

Initiating MOUD for adults in the emergency department

Step 1 – Identify patient for MOUD



- Assess for opioid use disorder using a formal screening tool, clinical judgment, or patient disclosure
- Discuss readiness for change, provide education on methadone and/or buprenorphine, and make a shared decision
- Patient is in withdrawal with intolerable symptoms and/or has a COWS \geq 8
 - YES = start MOUD
 - NO = consider home initiation

Step 2 – Administer buprenorphine or methadone



- Suggested starting dose of buprenorphine = 16 mg
- Suggested starting dose of methadone = 40 mg
- Order adjunct medications
- Call 24/7 for expert consultation if needed: 877-927-7924

Step 3 – Monitor patient



- Evaluate vitals and COWS every 30 minutes
- Treat ongoing withdrawal with adjunct medications and additional doses of MOUD*
- Address sudden worsening (precipitated) withdrawal immediately if it occurs*

Step 4 – Discharge planning



- Coordinate outpatient follow up for the patient
- Prescribe adjunct medications
- Ensure patients do not miss a dose of MOUD in between ED discharge and outpatient follow up; prescribe buprenorphine for 7-14 days or until scheduled appointment, or dispense up to 3-days worth of methadone to bridge the gap
- Dispense naloxone and provide harm reduction/overdose prevention education

* Visit [ScalaNW.org](https://www.ScalaNW.org) for detailed protocols:

- Buprenorphine initiation
- Buprenorphine home initiation
- Methadone initiation
- Precipitated withdrawal
- Pain management

