IT ATTTRs™
Implementing Technology, Medication Assisted Treatment Team Training, and Resources

Office 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 Drug Monitoring Program (PDMP)

Determine who in your practice will check the Prescription Drug Monitoring Program (PDMP) database. Accounts are created for providers and can include a designee (MA, RN, etc.). Legislation now requires that providers (or their designee) must check the PDMP prior to prescribing a second fill of any opioid prescription.

Prescription

Write the prescription for the patient prior to the induction day. The patient should have for the prescription for the MAT Procedure Review Appointment.

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. Review instructions and give them a copy of the Patient Guide.
- ❑ Check the Prescription Drug Monitoring Program (PDMP).
- ❑ Withdrawal timing: Verify with patients their current use (type, amount, duration) and set a "stop time."

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.*
	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*

- ❑ Precipitated withdrawal potential and recommendations for avoiding it
- ❑ Clinical Opiate Withdrawal Scale (COWS): score should be 10-12 (we recommend ≥ 12) before starting.
- ❑ Buprenorphine Dose: lowest effective dose should be taken
- ❑ Safety/Concerns: interaction risks, avoid driving, safe storage
- ❑ Consider additional withdrawal medication
- ❑ Identify support person
- ❑ Follow-up plan: Daily until clinic visit (approximately Day 7). Can be done by provider, nurse, MA.
- ❑ Discuss goals and motivations
- ❑ Review Induction Day Care Plan with the patient

DAY 1

- ❑ Patient presents to clinic in withdrawal.
- ❑ RN or physician assessment with COWS. COWS needs to be 10-12 (ideally 12 or higher).
- ❑ Initiate with 4 mg buprenorphine [buprenorphine/naloxone (2/0.5 mg #4-6, 4/1 mg #2-3, or 8/2 mg #1-2)].
- ❑ Patient takes first dose under observation of RN, NP, or physician.
- ❑ Patient observed in clinic for 1 hour.
- ❑ If precipitated withdrawal symptoms occur, treat as appropriate.
- ❑ After 60-90 minutes, give second dose of buprenorphine (4 mg) if COWS score is ≥6.
- ❑ Patient observed additional 1 hour.
- ❑ If withdrawal symptoms relieved, discharge patient.
- ❑ If withdrawal symptoms persist, give third dose of buprenorphine (4 mg) and consider symptomatic treatment (clonidine, NSAIDs, anti-emetics, etc.).
- ❑ Discharge patient to home. If withdrawal symptoms return later in the day, instruct patient to take one more dose of buprenorphine (4 mg).
- ❑ **Maximum Day 1 dose: 16 mg total.**

DAY 2

- ❑ MD writes prescription, if necessary.
- ❑ Provider or staff talk with patient, typically by phone but in person, if deemed necessary or preferred by patient.
- ❑ Patient takes total dose received on Day 1.
- ❑ Patient may be observed in clinic for 1-2 hours or, if at home, instructed to call the clinic after 1-2 hours.
- ❑ If withdrawal symptoms relieved, discharge patient. If at home, patient stops dosing unless symptoms return.
- ❑ If withdrawal symptoms persist after 60-90 minutes (COWS score is ≥6), patient takes an additional 4 mg dose of buprenorphine.
- ❑ Patient may be observed additional 1-2 hours, if at clinic. If at home, patient calls the clinic after 1-2 hours.
- ❑ If withdrawal symptoms relieved, no further treatment.
- ❑ If withdrawal symptoms persist, consider an additional dose of buprenorphine and symptomatic treatment (clonidine, NSAIDs, anti-emetics, etc.)
- ❑ **Typical Maximum Daily Dose: 16 mg**

DAY 3

- ❑ MD writes prescription, if necessary.
- ❑ Provider or staff talk with patient in person or by phone. Frequent communication is common.
- ❑ Patient takes total dose received on Day 2. Patient may be observed in clinic for 1-2 hours or, if at home, instructed to call clinic back after 1-2 hours.
- ❑ If withdrawal symptoms relieved, no further treatment. Continue current dose for days 4-7.
- ❑ If withdrawal symptoms persist after 60-90 minutes (COWS score is ≥6), consider an additional dose of buprenorphine.
- ❑ Patient observed additional 1-2 hours or can call clinic back after 1-2 hours.
- ❑ If withdrawal symptoms persist, give symptomatic treatment (clonidine, NSAIDs, anti-emetics, etc.) and make appointment to see the patient today or next day. Consider other diagnoses contributing to the patient's symptoms (e.g., alcohol withdrawal).
- ❑ **Typical Maximum Daily Dose: 16 mg**

DAYS 4 - 7

- ❑ Buprenorphine dosing Days 4-7 = the total amount of buprenorphine the patient took on Day 2, adjusted as needed.
- ❑ Provider or staff talk with patient in person or by phone.
  - – 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.
  - – Instruct the patient to consult with provider to adjust dose, if needed.
- ❑ Assign provider or office staff member to check in with patient by phone.
- ❑ Patient will need to make an appointment to see their provider between days 3-7.