

# Monterey County EMS System Policy



Policy Number: 4520  
Effective Date: 5/23/2023  
Review Date: 6/30/2024

## Medication for Addiction Treatment (MAT)

### I. INTRODUCTION

Buprenorphine may be utilized for stable patients exhibiting signs or symptoms of opioid withdrawal, or for patients who are successfully resuscitated following an opioid overdose, including the administration of naloxone. ALS providers may activate a prehospital-based MAT program, which allows paramedics to administer buprenorphine AND link the patient with a hospital treatment program.

This is a Tri-County (Monterey/Santa Cruz/San Benito) effort to reduce both all-cause and overdose mortality among individuals with Opioid Use Disorder (OUD). Offering buprenorphine treatment to individuals experiencing opioid withdrawal or to those who experience a nonfatal opioid overdose provides an opportunity to reduce opioid overdose fatalities.

At this time, we are limiting this optional scope of practice item to AMR paramedics only, although we anticipate extending this project to all ALS 9-1-1 transport providers in the future. This limited roll-out will allow us to study cost, utilization, and overall effectiveness before considering whether to expand the local optional scope of practice (LOSOP) authorization to all ALS providers.

### II. ASSESS FOR EXCLUSION CRITERIA CLARIFICATION

- A. While patients who are pregnant are excluded from administration of buprenorphine, patients who are currently breastfeeding are approved for administration.
- B. Patients who are currently intoxicated or show signs of recent use of benzodiazepine, alcohol or other intoxicants which has resulted in an altered mental status should be excluded from administration.



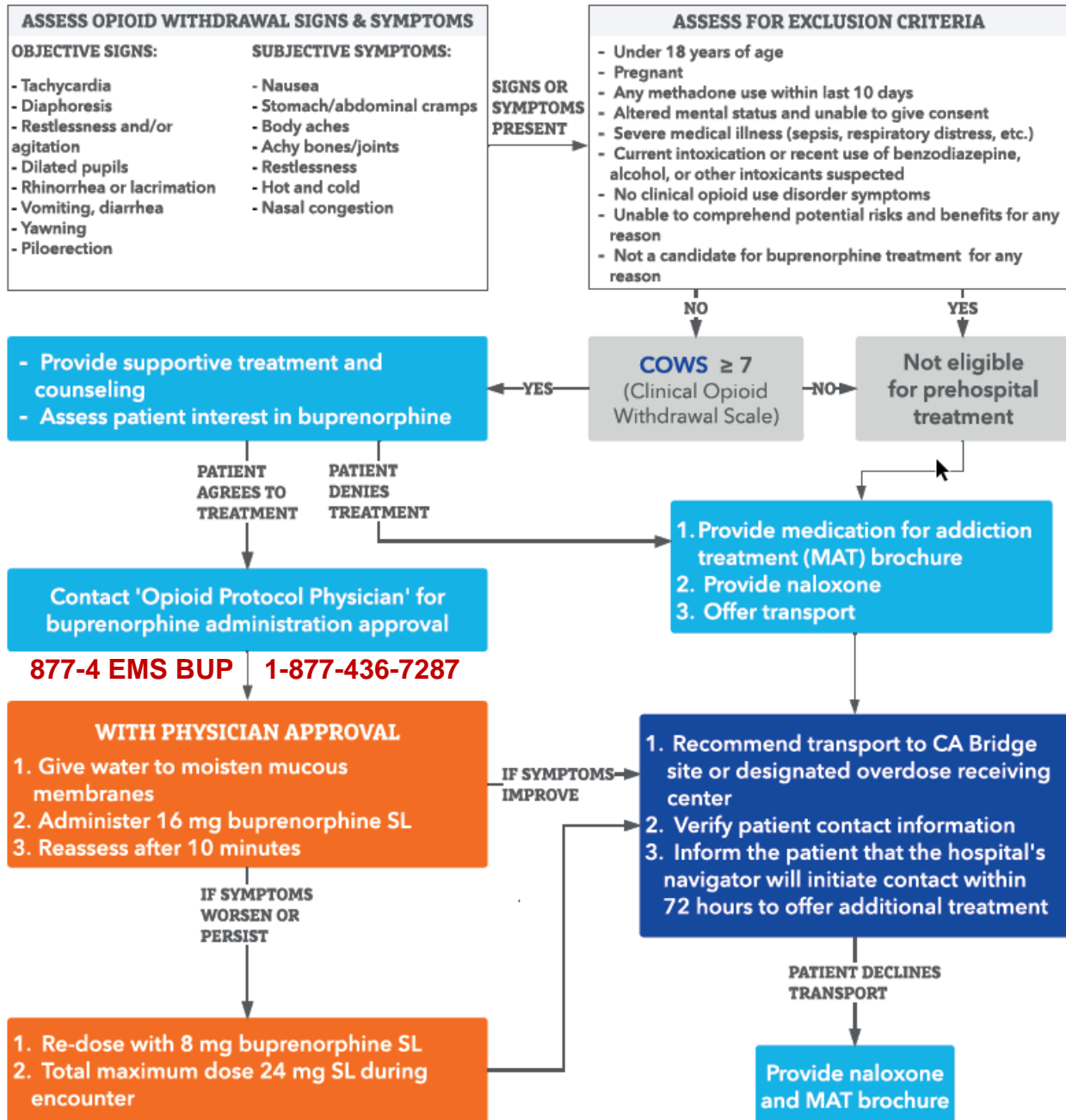
### III. ADMINISTRATION

- A. See the **EMS Buprenorphine (Opioid Withdrawal) Flowchart** (below).
- B. Both doses/strips of buprenorphine may be given concurrently (i.e., the administration of 16mg may be given at the same time).

