



Oregon Health & Science University
Hospitals and Clinics Provider's Orders

PO1500



**GEN: BUPRENORPHINE-NALOXONE:
MICRO-INDUCTION**

Page 1 of 2

ACCOUNT NO.
MED. REC. NO.
NAME
BIRTHDATE

Patient Identification

ALL ORDERS MUST BE MARKED IN INK WITH A CHECKMARK (✓) TO BE ACTIVE.

Allergies: _____ Weight: _____ kg

Diagnosis: _____

Service: _____ Attending: _____

Daily orders for micro-induction

Use of Medication Assisted Treatment for Opioid Use Disorder Policy: <https://ohsu.ellucid.com/documents/view/6784>

Order Considerations

- Initiation should be used in conjunction with ongoing full agonist opioid medications.
- Initiation should be in consultation with DEA DATA2000 waived providers.
- Do not use benzodiazepines to help with symptoms.

Daily Orders for Micro Induction

- Transition from **SHORT ACTING** full opioid agonist or less than or equal to 40 mg of methadone daily
 - Day 1: buprenorphine (BUTRANS) 20 mcg/hour patch 1 patch, transdermal, EVERY 7 DAYS for 1 dose
 - Day 2: buprenorphine-naloxone (SUBOXONE) 1 mg, sublingual, TWICE DAILY for 2 doses
 - Day 3: buprenorphine-naloxone (SUBOXONE) 2 mg, sublingual, TWICE DAILY for 2 doses
 - Day 4: buprenorphine-naloxone (SUBOXONE) 4 mg, sublingual, TWICE DAILY for 2 doses
 - Day 5: buprenorphine-naloxone (SUBOXONE) 6 mg, sublingual, TWICE DAILY for 2 doses
 - Day 6: buprenorphine-naloxone (SUBOXONE) 8 mg, sublingual, TWICE DAILY until discontinued

- Transition from **LONG ACTING** full opioid agonist up to 80 mg of methadone daily (higher doses of methadone require customized orders)
 - Days 1 & 2: buprenorphine (BUTRANS) 20 mcg/hour patch 1 patch, transdermal, EVERY 7 DAYS for 1 dose
 - Day 3: buprenorphine-naloxone (SUBOXONE) 1 mg, sublingual, DAILY for 1 dose
 - Day 4: buprenorphine-naloxone (SUBOXONE) 1 mg, sublingual, TWICE DAILY for 2 doses
 - Day 5: buprenorphine-naloxone (SUBOXONE) 2 mg, sublingual, TWICE DAILY for 2 doses
 - Day 6: buprenorphine-naloxone (SUBOXONE) 3 mg, sublingual, TWICE DAILY for 2 doses
 - Day 7: buprenorphine-naloxone (SUBOXONE) 4 mg, sublingual, TWICE DAILY for 2 doses
 - Day 8: buprenorphine-naloxone (SUBOXONE) 5 mg, sublingual, TWICE DAILY for 2 doses
 - Day 9: buprenorphine-naloxone (SUBOXONE) 6 mg, sublingual, TWICE DAILY for 2 doses
 - Day 10: buprenorphine-naloxone (SUBOXONE) 8 mg, sublingual, TWICE DAILY until discontinued

Signature: _____ Date: _____ Time: _____

Print Name: _____ Pager: _____



**GEN: BUPRENORPHINE-NALOXONE:
MICRO-INDUCTION**

ACCOUNT NO.
MED. REC. NO.
NAME
BIRTHDATE

ALL ORDERS MUST BE MARKED IN INK WITH A CHECKMARK (✓) TO BE ACTIVE.

- Transition from **SHORT ACTING** full opioid agonist and **CHRONIC PAIN** indication
 - Day 1: buprenorphine (BUTRANS) 20 mcg/hour patch 1 patch, transdermal, EVERY 7 DAYS for 1 dose
 - Day 2: buprenorphine-naloxone (SUBOXONE) 1 mg, sublingual, TWICE DAILY for 2 doses
 - Day 3: buprenorphine-naloxone (SUBOXONE) 1 mg, sublingual, THREE TIMES DAILY for 3 doses
 - Day 4: buprenorphine-naloxone (SUBOXONE) 2 mg, sublingual, THREE TIMES DAILY for 3 doses
 - Day 5: buprenorphine-naloxone (SUBOXONE) 4 mg, sublingual, THREE TIMES DAILY until discontinued

SUPPORTIVE CARE MEDICATIONS

Supportive Care Medications

- cloNIDine HCl (CATAPRES) tablet 0.1-0.2 mg, oral, THREE TIMES DAILY AS NEEDED for sweating/agitation. Hold for sedation/dizziness
Notify provider prior to administration for SBP less than 90 mmHg
Notify provider prior to administration for HR less than _____ bpm
DO NOT abruptly discontinue
- tiZANidine (ZANAFLEX) tablet 2-4 mg, oral, EVERY 6 HOURS AS NEEDED for muscle spasms
Maximum of 3 doses in 24 hours. DO NOT exceed 36 mg per day.
- hydrOXYzine (ATARAX) tablet 25-50 mg, oral, EVERY 4 HOURS AS NEEDED for anxiety
- ondansetron ODT (ZOFTRAN ODT) tablet 4 mg, oral, EVERY 8 HOURS AS NEEDED for nausea/vomiting, first line
- hyoscyamine (LEVSIN) tablet 0.125 mg, oral, EVERY 6 HOURS AS NEEDED for abdominal cramping. Maximum adult dose of 1.5 mg in 24 hours.
- loperamide (IMODIUM) capsule 2 mg, oral, FOUR TIMES DAILY AS NEEDED for diarrhea
Maximum of 16 mg (8 capsules) per day for adults.
- NSAIDS (*Single Response*)
 - ibuprofen (MOTRIN) tablet 400-600 mg, oral, EVERY 4 HOURS AS NEEDED for mild pain, moderate pain
DO NOT exceed 3000 mg per 24 hours
 - ketorolac (TORADOL) injection 15 mg, intravenous, EVERY 6 HOURS AS NEEDED for 5 Days for mild pain, moderate pain

Insomnia

- melatonin tablet 3 mg, Oral, AT BEDTIME AS NEEDED for insomnia

Signature: _____ Date: _____ Time: _____

Print Name: _____ Pager: _____