to cause precipitated withdrawal. This can happen if the patient is not sufficiently in withdrawal prior to receiving the buprenorphine. Treatment of precipitated withdrawal is the provision of supportive care.

5. Discharge and Follow-up

In general, patients should **always** be discharged with some type of follow-up, regardless of whether or not they have received buprenorphine from the ED. This is part of the initial Care Management evaluation and the follow-up plan should be confirmed prior to the actual induction. An exception to this is the patient taking buprenorphine for pain. These patients should be directed back to the provider that has been treating them and should **not** be referred to our community Substance Use Disorder partners.

A “Smart Set” will be available to support our discharges. To access this, click on the **Dispo Navigator** and then on “**Smart Set.**” Type in “**MMC ED Buprenorphine Discharge**” and open the “Smart Set.” This “Smart Set” contains suggested diagnoses, suggested discharge instructions, buprenorphine specific information, follow-up information, and prescriptions. The Care Managers should fill in the site follow-up information.

Diagnosis



MMC ED Buprenorphine Induction Discharge Smart Set [Personalize](#)

Smart Set for MMC ED discharging buprenorphine induction patients

▼ **Diagnosis**

▼ **Diagnosis**

Discharge diagnosis to be used in suboxone induction smart set

- ☐ Opiate overdose
- ☐ Complication of Opiate Use
- ☐ Opiate withdrawal
- ☐ Opiate use
- ☐ Substance use disorder

Choose the appropriate diagnoses. While there will likely be more than one, “opiate withdrawal” should always be included as that is the reason we are doing the induction.

Discharge Prescriptions

Discharge prescriptions may include buprenorphine/naloxone (buprenorphine only if the patient is pregnant), naloxone, or medication for withdrawal symptoms if we are unable to control them.

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▼ Prescriptions

▶ Buprenorphine - Naloxone Prescription - Not Pregnant [Click for more](#)

▶ Buprenorphine Prescription - Pregnant [Click for more](#)

▼ Naloxone nasal spray for high risk patients

Consider prescribing take home naloxone for patients with any of the following risk factors:

- History of overdose, injection drug use or opioid use disorder
- Alcohol use disorder
- Prescription for greater than 50 mg morphine equivalents per day
- Use of benzodiazepine or barbiturate
- Co-morbid conditions that lead to respiratory compromise (such as sleep apnea or COPD)

☐ Naloxone (Narcan) - typically preferred for patients with insurance, including MaineCare

☐ Naloxone Kit - typically least expensive for patients who self-pay or use FreeCare

Buprenorphine

▼ Prescriptions

▼ Buprenorphine - Naloxone Prescription - Not Pregnant

☐ buprenorphine-naloxone 4-1 MG Film

Normal, NADEAN:*** Exemption Code D Medication-Assisted Treatment for substance use disorder; to be filled @TD@

☐ buprenorphine-naloxone 8-2 MG Film

Normal, NADEAN:*** Exemption Code D Medication-Assisted Treatment for substance use disorder; to be filled @TD@

☐ buprenorphine-naloxone 12-3 MG Film

Normal, NADEAN:*** Exemption Code D Medication-Assisted Treatment for substance use disorder; to be filled @TD@

▶ Buprenorphine Prescription - Pregnant

[Click for more](#)

▼ Naloxone nasal spray for high risk patients

Consider prescribing take home naloxone for patients with any of the following risk factors:

- History of overdose, injection drug use or opioid use disorder
- Alcohol use disorder
- Prescription for greater than 50 mg morphine equivalents per day
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- Co-morbid conditions that lead to respiratory compromise (such as sleep apnea or COPD)

☐ Naloxone (Narcan) - typically preferred for patients with insurance, including MaineCare

☐ Naloxone Kit - typically least expensive for patients who self-pay or use FreeCare

If we were able to control their withdrawal symptoms (COWS score < 8), they may need a small buprenorphine script.

Buprenorphine/naloxone (or buprenorphine only if pregnant)

Choose the strength that got the patient to a COWS score < 8.

Examples:

If one dose (4mg) got their COWS under 8, choose 4/1mg buprenorphine/naloxone;

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If they needed 2 doses (8mg), choose 8/2mg buprenorphine/naloxone; or
If they needed all 3 doses (12mg), choose 12/3mg buprenorphine/naloxone).

Remember that if we cannot get COWS score < 8 with 12 mg of buprenorphine, **do not go further**.
Stop, discharge with comfort meds and get the patient rapid follow-up.

Please be sure to write for **films**, not tablets.

Only give enough films to bridge the patient to their follow-up appointment.

Examples:

If induction is done on Monday, and the follow-up appointment is on Tuesday, they do not need a prescription.

If induction is done Friday and the follow-up appointment is on Monday, they need 2 doses to cover Saturday and Sunday.

We are generally only giving 3 days' worth of bridging medication (long weekend), but in selected situations (Virology Clinic follow-up, Greater Portland Health) it may be appropriate to give up to 5 days' worth of medication. This needs to be addressed on a case-by-case basis.

