 CLINICAL PROTOCOL	Page 1 of 6		
	Protocol Owner: Medical Director & Behavioral Health Director		
	Date Approved: 01/02/2019		
	Revised/Reviewed: Date		
DEPARTMENT: CLINICAL	Date:	Date:	Date:
SUBJECT: MAT Induction Guidelines			

PROTOCOL: These guidelines for MAT Induction Protocol outline the two methods to be used during the induction phase when individual begins medication therapy using buprenorphine.

PURPOSE: This protocol outlines the guidelines for prescribing buprenorphine for those addicted to either long or short-acting opioids.

SCOPE: Medical providers who are waived to prescribe buprenorphine.

DEFINITIONS: MAT = Medication Assisted Treatment

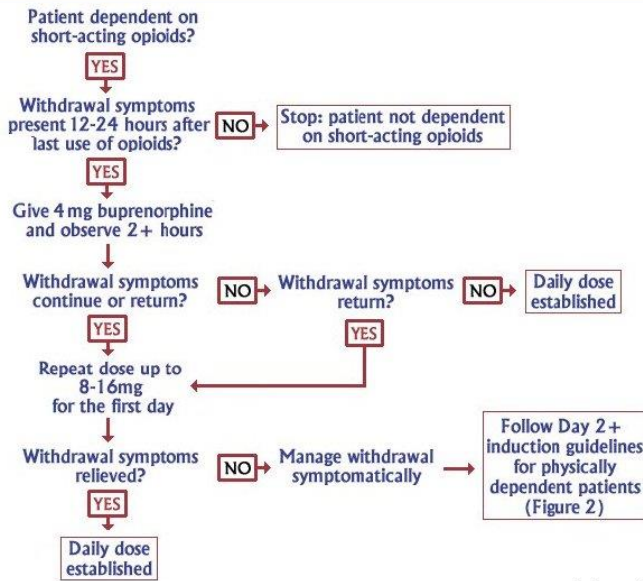
PROCEDURE(S):

Office-Based Induction

1. Patients will meet with a MAT provider to assess options for MAT, assess risks for participation, review MAT program, and discuss the induction process.
2. Patient will be given a Suboxone prescription to be filled at the patient's pharmacy of choice. The patient is not to take the medication until seen in the office for induction. The prescription should be written for:
 - a. Suboxone 8mg/2mg film. Take 1 film SL daily as instructed for induction. Dispense #8.
3. The patient and Medical Provider will determine the date of the induction and allow for 2-4 hours of time in the office.
4. The patient will be instructed to stop all full agonist opiates 24-48 hours prior to the induction date as determined by the Medical Provider based on type of full agonist opiate.
5. Induction procedure based on the following algorithms:

Day 1: Induction for Patients Physically Dependent on Short-Acting Opioids (e.g., Heroin)

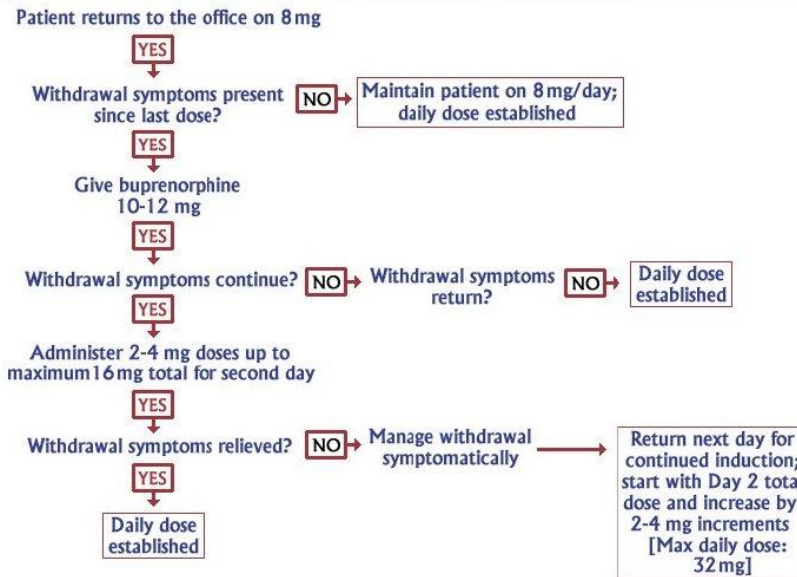
FIGURE 1



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Days 2+ : Buprenorphine Induction for Patients Physically Dependent on Short- or Long-Acting Opioids

