



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

PO1500



**GEN: BUPRENORPHINE-NALOXONE:
INDUCTION**

Page 1 of 3

ACCOUNT NO.
MED. REC. NO.
NAME
BIRTHDATE

Patient Identification

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

Allergies: _____ **Weight:** _____ kg

Diagnosis: _____

Service: _____ **Attending:** _____

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

Order Considerations

- Patient should be off short acting opiates for 6-8 hours or long acting opiates for 24 hours.
- If patient on long acting opiates, including methadone, wait for COWS >15 to start induction and consider IMPACT consult.
- Do not use this order set for pregnant patients, who require buprenorphine monoproduct instead of buprenorphine-naloxone.
- Do not use benzodiazepines or short acting opioids to help with symptoms.
- Consider IMPACT consult for complex inductions, patient engagement, need for longterm IV antibiotics, or question about Substance Use Disorder.

Nursing

- ☐ RN assess Clinical Opiate Withdrawal Scale (COWS) Routine, SEE COMMENTS
RN assess COWS every 1-2 hours PRN for opioid withdrawal symptoms to determine when buprenorphine/naloxone can be given. Only check score while patient is awake. Stop checking COWS after buprenorphine-naloxone is initiated.
- ☐ If COWS <10 but patient symptomatic, give supportive care medications Routine, CONTINUOUS
- ☐ Must observe administration of buprenorphine-naloxone Routine, CONTINUOUS
- ☐ Notify Provider Routine, CONTINUOUS
Notify Provider:
 - If 30 minutes or more after a first dose, patient reports worsened withdrawal symptoms.
 - if buprenorphine/naloxone given orally, page provider for repeat dose to be given sublingually.

Labs

- ☐ Drug Screen, Urine; w/ confirm - ONCE COLLECT NOW, X1
- ☐ Liver Set (AST, ALT, Bili Total, Bili Direct, Alk Phos, Alb, Prot Total) COLLECT NOW, X1
- ☐ HCG Qual, Urine COLLECT NOW, X1
- ☐ Chronic Hepatitis B Panel (CHBP)
 - ☒ Hepatitis B Surface Ag w/ reflex confirmation if indeterminate results ONCE
 - ☒ Hepatitis B Surface Ab Qual, Serum ONCE
 - ☒ Hepatitis B Core Ab, Serum ONCE
- ☐ HIV Quantitative PCR, Plasma COLLECT NOW, X1

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

Print Name: _____ **Pager:** _____

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BUPRENORPHINE - NALOXONE

Day 1

Select higher dose if patient is an intravenous opioid user and not at increased risk of respiratory depression

☐ Day 1: buprenorphine ONCE (scheduled) + PRN

☒ buprenorphine-naloxone (SUBOXONE) 2 mg, sublingual, ONCE
When COWS greater than 10

☒ buprenorphine-naloxone (SUBOXONE) 2 mg, sublingual, EVERY 1 HOUR AS NEEDED for
cravings, restlessness, anxiety, myalgias, or pain, for 7 doses

****Total Daily Dose not to exceed 16 mg, days reset at 0700****

Day 2

☐ Day 2: buprenorphine daily + PRN

Day 2: MAX TOTAL DAILY buprenorphine dose is 20 mg including scheduled dose (4-12 mg recommended) and PRN's

Daily Dose: TOTAL DAILY DOSE GIVEN ON DAY 1 as maintenance daily dose

☒ buprenorphine-naloxone (SUBOXONE) 4-16 mg, sublingual, DAILY for 1 dose starting
tomorrow at 0900

RN to total dose from Day 1 (Day defined at 0700-0659). Hold for sedation

☒ buprenorphine-naloxone (SUBOXONE) 2 mg, sublingual, EVERY 2 HOUR AS NEEDED for
cravings, restlessness, anxiety, myalgias, or pain, starting tomorrow for 1 day

****Total Daily Dose including daily AND PRN not to exceed 16 mg, days reset at 0700****

Day 3

☐ Day 3: buprenorphine daily + PRN

Day 3: MAX TOTAL DAILY buprenorphine dose is 24 mg including scheduled dose (4-16 mg recommended) and PRN's

Daily Dose = TOTAL DAILY DOSE (daily dose + PRN) GIVEN ON DAY 2 as maintenance daily dose

☒ buprenorphine-naloxone (SUBOXONE) 4-20 mg, sublingual, DAILY for 1 dose, starting the
day after tomorrow at 0900

RN to total dose from Day 2 (Day defined at 0700-0659). Hold for sedation

☒ buprenorphine-naloxone (SUBOXONE) 2 mg, sublingual, EVERY 2 HOUR AS NEEDED for
cravings, restlessness, anxiety, myalgias, or pain, starting the day after tomorrow for 1 day

****Total Daily Dose including daily AND PRN not to exceed 24 mg, days reset at 0700****

Day 4 and beyond

Provider to order scheduled dose

Signature: _____ Date: _____ Time: _____
Print Name: _____ Pager: _____
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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
- ☐ acetaminophen (TYLENOL) tablet 1,000 mg, oral, EVERY 6 HOURS AS NEEDED for mild pain, moderate pain, multimodal pain control

Insomnia

- ☐ traZODone (DESYREL) tablet 50-100 mg, Oral, AT BEDTIME AS NEEDED for insomnia

Signature: _____ Date: _____ Time: _____

Print Name: _____ Pager: _____

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