

Buprenorphine/Naloxone (Suboxone) Nursing Quick Reference Sheet

The Buprenorphine Team (B-Team) offers patients with opioid use disorder (OUD) the opportunity to be started on buprenorphine/naloxone medication-assisted treatment (MAT) while hospitalized. MAT is proven to decrease a patient's dependency on opioids while increasing self-efficacy and overall quality of life during and after treatment. Primary teams are encouraged to TigerText the Buprenorphine Team about any patient who may be a candidate for MAT. The B-Team partners with outpatient clinics for continuity of care after the patient is discharged.

Indication	Medication Assisted Treatment for Opioid Use Disorder, opioid withdrawal, pain.
Mechanism	Buprenorphine - partial opioid agonist; naloxone - opioid antagonist (Prevents IV abuse. Not absorbed significantly orally.
Adverse Effects	Mild risk for over-sedation, potential to induce withdrawal, hepatic injury (rare)
Monitoring	Clinical Opiate Withdrawal Scale (COWS) or 'opioid cravings,' LFTs (performed prior to start of induction), urine drug screens (frequency/need determined by medical provider)
Documentation	Must document COWS score (similar to CIWA) or 'opioid cravings' in MAR comment each time a dose is administered. COWS assessment, when indicated, must be documented on the paper COWS form. COWS assessment versus 'opioid craving' will be determined by medical provider based on whether patient is still in acute withdrawal (based on timing of last opioid use.) The nurse will be notified of which assessment tool to use.
Administration	<p>Buprenorphine/naloxone is administered sublingually. Place one film under the tongue, close to the base on the left or right side.</p> <p>If an additional film is necessary (based on COWS or 'opioid cravings'), place an additional film sublingually on the opposite side from the first film. Place the film in a manner to minimize overlapping as much as possible.</p> <p>The film must be kept under the tongue until the film is completely dissolved. Moistening the mouth with water prior to administration may help absorption. Patients should not eat or drink immediately after administration (~10 minutes).</p>
Additional Tips	<p>If the patient has acute need for pain medication and is receiving buprenorphine/naloxone, they will require higher doses of opioids as there will be competition at the opioid receptor. Ideally, the patient should NOT receive any opioids while on buprenorphine/naloxone unless absolutely necessary. Alternative analgesics (ibuprofen, acetaminophen, gabapentin, etc.) should be used whenever possible.</p> <p>Buprenorphine/naloxone will not compete with benzodiazepine receptors. Although, the combination may cause increased sedation. If there is any concern for illicit drug use while taking buprenorphine/naloxone, please contact the primary medical team or the B-team.</p>