

Addiction Medicine Consults

- Southern Oregon Addiction Consult Service via Symplr/Halo (Monday thru Friday 8 AM - 5 PM)
- OHSU Addiction Medicine Specialist - OHSU consult line ask for Addiction Medicine (503) 494-4567 (Monday thru Friday 8 AM - 5 PM)
- National Clinician Consultation Center Substance Use Warmline (855) 300-3595 (M-F 6am-5pm PT Voicemail 24 hours a day, 7 days a week)

Consider using Neuro/Addiction Summary report, under pt chart Summary tab, to monitor dosing and COWS scores.

- Asante Hospital-Based Opioid Treatment (HBOT) Policy (Asante)
- Guidelines for Caring for Inpatients With Opioid Withdrawal (Asante)
- Asante Community Resource Directory: Opioid Use Disorder (OUD) Patient Discharge from Hospital to Clinic

Choose One

Oasis Patient or new OUD patient?

Oasis Patient FYI flag present. Is patient still being seen by Oasis?

- Oasis Patient (Sends automated Halo 8am - 9pm)
- NOT an Oasis Patient

General

Nursing

- Nursing to Assess Opioid Withdrawal
Routine, Every 4 hours - Timed, First occurrence today at 1636
Opioid withdrawal assessment every 4 hours and as needed, Withdrawal symptoms include sweating, anxiety or irritability, cravings for opioids, nausea/vomiting, lack of appetite, tremors, watery eyes, runny nose & sneezing, yawning and disturbed sleep, bone or joint aches.
- Provide non-pharmacologic comfort interventions every shift
Routine, Until discontinued, Starting today at 1636, Until Specified
- OB Nursing Links for Opioid Use Disorder
Routine, Until discontinued, Starting today at 1636, Until Specified
- Patient education (specify)
Routine, Once, today at 1636, For 1 occurrence
Provide patient education related to opioid dependence and withdrawal, opioid use disorder, and harm reduction strategies
- Fetal Monitoring TID x 1 hr if fetus is viable
Routine, Until discontinued, Fetal Monitoring TID x 1 hr if fetus is viable
- Fetal Monitoring: Every Shift
Until discontinued, Doppler FHTs once a shift if fetus is well grown (no IUGR)
- Respiratory Rate and Oximetry Monitoring

▼ Consults

Pharmacy Consult - Process naloxone for home use outpatient prescription
Routine, Until discontinued, Starting today at 1636, Until Specified, Patient being treated for opioid use disorder. Process naloxone for home use outpatient prescription in Willow Ambulatory and report cost to nurse via nursing communication order: NUR33654
Pharmacy Consult: Other:
Pharmacy Consult Request Other: Process outpatient naloxone prescription
Opioid Use Disorder medication treatment ordered please process naloxone discharge prescription and offer it to the patient: Yes

Substance Use Navigator (RRMC/AACH)

Social Work Consult

▼ Opioid Use Disorder and Withdrawal Order Set Used

OB OUD Order Set Used
Routine, Once, today at 1636, For 1 occurrence

▼ Labs

▼ Opioid Withdrawal Labs

CBC without Differential -Routine
Once (Asante), First occurrence today at 2200, Last occurrence today at 2200, For 1 occurrence
Phleb Draw Schedule: 0500-0600, 1100, 1600, 2200. For ICU, CCU, IMCU, first draw is at 0400, Blood

Comprehensive Metabolic Panel

Hepatic Function Panel -Routine
Once (Asante), First occurrence today at 2200, Last occurrence today at 2200, For 1 occurrence
Phleb Draw Schedule: 0500-0600, 1100, 1600, 2200. For ICU, CCU, IMCU, first draw is at 0400, Blood

Hepatitis panel,acute

Preeclampsia Panel

Urine Drug Screen with Confirmation Panel

Urine Drug Screen w/ Confirmation -Next Routine Urine Urine, Void: non-clean catch
Once, today at 1636, For 1 occurrence, Urine, Void: non-clean catch

Buprenorphine with Confirmation -Next Routine Urine Urine, Void: non-clean catch
Once, today at 1636, For 1 occurrence, Urine, Void: non-clean catch

Syphilis Screening

 Does the patient have a past history of syphilis?

