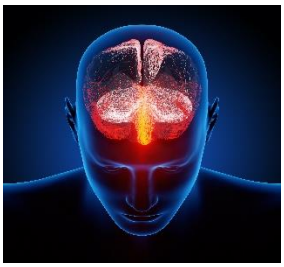
EXCELLENCE IN EMERGENCY MEDICINE

THE URGENCY ROOM

EPPA Clinical Guidelines ISSUED: TBD ~ REVISED 2019



MANAGEMENT OF Opioid Use Disorder

This EPPA Clinical Guideline is intended to guide most, but not all, encounters involving medication assisted treatment for opioid use disorder and should not replace clinical judgment; deviate from or adapt this guideline to meet the individual patient's needs.

Confirm OUD Patient Selection*

Complicating Factors — Yes → **Manage Individually**

Assess Withdrawal Severity — COWS < 8 → **Refer to Follow-Up Resources or Consider Home Induction**

COWS ≥ 8

- Refer to Follow-Up Resources
- Buprenorphine/Naloxone 4mg/1mg Tabs/Films
  - 28 Tablets/Films = 7 Day Supply
  - 1-2 Tabs/Films SL q12 Hours
  - Max 16mg Per Day
  - *X Waiver Required to Prescribe*
- Naloxone Kit

Administer Buprenorphine 8mg SL

Reassess at 30 – 60 Minutes Adequate Resolution?

Yes → Refer to Follow-Up Resources

No

Administer Buprenorphine 8mg SL

Obs x 1h → Refer to Follow-Up Resources

Consider Adjuncts:

- Ondansetron
- Ibuprofen
- Clonidine
- Loperamide

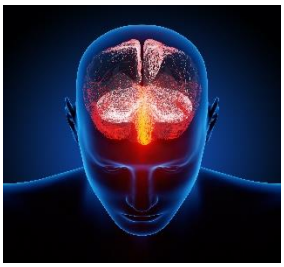
Clinical Opiate Withdrawal Scale (COWS)

COWS is based on the following signs and symptoms:

1. Resting Pulse Rate
2. Sweating
3. Restlessness Observation During Assessment
4. Pupil Size
5. Bone or Joint Aches
6. Runny Nose or Tearing
7. GI Upset
8. Tremor Observation of Outstretched Hands
9. Yawning Observation During Assessment
10. Anxiety or Irritability
11. Gooseflesh Skin

https://www.mdcalc.com/cows-score-opiate-withdrawal

- Drug screen could be considered to confirm the presence/use of opiates and to detect benzos or other potentially complicating drugs/medications. This is not considered mandatory though given the expense, turnaround time, and poor performance of ED drug screens.



MANAGEMENT OF
Opioid Use Disorder

Overview

- Deaths from opioid overdose have increased more than 5-fold since 1999, causing an average of 115 deaths daily, and now the leading cause of injury death in the USA.
- Robust evidence shows that the use of Medication Assisted Therapy (MAT), such as Methadone or Buprenorphine, significantly reduces mortality and improves health outcomes.
- Buprenorphine is an FDA-approved treatment for OUD, which works as a partial agonist (partial activator) of the mu opioid receptor, relieving opiate craving with substantially reduced risk of CNS/respiratory depression even at high doses.
- The ED engages high-risk patients at critical times in their trajectories of illness. Initiating Buprenorphine in the ED has been shown to significantly improve long-term engagement in treatment and decreased illicit opioid use and does not appear to be associated with excess complications or to promote drug seeking.

*Patient Selection

- The ideal patient for ED initiated Buprenorphine is a patient with OUD who is in moderate/severe withdrawal. Buprenorphine given in the ED can help calm withdrawal symptoms and cravings and can serve as a bridge to outpatient addiction clinics that can help patient continue with MAT therapy. Patients who stand to benefit the most include those with past opioid overdose, history of IV opioid use, history of mental health disorder, and frequent ED visits.
- Absolute exclusions include methadone and advanced/significant liver disease. Relative exclusions include significant polysubstance abuse/intoxication (alcohol and benzos in particular), and significant/unstable/complicated psychiatric disease.

Home Induction

- Home induction is an option for patients who are not in significant enough withdrawal for ED initiation and who are otherwise good candidates and reliable
- See EPPA patient instructions for home induction and provide them to the patient

Acute Overdose

- First, ensure safety from overdose. Half-life of Naloxone is 30-90 minutes so observation should be two hours after single dose of Naloxone; consider half-life of suspected opiate in determining plan of care.
- Some of these patients could be candidates for ED initiation of MAT (see Patient Selection), Home Induction, or otherwise follow-up.

Identifying OUD/Rapid Opioid Dependence Screen (RODS)

1. Have you often found that when you started using (name opioid(s)), you ended up taking more than you intended to?
2. Have you wanted to stop or cut down using or control your use of XX?
3. Have you spent a lot of time getting XX or using XX?
4. Have you had a strong desire or urge to use XX?
5. Have you missed work or school or often arrived late because you were intoxicated, high, or recovering from the night before?

Follow-Up Resources (see additional document)

- Broadway Family Medicine Clinic (North Minneapolis): https://www.umphysicians.org/care-locations-and-partnerships/broadway-family-medicine-clinic
- Central Medical Clinic (St. Paul): https://centralmedicalmn.com/
- The Community and University Health Care Center (CUHCC): https://www.cuhcc.umn.edu/
- CentraCare Family Health Center: https://www.centracare.com/locations/profile/centracare-family-health-center/
- Indian Health Board (Minneapolis): https://www.indianhealthboard.com/#
- Mercy Hospital – Unity Campus Addiction Services (Fridley): https://www.allinahealth.org/unity-hospital/services/mental-health-services/addiction-services---outpatient/
- Minnesota Alternatives (Spring Lake Park): http://mnalternatives.com/
- North Clinic (Maple Grove): https://northmemorial.com/location/maple-grove/
- NorthPoint (North Mpls): https://www.northpointhealth.org/
- Sage Prairie (Eagan): https://www.sageprairie.org/
- Smiley's Family Medicine Clinic (South Minneapolis): https://www.mhealth.org/childrens/locations/buildings/university-of-minnesota-physicians-smileys-family-medicine-clinic

References:

- D'Onofro et al. Emergency department-initiated buprenorphine/naloxone treatment for opioid dependence; a randomized clinical trial. *JAMA.* 2015; 313 (16).
- Herring, A., Perrone, J. and Nelson, L. (2018). Managing Opioid Withdrawal in the Emergency Department with Buprenorphine. *Annals of Emergency Medicine,* 73(5), pp.481-487.
- Duber, H., Barata, I., Cioè-Peña, E., et al. (2018). Identification, Management, and Transition of Care for Patients with Opioid Use Disorder in the Emergency Department. *Annals of Emergency medicine,* 72(4), pp.420-431.
- ACEP Resources: https://www.acep.org/patient-care/bupe/