DENVER HEALTH
CENTER FOR ADDICTION MEDICINE

Hospital Medicine ED MOUD Initiation Workflow Diagram

Key:

Med ED | Clickable Link | Decision Branch

ED provider can place an **inpatient consult order to Treatment on Demand** 24/7 to connect with an Addiction Medicine provider for advice/guidance with complex patients or decisions.

ED patient with OUD wants medication/ connection to care.

If pt is >= 18, has no medical complaints and presents to triage between 5:30am and 11am M-F, call ***(303) 602-4851*** and send pt directly to PAV K from triage, all other hour's pts over age 20 send to PES and those 19 and under send to PEDUC. If pt has no medical complaints and **does not** want to wait for an evaluation in ED, ask PES charge or ED Social Worker to place **IP CONSULT TO TREATMENT ON DEMAND** to speak with pt and connect them to care. If pt (age >= 20) has concomitant medical complaint or PES is full, send to Adult ED.

- **NOT IN** Withdrawal → 1
- In Withdrawal → Is the patient on a police hold?
  - **NO** Police Hold → 2
  - Police Hold → Is the patient pregnant?
    - **NOT** Pregnant → 3
    - Pregnant → 4

DENVER HEALTH
CENTER FOR ADDICTION MEDICINE

Hospital Medicine ED MOUD Initiation Workflow Diagram

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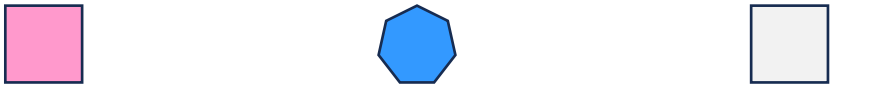

Med ED | Clickable Link | Decision Branch

1

If the patient…

1. Is not in withdrawal

Place **IP CONSULT TO TREATMENT ON DEMAND** to connect patient to outpatient care.

Return to Start

DENVER HEALTH
CENTER FOR ADDICTION MEDICINE

Hospital Medicine ED MOUD Initiation Workflow Diagram

Key:

Med ED | Clickable Link | Decision Branch

3

If the patient…

1. **Is in withdrawal**
2. **Is on a police hold**
3. **Is not pregnant**

Does pt need admission for medical/surgical problem (including intractable vomiting from withdrawal)?

DOES NOT Need Admission

If appropriate for buprenorphine (low risk of precipitated withdrawal) may induce in ED, send to jail with order to continue daily buprenorphine at total dose given in ED and to be evaluated in 2-3 days for dose titration.

If **not** appropriate for buprenorphine give symptom control* medication, discharge to jail. Pt to request medical evaluation for buprenorphine initiation once in jail.

Needs Admission

Admit to appropriate service CCMF. May start methadone or buprenorphine in ED. Place consult to Addiction Medicine for ongoing inpatient management.

Return to Start

* **Symptom Control Medications**:

- Clonidine 0.1 to 0.2mg every 8hr prn withdrawal symptoms hold for systolic BP < 100, or for feeling dizzy, lightheaded or faint
- Hydroxyzine 25-50mg every 6 to 8hr as needed for anxiety or sleep
- Ibuprofen 600mg every 6hr prn pain
- Acetaminophen 1g every 8hr prn pain
- Ondansetron 8mg SL every 8hr prn nausea/vomiting or any other antiemetic you prefer
- Imodium 2mg every 6hr prn severe diarrhea