- Yes
- No/Unknown

HIV 1/2 Antibody & Antigen

▼ Imaging

▼ Imaging - Ultrasound MFM growth

Ultrasound MFM growth
Routine, 1 time imaging

▼ Medications

▼ Symptom Treatment of Opioid Withdrawal

Supportive Meds

Anxiety PRN Treatments

- cloNIDine HCL (CATAPRES) tablet 0.1-0.2 mg
0.1-0.2 mg, Oral, 3 times daily PRN, other, For sweating/agitation/anxiety, Starting today at 1635
For anxiety: First Line Option
Hold for sedation/dizziness or SBP less than 90 mmHg

Muscle Spasms PRN Treatments

- tiZANidine (ZANAFLEX) tablet 4 mg
4 mg, Oral, Every 8 hours PRN, muscle spasms, Starting today at 1635

Restless Legs PRN Treatments

- pregabalin (LYRICA) capsule 150 mg
150 mg, Oral, Every 8 hours PRN, other, Restless Legs PRN Treatments, Starting today at 1635

Nausea and Vomiting PRN Treatments

- ondansetron (ZOFRAN) injection 4 mg
4 mg, Intravenous, Every 6 hours PRN, vomiting, nausea, Starting today at 1635
First line option for nausea and vomiting.
- promethazine (PHENERGAN) tablet 25 mg
25 mg, Oral, Every 6 hours PRN, vomiting, nausea, Starting today at 1635
Second line option: Should be used second line after patient still experiences nausea or vomiting after treatment with ondansetron. If ondansetron is not ordered, promethazine becomes first line option.

Muscle Aches, Joint Pain, Headache

Abdominal Cramping / Diarrhea



Muscle Aches, Joint Pain, Headache

- acetaminophen (TYLENOL) tablet
650-1,000 mg, Oral, Every 4 hours PRN, headaches, For mild: muscle aches, joint pain, or headache

Abdominal Cramping / Diarrhea

- For abdominal cramping - dicyclomine (BENTYL) capsule
10-20 mg, Oral, Every 6 hours PRN, other, For Abdominal cramping, Maximum 160 mg daily
- For diarrhea - loperamide

Asante OB - Opioid Use Disorder and Withdrawal

1 Medications for Opioid Use Disorder (MOUD) Induction

Consider methadone alternative for patients with a history of prolonged QTc interval or for initial EKG results with a QTc > 500 ms. Closely monitor if QTc is 450 - 500 ms.

- Antepartum - methadone induction - split dosing 1
- Postpartum/Laboring - methadone induction options 2
- Postpartum/Laboring - buprenorphine (SUBUTEX) rapid low dose induction - 4 Days 3
- Not ordering induction via this order set.

Nicotine Patch - Daily

- nicotine (NICODERM CQ) 7 mg/24 hr patch - Daily Starting NOW
1 patch, Transdermal, Daily, Starting 8/12/25
- nicotine (NICODERM CQ) 14 mg/24 hr patch - Daily Starting NOW
1 patch, Transdermal, Daily, Starting 8/12/25
- nicotine (NICODERM CQ) 21 mg/24 hr patch 1 patch
1 patch, Transdermal, Administer over 24 Hours, Daily, Include Now (Review SCHEDULED TIMES Below)

Antepartum - methadone induction - split dosing

1

✓ Methadone (DOLOPHINE) Induction - scheduled orders

methadone (DOLOPHINE) tablet 40 mg

40 mg, Oral, Once, today at 1715, For 1 dose

++ Hold administration for initial EKG results. ++ If QTc is 450-500 ms, hold methadone and notify provider. Consider alternative medication if QTc is greater than 500.

Hold for sedation, POSS 3 or greater.

Day 1: Opioid Use Disorder (MOUD) Induction.

