Clinical Pathway for Buprenorphine

**Screening Assessment**
- Patient initiates contact or provider referral
- Screening assessment for eligibility
- Schedule Intake review plan and program requirements
- Establish counseling

**Intake Process**
- Intake assessment & Physical exam
- Consent/contracts reviewed/signed
- Copies to patient
- Emergency contact numbers provided
- Labs Performed
- Urine Toxicology Screen
- Review Labs, UTS, for appropriateness
- Prescription one week or less fax to pharmacy

**Induction**
- Arrives in early withdrawal prescription in hand
- Assess with COW scale
- Administer 1st dose observed
- 30 - 60 Minutes Later
- Administer 2nd dose if needed
- Reassess 60 Minutes to 2 Hrs Later
- Instructions verbal/written
- Establish follow up plan:
  - Phone/Appointment/Protocol
  - Support and ongoing education

**Day #2**
- Ongoing phone contact for check in or Scheduled Follow Up
- Assessment of withdrawal symptoms:
  - Dose adjustment PRN/Support
- Check in by phone or visit as needed
- Support and ongoing Education

**Stabilization**
- Stabilize Dosage
- Weekly Visits/UTS
- Counseling
- Assess Psych needs
- Maintenance therapy with counseling
  - Recommended for Optimal Outcomes
- If Desire to Taper
  - Begin Here
- Review Treatment Plan Q visit
- Decrease frequency of follow up as patient progresses
- Length of treatment is individualized based on short/long term goals

**Maintenance**
- Counseling/Assess Psych
  - Visit Weekly --> Monthly Scheduled /Random
- Counseling/MD minimum Q6M
  - UTS: Scheduled/Random/Observed/Unobserved

**Medical Withdrawal**
- Decision to taper: patient/clinician process
- Taper Slowly: Close Monitoring frequent assessment
- Prepare patient for potential withdrawal symptoms
- Patient Recovery is # 1 Priority
- Readdress and Regroup as needed

Adapted from materials provided by Colleen LaBelle, RN at Boston Medical Center