CLICK IF INDUCING

DENVER HEALTH
CENTER FOR ADDICTION MEDICINE

Hospital Medicine ED MOUD Initiation Workflow Diagram

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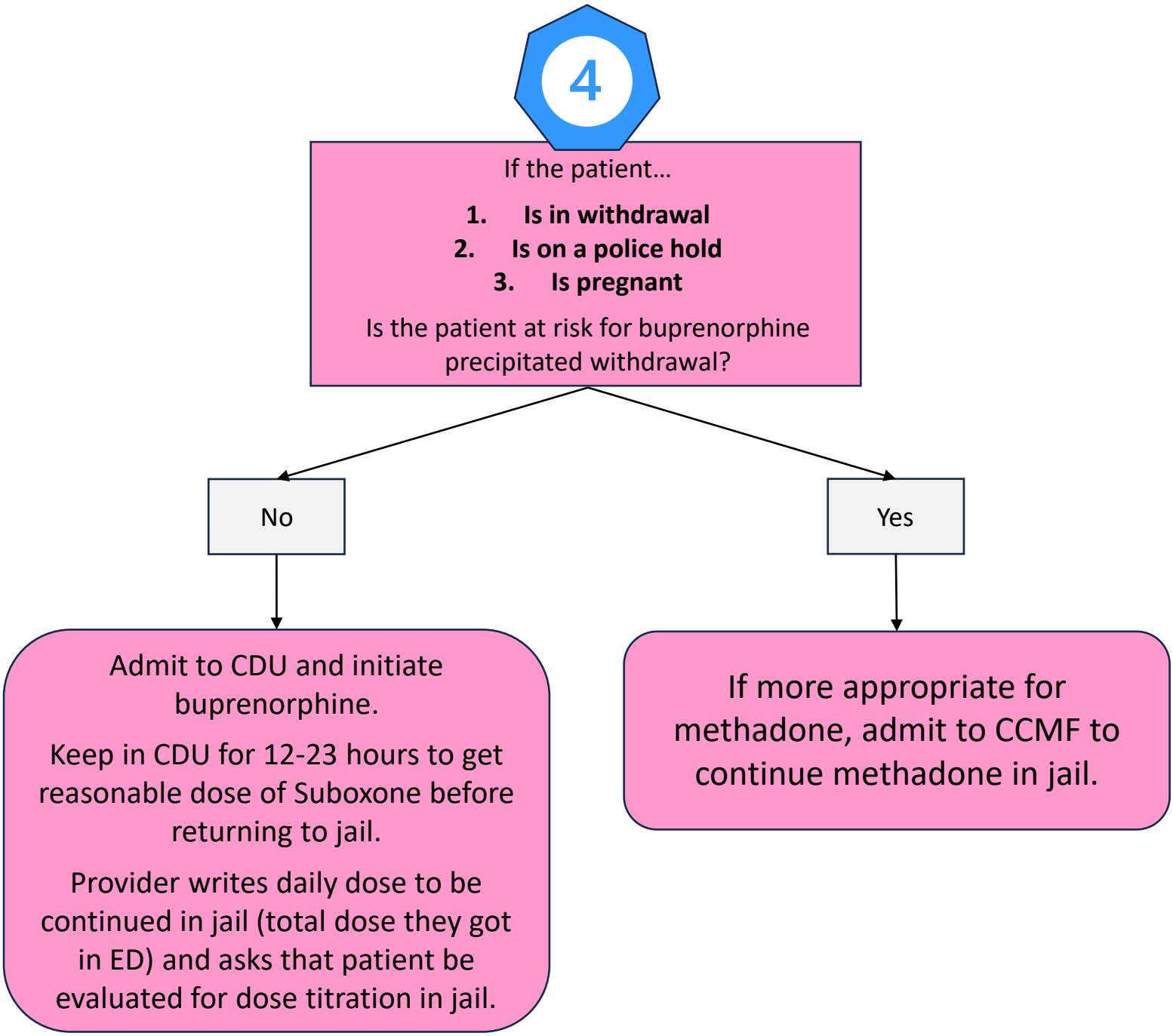

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DENVER HEALTH
CENTER FOR ADDICTION MEDICINE

Hospital Medicine ED MOUD Initiation Workflow Diagram

Key:

Med ED

Clickable Link

Decision Branch

2

If the patient…

1. **Is in withdrawal**
2. **Is not on a police hold**

Is the patient currently receiving methadone or buprenorphine through outpatient services?

Yes, Methadone

Yes, Buprenorphine

No, **NO MOUD**

5

6

Is the patient pregnant?

