



Oregon Health & Science University
Hospitals and Clinics Provider's Orders

PO1500



**GEN: BUPRENORPHINE-NALOXONE:
MICRO-INDUCTION**

ACCOUNT NO.
MED. REC. NO.
NAME
BIRTHDATE

Patient Identification

Page 1 of 2

ALL ORDERS MUST BE MARKED IN INK WITH A CHECKMARK (✓) TO BE ACTIVE.

Allergies: _____ **Weight:** _____ kg

Diagnosis: _____

Service: _____ **Attending:** _____

Daily orders for micro-induction

Use of Medication Assisted Treatment for Opioid Use Disorder Policy: <https://ohsu.ellucid.com/documents/view/6784>

Order Considerations

- Initiation should be used in conjunction with ongoing full agonist opioid medications.
- Initiation should be in consultation with DEA DATA2000 waived providers.
- Do not use benzodiazepines to help with symptoms.

Daily Orders for Micro Induction

- ☐ Transition from **SHORT ACTING** full opioid agonist or less than or equal to 40 mg of methadone daily
- ☒ Day 1: buprenorphine (BUTRANS) 20 mcg/hour patch 1 patch, transdermal, EVERY 7 DAYS for 1 dose
 - ☒ Day 2: buprenorphine-naloxone (SUBOXONE) 1 mg, sublingual, TWICE DAILY for 2 doses
 - ☒ Day 3: buprenorphine-naloxone (SUBOXONE) 2 mg, sublingual, TWICE DAILY for 2 doses
 - ☒ Day 4: buprenorphine-naloxone (SUBOXONE) 4 mg, sublingual, TWICE DAILY for 2 doses
 - ☒ Day 5: buprenorphine-naloxone (SUBOXONE) 6 mg, sublingual, TWICE DAILY for 2 doses
 - ☒ Day 6: buprenorphine-naloxone (SUBOXONE) 8 mg, sublingual, TWICE DAILY until discontinued
- ☐ Transition from **LONG ACTING** full opioid agonist up to 80 mg of methadone daily (higher doses of methadone require customized orders)
- ☒ Days 1 & 2: buprenorphine (BUTRANS) 20 mcg/hour patch 1 patch, transdermal, EVERY 7 DAYS for 1 dose
 - ☒ Day 3: buprenorphine-naloxone (SUBOXONE) 1 mg, sublingual, DAILY for 1 dose
 - ☒ Day 4: buprenorphine-naloxone (SUBOXONE) 1 mg, sublingual, TWICE DAILY for 2 doses
 - ☒ Day 5: buprenorphine-naloxone (SUBOXONE) 2 mg, sublingual, TWICE DAILY for 2 doses
 - ☒ Day 6: buprenorphine-naloxone (SUBOXONE) 3 mg, sublingual, TWICE DAILY for 2 doses
 - ☒ Day 7: buprenorphine-naloxone (SUBOXONE) 4 mg, sublingual, TWICE DAILY for 2 doses
 - ☒ Day 8: buprenorphine-naloxone (SUBOXONE) 5 mg, sublingual, TWICE DAILY for 2 doses
 - ☒ Day 9: buprenorphine-naloxone (SUBOXONE) 6 mg, sublingual, TWICE DAILY for 2 doses
 - ☒ Day 10: buprenorphine-naloxone (SUBOXONE) 8 mg, sublingual, TWICE DAILY until discontinued

Signature: _____ **Date:** _____ **Time:** _____

Print Name: _____ **Pager:** _____

ONLINE 8/26/2020

Downtime version of Epic 304007605

PO-7605



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Page 2 of 2

Patient Identification

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- ☐ Transition from **SHORT ACTING** full opioid agonist and **CHRONIC PAIN** indication
- ☒ Day 1: buprenorphine (BUTRANS) 20 mcg/hour patch 1 patch, transdermal, EVERY 7 DAYS for 1 dose
 - ☒ Day 2: buprenorphine-naloxone (SUBOXONE) 1 mg, sublingual, TWICE DAILY for 2 doses
 - ☒ Day 3: buprenorphine-naloxone (SUBOXONE) 1 mg, sublingual, THREE TIMES DAILY for 3 doses
 - ☒ Day 4: buprenorphine-naloxone (SUBOXONE) 2 mg, sublingual, THREE TIMES DAILY for 3 doses
 - ☒ Day 5: buprenorphine-naloxone (SUBOXONE) 4 mg, sublingual, THREE TIMES DAILY until discontinued

SUPPORTIVE CARE MEDICATIONS

Supportive Care Medications

- ☐ cloNIDine HCl (CATAPRES) tablet 0.1-0.2 mg, oral, THREE TIMES DAILY AS NEEDED for sweating/agitation. Hold for sedation/dizziness
Notify provider prior to administration for SBP less than 90 mmHg
Notify provider prior to administration for HR less than _____ bpm
DO NOT abruptly discontinue
- ☐ tiZANidine (ZANAFLEX) tablet 2-4 mg, oral, EVERY 6 HOURS AS NEEDED for muscle spasms
Maximum of 3 doses in 24 hours. DO NOT exceed 36 mg per day.
- ☐ hydroXYzine (ATARAX) tablet 25-50 mg, oral, EVERY 4 HOURS AS NEEDED for anxiety
- ☐ ondansetron ODT (ZOFTRAN ODT) tablet 4 mg, oral, EVERY 8 HOURS AS NEEDED for nausea/vomiting, first line
- ☐ hyoscyamine (LEVSIN) tablet 0.125 mg, oral, EVERY 6 HOURS AS NEEDED for abdominal cramping. Maximum adult dose of 1.5 mg in 24 hours.
- ☐ loperamide (IMODIUM) capsule 2 mg, oral, FOUR TIMES DAILY AS NEEDED for diarrhea
Maximum of 16 mg (8 capsules) per day for adults.
- ☐ NSAIDS (Single Response)
 - ☐ ibuprofen (MOTRIN) tablet 400-600 mg, oral, EVERY 4 HOURS AS NEEDED for mild pain, moderate pain
DO NOT exceed 3000 mg per 24 hours
 - ☐ ketorolac (TORADOL) injection 15 mg, intravenous, EVERY 6 HOURS AS NEEDED for 5 Days for mild pain, moderate pain

Insomnia

- ☐ melatonin tablet 3 mg, Oral, AT BEDTIME AS NEEDED for insomnia

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