



# UTMC Care Clinic Recovery Services

**Title:** Suboxone Induction

**Purpose of Guidelines:** To describe Individuals seeking services for suboxone induction in the Department of Medicine Care Clinic will meet specific criteria before services will be provided.

**Responsibility:** Treatment Providers of Multidisciplinary Team.

**Procedure:**

1. Confirm a diagnosis of an active Opioid use disorder, according to the DSM-V criteria through a thorough diagnostic assessment.
2. The assessment will include:
  - a. A medical history
  - b. A psychiatric history
  - c. An evaluation of family and psychosocial supports
  - d. A substance use history that contains but not limited to:
    - I. All illicit drugs used and/or prescribed, including ethanol, nicotine, benzodiazepines, stimulants.
    - II. Age and amount of first use
    - III. Method of acquiring drug
    - IV. Current use
    - V. Last use
    - VI. Any periods of abstinence
    - VII. Treatment history
    - VIII. Goals for treatment
3. Access to the patient's prescription drug use history through the states Prescription Drug Monitoring Program (PDMP)
4. A physical examination that focuses on the physical findings related to addiction and its complications.
5. Laboratory testing to assess recent opioid use and to screen for use of other drugs such as UDS or other tox screen, urine test of alcohol, liver enzymes, serum bilirubin, serum creatinine, as well as tests for Hepatitis B, C, and HIV.
6. Evaluate the need for medically managed withdrawal from opioid.
7. If the patient is diagnosed with a psychiatric disorder, the patient's condition should be considered.
8. The patient is not in immediate danger to self, other or property; however, there may be a recent history of self-harm or serious risk-taking behavior.
9. The patient requires treatment to promote treatment progress and recovery due to substance use problems.

10. Individuals last opioid use was:
  - a. Longer than 12 hours at time of assessment
  - b. At least 12 hours since last short acting opioid (e.g., heroine, crushed oxycodone, hydromorphone, morphine, Percocet)
  - c. At least 24 hours since last oral long-acting opioid (e.g., Oxycontin, Hydromorphone)
  - d. At least 72 hours since last methadone dose
  - e. Is in moderate withdrawal as measured using Clinical Opiate Withdraw Scale (COWS).
11. Clinician will rule out a contraindication to suboxone. Exclusionary criteria will be as follows:
  - a. History of hypersensitivity to Buprenorphine or Naloxone
  - b. Severe hepatic impairment
  - c. Toxic psychosis
  - d. Abnormal EKG with QT changes from birth
  - e. Orthostatic hypotension
  - f. Severe liver dysfunction
  - g. Seizures
  - h. Worsening chronic obstructive pulmonary disease
  - i. Organ failure
  - j. Severe respiratory distress
  - k. Acute ETOH intoxication,
  - l. Currently involved in a pain management program
  - m. Cognitive impairment
  - n. Not willing to commit the programming.
  - o. Younger than 18 years of age
12. Patients will be educated about how the medication works and the associated risks and benefits, obtain informed consent and educate on overdose prevention.

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