New Protocol 6.18: Buprenorphine for Opioid Withdrawal

OEMS Supplemental Materials

# Emergency Protocol Change

* ‘Medical Director Option’ protocol
	+ Requires active opt-in
	+ Requires training
	+ Requires 100% QA
* Carrying buprenorphine preparations
	+ Sublingual film in combination with naloxone
	+ Usually 8 mg. buprenorphine per strip
	+ Schedule III controlled substance
	+ Service needs an appropriate MCSR from Drug Control Program
	+ No longer a need for an ‘X waiver’ from DEA

Medication for Opioid Use Disorders

Methadone

3

Delivered by Opioid Treatment Providers (OTPs)

Buprenorphine

***This protocol's medication***

Naltrexone

Delivered by providers in office-based practice

# Why Use Buprenorphine?

* Withdrawal symptoms often cause patient agitation
	+ May cause them to refuse further care (which IS legal in MA)
* Treating withdrawal symptoms may calm the patient
	+ Making them more likely to accept care and transport
* Studies so far indicate that approximately 1 in 3 people who get EMS buprenorphine will continue it, reducing opioid use
* Seems to be true for each EMS contact, so eventually perhaps patient’s Substance Use Disorder improves even if there are repeat events

# When to Use Buprenorphine

* For patients who have just received naloxone
	+ Clearly in withdrawal
* For patients who called EMS for withdrawal symptoms
	+ Establish that they haven’t taken any opioids recently
		- Timing depends on med – e.g. 3 days for methadone
* Goal is to block withdrawal symptoms, not precipitate them
* Protocol requires calculation of COWS score to assess degree of withdrawal

# How to Use Buprenorphine

* The 16 mg. dose is on the higher end of typical doses
	+ The reason is to try to sufficiently stimulate receptors so as not to cause withdrawal inadvertently
	+ Give as noted in protocol and package insert
* Half dose may be repeated en-route if needed, by COWS assessment
* Ideally the receiving hospital will continue buprenorphine or another Medication-Assisted Therapy
	+ Discuss with your AHMD
	+ No change in Point of Entry
* If withdrawal is worsened (rare), may contact OLMC for treatment
	+ IV fentanyl, IV midazolam

Buprenorphine/Naloxone

* To be given as sublingual combination strips for this protocol

# Buprenorphine/Naloxone

* + Agonist/Antagonist
		- Attaches to the opioid receptors
		- Prevents withdrawal symptoms
			* Can cause withdrawal RARELY if a patient has large amounts of opioids in system already
		- Does NOT cause respiratory depression
	+ Combined with naloxone
		- Naloxone is **poorly absorbed by GI – does not affect patient**
		- If the film is instead dissolved and injected IV or IM, prevents opioid effects