Clinical Pathway for Buprenorphine

Screening Assessment
- Patient initiates contact or provider referral
- Screening assessment for eligibility
- Schedule Intake review plan and program requirements
  Establish counseling

Intake Process
- Intake assessment & Physical exam
  Consent/contracts reviewed/signed
  Copies to patient
  Emergency contact numbers provided
- Labs Performed
  Urine Toxicology Screen
- Review Labs, UTS, for appropriateness
  Prescription one week or less fax to pharmacy

Induction
- Arrives in early withdrawal prescription in hand
  Assess with COW scale
  Administer 1st dose observed
- 30 - 60 Minutes Later
  Administer 2nd dose if needed
- Reassess 60 Minutes to 2 Hrs Later
  Instructions verbal/written
  Establish follow up plan:
  Phone/Appointment/Protocol
  Support and ongoing education

Day #2
- Ongoing phone contact for check in or Scheduled Follow Up
  Assessment of withdrawal symptoms:
  Dose adjustment PRN/Support
- Check in by phone or visit as needed
  Support and ongoing Education

Stabilization
- Stabilize Dosage
  Weekly Visits/UTS
  Counseling
  Assess Psych needs
- Maintenance therapy with counseling
  Recommended for Optimal Outcomes
- If Desire to Taper
  Begin Here
- Review Treatment Plan Q visit
  Decrease frequency of follow up as patient progresses
  Length of treatment is individualized based on short/long term goals

Maintenance
- Counseling/Assess Psych
  Visit Weekly -> Monthly
  Scheduled /Random
- Counseling /MD minimum Q6M
  UTS: Scheduled/Random/
  Observed/Unobserved

Medical Withdrawal
- Decision to taper: patient/clinician process
- Taper Slowly: Close Monitoring frequent assessment
- Prepare patient for potential withdrawal symptoms
- Patient Recovery is #1 Priority
  Readdress and Regroup as needed

Adapted from materials provided by Colleen Labella, RN at Boston Medical Center