

Potential Suboxone ED Process & Workflow

Patient with opioid use disorder presents to ED in withdrawal requesting help

Patient is triaged as usual then evaluated by an EM resident and attending.
Evaluation: routine history and exam. Lab if clinically indicated (Which is usually not the case)

Patient is administered the COW scale – a simple assessment used to determine the degree of withdrawal

COW scale in the resource section of toolkit

Urine drug screen is optional and not usually obtained because some opioids like Fentanyl and Carfentanyl will not show up on the routine drug screen

- The most important part of the evaluation is determining if the patient is in withdrawal.
- If the patient has recently used opioids and is still “high,” giving buprenorphine can precipitate withdrawal.
- Most opioid use disorder patients are well aware of this phenomenon and are therefore very honest about their recent usage.

Patient must meet the following criteria to be administer suboxone:

- Must be medically stable
- Must not require psychiatric evaluation
- Must have capacity (i.e. not intoxicated or delirious, etc.)
- Must be sixteen years or older (if patient under age 18 – need parental consent)
- As mentioned above, patient must be in withdrawal per the COW scale and history

- Must not have used heroin/fentanyl in the past 12 hours
- Must not have used oxycodone in the past 24 hours
- Must not have used a long acting oral opioid in the past 48 hours –
- **The exception** to this is methadone, in which case the patient must not have used methadone in the past 3-5 days.

- Patient agree to follow-up care and treatment at a Outpatient Treatment Clinic (CASA-Trinity) and have the means to do so.
- **Patient must not have utilized this program within the preceding 90 days. This is optional and will be based on pilot’s ability.**

Yes

- Administer Suboxone in the ED (Usually 4 or 8 mg, though possibly more)
- Observe for 30 to 60 minutes
- Patient may require additional doses
- Patient can discharged when feeling improve
- If withdrawal is precipitated, the patient will be admitted for further treatment

SAMHSA Opioid Overdose Prevention Toolkit – Information for Prescribers – in resource section in toolkit

Warm Hand-off to Outpatient Treatment Clinic

Source: Arnot Health ED Suboxone Pilot

Potential Warm Hand-off to Outpatient Treatment Clinic Process

If Outpatient Treatment Clinic is closed for the next 1 to 2 days

Instruct the patient to return to the ED everyday for up to 2 days to receive a dose of suboxone to treat the withdrawal symptoms

Return visits are administratively categorized as a recheck.

Recheck visit:

- Basic triage evaluation
- Patient does not require observation after a repeat dose of suboxone.

Monday- Friday (standard office hours)

Provider or someone delegated by the provider will contact the Outpatient Treatment Clinic to arrange follow up WHILE the patient is being assessed.

The ED provider will fill out a simple information sheet for the patient to take to OTC which will include the dose of suboxone given and when.

If Outpatient Treatment Clinic is closed

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Provide the patient with instructions to go for intake the next day.

Source: Arnot Health ED Suboxone Pilot