IT MATTTRs™

Implementing Technology, Medication Assisted Treatment, Team Training, and Resources

Telehealth (Phone OR Video) Induction - CLINIC Protocol

PREPARATION

Providing Medication Assisted Treatment (MAT) with Buprenorphine

Your Treatment Agreement and/or Consent Forms should include a program overview, including steps, duration, expectations, and buprenorphine information. Before patients start treatment for opioid use disorder, be sure to discuss their decision to receive MAT with buprenorphine and these other items.

Evaluations

Prior to induction, every patient should have full evaluation, history, physical, and laboratory testing. Patient assessment should be completed and thoroughly reviewed with the MAT care team.

- ❑ Record diagnosis & physiological dependence
- ❑ Determine co-morbidity
- ❑ Check the Prescription Drug Monitoring Program (PDMP)

Prescription

Write the prescription for the patient prior to the induction day. Review dosing instructions with your patient during the MAT Procedure Review Appointment or other time prior to induction.

MAT Procedure Review Appointment

This appointment is critical to successful MAT. Allow about 30 minutes. Cover the following:

- ❑ Paperwork: Review and have patient sign the Consent Form and Treatment Agreement Form.
- ❑ Check the Prescription Drug Monitoring Program (PDMP).
- ❑ Withdrawal timing (see page 2): Verify current use (type, amount, duration) and set a "stop time"
- ❑ Precipitated withdrawal potential and recommendations for avoiding it
- ❑ Subjective Opioid Withdrawal Scale (SOWS): score should be ≥ 17 (mild) before starting
- ❑ Buprenorphine Dose: Plan to use the lowest dose necessary to alleviate or minimize withdrawal symptoms
- ❑ Safety/Concerns: interaction risks, avoid driving, safe storage
- ❑ Identify support person
- ❑ Induction Day Contact Plan: Determine window of time when patient will begin experiencing withdrawal. Plan contact by phone OR video with patient when withdrawal begins. Use COWS and/or SOWS with patient to assess withdrawal symptoms and determine timing of 1st dose of buprenorphine with patient. Observe patient taking first dose (be on phone or video-conference with patient). Assess SOWS with patient on phone or video through the day. Determine timing of 2nd dose with patient. Decide with patient if phone or video contact is needed/preferred for 2nd dose. See Page 2.
- ❑ Follow-up plan: Determine who will make follow-up calls and take patient calls (can be clinician, nurse, MA) following induction until the next clinic visit (approximately Day 7).
- ❑ Discuss goals and motivations

Withdrawal timing

Type of Opioid	Examples	When to stop
Short-acting	Percocet, Vicodin (hydrocodone), Heroin	12-24 hours before first dose. *Example: Stop at Sunday at 12 noon for a Monday induction.*
Long-acting	Oxycontin, MS Contin/ Morphine, Methadone	• 36 hours before first dose for Oxycontin, Morphine • >48 hours for Methadone *Example: Stop at Saturday at 12 noon for a Monday induction*

DAY 1

- ❑ Patient will stop all opioids for 12-36 hours prior to induction.
- ❑ Patient contacts clinic per plan, as withdrawal symptoms become uncomfortable. RN or prescribing clinician assess symptoms with patient on the phone or video using COWS and/or SOWS. COWS should be 10-12 (ideally 12 or higher) and SOWs should be ≥ 17 (higher if tolerated) before taking the first dose of buprenorphine.
- ❑ Patient takes 1st dose with RN or prescribing clinician on phone or video (observed). Initiate with 4 mg buprenorphine [buprenorphine/naloxone (2/0.5 mg #4-6 pills/films, 4/1 mg #2-3 pills/films, or 8/2 mg #1-2)].
- ❑ Patient contacted (or instructed to call) after 20-30 minutes to assess for precipitated withdrawal symptoms. If they occur, treat as appropriate.
- ❑ Patient contact (or instructed to call) after another 30-60 minutes. RN or clinician assess symptoms with patient on the phone or video using COWS and/or SOWS. Patient takes 2nd dose with RN or prescribing clinician on the phone/video, if COWS ≥6. If COWS <6 or if patient is comfortable, wait to prescribe another dose. Instruct patient to call if withdrawal gets worse and/or they want to take another dose.
- ❑ Patient and prescribing clinician determine together the contact schedule (by phone/video) to assess withdrawal and determine need for observed 3rd dose. If withdrawal symptoms relieved, consider a "contact as needed" follow-up plan for Day 1. If symptoms persist, continue contact schedule, assessment, and 3rd dose.
- ❑ Typical **Maximum Day 1 dose: 16 mg total.**

DAY 2

- ❑ Buprenorphine dosing Day 2 = the total amount of buprenorphine the patient took on Day 1.
  - Patient will take the total dose from day 1 on day 2. If greater than 8mg total, they might want to split the dose into a morning and afternoon/evening dose.
  - Patient may take additional dose if withdrawal symptoms persist.
  - Call assigned provider or office staff member OR clinic calls patient to check in.
- ❑ Typical **Maximum Day 2 dose: 12-16 mg**

DAY 3

- ❑ Buprenorphine dosing Day 3 = the total amount of buprenorphine the patient took on Day 2.
  - Patient will take the total dose from Day 2 on Day 3. If greater than 8mg total, they might want to split the dose into a morning and afternoon/evening dose.
  - Patient may take additional dose if withdrawal symptoms persist.
- ❑ Call assigned provider or office staff member OR clinic calls patient to check in.
- ❑ If withdrawal symptoms persist, schedule a visit with the provider.
- ❑ Consider recommending additional withdrawal treatments for patient.

DAYS 4 - 7

- ❑ Buprenorphine dosing Days 4-7 = the total amount of buprenorphine the patient took on Day 2.
  - Patient will take the total dose from Day 2 on Days 4 -7. If greater than 8mg total, they might want to split the dose into a morning and afternoon/ evening dose.
  - Patient can consult with provider to adjust dose, if needed.
- ❑ Call assigned provider or office staff member OR clinic calls patient to check in.
- ❑ Patient will need to make an appointment to see their provider between days 3-7.

Adapted from SAHMSA Tip Sheet 40 and PCSS-MAT. Created in partnership with the IT MATTTRs expert consultant panel. Contact itmatttrs@cuanschutz.edu.