



BUPRENORPHINE INITIATION PROTOCOL

Revised 12/17/24

Effective: _____ Site Name/State: _____

The goal of medication treatment of opioid use disorder with buprenorphine is to address withdrawal symptoms and to address cravings symptoms, both of which increase the risk of drug use, overdose, suicide, and criminal activity.

Buprenorphine therapy is divided into two phases: initiation and maintenance.

The goal of the initiation phase is to start an effective dose of buprenorphine at which the patient discontinues or markedly diminishes use of other opioids, and experiences improved withdrawal symptoms with minimal or no side effects. The goal of the maintenance phase is to suppress cravings for opioids, thus reducing the risk of a return to opioid use.

1. All patients should receive screening for opioid use disorder: “In the past 12 months, have you struggled with illicit opioid use?” If the answer is yes, the patient should be counseled about buprenorphine:
 - a. Can improve withdrawal symptoms
 - b. Can improve cravings symptoms
 - c. Can improve mental health, physical health, and substance use
 - d. Can decrease risk of arrest, probation violation, and criminal activity
2. Informed consent is obtained; patient agrees to program rules.
3. Point of care urine drug screen is completed in the Detention Center by medical staff.
*not required
 - a. Of note, drug screen results should not determine if someone is diagnosed with opioid use disorder and/or is appropriate for buprenorphine initiation. Buprenorphine is appropriate for all patients with opioid use disorder, but should not be administered if:
 - i. Buprenorphine allergy
 - ii. Altered mental status, severe sedation, and/or cannot consent to treatment.
4. Initial dose of 16mg buprenorphine should be administered at least 24 hours after last use of illicit opioids, and if between 12-24 hours, COWS should be at least >7

- a. The Clinical Opiate Withdrawal Scale (COWS) is used to assess the level of withdrawal prior to initial dose of buprenorphine. Nursing staff or the provider should provide this assessment.
5. COWS assessment is repeated 60 minutes after initial dose; if withdrawal symptoms persist with COWS > 7, then patient is given another dose of buprenorphine at 8 mg, for a total dose of 24mg.
6. If patient shows signs of sedation or other intolerable side effect from buprenorphine, then subsequent daily dosing should be decreased by 8mg. If patient complains of cravings at any dose of buprenorphine, and has no side effects, then subsequent daily dosing should be increased by 8mg (max daily dose is 24mg)

The goal is to initiate treatment smoothly and suppress withdrawal and cravings as completely and rapidly as possible.

Contact the Provider if there are any questions, or if patient progress changes for the worse.

Provider Signature / Date: _____