evidence based guidelines

OPIOID TREATMENT IN THE E.D.

All patients receive

Urine drug screen (Alcohol level at the discretion of the ED provider)
Brief intervention
Overdose education
Naloxone distribution
Referral to an addiction recovery program such as:

Samaritas
Phone: (616) 350-7781
On-line referral: www.samaritas.org/Building-Communities/Substance-Use-Disorders

For mild abuse or withdrawal (COWS < 8)

Recommend appt ASAP with MAT provider at their PCP office:

HHMG-S.Washington: P. Christensen
Intercare: L. Zarlenga
Lakewood Family Medicine: K. Lindberg
Macatawa Familly Medicine: J. Schloff
All others: Utilize MAT provider through Samaritas (see above)

For moderate or severe withdrawal (COWS ≥ 8)

Administer buprenorphine/naloxone in E.D.

Start with 4mg/1mg SL if the patient uses low doses of opioids (< 80 MME/day) or only intermittently uses
Start with 8mg/2mg SL if the patient uses high doses of opioids (≥ 80 MME/day or ≥ 1gm heroin)
Repeat dose if symptoms worsen or don't improve in 30 minutes
Be cautious about over-sedation if the patient has also been abusing sedatives or Etoh
The majority of ED patients will receive relief with 8mg or 16mg of total buprenorphine

Treat withdrawal symptoms if necessary

ondansetron ODT 4 – 8mg po three times daily as needed for nausea
clonidine 0.1 po every four hours as needed for shakes/sweats

May also use: promethazine, loperamide, hydroxyzine, and/or trazodone at standard doses

Avoid co-administering benzodiazepines and warn patient about simultaneous use with buprenorphine

Provide Follow-up with an MAT provider as above

The patient may return to the ED up to three days (72hrs) in a row to receive buprenorphine while awaiting contact with a long-term provider

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