NOT Pregnant

Pregnant

7

8

Return to Start

DENVER HEALTH
CENTER FOR ADDICTION MEDICINE

Hospital Medicine ED MOUD Initiation Workflow Diagram

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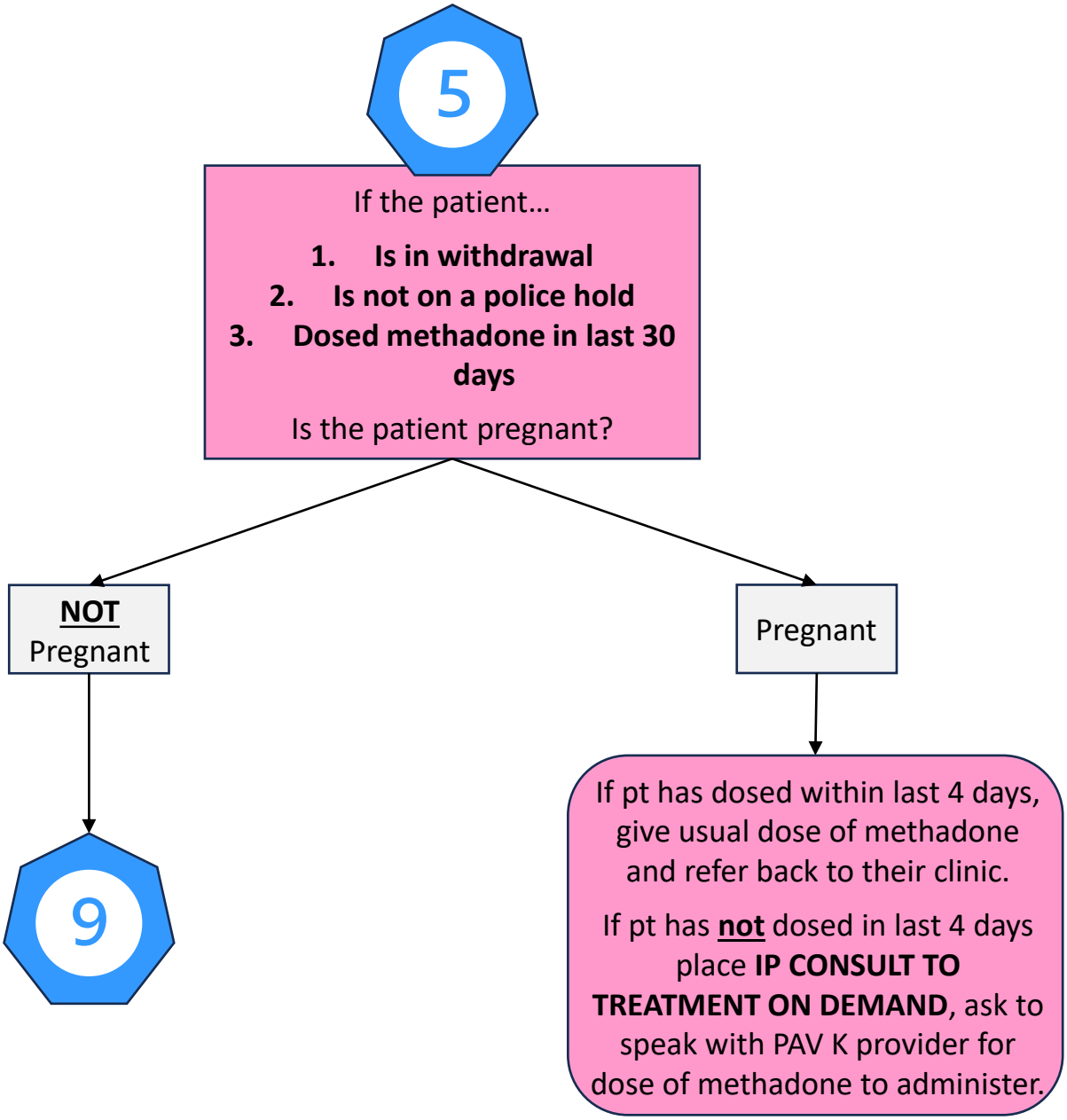

Return to Start

CLICK IF INDUCING

DENVER HEALTH
CENTER FOR ADDICTION MEDICINE

Hospital Medicine ED MOUD Initiation Workflow Diagram

Key:

6

If the patient…

1. **Is in withdrawal**
2. **Is not on a police hold**
3. **Is receiving buprenorphine**

Is the patient pregnant?