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 is **VERY IMPORTANT** that you put your waiver DEA number in the wild card (***). Do not include a space after the colon (:). **If this is not done correctly, the medication will NOT be e-prescribed.**

Your **waiver DEA** is the same as your regular DEA except that the first letter is replaced by the letter "X".

Example: If your old DEA is BS12345, your waiver DEA is XS12345.

Please be sure that the MMC pharmacy is selected.

The pharmacy will provide up to three days (five days in rare selected circumstances as described above) drug at no charge if the patient has no ability to pay.

Naloxone

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These patients should be prescribed naloxone. The prescriptions and instructions are in the “Smart Set.” Choose the most appropriate formulation based upon the patient’s circumstances, e.g. paid for by insurance, MaineCare, or free from MMC if the patient is unable to pay. Contact ED pharmacist for questions about this.

Symptom Control Medications (Also Called Comfort Meds)

▼ **If no induction discharge prescription**

☒ **Prescription Medications**

☒ **cloNIDine 0.1 MG TABS**

1 tab by mouth every 8 hours for 2 days, then 1 tab by mouth every 12 hours for 3 days, Disp-12 Tab, R-0, Normal

☒ **dicyclomine (BENTYL) 20 MG TABS**

Take 1 Tab (20 mg total) by mouth every 6 hours as needed (withdrawal symptoms), Disp-24 Tab, R-0, Normal

☒ **ondansetron 4 MG TABS**

Take 1 Tab (4 mg total) by mouth every 6 hours as needed for Nausea, Disp-8 Tab, R-0, Normal

☒ **loperamide 2 MG CAPS**

Take two pills after first loose stool, then one pill after each unformed stool to a maximum dose of 8 pills per day, Disp-8 Cap, R-0, Normal

Medications to control symptoms are located under “If no induction discharge prescriptions” in the “Smart Set.” If 12mg buprenorphine does not control the patient’s symptoms to a COWS score < 8 or if the patient otherwise does not meet criteria for ED induction, consider prescribing medications for symptom control at discharge. This can be done at your discretion.

Follow-up

▼ **Follow Up**

☐ **Maine Behavioral Healthcare - Greater Portland Patient Instructions**

Maine Behavioral Healthcare (Greater Portland) 254 Western Ave South Portland ME 04106 207-661-0440 You have an appointment scheduled for *** Please arrive between *** Please bring all your current medications and any pertinent medical information. Your intake appointment may be up to 2 hours and you should plan on being there that length of time. This referral does not guarantee acceptance into this program nor continuation of medication assisted treatment for your opioid use disorder. Continuation and choice of medication assisted therapy will be at the discretion of Maine Behavioral Health. If you cannot make this appointment, please call the center immediately at the number above. The emergency department at Maine Medical Center cannot prescribe further buprenorphine if you miss this appointment.

☐ **Discovery House Patient Instructions**

Discovery House 400 Western Ave South Portland, ME 04106 207-774-7111 You have an appointment scheduled for *** Please arrive there between 6am-8am Your intake appointment may be up to 2 hours and you should plan on being there that length of time. Please bring a photo ID with you Please bring all your current medications and any pertinent medical information. Your intake appointment may be up to 2 hours and you should plan on being there that length of time. This referral does not guarantee acceptance into this program nor continuation of medication assisted treatment for your opioid use disorder. Continuation and choice of medication assisted therapy will be at the discretion of Discovery House. If you cannot make this appointment, please call the center immediately at the number above. The emergency department at Maine Medical Center cannot prescribe further buprenorphine if you miss this appointment.

☐ **Greater Portland Health Patient Instructions**

Greater Portland Health 63 Preble St Portland, ME 04101 (207) 874-2141 You have an appointment scheduled for *** Please arrive between *** Please bring all your current medications and any pertinent medical information. Your intake appointment will be approximately 2 hours. This referral does not guarantee acceptance into this program nor continuation of medication assisted treatment for your opioid use disorder. Continuation and choice of medication assisted therapy will be at the discretion of Greater Portland Health. If you cannot make this appointment, please call the center immediately at the number above. The emergency department at Maine Medical Center cannot prescribe further buprenorphine if you miss this appointment.

