

NURSING SERVICE GUIDELINES OUTPATIENT RECOVERY SERVICES

Guideline: Medication Assisted Treatment
(MAT) - Buprenorphine



Policy Number Superseded:

Responsibility: Outpatient Recovery Services staff and providers.

Effective Date:
November 2025

Purpose of Guideline: To establish a process for patients who have been referred for Medication Assisted Treatment (MAT) Services, specifically with the use of Buprenorphine.

Initial Effective Date:
November 2019

Procedure:

- (A) The prescribing provider or designee performs or confirms the completion of and documents a patient assessment that includes all of the following:
- (1) A comprehensive medical and psychiatric history.
 - (2) A mental status exam.
 - (3) Substance use history.
 - (4) Appropriate physical examination.
 - (5) A urine drug screen or fluid drug testing.
 - (a) If the patient is negative for opioids, Buprenorphine will not be initiated.
 - (b) If the patient tests positive for opioids or is manifesting signs of opiate withdrawal, Buprenorphine therapy should be initiated.
 - (6) For women of childbearing age and ability, Liver Function Tests (LFT) and HCG pregnancy tests will be ordered (and performed periodically throughout MAT treatment), results with elevated enzyme levels to be monitored more closely at a rate set by prescriber.
 - (7) Review of the patient's prescription information in Ohio Automated RX Reporting System (OARRS).
 - (8) Testing for the following:
 - (a) HIV.
 - (b) Hepatitis B.
 - (c) Hepatitis C.

Guideline:

Buprenorphine – Medication Assisted Treatment (MAT)

2

- (d) Consideration for TB and STDs in patients with known risk factors.
 - (e) CBD with Diff.
 - (f) CMP.
 - (g) TSH.
 - (h) Lipid Profile.
 - (i) EKG.
- (B) With the exception of the toxicology test for drugs and alcohol, the prescribing provider or designee may satisfy the assessment requirements by reviewing records for a physical examination and laboratory testing of the patient that was conducted within a reasonable time prior to the visit.
- (C) Any part of the assessment that cannot be completed prior to the initiation of MAT, the prescriber or designee shall document the reasons in the medical record.
- (D) The prescriber or designee shall establish and document a treatment plan that includes the following:
 - (1) Rationale for selection of the specific drug to be used in the medication-assisted treatment.
 - (2) Patient education.
 - (3) The patient's written informed consent.
 - (4) Random urine drug screens or oral fluid drug testing.
 - (5) A signed treatment agreement with the patient that outlines the responsibilities of the patient and provider.
 - (6) A plan for individual and/or group psychotherapy treatment.
 - (7) The treatment plan shall include a structure for renegotiation of the treatment plan if the patient does not adhere to the original plan.
- (E) Patients shall be offered a prescription for a naloxone kit, instructions for use, signs and symptoms of overdose, calling 911 in an overdose situation, and providing a new prescription upon expiration or use.
- (F) Following the prescriber's recommendation for Buprenorphine, the following steps will occur:
 - (1) Patient will be linked with corresponding level of care services.
 - (2) Buprenorphine requires that the patient be in mild or moderate withdrawal for induction. The patient will be educated on the length of time required in withdrawal to begin induction.
 - (3) Vital Signs and Clinical Opiate Withdrawal Scale (COWS) assessment are collected and documented within the clinical record.
 - (4) Clinician will rule out contraindications to Buprenorphine.

Guideline:

Buprenorphine – Medication Assisted Treatment (MAT)

3

- (5) For initiation of Buprenorphine:
 - (a) Induction will begin with a COWS score of mild to moderate or above, or as clinically indicated.
 - (b) Vital Signs will be taken based on prescriber's order.
 - (c) Prescriber will be notified if patient is complaining of significant increase in withdrawal symptoms after initiation.
- (G) Patient will be seen at a rate determined necessary by the prescribing provider.
- (H) If patients test positive on drug screens while already receiving Buprenorphine, the following may be utilized by the prescriber as treatment interventions:
 - (1) THC - Continue prescription of Buprenorphine with contract requiring that levels decrease. Failure to have decreasing levels or breaking of this contract results in taper of Buprenorphine.
 - (2) Cocaine - Continue prescription of Buprenorphine with contract requiring cessation of cocaine and compliance with other treatment services.
 - (3) Opiates - Halt prescription of Buprenorphine. Coordinate with treatment team to further engage patient in treatment services and/or consider possible discharge.
 - (4) Benzodiazepine - Halt prescription of Buprenorphine. Coordinate with treatment team to further engage patient in treatment services and/or consider possible discharge.
- (I) Stimulant prescriptions - Will evaluate for each patient and determine on a case-by-case basis.
- (J) Resources: SAMHSA Tip 40

Approved by:
Kurt Kless, MSN, MBA, RN, NE-BC
Chief Nursing Officer

Review/Revision Completed by:
Stephanie Calmes, Ph.D., LPCC-S,
LICDC-CS, Administrative Director
Outpatient Psychiatry

Initial effective date:
November 2019

Review/Revision Date:
March 2, 2022
December 2, 2022
November 2025

Next review date:
November 2028