Buprenorphine Injection (SUBLOCADE) Administration: ED Huddle Education Tool

Case Study

Patient has been seen at triage and has now brought into and acute care space to be seen by the ERP. It is documented that they are due for their next Buprenorphine Injection, and they are hoping it can be administered in the ED while they are there receiving care.

- 1) Does the patient need to be in telemetry monitored care space?
- 2) What do you need to know before administering this medication?
- 3) How do you administer Buprenorphine Injection?
- 4) Care Considerations?
- 5) What post dose care and education should you provide?

Answer

1) Does the patient need to be in telemetry?

Yes, patients need to be in telemetry for monitoring.

- 2) What do you need to know before administering this medication?
- There should be 26 to 40 days in between doses, depending on prescriber order and patient metabolism of medication.
- In some cases, patients may require PRN sublingual buprenorphine naloxone doses to treat cravings or withdrawal until steady plasma concentrations are reached, which may take up to 4 to 6 months.
- The safety risk of buprenorphine long acting injectable in pregnant women is not yet known. Patients with a uterus should be supported to explore contraceptive management options.
 - 3) How do you administer Buprenorphine Injection?

Follow instructions and important considerations ..

- 1. **Prepare Medication**: If patient is ready, remove from fridge and allow 15 mins to reach room temperature. Check expiry date. Do not return to fridge once warmed.
- 2. **Pre-Medication**: Unlike other subQ injections Sublocade may hurt as a small little mass forms post injection. Give oral analgesia and topical anesthetic as ordered. Apply ice to site 15 mins before.
- 3. Patient Education: Inform patient injection may cause brief burning; resolves in 30 mins.
- 4. Prepare Site: Clean abdominal subcutaneous site. Avoid irritated or scarred skin.
- 5. **Inject**: Pinch skin, insert needle fully. Inject slowly (1.5 mL over 1 minute). Maintain pinch.
- 6. Post-Injection Care: Do not rub site. If needed, blot with gauze and apply bandage gently.
 - 4) Care Considerations:

Discontinuation: Daily sublingual buprenorphine-naloxone will stop after the first injection (as per prescriber).

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Stabilization: May take 4–6 months to fully stabilize. Oral buprenorphine-naloxone PRN or other meds may help during this time.

Injection Sensation: Burning at time of injection is normal due to ATRIGEL reacting to body heat.

Post-Injection Effects: Mild discomfort or pain at the site may last 1–2 days. A lump may be felt for several weeks—this is expected.

Site Care: Avoid belts or tight clothing over the site. Do not press or massage the area.

Substance Use Risks: Avoid depressants (e.g. benzodiazepines, GHB, alcohol, other opioids).

Pain Management: Use non-opioid options for acute pain.

Emergency Info: Tell ER staff you are on long-acting buprenorphine. **Follow-Up**: Know who to contact between appointments for concerns.

Contraception: If the patient has a uterus, review birth control options based on goals and preferences.

- 5) What post dose care and education should you provide?
- Avoid tight clothing over the site and do not press on the injection area; a lump may be felt for weeks as the medication is absorbed.
- Avoid other depressants (e.g. alcohol, benzodiazepines, opioids, GHB).
- Use non-opioid options for pain (e.g. acetaminophen, NSAIDs).
- In emergencies, inform healthcare providers of buprenorphine LAI treatment.
- Know who to contact between visits for concerns about the site, side effects, or withdrawal.
- If applicable, discuss contraceptive options based on patient goals.

Resources

SHOP

BCCSU/VCH Hospital Care Substance Use Guidelines



Substance Use Consult Service

24/7 Addiction Medicine Clinician Support Line

Clinical Resources and Tools:

COWS

Initiating SUBLOCADE Injection <u>video</u> supplemented with the information

VCH Buprenorphine Long-Acting Injection DST

BCCSU Clinical Resources:

Clinical Summary for Buprenorphine/ Naloxone