

ED Buprenorphine (BUP) NURSE FAQ

WHAT is buprenorphine?

Buprenorphine (“BUP”) is a long-acting partial-agonist opioid used to treat opioid use disorder. It has similar properties to some other opioids. It is an effective analgesic, but has a much safer side effect profile (less respiratory depression, less euphoria, **and much less potential for misuse**).

WHY initiate buprenorphine in the ED Setting?

Because just one dose of buprenorphine can often reverse and stabilize opioid withdrawal in approximately 30 minutes (the medication effect peaks in 60 minutes). This will enable having a conversation with the patient to better help him/her. The evidence suggests that the probability of becoming engaged in addiction treatment substantially increases when BUP is begun in the ED.

WHEN is it time to start buprenorphine?

Buprenorphine is best administered when the patient is receptive and in opioid withdrawal, upper mild withdrawal is *usually* adequate (with some exceptions). This can be determined by using a Clinical Opiate Withdrawal Scale or COWS tool (upper mild withdrawal is COWS of 8). If the patient is in a state of readiness but not in withdrawal, we may use a home induction strategy where the patient will be prescribed buprenorphine to start at home (a take-home pack may also be provided).

What if?

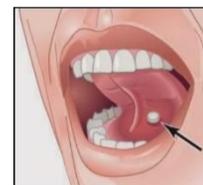
What if...my patient is being admitted? Start patients on buprenorphine while still in the ED, whenever possible. The hospitalists will be very grateful. Remember that buprenorphine is a far more potent and safer analgesic than morphine, oxycodone, and other full mu agonist opioids.

What if...my patient is pregnant? Or breastfeeding? Buprenorphine without naloxone (“Subutex”) is preferred. Remember that opioid withdrawal increases fetal distress and increases risk of pre-term labor (and pre-term delivery). Buprenorphine is safe in lactation. Moms treated with buprenorphine are encouraged to breast feed. As above, however, it is critical to ensure a pregnant patient is in withdrawal before beginning buprenorphine – to avoid precipitating withdrawal (which can precipitate pre-term labor).

HOW is buprenorphine administered?

We currently have 8mg and 2mg buprenorphine sublingual tablets on formulary:

- 1) If the patient is nauseated, may pre-medicate with Zofran 8mg orally x1.
- 2) Give the patient a cup of water to moisten the mouth.
- 3) Administer buprenorphine by the **sublingual** route over 2-3 minutes, until fully absorbed **do not chew or swallow** (there is minimal oral absorption).
- 4) Observe the patient for 5 minutes or through the entire dose, stay with him/her.
- 5) May repeat in 30 minutes if patient not improving.
- 6) When administering an order for 16mg or 24mg it is best to administer 8mg sequentially (every 5 minutes) since it is difficult to hold more than one sublingual tablet under the tongue at a time.



What happens after discharge?

We have built a system for referral, navigation, tracking and follow-up. The patient will be bridged with a prescription and/or a take-home pack of buprenorphine/naloxone (“Suboxone”) and referred to a buprenorphine prescriber in the area. Our ED Mental Health Provider will see them in the ED initially and then we will utilize Certified Peer Support Workers (CPSW’s) for tracking and follow up in the outpatient setting.

ED Mental Health Contact: _____ **Hours:** _____

Buprenorphine Pharmacy Questions: Pharmacy #

Buprenorphine Questions:

New Mexico Buprenorphine Help Line 24/7: 800-222-1222 (NM Poison Center)

NM Poison Center Back number: 505-272-0064

Brand Name	Generic Name (other names)	Route Formulation	HCMC Formulary	Special Instructions
Subutex	Buprenorphine (Mono product, BUP)	Sublingual tablet	2 mg and 8 mg tablets available in ED Pyxis	<ul style="list-style-type: none"> Moisten mouth before administering Do not swallow May cut tablets to get correct dose Use this product in pregnancy
Suboxone Zubsolv	Buprenorphine and naloxone (combination product, BUP/NX)	Sublingual film	4mg/1mg film available in the MS/ICU Pyxis	<ul style="list-style-type: none"> May cut tablets or Film to get the correct dose Moisten mouth before administering Do not swallow Note: naloxone is not absorbed in the gut or oral mucosa and will NOT cause withdrawal. It is present in the formulation to prevent misuse by injection.
Generic	Buprenorphine and naloxone (combination product, BUP/NX)	Sublingual tablet	8/2mg tabs available in the ED for take home packs (15/pack)	<ul style="list-style-type: none"> Do not swallow Note: naloxone is not absorbed in the gut or oral mucosa and will NOT cause withdrawal. It is present in the formulation to prevent misuse by injection.
Buprenex	Buprenorphine (BUP)	IV/IM immediate release injection	Not available	<ul style="list-style-type: none"> IM: Deep IM injection IV: Give slowly over 2 minutes The injection is useful for patients that are confused and cannot follow the instructions for sublingual BUP
Sublocade	Buprenorphine (BUP)	Subcutaneous extended release injection	Not available	<ul style="list-style-type: none"> Administer SQ in the abdominal wall. May refer to TMG or Taos Whole Health
Butrans	Buprenorphine (BUP)	Topical transdermal patch	Not available	<ul style="list-style-type: none"> May use more than 2 patches at a time
Belbuca	Buprenorphine (BUP)	Buccal film	Not available	<ul style="list-style-type: none"> Dissolve in the inner lining of the cheek. Do not chew or swallow
Probuphine Implant Kit	Buprenorphine	Subdermal implant	Not available	<ul style="list-style-type: none"> Insert (4) in the inner side of the upper arm Not available in Taos