IT MATTTRs™
Implementing Technology, Medication Assisted Treatment, Team Training, and Resources

Unobserved (Home) Induction Clinic Protocol

PREPARATION

Providing Medication Assisted Treatment (MAT) with Buprenorphine

Your Treatment Agreement and/or Consent Forms should include a program overview, including steps, duration, expectations, and buprenorphine information. Before patients start treatment for opioid use disorder, be sure to discuss their decision to receive MAT with buprenorphine and these other items.

Evaluations

Prior to induction, every patient should have full evaluation, history, physical, and laboratory testing. Patient assessment should be completed and thoroughly reviewed with the MAT care team.

- ❑ Record diagnosis & physiological dependence
- ❑ Determine co-morbidity
- ❑ Check the Prescription Drug Monitoring Program (PDMP)

Office-Based Induction vs. Unobserved (Home) Inductions? Which is right for this patient?

Both office-based and unobserved (home) inductions are safe and effective treatment options. Discuss the pros and cons of office and home inductions with patients and their support (if possible) to determine preference and fit.

- **For patients with good support system,** home induction may be appropriate. Some individuals may be more comfortable in a more private setting or have concerns about transportation.
- **For patients without good support system,** office induction is an opportunity for building connection, trust, and fostering relationships with provider, compassionate staff, supportive nurses, and/or peer counselor. Waiting long enough for full withdrawal can be difficult at home. Patients may not be in full withdrawal when they start treatment, increasing the chance of precipitated withdrawal.

Prescription

Write the prescription for the patient prior to the induction day. The patient should pick up the prescription and bring the prescription to MAT Procedure Review Appointment to review dosing instructions with you prior to induction.

MAT Procedure Review Appointment

This appointment is critical to successful MAT. Allow about 30 minutes. Cover the following:

- ❑ Paperwork: Review and have patient sign the Consent Form and Treatment Agreement Form. Review instructions and give them a copy of the Patient Guide.
- ❑ Check the Prescription Drug Monitoring Program (PDMP).
- ❑ Withdrawal timing (see chart on page 2): Verify with patients their current use (type, amount, duration) and set a "stop time."
- ❑ Precipitated withdrawal potential and recommendations for avoiding it
- ❑ Subjective Opioid Withdrawal Scale (SOWS): score should be ≥ 17 (mild) before starting.
- ❑ Buprenorphine Dose: lowest effective dose should be taken
- ❑ Safety/Concerns: interaction risks, avoid driving, safe storage
- ❑ Consider additional withdrawal medication
- ❑ Identify support person
- ❑ Map out a follow-up plan: Phone call on induction day and daily until clinic visit (approximately Day 7) can be done by provider, nurse, MA, etc. Determine who will make calls and be assigned to take patient's calls.
- ❑ Discuss goals and motivations
- ❑ Review the Home Induction: A Patient Guide with the patient thoroughly.

Withdrawal timing

Type of Opioid	Examples	When to stop
Short-acting	Percocet, Vicodin (hydrocodone), Heroin	12-24 hours before first dose. *Example: Stop at Sunday at 12 noon for a Monday induction.*
Long-acting	Oxycontin, MS Contin/ Morphine, Methadone	• 36 hours before first dose for Oxycontin, Morphine • >48 hours for Methadone *Example: Stop at Saturday at 12 noon for a Monday induction*

DAY 1

- ❑ Patient will stop all opioids for 12-36 hours prior to induction.
- ❑ SOWS score should be ≥ 17 (higher if tolerated) before taking the first dose of buprenorphine.
- ❑ Buprenorphine dosing Day 1, when SOWs score is >17, patient will:
  - Take 4 mg buprenorphine
  - Wait 1 hour. If withdrawal symptoms are present, take a second dose.
  - Call and talk with provider or office staff
  - f feeling worse, call to talk with assigned provider about possibility of precipitated withdrawal and treatment options (clonidine, NSAIDs, anti-emetics, etc.).
  - Wait 1-2 hours. If symptoms persist, take a third dose (4 mg).
  - Wait 1-2 hours. If symptoms persist, take a fourth dose (4 mg).
  - If symptoms persist, call to talk with the provider or office staff.
- ❑ Assign provider or office staff member to check in with patient by phone throughout day.
- ❑ **Maximum Day 1 dose: 16 mg total.**

DAY 2

- ❑ Buprenorphine dosing Day 2 = the total amount of buprenorphine the patient took on Day 1.
  - Patient will take the total dose from day 1 on day 2. If greater than 8mg total, they might want to split the dose into a morning and afternoon/evening dose.
  - Patient may take additional dose if withdrawal symptoms persist.
  - Assign provider or office staff member to check in with patient by phone.
- ❑ **Maximum Day 2 dose: 12-16 mg**

DAY 3

- ❑ Buprenorphine dosing Day 3 = the total amount of buprenorphine the patient took on Day 2.
  - Patient will take the total dose from Day 2 on Day 3. If greater than 8mg total, they might want to split the dose into a morning and afternoon/evening dose.
  - Patient may take additional dose if withdrawal symptoms persist.
- ❑ Assigned provider or office staff member to check in with patient by phone.
- ❑ If withdrawal symptoms persist, patient may schedule a visit with the provider in the office.
- ❑ Consider recommending additional withdrawal treatments for patient.

DAYS 4 - 7

- ❑ Buprenorphine dosing Days 4-7 = the total amount of buprenorphine the patient took on Day 2.
  - Patient will take the total dose from Day 2 on Days 4 -7. If greater than 8mg total, they might want to split the dose into a morning and afternoon/ evening dose.
  - Patient can consult with provider to adjust dose, if needed.
- ❑ Assign provider or office staff member to check in with patient by phone.
- ❑ Patient will need to make an appointment to see their provider between days 3-7.

Adapted from SAHMSA Tip Sheet 40 and PCSS-MAT. Created in partnership with the IT MATTTRs expert consultant panel. For permission to use outside of IT MATTTRs, please contact ITMATTTRsColorado@ucdenver.edu.