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| **PROGRAM A** |
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| **Title:** | **Opioid Detoxification with Buprenorphine in Residential Rehabilitation Settings** |

**POLICY**

The goal of medically supervised withdrawal from opioids is to provide a smooth transition from a physically dependent to a physically nondependent state. Patients who meet the American Society of Addiction Medicine (ASAM) criteria for Level 3.2-WM qualify for Clinically Managed Residential Withdrawal Management. This determination of which patients qualify for this level of withdrawal management shall be made by appropriately trained staff and approved by a physician. This protocol is for opioid detoxification using buprenorphine as the withdrawal medication. All services provided under this Policy and Procedure shall be in accordance with Section 1600 to 16030 of the Department of Health Care Services certification standards for Residential Detoxification Services. Eligible participants shall be as described in section 16015(d) Medically-managed residential detoxification which states in part: “Medically-managed residential detoxification services are appropriate for participants whose level of physiological dependence upon alcohol and/or other drugs requires prescribed medication for the management of withdrawal, but whose withdrawal signs and symptoms do not require the full resources of a medically-monitored inpatient detoxification facility.”

**PROCEDURE**

1. A licensed physician appropriately credentialed and certified in the use of buprenorphine shall determine that the patient is appropriate for opioid detoxification at the residential level of care based on the following criteria:
   1. There is no acute medical problem that requires 24 hour nursing care or monitoring
   2. There is no severe psychological or cognitive problem that requires an inpatient unit stay
   3. The patient only needs detoxification from opioids and not from other substances such as alcohol and benzodiazepines
   4. All buprenorphine orders and adjustments in dosages shall only be made by a buprenorphine certified physician.
2. A History and Physical shall be completed by a medical provider licensed pursuant to Section 4036, Chapter 9, Division 2 of the Business and Professional Code prior to the prescribing of buprenorphine.
3. The protocol for opioid detox using buprenorphine shall follow the *Clinical Guidelines for the Use of Buprenorphine in the Treatment of Opioid Addiction* in Treatment Improvement Protocol (TIP) Series 40 published by the Substance Abuse and Mental Health Services Administration (SAMHSA), 2004.
4. Before the administration of buprenorphine the patient must show signs of opiate withdrawal as measured by the Clinical Opiate Withdrawal Scale (COWS) and have a score great than 12.
5. An initial dose of 4 mg of buprenorphine or 4/1 mg of buprenorphine/naloxone can be provided. A second dose of 4 mg or 4/1 mg can provided two hours later, if withdrawal symptoms are still present. The patient shall be observed by staff for 3-5 minutes after the buprenorphine is placed sublingually under the tongue to make sure it is taken appropriately. A lower initial dosage (e.g., 2 mg or 2/1 mg) may be appropriate in some patients based on drug usage.
6. The following day the dose shall be adjusted to relieve withdrawal symptoms, if they still exist. The dose should not be increased more than 4 mg or 4/1 mg more than previous day’s dose. Do not administer more than 12 mg or 12/3 mg on Day 2. It is recommended to increase dosage incrementally.
7. If withdrawal symptoms persist, do not increase more than 4 mg or 4/1 mg on subsequent days up to a maximum of 32 mg or 32/8 mg per day. Few patients will need these higher doses.
8. If there is a need for a rapid discontinuation of opioids, taper buprenorphine over 3-6 days.
9. If a more gradual taper is possible, taper over a period of 2 weeks, where the dosage is decreased 2 mg or 2/1 mg every 2 to 3 days.
10. The physician shall establish and adjust the taper schedule as is medically necessary.
11. Each individual shall be closely observed and physically checked at least every 30 minutes 24 hours each day while undergoing detoxification services rendered under this protocol.
12. The 30 minute checks may be discontinued prior to the discontinuation of medication if the prescribing physician deems them no longer necessary.
13. The Program Operations Supervisor shall assign one technician to perform this duty for every 15 patients undergoing detoxification services
14. Technician staff shall document and sign off on these physical checks using the attached form (R-157). This form shall be contained in the patient’s medical record.
15. At the end of each shift (7:00am & 7:00pm) staff shall document patient progress by way of a progress note entered in the medical record.
16. Patient checks and medical record charting shall continue until it is determined by the physician that medication is no longer necessary to manage the participant’s withdrawal symptoms.