

County of Monterey EMS System Policy



Policy Number: 4520
Effective Date: 11/1/2024
Review Date: 6/30/2027

OPIOID WITHDRAWAL TREATMENT (BUPRENORPHINE)

I. PURPOSE

To provide guidance for treating patients who are (a) exhibiting signs or symptoms of opioid withdrawal and/or (b) who have been 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.

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.

This optional scope of practice item is currently limited 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

A. Patients with any of the following **exclusion criteria** should not receive buprenorphine:

- No opioid withdrawal signs or symptoms
- Under 16 years of age
- Any methadone use within the last 10 days
- Severe medical illness (sepsis, respiratory distress, etc.)
- Altered mental status and unable to give consent or comprehend potential risks and benefits of receiving buprenorphine
- Clinical Opioid Withdrawal Scale score (COWS score) < 8


III. ADMINISTRATION

- A. See the **EMS Buprenorphine (Opioid Withdrawal) Flowchart** (below).
- B. Consider Base Contact for complex cases or additional support.
- C. Offer patient buprenorphine and counseling on treatment options.
- D. If patient consents to treatment, administer buprenorphine 16 mg sublingual. (Both 8 mg strips can be given at the same time.)
- E. Reassess after 10 minutes.
- F. If symptoms worsen or persist, administer buprenorphine 8 mg sublingual. (Do not exceed a total maximum dose of 24 mg sublingual.)

IV. TRANSPORT

- A. Recommend transport to a local California Bridge hospital. All seven Tri-County 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.
- B. If patient declines transport, obtain contact information if possible and inform them that a Substance Use Navigator may contact them to provide further support.

END OF POLICY

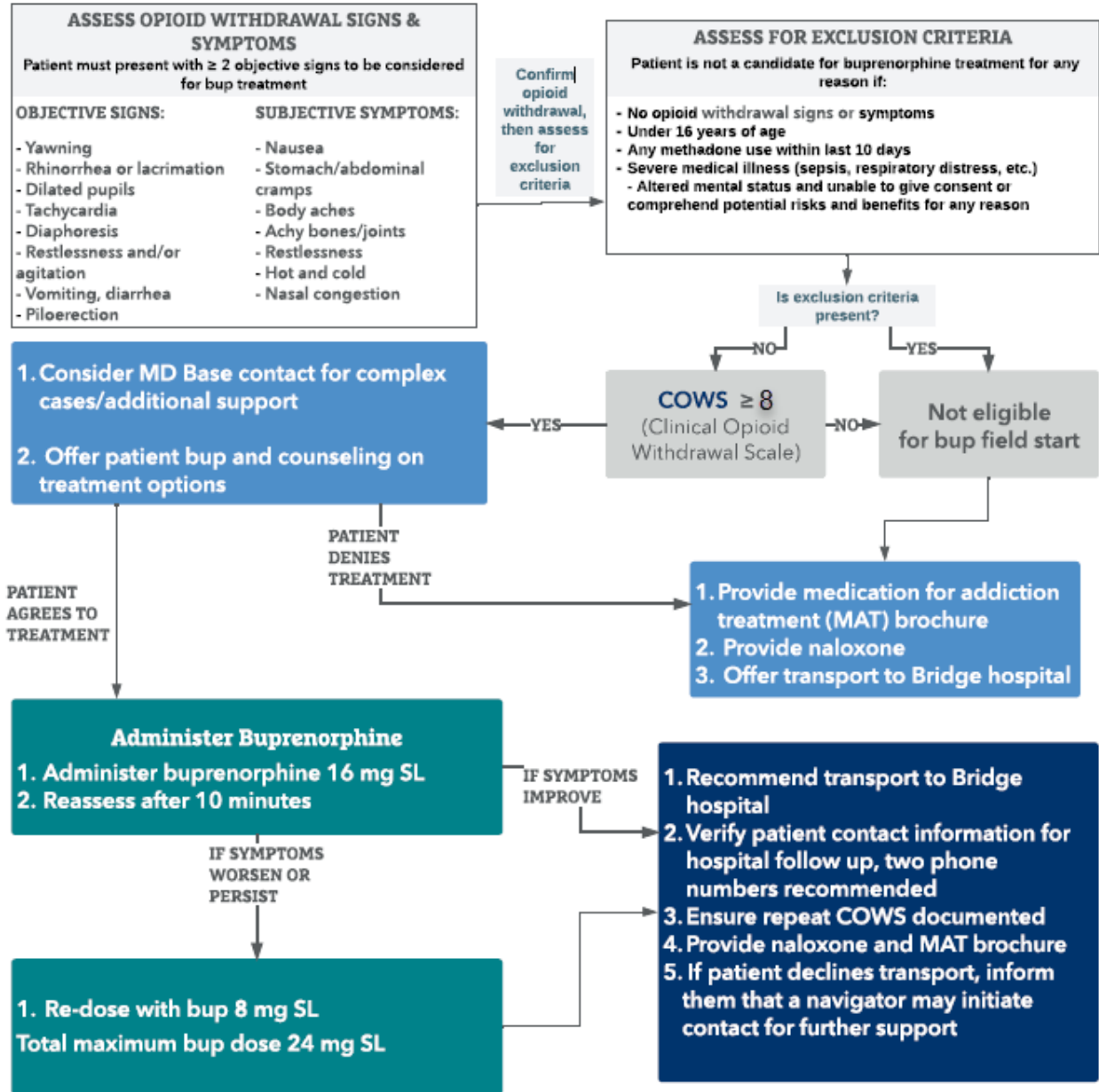


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EMS Buprenorphine (Opioid Withdrawal) Flowchart



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.

Materials provided with permission from the California Department of Health Care Services, Public Health Institute, CA Bridge Program. More resources available www.CABridge.org

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