If adequate for patient, maintain current scheduled dose for Opioid Use Disorder (MOUD) induction. Do NOT escalate doses and notify provider to adjust future scheduled methadone orders to current dose.

Onset/Peak/Duration: variable

Followed By

methadone (DOLOPHINE) tablet 20-30 mg

20-30 mg, Oral, Every 12 hours, First dose tomorrow at 1645, For 2 doses

Day 2: Opioid Use Disorder (MOUD) Induction - Dose based on total dose of methadone administered on Day 1: Day 1 total dose 40 mg give 20 mg BID, Day 1 total dose 60 mg (40 mg QD + 2 x 10 mg PRN doses) give 30 mg BID.

Hold for sedation, POSS 3 or greater.

If adequate for patient, maintain current scheduled dose for Opioid Use Disorder (MOUD) induction. Do NOT escalate doses and notify provider to adjust future scheduled methadone orders to current dose.

Onset/Peak/Duration: variable

Followed By

methadone (DOLOPHINE) tablet 20-40 mg

20-40 mg, Oral, Every 12 hours, First dose on Thu 8/14 at 1645

Day 3: Opioid Use Disorder (MOUD) Induction. Dose based on total dose of methadone administered on Day 2: Day 2 total dose 60 mg (30 mg BID) give 30 mg BID, Day 2 total dose 80 mg (30 mg BID + 2 x 10 mg PRN doses) give 40 mg BID.

Hold for sedation, POSS 3 or greater.

++ Notify provider that order should be placed for subsequent daily methadone dosing starting tomorrow, Day 4: Opioid Use Disorder (MOUD) Induction. Note typical methadone maintenance dose 80 - 100 mg ++

Onset/Peak/Duration: variable

✓ methadone (DOLOPHINE) tablet 10 mg

10 mg, Oral, Every 3 hours PRN, withdrawal, Starting today at 1944, For 3 days

Max PRN dose of methadone in 24 hours is 20 mg (2 doses).

Hold for sedation, POSS 3 or greater. Do not give within 3 hours of scheduled methadone dose.

Withdrawal symptoms include sweating, anxiety or irritability, cravings for opioids, nausea/vomiting, lack of appetite, tremors, watery eyes, runny nose & sneezing, yawning and disturbed sleep, bone or joint aches.

Onset/Peak/Duration: variable

✓ HYDRomorphone (DILAUDID) tablet 2-4 mg

2-4 mg, Oral, Every 3 hours PRN, other, Withdrawal or Pain, Starting today at 1644, For 3 days

Hold for sedation, POSS 3 or greater.

First line option for moderate, severe pain. Second line to acetaminophen and/or ibuprofen for mild pain if ordered.

++ Withdrawal treatment only: HYDRomorphone tablet to be administered one hour after PRN methadone has been administered and patient is still in withdrawal. ++

Withdrawal symptoms include sweating, anxiety or irritability, cravings for opioids, nausea/vomiting, lack of appetite, tremors, watery eyes, runny nose & sneezing, yawning and disturbed sleep, bone or joint aches.

Onset: 15-30 minutes; Peak: 30-60 minutes; Duration: 3-4 hours

✓ Day 4 and Beyond: Contact attending provider in the morning of Day 4 for subsequent daily dosing titration for methadone maintenance order

Routine, Daily, First occurrence on Sat 8/16 at 0900, Until Specified

Typical methadone maintenance dose 80 - 100 mg.

✓ EKG - 12-Lead - For Methadone Induction

Routine, Once, today at 1645, For 1 occurrence

Reason for EKG Request: Other (Define)

Specify Other: For Methadone Induction

Notify the provider once EKG is complete. If QTc >450 notify provider prior to giving methadone dose. Closely monitor if QTc is 450 - 500. Consider alternative medication if QTc is greater than 500.

✓ Nursing Communication: Consider repeating EKG depending on Methadone Clinic follow-up intake process. Contact provider for order.

