

Visit [AloshaHealth.org/OUd](http://AloshaHealth.org/OUd) for more information and resources.

- Ask patients about **pregnancy plans** to support their goals.
- Evaluate whether **pre-exposure prophylaxis (PrEP)** is indicated for HIV prevention.
- Discuss strategies to **prevent infections**.

### Other strategies:

**Screen for infections**  
(especially HIV, hepatitis C and B, and STIs like syphilis)



**Recommend or provide immunizations**  
(hepatitis, pneumococcus, tetanus)



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



## Discuss overdose prevention and whole person care with all patients

### Starting buprenorphine

Educate patients about expectations.



#### **Talk to patients about how to start their preferred protocol.**

For protocols requiring opioid withdrawal symptoms to start, have patients wait as long as possible before starting.



#### **Provide or recommend medications for 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



**Plan for communication if questions arise.** Provide patients with a way to contact the clinic. Ensure the clinic is able to contact the patient.



**Provide linkage to local supports,** such as support groups or resources around health-related social needs.

# Dosing options for starting buprenorphine

Help patients pick the strategy that works best for them.

	Low dose “microdose”	Low dose “classic dose”	High dose “macrodose”
<b>Duration of initiation period</b>	Days to weeks	1 day	2-3 hours
<b>Withdrawal severity to start</b>	None	Mild-moderate	
<b>Initial dose of buprenorphine</b>	< 1 mg	4 mg	16 mg
<b>Usual maintenance dose</b>	16-24 mg		
<b>Benefits</b>	<ul style="list-style-type: none"> <li>• Patients with chronic pain do not need to stop opioid medications during initiation</li> </ul>	<ul style="list-style-type: none"> <li>• Dosing strategy with most experience</li> </ul>	<ul style="list-style-type: none"> <li>• Can be initiated in many settings (e.g., ED, primary care)</li> <li>• Simple steps to start</li> <li>• Short time to achieving maintenance dose</li> </ul>
<b>Challenges</b>	<ul style="list-style-type: none"> <li>• Complex dosing schedule</li> <li>• Requires cutting films</li> </ul>	<ul style="list-style-type: none"> <li>• Some withdrawal symptoms prior to initiation and possibly ongoing</li> </ul>	<ul style="list-style-type: none"> <li>• Some withdrawal symptoms prior to initiation</li> </ul>
<b>Resources</b>	Bridge to treatment <a href="http://qrco.de/lowdose">qrco.de/lowdose</a>	BMC Grayken quick start <a href="http://qrco.de/classicstart">qrco.de/classicstart</a>	Bridge to treatment <a href="http://qrco.de/highdose">qrco.de/highdose</a>



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

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



Bringing unbiased evidence to clinical care

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

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