NOT Pregnant

10

Pregnant

Give patient their normal dose of buprenorphine in the ED (if no recent opioid use/concern for precipitated withdrawal) and refer back to their normal provider. ED provider may give a several day bridge prescription at their discretion

If no recent prescriptions and appropriate for buprenorphine, may induce in ED.

Return to Start

CLICK IF INDUCING

DENVER HEALTH
CENTER FOR ADDICTION MEDICINE

Hospital Medicine ED MOUD Initiation Workflow Diagram

Key:

Med ED | Clickable Link | Decision Branch

10

If the patient…

1. **Is in withdrawal**
2. **Is not on a police hold**
3. **Is receiving buprenorphine**
4. **Is not pregnant**

Does pt need admission for medical/surgical problem (including intractable vomiting from withdrawal)?

DOES NOT Need Admission

Check PDMP, if pt has recent prescription from provider (30 days use judgment) administer symptom control* medication or give single dose of buprenorphine in ED (if no recent opioid use/no concern for precipitated withdrawal) at provider's discretion and refer back to their current provider.

If no recent prescriptions and appropriate for buprenorphine, may induce in ED.

Needs Admission

Give patient their normal dose of buprenorphine in the ED (if no recent opioid use/concern for precipitated withdrawal) and admit to appropriate service.

Return to Start

* **Symptom Control Medications**:

- Clonidine 0.1 to 0.2mg every 8hr prn withdrawal symptoms hold for systolic BP < 100, or for feeling dizzy, lightheaded or faint
- Hydroxyzine 25-50mg every 6 to 8hr as needed for anxiety or sleep
- Ibuprofen 600mg every 6hr prn pain
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- Ondansetron 8mg SL every 8 hours prn nausea/vomiting or any other antiemetic you prefer
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CLICK IF INDUCING

DENVER HEALTH
CENTER FOR ADDICTION MEDICINE

Hospital Medicine ED MOUD Initiation Workflow Diagram

Key:

Med ED | Clickable Link | Decision Branch

7

If the patient…

1. Is in withdrawal
2. Is not on a police hold
3. Is not on MOUD
4. Is not pregnant

Use the table below to decide whether to start methadone or buprenorphine.

For **ALL** methadone and buprenorphine inductions in ED: **inpatient consult order to Treatment on Demand** to ensure linkage to ongoing outpatient treatment!

Methadone	*Buprenorphine*
<u>Typical Methadone Scenario</u> • Fentanyl use within 24hrs • Very high opioid tolerance (e.g., >20 blues/day or >0.5g fentanyl powder/day) • Patient prefers methadone • Prior history, unsuccessful trial or precipitated withdrawal with buprenorphine	<u>Typical Buprenorphine Scenario</u> • NO fentanyl use within 24hrs • Patient prefers buprenorphine • No history of precipitated withdrawal • Methadone contraindication (e.g., history of Torsades, QTC >500 MS, severe cardiopulmonary concerns) • Age <18 (consider admission to adolescent withdrawal management services
<u>Methadone Initiation Guidance</u> • First dose 20-30mg, after 90 minutes may give additional 10mg • Select correct box in methadone order: Initiating maintenance, NOT enrolled in methadone clinic <= 60mg/24hr • Consider additional withdrawal medications (e.g., clonidine, hydroxyzine)	<u>Buprenorphine Initiation Guidance</u> • **Protocol Option #1**: Standard 4-8mg initial dose followed by additional dosing in 90-minute intervals; max dose 24mg can be done in ED, PES, or CDU • **Protocol Option #2**: Consider starting at lower dose (1-2mg) and transferring patient to CDU for continued low dose slower induction.

Return to Start

CLICK IF INDUCING

DENVER HEALTH
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Hospital Medicine ED MOUD Initiation Workflow Diagram

Key:

Med ED | Clickable Link | Decision Branch

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If the patient…

1. **Is in withdrawal**
2. **Is not on a police hold**
3. **Is not on MOUD**
4. **Is pregnant**

If >= 22 weeks EGA admit to OB for induction.

