Emergency Department Adolescent Buprenorphine Initiation (Ages 13+)

Additional Clinical Guidance

- Opioid use disorder (OUD) is a treatable health condition. It is best treated with methadone or buprenorphine.
- Buprenorphine and methadone are life-saving medications for OUD that reduce the risk of all-cause mortality and overdose death by over 50%.
- Recovery often requires multiple treatment attempts. A repeat encounter is not a treatment failure, but an opportunity to reinitiate potentially life-saving medication.
- If patients continue to use other opioids while on methadone or buprenorphine, a higher dose may be needed to manage their symptoms. Therapeutic dosing should be guided by adequate management of withdrawal and cravings.
- Opioid withdrawal is excruciating. Without swift and adequate intervention, patients may self-direct discharge and be at risk for overdose.
- Patients with OUD are highly stigmatized. Stigma prevents people from seeking care and worsens health outcomes. Providers should challenge biases to provide compassionate, evidence-based care.
- Adolescents may have better outcomes if a guardian is involved in their care. If the patient consents, a dependable adult can help manage medications and symptoms.

Assessment

- Assess a COWS score prior to administration. For this initiation approach, do not administer if the patient does not have signs of withdrawal.
- Consider screening for abuse, assault, mental health comorbidities, HIV, HCV, and STIs.

Labs

- Drug testing is not necessary to initiate treatment for OUD.
- If drug testing is performed for clinical reasons, obtain informed consent.

Pharmacotherapy

- Buprenorphine is a partial opioid agonist that helps to minimize withdrawal and lessen opioid cravings.
- Buprenorphine has minimal effect on respiratory drive, making respiratory depression unlikely even at higher doses.
- Buprenorphine has high receptor affinity, allowing it to out-compete other opioids. This competitive binding can precipitate withdrawal because it will rapidly replace the more potent opioid that is present. This is why patients should be in withdrawal before starting buprenorphine with this method.

- Competitive binding also reduces overdose risk by blocking other opioids. Even a single dose provides protection for at least 24 hours, during the high-risk period after discharge.
- Doses should be adjusted based on symptoms— if the patient has ongoing withdrawal symptoms or cravings to use, a dose increase should be considered.

Special populations

If a patient is pregnant, refer to the **buprenorphine initiation in pregnancy documents**.

Polysubstance use

- Active stimulant intoxication can falsely elevate the COWS score.
- The use of buprenorphine can unmask symptoms of stimulant intoxication.
- Polysubstance use is never a contraindication for initiating buprenorphine.

Administration

- As a partial agonist, buprenorphine can precipitate withdrawal if given too soon after full agonist opioids in dependent patients—causing sudden, severe worsening of withdrawal symptoms. If precipitated withdrawal occurs, immediately administer additional buprenorphine and symptomatic medications.
- Inform the patient of the risk of precipitated withdrawal. Ask them to tell you right away if their symptoms get worse and reassure them you will treat them right away if that happens.
- Oral buprenorphine comes in film or tablet form and must be administered sublingually. The medication is not absorbed well in the stomach, so they must take it correctly to receive the benefit of the medication.
  - The patient must let the medication dissolve fully under the tongue. This can take 5 to 10 minutes, sometimes longer. Drinking water prior to administration can help it dissolve faster. Many find the taste of the medication unpleasant.
  - Patients should not eat, drink, or talk while the medication is dissolving.
  - To prevent oral decay, instruct the patient to rinse their mouth with water 30 minutes after administration.
- If the patient endorses continued withdrawal the reported symptoms should be treated with the appropriate adjunct medication as ordered.
- Reassess within 30 minutes. If the patient is experiencing precipitated withdrawal treat it immediately.

Discharge planning

- Help the patient schedule a follow-up appointment. Hospitals enrolled in ScalaNW can call the 24/7 appointment scheduling line and receive a confirmed date, time, and location for MOUD follow up appointment during the 10-minute phone call.

- For hospitals not enrolled in ScalaNW, the Washington Recovery Helpline MOUD Locator (**online** or at 1-866-789-1511) is a useful resource for finding OUD treatment in Washington.

- Provide the patient with a buprenorphine prescription to last until their scheduled outpatient appointment. When possible, prescribe 3 additional days beyond the appointment date to allow for barriers or rescheduling. If no appointment is scheduled, provide at least 7-14 days of medication to give the patient time to secure an appointment.
  - Patients can call the Washington Telebuprenorphine Hotline (206-289-0287) if they run out of medication prior to their follow up appointment.
- Provide the patient with discharge instructions that include the time of the last dose and when to take the next dose. Ensure the patient understands the importance of taking buprenorphine at around the same time every day.
- Many patients need adjunct medications to control withdrawal symptoms until they stabilize on buprenorphine. If needed, provide prescriptions for adjunct withdrawal management medications to cover at least 7 days.
- In Washington, emergency departments are required to dispense naloxone to patients with OUD or others who are at risk of opioid overdose, in compliance with SB5195. Ensure patient is discharged with naloxone in hand.
- When possible, connect patients with supports such as social workers, care navigators, or peers to improve patient experience and strengthen linkage to care.

Patient Education

Educate the patient about:

- Buprenorphine administration:
  - Must be administered under the tongue for proper absorption.
  - It can take 5-10 minutes for the medication to fully absorb. Avoid eating, drinking, smoking, or talking during this time.
  - Drinking water prior to administration can help it dissolve faster.
  - To prevent oral decay, rinse mouth with water 30 minutes after administration.
- The risks of combining sedatives with buprenorphine, which can cause respiratory depression.
- Overdose prevention strategies. Ensure the patient and their support system understand when and how to use naloxone.
- Changes in use patterns can alter tolerance and increase risk of opioid overdose.