Routine, Until discontinued, Starting today at 1645, Until Specified

Consider repeating EKG depending on Methadone Clinic follow-up intake process. Contact provider for order.

Asante OB - Opioid Use Disorder and Withdrawal

2 Postpartum/Laboring - methadone induction options

Methadone Rapid Induction:

Use caution in settings without experience implementing methadone

Inclusion: Routine, frequent Fentanyl Use

Exclusion: End organ failure (ESRD, cirrhosis), Ventricular arrhythmias, Qtc>500, concurrent benzos or alcohol, meds that affect methadone

Rule of Thumb for **Day 1 Dosing Methadone** based on Tolerance:

Low (prescription opioids): Dose 5-15mg

High (IV heroin): Dose 30mg + 10mg PRN withdrawal 1-2 x

Very High (Fentanyl): Dose variable but can be up to 50-60mg

Peak affect: Variable but 3-4 hours. Steady state 4-7 days

- Methadone Rapid Induction **A**
- Methadone Induction **B**



● Methadone Rapid Induction

- EKG - 12-Lead - For Methadone Induction
Routine, Once, today at 1702, For 1 occurrence
Reason for EKG Request: Other (Define)
Specify Other: For Methadone Induction
Notify the provider once EKG is complete. If QTc >450 notify provider prior to giving methadone dose. Closely monitor if QTc is 450 - 500. Consider alternative medication if QTc is greater than 500.
- methadone (DOLOPHINE) tablet 40 mg
40 mg, Oral, Once, today at 1715, For 1 dose
Day 1
++Hold administration for initial EKG results.++ If QTc is 450-500 ms, hold methadone and notify provider. Consider alternative medication if QTc is greater than 500.
Hold for sedation, POSS 3 or greater.

Max total daily dose of methadone Day 1: 60 mg
Onset/Peak/Duration: variable
- methadone (DOLOPHINE) tablet 10 mg
10 mg, Oral, Every 3 hours PRN, withdrawal, Starting today at 2001, For 5 days
Hold for sedation, POSS 3 or greater. Do not give within 3 hours of scheduled methadone dose. Max PRN dose of methadone in 24 hours is 20 mg (2 doses).
Withdrawal symptoms include sweating, anxiety or irritability, cravings for opioids, nausea/vomiting, lack of appetite, tremors, watery eyes, runny nose & sneezing, yawning and disturbed sleep, bone or joint aches.
Onset/Peak/Duration: variable
- HYDROmorphine (DILAUIDID) tablet 2-4 mg
2-4 mg, Oral, Every 3 hours PRN, other, Withdrawal or Pain, Starting today at 1701, For 3 days
Hold for sedation, POSS 3 or greater.
First line option for moderate, severe pain. Second line to acetaminophen and/or ibuprofen for mild pain if ordered.
++ Withdrawal treatment only: HYDROmorphine tablet to be administered one hour after PRN methadone has been administered and patient is still in withdrawal.++
Withdrawal symptoms include sweating, anxiety or irritability, cravings for opioids, nausea/vomiting, lack of appetite, tremors, watery eyes, runny nose & sneezing, yawning and disturbed sleep, bone or joint aches.

