Summa Health Precipitated Withdrawal Aggressive Treatment Algorithm

Precipitated Withdrawal (Buprenorphine aggressive treatment algorithm)

Rapid or intense increase in COWS after first dose of buprenorphine

Administer: **Buprenorphine/Naloxone 8/2mg- 16/4mg SL** x1 AND

Lorazepam 1-2mg PO/IM x1

- Consider adding adjuvants: clonidine 0.1mg, antiemetic, ibuprofen/APAP, etc.
- **Max daily dose of Buprenorphine in setting of precipitated withdrawal = 20-24mg**

Additional information:

- The optimal management of buprenorphine-precipitated opioid withdrawal is unclear
- Precipitated withdrawal can mask underlying illness; be vigilant that symptoms of withdrawal are not due to an underlying pathology
- Buprenorphine is absorbed sublingually, therefore if vomiting occurs after dose is administered, there is no need to repeat dose for emesis
- Monitor for increased sedation with cumulative doses of buprenorphine >16mg
- Patients with significant medical conditions such as heart failure and/or respiratory disease may not tolerate high dose buprenorphine
- **Patient will NOT require the same dose of buprenorphine for Day #2 as they did while in precipitated withdrawal**
- **Day #2 Buprenorphine starting dose should follow initiation algorithm and start at 12-16mg**

CABridge 2021; Available at: https://cabridge.org/resource/enhanced-care-practice-precipitated-withdrawal-90-minute-bundle/
Drug and Alcohol Review, 2021; 40: 567-571

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Summa Health Precipitated Withdrawal Conservative Treatment Algorithm

Precipitated Withdrawal (Buprenorphine Conservative treatment algorithm)

Rapid or intense increase in COWS after first dose of buprenorphine

Administer: **Buprenorphine/naloxone 2/0.5mg SL Q1-2h** until withdrawal symptoms resolve (COWS<8) OR patient reaches cumulative daily dose of 16mg buprenorphine.

Administer: **Clonidine 0.1mg Q8h; ondansetron 4mg PO Q8h**;

Consider PRN adjuvants such as: skeletal muscle relaxants, ibuprofen/APAP, loperamide, hydroxyzine, dicyclomine

Additional information:

- The optimal management of buprenorphine-precipitated opioid withdrawal is unclear
- Precipitated withdrawal can mask underlying illness; be vigilant that symptoms of withdrawal are not due to an underlying pathology
- Buprenorphine is absorbed sublingually, therefore if vomiting occurs after dose is administered, there is no need to repeat dose for emesis
- **Patient will NOT necessarily require the same dose of buprenorphine for Day #2 as they did while in precipitated withdrawal**

Am J of Emergency Medicine, 2019; 37: 143-150
JACEP Open, 2021;2:1-11.
Family Practice, 2021: 1-3.

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