Buprenorphine/Naloxone (Suboxone) To Go (BTG) Kits in the ED

SUR
Substance Use
Response Kit

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Individuals with opioid use disorder (OUD) often have high rates of emergency department utilization. The high number of visits provides opportunities to offer evidence-based OUD care and promote harm reduction.

There is a growing body of evidence that suggests that ED-based initiation of opioid agonist therapy (OAT) (e.g., methadone, Kadian and buprenorphine/naloxone) increases patient engagement and retention in treatment.

The provision of Buprenorphine/Naloxone To Go (BTG) kits to facilitate a home/outside the hospital induction is one way the ED can facilitate OAT initiation.

ED-dispensed BTG kits are:

- Low barrier for patients; they minimize time spent in the ED, and daily pharmacy visits in community are not required during titration
- Low barrier for ED teams; observation by the ED team is not required and a community prescription is not needed

Buprenorphine is the active medication in Suboxone that helps with craving and withdrawal symptoms; naloxone is combined to prevent diversion, as it may cause withdrawal if injected or snorted.



General screening and eligibility

- RN/MD to consider screening those who present with overdose, withdrawal and/or consequences from use (i.e., infection) to identify patients with possible OUD
- Screening can be initiated at any point of patient visit, including at triage
- BTG may be appropriate for patients interested in buprenorphine/naloxone who:
 - Prefer a home initiation over a hospital initiation
 - Are not in sufficiently withdrawal to start while in the ED (those not yet in moderate to severe withdrawal will experience precipitated withdrawal if they start too early)

Eligible:

- Known or suspected OUD (<u>DSM-5 criteria</u>) OR
- Patient reports regular use of opioids and experiences withdrawal symptoms if they abstain
- Patient is interested in/contemplative of starting treatment

Not eligible:

- Intolerance (severe nausea)
- Unable to receive the kit or understand the kit instructions
- Presents in moderate to severe opioid withdrawal (Clinical Opiate Withdrawal Scale ≥12) and is therefore eligible for immediate buprenorphine/naloxone start initiation in ED





- Patients presenting to the ED who are eligible for BTG may require laboratory or other diagnostics, including
 a urine drug test and a pregnancy test for their care. However, if the patient declines testing, this should not
 create a barrier to receiving a BTG kit or further care.
- A specialist (e.g., RACEapp+, the Addiction Medicine Consult Team, or the 24/7 BCCSU Addiction Medicine Clinician Support Line) should be consulted for the following situations:
 - Pregnancy
 - Allergy to buprenorphine/naloxone
 - Currently on OAT, particularly long-acting opioids (e.g., methadone, SROM)
 - Concurrent withdrawal/intoxication from one or more sedatives (e.g., alcohol or benzodiazepines)
 - Severe respiratory or liver dysfunction
 - Acute medical or psychiatric concerns precluding consent
 - Youth under 16 years of age



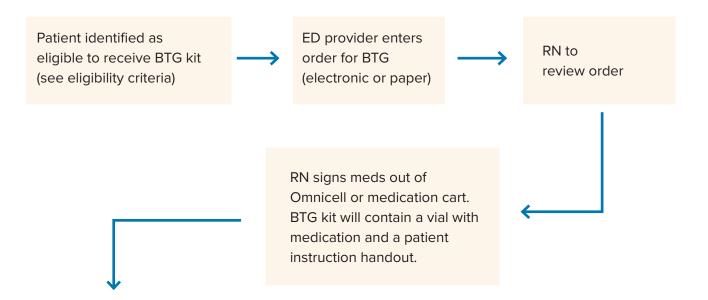
Dispensing the BTG kit and discharge planning

- · Discharge planning should start as soon the patient agrees to initiate buprenorphine/naloxone
- The three-day BTG kit should be accompanied by medications to relieve opioid withdrawal symptoms:
 - Myalgia: Acetaminophen (650-975mg po q6h PRN) and/or Ibuprofen (400mg po q6h PRN)
 - Diarrhea: Loperamide
 - Antiemetic: Ondansetron or dimenhydrinate, as per standard dosing
 - Withdrawal: Clonidine (0.1-0.2mg po q6h PRN)
- Review patient home induction handout
- Provide a Take-Home Naloxone (THN) kit
- Referral to the Opioid Overdose Outreach team (or local equivalent) if requested or required for community follow-up
- Referral to an ongoing OAT provider/clinic in community for follow-up
- Provide the patient with information on community resources: overdose prevention sites (OPS), harm reduction facilities, safer use supplies, community-based health-care/psychosocial resources





Sample workflow for BTG dispense from ED



RN to provide patient education via patient instruction handout. Topics include:

- Pharmacodynamics of buprenorphine/naloxone
- · Precipitated withdrawal and how to avoid it
- Review of self-assessment and when to start buprenorphine/naloxone
- Opioid withdrawal symptoms management options
- How to take a sublingual (SL) tablet
- Discussing follow-up and confirming a plan for community connections
- Advising to come back to ED if the process is not going well