NOT TO BE PRESCRIBED AT DISCHARGE.
Onset: 15- 30 minutes; Peak: 30-60 minutes; Duration: 3-4 hours
- Day 2 of Methadone Treatment: On the morning of Day 2, RN to contact attending provider to determine Day 2 at 9 am dose based on total Day 1 dose.
Routine, Once, tomorrow at 0600, For 1 occurrence
- methadone (DOLOPHINE) tablet 40-50 mg
40-50 mg, Oral, Daily, First dose tomorrow at 0900, For 1 dose
Day 2
RN to contact attending provider to determine dose based on total Day 1 dose.
Hold for sedation, POSS 3 or greater.
Max total daily dose of methadone Day 2: 70 mg
Onset/Peak/Duration: variable
- Day 3 of Methadone Treatment: On the morning of Day 3, RN to contact attending provider to determine Day 3 at 9 am dose based on total Day 2 dose.
Routine, Once, On Thu 8/14 at 0600, For 1 occurrence
- methadone (DOLOPHINE) tablet 40-60 mg
40-60 mg, Oral, Daily, First dose on Thu 8/14 at 0900, For 1 dose
Day 3
RN to contact attending provider to determine dose based on total Day 2 dose.
Hold for sedation, POSS 3 or greater.
Max total daily dose of methadone Day 3: 80 mg
Onset/Peak/Duration: variable
- Day 4 of Methadone Treatment: On the morning of Day 4, RN to contact attending provider to determine Day 4 at 9 am dose based on total Day 4 dose.
Routine, Once, On Fri 8/15 at 0600, For 1 occurrence
- methadone (DOLOPHINE) tablet 40-70 mg
40-70 mg, Oral, Daily, First dose on Fri 8/15 at 0900
Day 4
RN to contact attending provider to determine dose based on total Day 3 dose.
Hold for sedation, POSS 3 or greater.
Max total daily dose of methadone Day 4: 100 mg
Onset/Peak/Duration: variable
- Day 5 and Beyond: Contact attending provider in the morning of Day 5 for subsequent daily dosing titration for methadone maintenance order
Routine, Daily, First occurrence on Sat 8/16 at 0900, Until Specified
Attending provider to consider increasing methadone dose 5-10 mg every 4-5 days until resolution of opioid withdrawal and/or cravings. (Typical maintenance dose: 80 - 120 mg/day)
- methadone (DOLOPHINE) tablet 40-80 mg
40-80 mg, Oral, Daily, First dose on Sat 8/16 at 0900
Day 5 and beyond: RN to contact attending provider to determine dose based on total methadone received the previous day.
Hold for sedation, POSS 3 or greater.
Onset/Peak/Duration: variable

B**● Methadone Induction**

- EKG - 12-Lead - For Methadone Induction**
Routine, Once, today at 1703, For 1 occurrence
Reason for EKG Request: Other (Define)
Specify Other: For Methadone Induction
Notify the provider once EKG is complete. If QTc >450 notify provider prior to giving methadone dose. Closely monitor if QTc is 450 - 500. Consider alternative medication if QTc is greater than 500.
- methadone (DOLOPHINE) tablet 30 mg**
30 mg, Oral, Once, today at 1715, For 1 dose
Day 1
++Hold administration for initial EKG results.++ If QTc is 450-500 ms, hold methadone and notify provider. Consider alternative medication if QTc is greater than 500.
Hold for sedation, POSS 3 or greater.
Max total daily dose of methadone Day 1: 40 mg
Onset/Peak/Duration: variable
- methadone (DOLOPHINE) tablet 10 mg**
10 mg, Oral, Daily as needed, withdrawal, Starting today at 2102, For 4 days
Hold for sedation, POSS 3 or greater. Do not give within 3 hours of scheduled methadone dose.
Withdrawal symptoms include sweating, anxiety or irritability, cravings for opioids, nausea/vomiting, lack of appetite, tremors, watery eyes, runny nose & sneezing, yawning and disturbed sleep, bone or joint aches.
Onset/Peak/Duration: variable
- HYDROMorphone (DILAUDID) tablet 2-4 mg**
2-4 mg, Oral, Every 3 hours PRN, other, Withdrawal or Pain, Starting today at 1702, For 3 days
Hold for sedation, POSS 3 or greater.
First line option for moderate, severe pain. Second line to acetaminophen and/or ibuprofen for mild pain if ordered.
Withdrawal symptoms include sweating, anxiety or irritability, cravings for opioids, nausea/vomiting, lack of appetite, tremors, watery eyes, runny nose & sneezing, yawning and disturbed sleep, bone or joint aches.
++ Withdrawal treatment only: HYDROMorphone tablet to be administered at least one hour after methadone has been administered and patient is still in withdrawal.++

