Tania D. Strout, PhD, RN, MS
Director of Research, Associate Professor
Department of Emergency Medicine, Maine Medical Center
Tufts University School of Medicine

- NIDA CTN-0099: Emergency Department Initiated Buprenorphine Validation Network Trial (ED-INNOVATION)
- Medication Braeburn
- LIs D’Onofrio, Fiellin
Facilitating humanization, meaning, choice, quality of life & healing in living and dying.
Position Statement

Patients with Substance Use Disorders and Addiction in the Emergency Care Setting
Nursing’s Social Policy Statement: The Essence of the Profession

Compassion

Respect for Dignity, Worth, & Uniqueness

Unrestricted by:

Social or Economic Status

Personal Attributes

Nature of Health Problems

Work for Social Justice

Supporting Patients’ & Families’ Health and Wellbeing
Assessment

Evaluation

Diagnosis

Intervention

Planning
Universal Screening
Assessment: Withdrawal Symptoms
### Figure 1: Clinical Opiate Withdrawal Scale (COWS)

<table>
<thead>
<tr>
<th>Sign or Symptom</th>
<th>Score</th>
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| Heart Rate                    | \(< 80 = 0\)  
\(81-100 = 1\)  
\(101-120 = 2\)  
\(> 120 = 4\)            |
| Swimming                      | None = 0  
Subjective report = 1  
Flushed or moist face = 2  
Beads of sweat on face = 3  
Sweat streaming of face = 4 |
| Restlessness                  | Able to sit still = 0  
Subjective reports of restlessness = 1  
Frequent shifting or extraneous movements = 3  
Unable to sit still for longer than a few seconds = 5 |
| Pupil size                    | Normal or small = 0  
Pupils possibly larger than appropriate = 1  
Pupils moderately dilated = 2  
Pupils so dilated that only rim or irides visible = 5 |
| Bone or joint aches           | None = 0  
Mild diffuse discomfort = 1  
Subjective reports = 2  
Patient actively rubbing joints or muscles = 4 |
| Rhinorrhea or lacrimation     | None = 0  
Congestion or moist eyes = 1  
Rhinorrhea or lacrimation = 2  
Nose constantly running or tears streaming = 4 |
| Yawning                       | None = 0  
Yawning 1-2 times = 1  
Yawning > 3 times = 2  
Yawning several times per minute = 4 |
| Anxiety or irritability       | None = 0  
Subjective report = 1  
Patient appears anxious = 2  
So irritable that cannot participate in assessment = 4 |
| Gooseflesh                    | Smooth skin = 0  
Piloerection can be felt = 3  
Prominent piloerection = 5 |
ED-Initiated Buprenorphine

Diagnosis of Moderate to Severe Opioid Use Disorder
Assess for opioid type and last use
Patients taking methadone may have withdrawal reactions to buprenorphine up to 72 hours after last use
Consider consultation before starting buprenorphine in these patients

COWS

(0-7) none - mild withdrawal
(8) mild - severe withdrawal

Dosing: None in ED

Waivered provider able to prescribe buprenorphine?

YES
Unobserved buprenorphine induction and referral for ongoing treatment

NO
Referral for ongoing treatment

Dosing: 4-8mg SL*

Observe for 45-60 min
No adverse reaction
If initial dose 4mg SL repeat 4mg SL for total 8mg

Observe **

Waivered provider able to prescribe buprenorphine?

YES
Prescription 16mg dosing for each day until appointment for ongoing treatment

NO
Consider return to the ED for 2 days of 16mg dosing (72-hour rate)**
Referral for ongoing treatment

Notes:
*Clinical Opioid Withdrawal Scale (COWS) ≥ 13 (Moderate-Severe) consider starting with 8 mg buprenorphine or buprenorphine/naloxone SL
**Patient remains in moderate withdrawal may consider adding additional 4mg and observation for 60 minutes
***Consider high dosing in consultation with an Addiction Medicine Specialist
Warm hand-offs with specific time & date to opioid treatment providers/programs within 24-72 hours whenever possible
All patients should be educated regarding dangers of benzodiazepine and alcohol co-use
Ancillary medication treatments with buprenorphine induction are not needed
A Net Decrease in Receptor Activity if a Partial Agonist displaces Full Agonist.
• Standardized orders
• Ancillary medications
• Withdrawal symptom reassessments
• Worsening/precipitated withdrawal
• Discharge orders: medications, naloxone kit, harm reduction teaching, f/u virology
A Guide to Begin Buprenorphine Treatment on Your Own

Before you begin you want to feel very sick from your withdrawal symptoms

It should be about…
- 12 hours since you used heroin/fentanyl
- 12 hours since snorted pain pills (Oxycontin)
- 16 hours since you swallowed pain pills
- 48-72 hours since you used methadone

You should feel at least three of these symptoms…
- Restlessness
- Heavy yawning
- Enlarged pupils
- Runny nose
- Body aches
- Tremors/twitching
- Chills or sweating
- Anxious or irritable
- Goose pimples
- Stomach cramps, nausea, vomiting or diarrhea

Once you are ready, follow these instructions to start the medication

**DAY 1:**
8-12mg of buprenorphine
Most people feel better the first day after 8-12mg. (Dosing depends on how early on the first day you started)

**DAY 2:**
16mg of buprenorphine

**Step 1.**
Take the first dose
- Take 4mg
- Wait 45 minutes

If you develop worsening symptoms while starting buprenorphine before your scheduled outpatient appointment return to the emergency department.

https://medicine.yale.edu/edbup/discharge/
Community Referral Partners
Peer Recovery Partners
Medication Resources
Virology Clinic
Warm Hand-Off
Harm Reduction Teaching

CONTACT US FOR HARM REDUCTION SERVICES
Sanford: deliveries TUESDAYS + FRIDAYS 207-370-4782
Calais: deliveries THURSDAYS - 207-370-1042
Machias: deliveries daily + drop-in TUESDAYS AND WEDNESDAYS 9-1pm @ 25 Main St. #15 - 207-370-1042
Aroostook County: mail delivery call/text 207-518-8424

STATE-WIDE MAIL DELIVERY NALOXONE + HARM REDUCTION SUPPLIES: 207-370-9445

https://www.maineaccesspoints.org/
Need help with heroin or pain pills?

We want to help you get off opioids and started on Buprenorphine (Suboxone).
We can help you get into treatment.
Please ask here for more information.
YES WE CAN
Humanization, meaning, choice, quality of life & healing
Resources

• Yale School of Medicine. Academic detailing brochure: ED initiated buprenorphine & referral to treatment, a brief guide for ED practitioners. Available at: https://medicine.yale.edu/edbup/resources/
• Yale School of Medicine. A guide to begin buprenorphine treatment on your own. Available at: https://medicine.yale.edu/edbup/discharge/.