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These are general recommendations only; specific clinical decisions should be made by the treating clinician based on an individual patient's clinical condition.

- Additional medications can help address withdrawal symptoms**
- **anxiety/restlessness:** clonidine 0.1 mg 3 times daily PRN
 - **insomnia/anxiety:** hydroxyzine 25-50 mg 4 times daily PRN
 - **nausea:** ondansetron 4-8 mg by mouth 3 times daily PRN
 - **abdominal cramping:** dicyclomine 10-20 mg by mouth every 6 hours PRN
 - **muscle aches:** ibuprofen 400-800 mg by mouth every 6 hours PRN

Prescribe enough buprenorphine for one week and follow up within one week.

A typical 1-week supply is fourteen films of buprenorphine 8 mg/2 mg for a 16 mg daily dose.



Quick guide for starting buprenorphine

Avoid precipitated withdrawal by waiting to initiate buprenorphine.



Option 1: Wait for the patient to have at least **moderate symptoms** of opioid withdrawal: Measure withdrawal symptoms using the Clinical Opioid Withdrawal Score (COWS).



COWS: A score of 13 or more equates to moderate withdrawal.



Option 2: Wait for a period of time based on the last opioid used:

Category	Examples	Time to wait before initiating buprenorphine
Short half-life	hydromorphone, oxycodone, heroin	12-24 hours
Long half-life	extended-release oxycodone or morphine	36 or more hours
Extremely long half-life*	methadone, fentanyl	48 hours or more

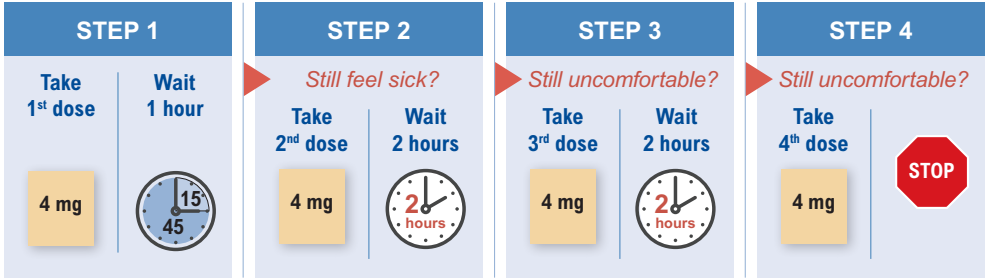
*Highest risk of precipitated withdrawal

Initiating buprenorphine at home

Start based on withdrawal symptoms or timing of last opioid use.

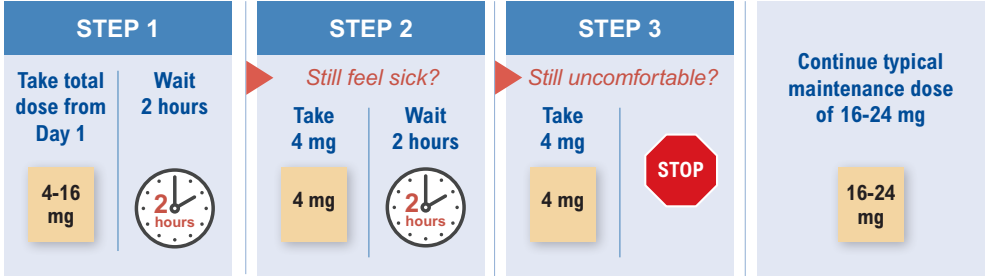
(See front of card for tips to avoid precipitated withdrawal.)

Day 1: buprenorphine start



Most patients will feel better with 8 or 12 mg of buprenorphine on Day 1, but can take up to 16 mg if needed.

Day 2: continuing buprenorphine



The Buprenorphine Home Induction phone app can help patients manage buprenorphine initiation at home.



A clinician should be available to address questions regarding the buprenorphine induction.

Discuss harm reduction strategies with all patients



Prescribe intranasal naloxone (e.g., Narcan) to prevent overdose



Recommend or provide immunizations (hepatitis, pneumococcus, tetanus)



Screen for infections (especially HIV, hepatitis C)

Other harm reduction strategies:

- For patients who use opioids alone, recommend www.neverusealone.com or the 1-800-484-3731 hotline to prevent unintentional overdose.
- For those who inject, **discuss sterile injection practices** to reduce risk of infections; link with a syringe exchange program or prescribe insulin needles.
- Recommend fentanyl test strips**, if available.
- Evaluate whether **pre-exposure prophylaxis (PrEP)** is indicated for HIV prevention.