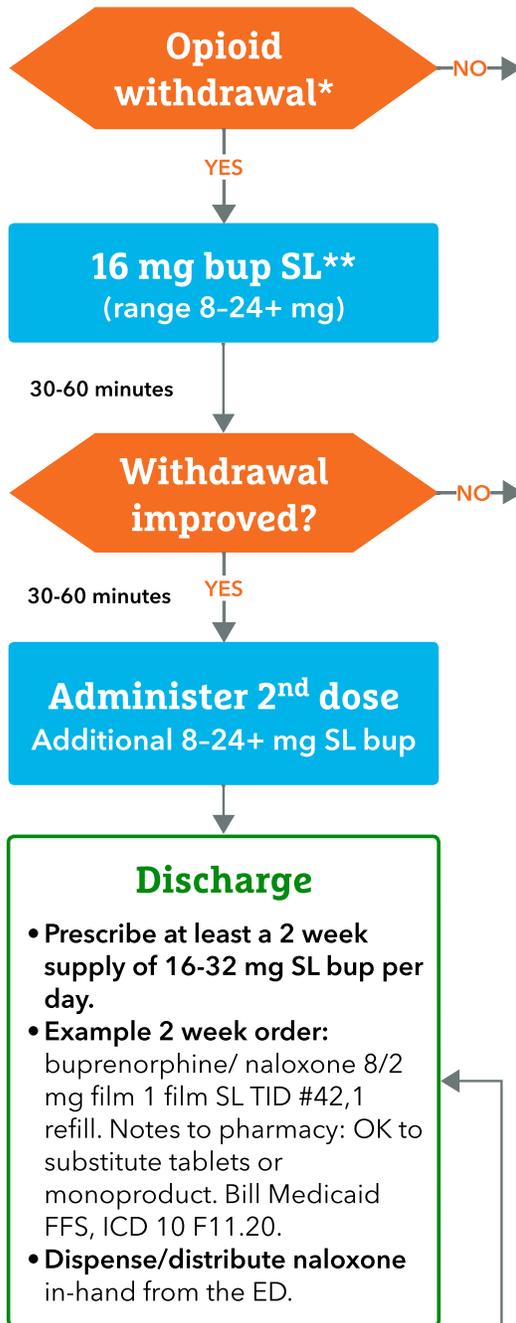


Connect with your patient: Accurate diagnosis and treatment requires trust, collaboration, and shared decision making.



Rx self-directed start:

- Wait for severe withdrawal then start with 8-24+ mg SL.
- Rx per "Discharge" box below.

If no improvement or worse, consider:

Worsening withdrawal (common): Occurs with lower starting doses and heavy tolerance; improves with more bup (additional 8-16 mg SL).

Other substance intoxication or withdrawal: Continue bup and manage additional syndromes.

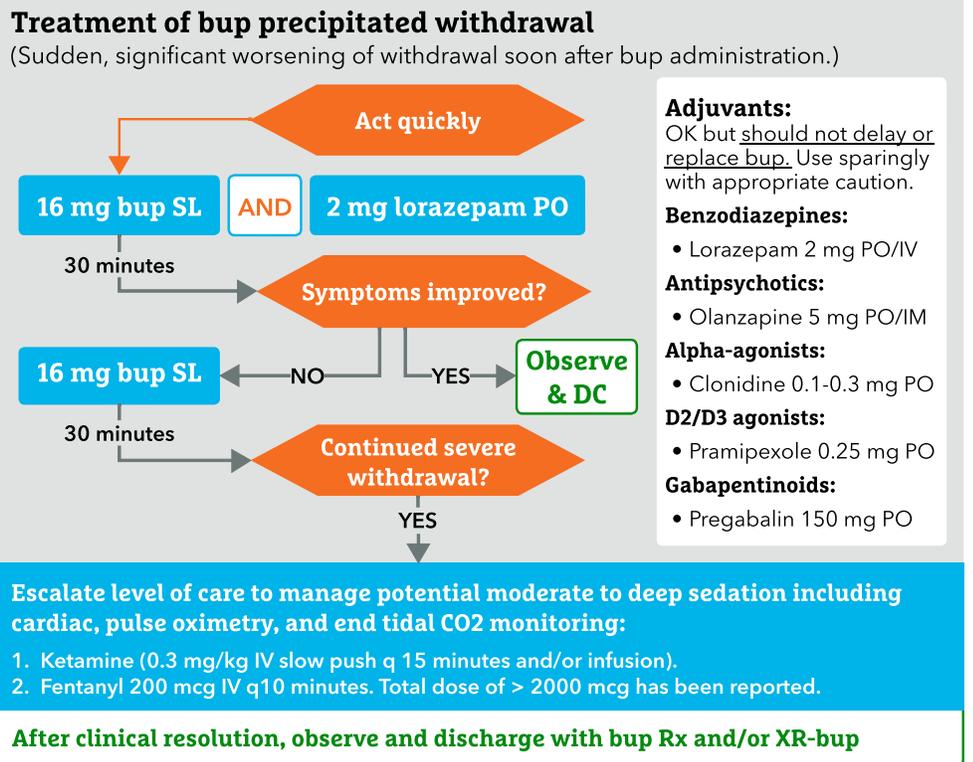
Bup side-effects: e.g., nausea or headache. Continue bup and treat side-effects with supportive medications.

Medical illness: Continue bup and manage underlying condition.

If sudden & significant worsening, consider precipitated withdrawal (rare): See box below.

- *Diagnosis Tips for Opioid Withdrawal:**
1. Look for at least two clear objective signs not attributable to something else: large pupils, yawning, runny nose & tearing, sweating, vomiting, diarrhea, gooseflesh/piloerection, tachycardia.
 2. Confirm with the patient that they feel 'bad' withdrawal and they feel ready to start bup. If they feel their withdrawal is mild, it is likely too soon.
 3. As needed, consider using the COWS (clinical opioid withdrawal scale). Start if COWS ≥ 8 with ≥ 2 objective signs.
 4. Withdrawal sufficient to start bup typically occurs 24-36 hrs after decreased/stopped use, but can vary from 6-72 hrs. Methadone withdrawal commonly takes longer.

- **Bup Dosing Tips:**
1. Respect patient preference. Shared decision making, flexibility, and collaboration are essential.
 2. Heavy dependence/tolerance (e.g., fentanyl) may need higher doses of bup.
 3. Low dependence/tolerance may do well with lower doses of bup.
 4. Starting bup may be delayed or modified if there complicating factors:
 - Altered mental status, delirium, intoxication
 - Severe acute pain, trauma, or planned surgery
 - Severe medical illness
 - Long-term methadone maintenance



Bup Rx Notes

- The X-waiver program has ended. Only a DEA license is needed to prescribe (schedule III).
- Either bup or bup/nx SL films or tab are OK.
- Bup monoproduct or bup/nx OK in pregnancy.

For pregnancy: [Bup in Pregnancy](#)
For post-overdose: [Bup Opioid Overdose](#)

For minors: [Caring for Youth](#)
For self-directed starts: [Bup Self-Start](#)

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