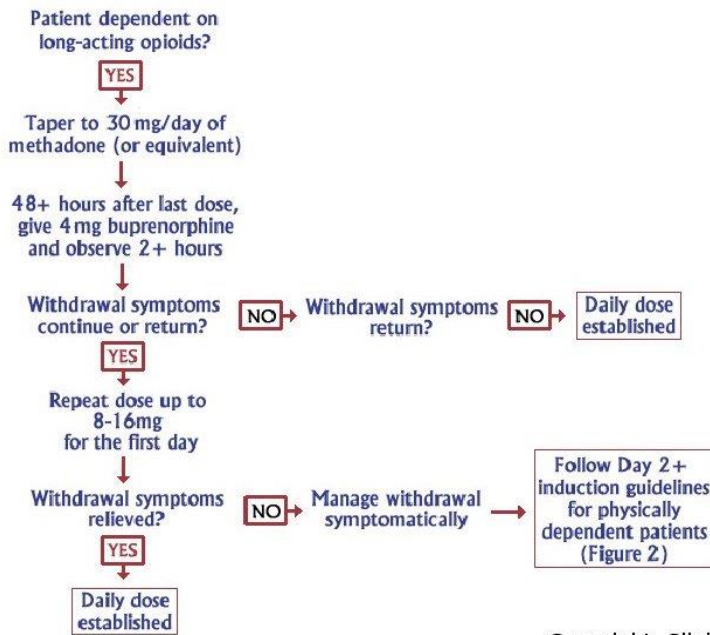
FIGURE 2



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Day 1: Induction for Patients Physically Dependent on Long-Acting Opioids (e.g., Methadone)

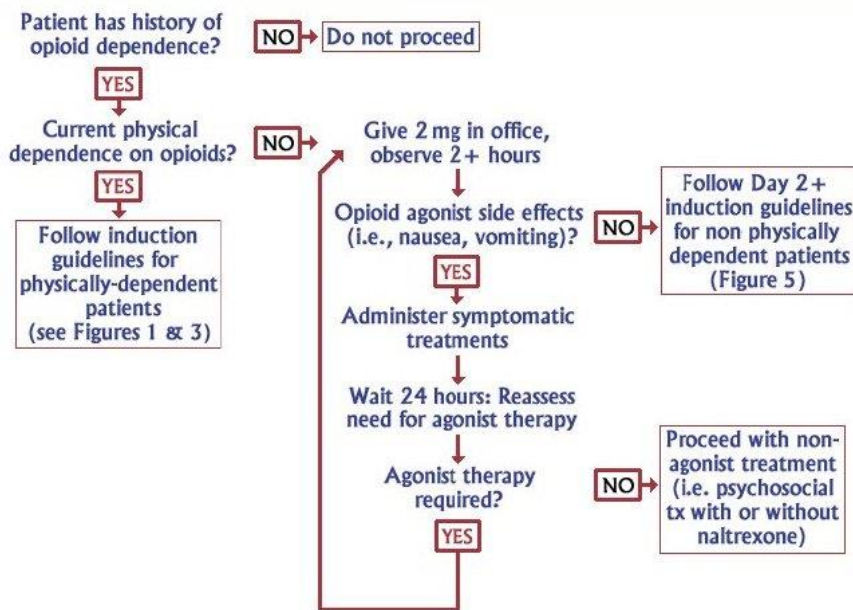
FIGURE 3



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Day 1: Induction for Nonphysically Dependent Patients

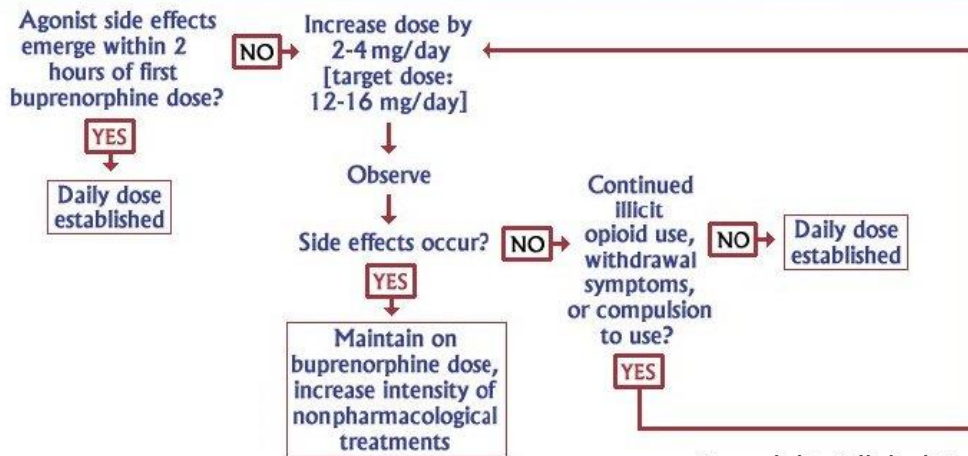
FIGURE 4



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Day 2+: Induction for Non Physically Dependent Patients

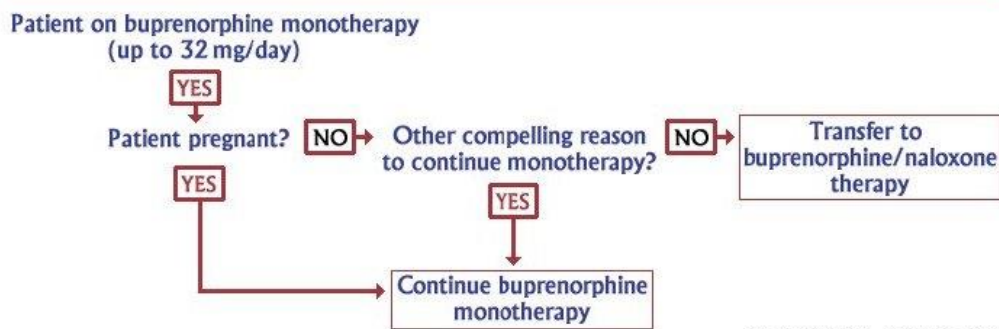
FIGURE 5



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Switch From Buprenorphine to Buprenorphine/Naloxone

FIGURE 6



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In-Home Induction

1. Provider will explain the induction process to patients.
2. Providers will provide patients the in-home induction sheet.