### IV. TRANSPORT

All 7 Tri-County based Hospitals are CA Bridge Sites and appropriate destinations for transport: Community Hospital of Monterey Peninsula; Watsonville Community Hospital; Dominican Hospital; Mee Memorial; Natividad Medical Center; Salinas Valley Health; and Hazel Hawkins Hospital.

# EMS Buprenorphine (Opioid Withdrawal) Flowchart



Recontacting the 'Opioid Protocol Physician' for subsequent dosing is not required.

**COWS QR Code**

Using your phone scan the QR Code.

Or go to:  
<https://tinyurl.com/yc7v95jn>

- All 7 Tri-County Based Hospitals are CA Bridge Sites and Appropriate Destinations for Transport**
- Community Hospital of Monterey Peninsula;
  - Watsonville Community Hospital;
  - Dominican Hospital;
  - Mee Memorial;
  - Natividad Medical Center;
  - Salinas Valley Health; and
  - Hazel Hawkins Hospital.

## Clinical Opioid Withdrawal Scale (COWS) – Score for Opiate Withdrawal

If the COWS QR Code (above) or [website](#) is unavailable, please use the COWS form below.

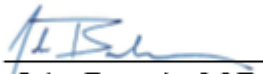
PATIENT NAME:	DATE OF ASSESSMENT:
PATIENT DATE OF BIRTH:	MEDICAL RECORD NUMBER:

## Clinical Opioid Withdrawal Score (COWS)

COWS is not required prior to starting buprenorphine, but it can help ensure the patient is ready for the first dose. For each item, write in the number that best describes the patient’s signs or symptoms. Rate only the apparent relationship to opiate withdrawal. *For example: If heart rate is increased because the patient was jogging just prior to assessment, the increased pulse rate would not add to the score.*

Enter scores at time zero, 30 minutes after first dose, 2 hours after first dose, etc.	Time:	Time:	Time:	Time:
<b>Resting Pulse Rate: Record beats per minute after patient is sitting or lying down for one minute</b> <ul style="list-style-type: none"> <li>• 0 - pulse rate 80 or below</li> <li>• 1 - pulse rate 81–100</li> <li>• 2 - pulse rate 101–120</li> <li>• 4 - pulse rate greater than 120</li> </ul>				
<b>Sweating: Over past ½ hour not accounted for by room temperature or activity</b> <ul style="list-style-type: none"> <li>• 0 - no chills or flushing</li> <li>• 1 - subjective chills or flushing</li> <li>• 2 - flushed or observable moistness on face</li> <li>• 3 - beads of sweat on brow or face</li> <li>• 4 - sweat streaming off face</li> </ul>				
<b>Restlessness: Observation during assessment</b> <ul style="list-style-type: none"> <li>• 0 - able to sit still</li> <li>• 1 - reports difficulty sitting still, but is able to do so</li> <li>• 3 - frequent shifting or extraneous movement of legs/arms</li> <li>• 5 - unable to sit still for more than a few seconds</li> </ul>				
<b>Pupil size</b> <ul style="list-style-type: none"> <li>• 0 - pupils pinned or normal size for light</li> <li>• 1 - pupils possibly larger than normal for light</li> <li>• 2 - pupils moderately dilated</li> <li>• 5 - pupils dilated that only rim of the iris is visible</li> </ul>				
<b>Bone or joint aches: If patient was having pain previously, only the additional component attributed to opiate withdrawal is scored</b> <ul style="list-style-type: none"> <li>• 0 - not present</li> <li>• 1 - mild/diffuse discomfort</li> <li>• 2 - patient reports severe diffuse aching of joints/muscles</li> <li>• 4 - patient is rubbing joints or muscles and is unable to sit still because of discomfort</li> </ul>				
<b>Runny nose or tearing: Not accounted for by cold symptoms or allergy</b> <ul style="list-style-type: none"> <li>• 0 - none present</li> <li>• 1 - nasal stuffiness or unusually moist eyes</li> <li>• 2 - nose running or tearing</li> <li>• 4 - nose constantly running or tears streaming down cheeks</li> </ul>				
<b>GI upset: Over last ½ hour</b> <ul style="list-style-type: none"> <li>• 0 - no GI symptoms</li> <li>• 1 - stomach cramps</li> <li>• 2 - nausea or loose stool</li> <li>• 3 - vomiting or diarrhea</li> <li>• 5 - multiple episodes of diarrhea or vomiting</li> </ul>				
<b>Tremor: Observation of outstretched hands</b> <ul style="list-style-type: none"> <li>• 0 - no tremor</li> <li>• 1 - tremor can be felt, but not observed</li> <li>• 2 - slight tremor observable</li> <li>• 4 - gross tremor or muscle twitching</li> </ul>				
<b>Yawning: Observation during assessment</b> <ul style="list-style-type: none"> <li>• 0 - no yawning</li> <li>• 1 - yawning once or twice during assessment</li> <li>• 2 - yawning three or more times during assessment</li> <li>• 4 - yawning several times/minute</li> </ul>				
<b>Anxiety or irritability</b> <ul style="list-style-type: none"> <li>• 0 - none</li> <li>• 1 - patient reports increasing irritability or anxiousness</li> <li>• 2 - patient obviously irritable or anxious</li> <li>• 4 - patient so irritable or anxious that participation in the assessment is difficult</li> </ul>				
<b>Gooseflesh skin</b> <ul style="list-style-type: none"> <li>• 0 - skin is smooth</li> <li>• 3 - piloerection of skin can be felt or hairs standing up on arms</li> <li>• 5 - prominent piloerection</li> </ul>				
<b>start buprenorphine in the ED is COWS ≥ 8</b>	TOTAL			
	OBSERVER INITIALS			

**END OF POLICY**

  
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