

Buprenorphine/Naloxone (Suboxone) Nursing Quick Reference Sheet

The Buprenorphine Team (B-Team) offers patients with Opioid Use Disorder (OUD) the opportunity to be started on buprenorphine while in the hospital. Buprenorphine has been FDA approved to treat OUD since 2000 and is proven to decrease a patient's physical dependency on opioids while increasing self-efficacy and overall quality of life during and after treatment. Primary teams are encouraged to notify the B-Team about any patient who may have a diagnosis of OUD. The B-Team partners with outpatient clinics for continuity of care after the patient is discharged.

Indication	<ul style="list-style-type: none">Moderate to severe OUD and opioid withdrawal (can also be used off-label for pain).
Mechanism	<ul style="list-style-type: none">Buprenorphine – high affinity, partial opioid agonist, binds to opioid receptors and reduces cravings.Naloxone – opioid antagonist, displaces opioids at receptor sites and prevents IV abuse.
Dose	<ul style="list-style-type: none">Per algorithm.Starting dose is based on presence of withdrawal symptoms and timing of last use of opioids.Subsequent dosing is based on assessment of withdrawal symptoms using Clinical Opiate Withdrawal Scale (COWS).Dosing for tablet versus film are not interchangeable.
Dose Adjustments	<ul style="list-style-type: none">Renal: None.Hepatic (moderate impairment): Use caution.Hepatic (severe impairment): Avoid use.
Adverse Effects	<ul style="list-style-type: none">Mild risk for oversedation.Potential to induce withdrawal.Hepatic injury (rare).
Drug Interactions	<ul style="list-style-type: none">CYP 3A4 substrate – caution with inducers and inhibitors; additive effects with co-administration of other CNS/respiratory depressing agents.Recent use of opioid agonists, including heroin, increases the risk of withdrawal upon initiation of buprenorphine.
Ordering Prescribers	<ul style="list-style-type: none">Inpatient: the B-Team provider will typically order, though any provider can order under current regulations.Outpatient: prescriptions must be prescribed by prescribers who have received an X-waiver certification from the DEA.
Administration	<ul style="list-style-type: none">Buprenorphine-naloxone is administered sublingually and is poorly absorbed by the oral route.Place one film or tablet under the tongue, close to the base on the left or right side.If an additional dose is needed (based on COWS score), place film or tablet on the opposite side from the first dose.Place the film or tablet in a manner to minimize overlapping as much as possible.Film and tablets should not be chewed, cut, or swallowed.Films and tablets must be kept under the tongue until completely dissolved.Moistening the mouth with water prior to administration can help with absorption.Patients should not eat or drink immediately after administration (~10 minutes).
Monitoring	<ul style="list-style-type: none">COWS is assessed with each dose of buprenorphine-naloxone and reassessed based on level of withdrawal by previous COWS score.Monitor sedation using validated scales per hospital policy.LFTs (performed prior to start of induction), urine drug screens (frequency/need determined by MD).
Floor PharmD Action	<ul style="list-style-type: none">Patient counseling.Just-In-Time education as needed for members of the primary care team.Ensure patient has adequate medication supply between discharge and follow-up outpatient appointment.
Additional Tips	<ul style="list-style-type: none">If the patient has an acute need for pain medication and is receiving buprenorphine-naloxone, alternative analgesics (ibuprofen, acetaminophen, gabapentin, etc) should be used whenever possible.Ideally, the patient should not receive any opioids while on buprenorphine-naloxone unless absolutely necessary.Buprenorphine-naloxone will not compete with benzodiazepine receptors. Although, the combination may cause increased sedation.If there is any concern for illicit drug use while taking buprenorphine-naloxone, please contact the primary medical team or the B-Team.

The B-Team is an interdisciplinary group that includes physicians, advanced practice providers, nurses, social workers, case managers, and pharmacists. For questions about the B-Team or for guidance on starting buprenorphine-naloxone **TigerText The Buprenorphine Team**.