While our primary site of follow-up will be the Maine Behavioral Health South Portland Hub, we will also be using other community partners. People may go to other sites based on geography,

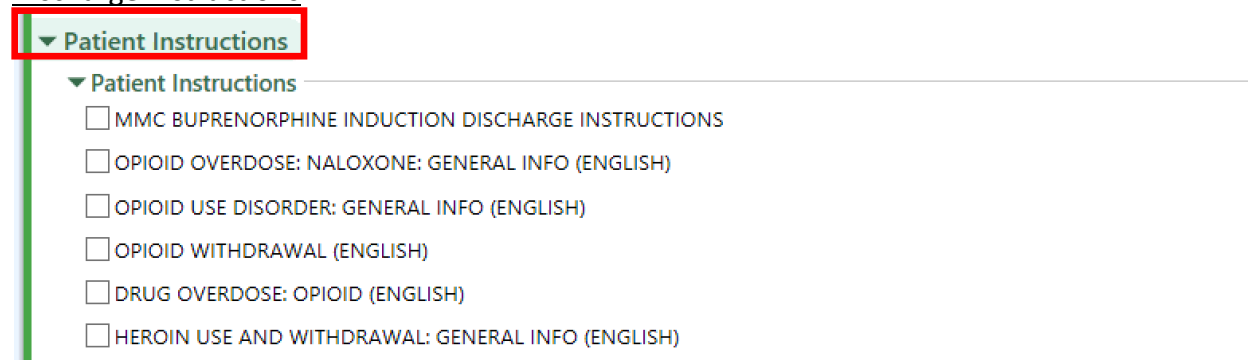
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preference, insurance, etc. We are hoping to have patients seen in follow-up within 1-2 business days.

The Care Manager will tell you the date and time that the patient will be following-up and these details need to be placed in the follow-up. There are wildcards (***) for the date and time information.

If the patient has a known diagnosis of hepatitis and/or HIV and DOES NOT currently have treatment for their virology diagnosis, the VTC has agreed to see them in follow-up for both their Substance Use Disorder and virology diagnosis. You must put in a referral to the VTC (EPIC order REF2700) as well as have the Care Manager notify them. This is a really nice addition to our workflow that will get our patients care for both diagnoses at one center. Please include the smart phrase **.EDVIROLABS** in your MDM for this workflow.

Discharge Instructions



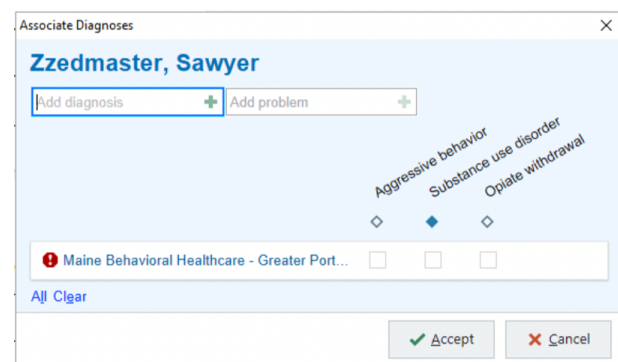
▼ Patient Instructions

▼ Patient Instructions

- ☐ MMC BUPRENORPHINE INDUCTION DISCHARGE INSTRUCTIONS
- ☐ OPIOID OVERDOSE: NALOXONE: GENERAL INFO (ENGLISH)
- ☐ OPIOID USE DISORDER: GENERAL INFO (ENGLISH)
- ☐ OPIOID WITHDRAWAL (ENGLISH)
- ☐ DRUG OVERDOSE: OPIOID (ENGLISH)
- ☐ HEROIN USE AND WITHDRAWAL: GENERAL INFO (ENGLISH)

Choose the most appropriate instructions that are applicable. **Opioid Withdrawal** is likely always appropriate. If a patient receives a buprenorphine prescription, be sure to include the **MMC Buprenorphine Induction Discharge Instructions**. Don't forget to add instructions for non-opioid associated diagnoses as needed.

Associate Diagnoses



Associate Diagnoses

Zzedmaster, Sawyer

Add diagnosis + Add problem +

Aggressive behavior
Substance use disorder
Opiate withdrawal

! Maine Behavioral Healthcare - Greater Port... ☐ ☐ ☐

All Clear

Accept Cancel

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If this dialog box comes up as you attempt to sign the “Smart Set,” click “All” and then “Accept.” That should allow you to sign everything.

6. Notes

There is a system-wide smart phrase, **.EDBUPMDM** to assist with your medical decision making documentation.

Remember to place the referral order for the Virology Treatment Center to either see your patient in follow-up after induction, or just to follow-up on labs. It is the same referral, just describe what you need in the comments. The VTC will follow-up labs for patients that go elsewhere for either issue.

7. General Information

If the patient has no ability to pay, pharmacy has agreed to furnish drug without charge for 3 days (in very rare circumstances, they will do 5 as described above).

Even if there is no waived physician available in the department, it may not be an issue if follow-up can be arranged for the next day. If that is not possible, the patient will need to come back to the ED the following day for either a dose of buprenorphine or a script, depending on the timing of their follow-up appointment.

We need to stress that receiving ED-initiated buprenorphine induction DOES NOT guarantee that a community site will continue buprenorphine, or any other treatment.

It is VERY IMPORTANT that we DO NOT do inductions on people who are using opioids for chronic pain. Our community sites CANNOT manage them, and they need to return to their provider for further assistance.

Pregnant women can be induced the same way, but with no combination product (buprenorphine/naloxone), only buprenorphine monoprodukt.