Day 1 Starting Suboxone® (buprenorphine/naloxone)

Are you in withdrawal? Before starting Suboxone® (buprenorphine/naloxone) you need to be in withdrawal (dope-sick). Use the 'SOWS' withdrawal scale on the back page to determine how bad your withdrawal is. Wait until your withdrawal score is 17 or more to begin.



- Do not take with alcohol or sedatives.
- Do not take more than 12 mg total on Day 1.
- Do not inject. You will be dope-sick if you inject.

My doctor/nurse practitioner and I agree on this treatment plan.

Contact Information

Patient Name _____

Provider Name _____

Provider Number _____

1st Dose Take your 1st dose



- Keep medication under your tongue until fully dissolved (this can take up to 10 min) or it will not work. Do not chew or swallow.
- Do not eat, drink, or swallow while it is dissolving.
- Contact your provider to let them know you took your 1st dose.

My dose:

_____ mg

= _____ tablets

Time: _____

It usually takes 20-45 min for the medication to start to work. Wait 1-3 hours before your 2nd dose.



If you feel a lot worse



Contact your provider if your symptoms feel a LOT WORSE. This happens when you start before you are in enough withdrawal and is called "precipitated" withdrawal. Talk to your provider about managing symptoms and next steps.

Notes

2nd Dose 1-3 hours after 1st dose

How do you feel?



Still feeling withdrawal (dope-sick) symptoms



Take a 2nd dose (keep under tongue until fully dissolved).



My dose:

_____ mg

= _____ tablets

Time: _____



Better



Check in with yourself later.

3rd Dose 1-3 hours after 2nd dose or later in evening

How do you feel?



Still feeling withdrawal (dope-sick) symptoms



Take a 3rd dose (keep under tongue until fully dissolved).



My dose:

_____ mg

= _____ tablets

Time: _____



Better



Check in with yourself later, you may not need another dose.

Most people feel much better by the end of the first day. Contact your provider if you are still feeling bad withdrawal or feel like using and have taken the daily max of 12 mg.

How many doses did you take today?

	1 st Dose	2 nd Dose	3 rd Dose	Total
Amount	mg	mg	mg	mg

The total for Day 1 is your starting dose for Day 2. Whether you started treatment at home or in the clinic, most providers will ask you to start Day 2 with a clinic visit. Take this sheet with you to your next appointment.

Next appointment info: Date: _____ Time: _____ Location: _____

Page 2

Additional Information for Starting Suboxone® (buprenorphine/naloxone)

Knowing when to start

Suboxone® (also known by generic name buprenorphine/naloxone) helps you manage opioid withdrawal symptoms and cravings.

You need to be in withdrawal (dope-sick) to start or your symptoms will get a lot worse – the more in withdrawal you are the better.

You know your symptoms. Wait until you are in moderate to severe withdrawal (dope-sick) before you begin. You can use the SOWS scale (below) to help you see if you are in enough withdrawal to start. You can also check your SOWS score throughout the day. You should feel better and see your SOWS withdrawal scores decrease throughout the day. If your SOWS withdrawal score increases and your symptoms get worse, contact your provider.

Subjective Opiate Withdrawal Scale (SOWS)¹

Please score each of the statements according to how you feel right now on a scale of 1 to 4. Add up all your scores to get your total SOWS withdrawal score.

Scale: 0= Not at all 1= A little 2= Moderately 3= Quite a bit 4= Extremely

Time:						
Symptoms:	Score	Score	Score	Score	Score	Score
 I feel anxious						
 I feel like yawning						
 I am perspiring						
 My eyes are teary						
 My nose is running						
 I have goosebumps						
 I am shaking						
 I have hot flushes						
 I have cold flushes						
 My bones and muscles ache						
 I feel restless						
 I feel nauseous						
 I feel like vomiting						
 My muscles twitch						
 I have stomach cramps						
 I feel like using now						
My SOWS score (total score):						

If your SOWS withdrawal score is **17 or more** → You are ready to start, follow the instructions on page 1.

If your SOWS withdrawal score is **less than 17** → Check your score again in 1-3 hours.

¹ Handelsman L et al. Am J Drug Alcohol Abuse.1987.

Notes:

This handout is based on the *BC Guideline Opioid Use Disorder - Diagnosis and Management in Primary Care* available at BCGuidelines.ca