NOT TO BE PRESCRIBED AT DISCHARGE
- Day 2 of Methadone Treatment: On the morning of Day 2, RN to contact attending provider to determine Day 2 at 9 am dose based on total Day 1 dose.**
Routine, Once, tomorrow at 0600, For 1 occurrence
- methadone (DOLOPHINE) tablet 30-40 mg**
30-40 mg, Oral, Daily, First dose tomorrow at 0900, For 1 dose
Day 2
RN to contact attending provider to determine dose based on total Day 1 dose.
Hold for sedation, POSS 3 or greater.
Max total daily dose of methadone Day 2: 50 mg
- Day 3 of Methadone Treatment: On the morning of Day 3, RN to contact attending provider to determine Day 3 at 9 am dose based on total Day 2 dose.**
Routine, Once, On Thu 8/14 at 0600, For 1 occurrence
- methadone (DOLOPHINE) tablet 30-50 mg**
30-50 mg, Oral, Daily, First dose on Thu 8/14 at 0900, For 1 dose
Day 3
RN to contact attending provider to determine dose based on total Day 2 dose.
Hold for sedation, POSS 3 or greater.
Max total daily dose of methadone Day 3: 60 mg
Onset/Peak/Duration: variable
- Day 4 of Methadone Treatment: On the morning of Day 4, RN to contact attending provider to determine Day 4 at 9 am dose based on total Day 4 dose.**
Routine, Once, On Fri 8/15 at 0600, For 1 occurrence
- methadone (DOLOPHINE) tablet 30-60 mg**
30-60 mg, Oral, Daily, First dose on Fri 8/15 at 0900, For 1 dose
Day 4
RN to contact attending provider to determine dose based on total Day 3 dose.
Hold for sedation, POSS 3 or greater.
Max total daily dose of methadone Day 4: 70 mg
Onset/Peak/Duration: variable
- Day 5 and Beyond: Contact attending provider in the morning of Day 5 for subsequent daily dosing titration for methadone maintenance order**
Routine, Daily, First occurrence on Sat 8/16 at 0900, Until Specified
Attending provider to consider increasing methadone dose 5-10 mg every 4-5 days until resolution of opioid withdrawal and/or cravings. (Typical maintenance dose: 80 - 120 mg/day)
- methadone (DOLOPHINE) tablet 30-100 mg**
30-100 mg, Oral, Daily, First dose on Sat 8/16 at 0900
Day 5 and beyond:
RN to contact attending provider to determine dose based on total methadone received the previous day.
Hold for sedation, POSS 3 or greater.
Onset/Peak/Duration: variable

3

Postpartum/Laboring - buprenorphine (SUBUTEX) rapid low dose induction - 4 Days

Rapid Low-Dose Induction - 4 Days

- Buprenorphine initiation in low doses do not treat withdrawal Sxs so concurrent opioid (i.e. hydromorphone, morphine, oxycodone) should be ordered. Buprenorphine should be titrated up to therapeutic doses (max 32 mg in 24 hours).

Buprenorphine - Rapid Low-Dose Induction - 4 Days - STARTING TODAY with BELBUCA x ONCE

buprenorphine rapid low-dose induction panel - STARTING TODAY

buprenorphine HCL (BELBUCA) buccal film 300 mcg

300 mcg, Buccal, Once, today at 1815, For 1 dose

Confirm that patient has received opioids before giving initial dose of buprenorphine HCL (BELBUCA) buccal film.

Patient should moisten inside of cheek with tongue or water. Apply the yellow side of film against the moistened cheek with a dry gloved finger immediately after removing it from packaging, avoiding open sores or lesions. Hold the film in place for 5 seconds to allow it to adhere. Patient should keep film in place until it dissolves completely (~30 minutes). Do not chew, swallow, touch, or move film after placement. Once film is completely dissolved, the patient should swish water around the teeth and gums and then swallow. Patient should wait at least 1 hour after administration to brush teeth. Do not cut or tear the film.