If <22 weeks admit to **CDU*** for MOUD induction with Addiction Medicine consult.

Return to Start

* A subset of these patients may not be able to complete MOUD within 24 hours of CDU induction and--if advised by Addiction Medicine--may need admission after initial 24 hours in CDU to allow for greater dose titration, additional social work involvement, or connection to sober living or residential treatment if feasible.

CLICK IF INDUCING

DENVER HEALTH
CENTER FOR ADDICTION MEDICINE

Hospital Medicine ED MOUD Initiation Workflow Diagram

Key:

9

If the patient…

1. **Is in withdrawal**
2. **Is not on a police hold**
3. **Dosed methadone in last 30 days**
4. **Is not pregnant**

Does pt need admission for medical/surgical problem (including intractable vomiting from withdrawal)?

DOES NOT Need Admission

Pt is active in that clinic (PES charge nurse can determine when patient last dosed with methadone at their clinic). Administer symptom control* medication and refer back to their clinic. If pt wants to transfer to our clinic they must initiate process from the clinic they are currently active in.

If pt has not dosed in 30 days, they are no longer active in that clinic and may get induced in ED.

Needs Admission

If pt has dosed within last 4 days, give usual dose of methadone and admit to appropriate service.

If pt has not dosed in last 4 days place **IP CONSULT TO TREATMENT ON DEMAND**, ask to speak with PAV K provider for dose to give in ED.

Return to Start

* **Symptom Control Medications**:

- Clonidine 0.1 to 0.2mg every 8hr prn withdrawal symptoms hold for systolic BP < 100, or for feeling dizzy, lightheaded or faint
- Hydroxyzine 25-50mg every 6 to 8hr as needed for anxiety or sleep
- Ibuprofen 600mg every 6hr prn pain
- Acetaminophen 1g every 8hr prn pain
- Ondansetron 8mg SL every 8 hours prn nausea/vomiting or any other antiemetic you prefer
- Imodium 2mg every 6hr prn severe diarrhea

CLICK IF INDUCING

IF INDUCING IN ED OR CDU:

Return to…

3 4 5 6 7 8 9 10

1. Pregnancy test.
2. ECG: if QTcF >500, check BMP, Mg and replete as necessary. Repeat ECG. If QTcF <500 may initiate methadone.
3. Urine drug screen + fentanyl.
4. Place **IP CONSULT TO TREATMENT ON DEMAND** in Epic.
5. Document a COWS score:
   a. COWS <8, benzo use, or heavy ETOH use → 20mg methadone as initial dose.
   b. COWS >8 → 30mg methadone as initial dose.
6. Offer patient up to 60 minutes of observation following initial dose to assess need for additional dose.
   a. Observation is not required after the final dose, which may be initial dose if patient does not want to wait.
7. If still in w/d can give additional 10mg (**NO MORE THAN 50mg MAX DOSE**).
8. Adjunctive w/d meds:
9. Hydroxyzine 50mg Q8, Clonidine 0.1mg Q8, Zofran 8mg Q8, Lomotil 1 tab BID if still in w/d after max dose.

If final methadone dose administered, **no post administration observation period required.**

Close loop with TOD to ensure appropriate follow up.

DISCHARGE HOME.

If additional medical complaint requiring admission or observation **OR** polysubstance w/d including benzos, may need addiction medicine consult.

ADMIT TO HOSPITAL VS. CDU

Specific Discharge Orders:

1. Narcan Prepack and Rx with 11 refills to OMC pharmacy.
2. Symptom control medications (1 or 2 days worth):
   a. Hydroxyzine 50mg Q8 PRN anxiety, Clonidine 0.1 mg Q6 PRN anxiety if BP tolerates, Zofran 8mg Q8 nausea, Lomotil 1 tab BID for diarrhea (no more than 6 tabs).
3. OBHS follow up, if next day is holiday, PES follow up.
   a. Present to PES before 9am, and in CDU documentation include what next dose should be (usually 10mg more than received in CDU)
4. **Provide education and document counseling on the risk of respiratory depression with concurrent use of opioids, alcohol, or benzodiazepines.**

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