

Buprenorphine/Naloxone Assessment First Administration Dose: ED Huddle Education Tool

Case Study

A patient presents to the ED, and states they are in withdrawal from street substances. They state their preferred substance is opioids but have not used for about a day. ED physician has discussed treatment options with the patient and ordered to start Buprenorphine/Naloxone (Suboxone) since they are experiencing withdrawal symptoms.

1. What assessment needs to be completed and where is it documented?
2. What is precipitated withdrawal?
3. What are 5 things you can do in your ED to support a person experiencing precipitated withdrawal?

Answer

Evidence-based Care Plan:

- 1) What assessment needs to be completed?

For traditional induction: ensure that the patient has discontinued opioids prior to induction. Inform patient of the risk of precipitated withdrawal and discuss the actions that can be taken if it occurs.

Assess for signs of withdrawal and/or cravings as needed using Clinical Opiate Withdrawal scale (COWS).

To avoid precipitated withdrawal, patients should reach moderate withdrawal prior to induction (Clinical Opiate Withdrawal Scale [COWS] >12 for traditional inductions) and minimum length of time since last opioid use

Note* For low-dose induction: does not require patient to be in a period of withdrawal

- 2) What is precipitated withdrawal?

Precipitated Withdrawal:

- Precipitated withdrawal: a sudden worsening of withdrawal symptoms after taking buprenorphine.
- Primarily a concern during traditional inductions, though still possible during a low-dose induction. Can occur when the first dose of buprenorphine is administered to a patient who has been using full agonist opioids before they are in a moderate stage of opioid withdrawal.

- 3) How to care for a patient experiencing precipitated withdrawal?

Actions to take in all cases of precipitated withdrawal:

- Explain what has occurred
- Engage in a shared decision in developing a plan for management Discuss with the patient that they may feel unwell for up to a week after precipitated withdrawal occurs
- Offer non-opioid adjuncts to treat withdrawal symptoms (see Non-opioid Adjunct Medications)
- Precipitated withdrawal can cause harm to patients, including fear of continuing or restarting OAT, withdrawing from care, and returning to unregulated opioid use. If adequately managing a patient's precipitated withdrawal is challenging, consult the local inpatient consult team or ED prescriber.

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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](#)

BCCSU Clinical Resources:

[Clinical Summary for Buprenorphine/ Naloxone](#)