Followed By

buprenorphine (SUBUTEX) SL tablet 1 mg

1 mg, Sublingual, Three times daily while awake, First dose tomorrow at 0900, For 3 doses

Do not hold doses. Notify provider if doses are not given as 1 mg TID dosing day may need to be repeated.

Max 32 mg buprenorphine over 24 hours. Place tablet under tongue until fully dissolved (up to 10 minutes). Do not cut, chew, or swallow tablet. If 2 or more tablets are needed per dose, place all under tongue at once, or 2 at a time. Once completely dissolved, swish a sip of water around the teeth and gums and swallow. Wait at least 1 hour after administration to brush teeth.

Followed By

buprenorphine (SUBUTEX) SL tablet 1 mg

1 mg, Sublingual, Every 3 hours, First dose on Thu 8/14 at 0800, For 6 doses

Notify provider if doses are not given as 1 mg Q3H for 6 doses dosing day may need to be repeated.

Max 32 mg buprenorphine over 24 hours. Place tablet under tongue until fully dissolved (up to 10 minutes). Do not cut, chew, or swallow tablet. If 2 or more tablets are needed per dose, place all under tongue at once, or 2 at a time. Once completely dissolved, swish a sip of water around the teeth and gums and swallow. Wait at least 1 hour after administration to brush teeth.

Followed By

buprenorphine (SUBUTEX) SL tablet 8 mg

8 mg, Sublingual, 3 times daily, First dose on Fri 8/15 at 0900

If patient is experiencing withdrawal after 8 mg dose, notify provider that additional doses of buprenorphine (SUBUTEX) may be needed.

Withdrawal symptoms include sweating, anxiety or irritability, cravings for opioids, nausea/vomiting, lack of appetite, tremors, watery eyes, runny nose & sneezing, yawning and disturbed sleep, bone or joint aches.

Max 32 mg buprenorphine over 24 hours. Place tablet under tongue until fully dissolved (up to 10 minutes). Do not cut, chew, or swallow tablet. If 2 or more tablets are needed per dose, place all under tongue at once, or 2 at a time. Once completely dissolved, swish a sip of water around the teeth and gums and swallow. Wait at least 1 hour after administration to brush teeth.

Notify provider if buprenorphine (SUBUTEX) SL tablet doses are not given.

Routine, Until discontinued, Starting today at 1705, Until Specified

Notify provider if buprenorphine (SUBUTEX) SL tablet doses are not given. Dosing day may need to be repeated.

Opioid options for rapid low-dose induction - 3-day duration

Opioid for pain and/or withdrawal required with buprenorphine low-dose induction.

methadone (DOLOPHINE) PO 30 mg QD x 3 days WITH EKG

morphine ER (MS CONTIN) PO 45 mg Q8H SCH x 3 days

45 mg, Oral, Every 8 hours scheduled, Starting 8/12/25, for 9 doses, Hold for sedation, POSS 3 or greater. NOT TO BE PRESCRIBED AT DISCHARGE

oxyCODONE ER (OxyCONTIN) PO 40 mg Q8H x 3 days

40 mg, Oral, Every 8 hours scheduled, Starting 8/12/25, for 9 doses, Hold for sedation, POSS 3 or greater. NOT TO BE PRESCRIBED AT DISCHARGE

Opioid options will be ordered outside of this order set

I understand that opioids for pain and/or withdrawal are required with buprenorphine rapid low-dose induction but I would like different options than what are available within this order set.

HYDRomorphone (DILAUDID) tablet 2-4 mg

2-4 mg, Oral, Every 3 hours PRN, other, Withdrawal or Pain, Starting today at 1704, For 3 days

Hold for sedation, POSS 3 or greater.

First line option for moderate, severe pain. Second line to acetaminophen and/or ibuprofen for mild pain if ordered.

Withdrawal symptoms include sweating, anxiety or irritability, cravings for opioids, nausea/vomiting, lack of appetite, tremors, watery eyes, runny nose & sneezing, yawning and disturbed sleep, bone or joint aches.

Onset: 15- 30 minutes; Peak: 30-60 minutes; Duration: 3-4 hours