OPIOID AGONIST THERAPY INDUCTION

MANAGING OUD IN THE ED

CONFIRM PRESENCE OF OUD

Determine interest and readiness in treatment. Obtain consent. Consider STI/HIV testing, liver testing, and provide Narcan.

BUPRENORPHINE / NALOXONE: STANDARD DOSING

Need to wait for withdrawal to set in (COWS > 12). Start with 4 mg SL of Buprenorphine / Naloxone. Re-assess in 2 hrs, consider another 4 mg. Repeat to max of 16 mg. Continue titration on day 2.

BUPRENORPHINE / NALOXONE: MICRODOSING

No need to wait for withdrawal to set in, no need to delay for previous opioid use. Start with 0.5 mg Buprenorphine / Naloxone SL BID on Day 1.

BUPRENORPHINE / NALOXONE: MACRODOSING

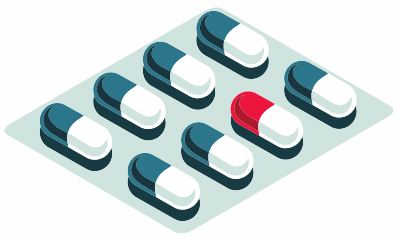
Useful if there is low likelihood of follow up, and person has a high tolerance for opiates. Once COWS > 12, start with 16 mg SL of Suboxone. Re-assess in 2 hrs, consider another 8 to 16 mg. Repeat to max of 32 mg.

METHADONE

Buprenorphine / Naloxone is preferred. MET may be indicated in some circumstances. Consider expert consultation, QTc prolongation and med interactions.

SX TX OF WITHDRAWAL

If dose ceiling was hit, can treat withdrawl symptomatically using Tylenol, Loperamide, Zofran, Gravol, and Clonidine.



TAPERING

Withdrawal management alone is dangerous. Once a person is on a stable dose of OAT, it is continued indefinitely.

FOLLOW UP

It is important to arrange follow up at an OAT clinic or with their PCP. All individuals with OUD should be offered Naloxone on discharge.

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