New Protocol 6.18: Buprenorphine for Opioid Withdrawal

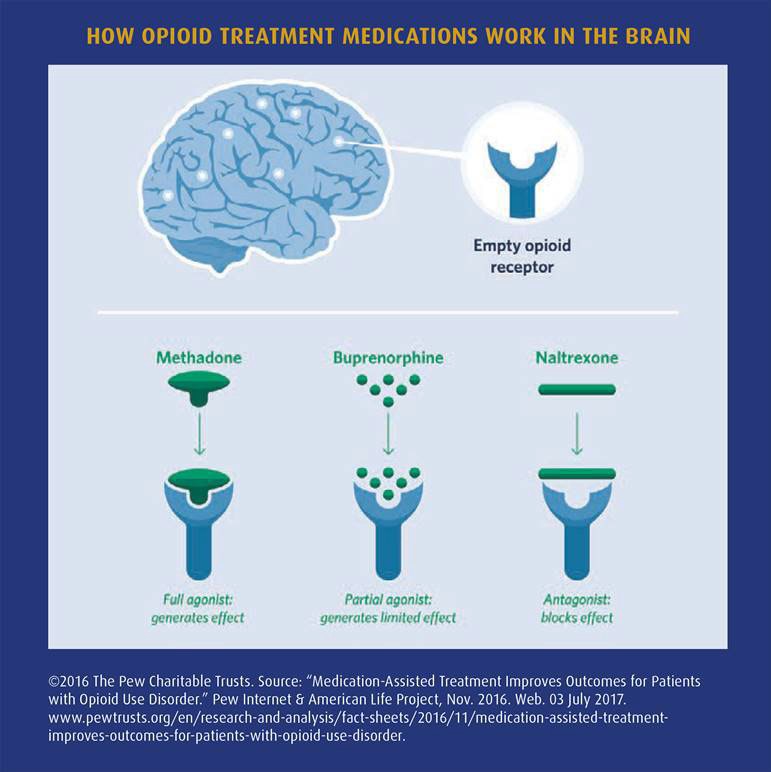
OEMS Supplemental Materials

# 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



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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