Inpatient Management of Opioid Use Disorder: Buprenorphine/Naloxone

Buprenorphine Induction Algorithm

Patient interested in and eligible for buprenorphine, not transitioning from methadone; >6 hours since last opioid use

Patient has had prolonged abstinence period (>72 hours) and is therefore not in withdrawal

Initiate buprenorphine at 2mg SL x 1

Reassess in 2 hours. If cravings persist and not oversedated, add 2mg SL x 1

Repeat 2mg doses q2 hours as needed, up to max dose of 8mg

Patient without prolonged abstinence with COWS ≥ 8 (at least one objective sign, usually 8-24h for short acting, 24-48h for long)

Administer 4mg of buprenorphine and reassess in 2 hours

COWS < 8, reassess at 6 hours

If COWS ≥ 8 on recheck, give buprenorphine 4mg SLx1, reassess at 12 hours. (max dose 8mg)

COWS ≥ 8, give buprenorphine 4mg SLx1, reassess at 6 hours. (max dose 8mg)

Day 2:
Give AM dose equal to total daily dose from day 1 (up to 8mg), reassess in 6 hours

If no sedation and cravings/withdrawal persist, give additional 4mg for max dose of 12mg

Patient has had abstinence < 72 hours and has COWS < 8

Reassess every 2 hours, until COWS ≥ 8, then see middle branch

Patient has had prolonged abstinence period (>72 hours) and is therefore not in withdrawal

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*SL = sublingual
**Day 1 max dose may surpass 8mg by provider order, up to max dose of 16mg.

- Document COWS score and evaluate for sedation at each check.
- With each check, consider increasing dose if cravings or withdrawal are present. Decrease if sedation or RR < 8 is present. The goal is for patient to have no sedation, but also no cravings or withdrawal on their final dose.
- Many patients will ultimately be on 16-24mg, however they may not reach this dose while hospitalized and can finish the induction outpatient.

For questions or concerns, please TigerText the B-Team.