Office Hour Call
April 2nd, 2020

1. Please make sure you are dialed into the call using the call-in information provided through the Zoom link.
2. Open-discussion is encouraged on today’s call. Use the “raise your hand” feature to speak.
Today’s Moderator

Lindsay Gladysz, PharmD, BCPS
Clinical Pharmacist
Co-Chair of Pain Management and Opioid Stewardship Committee
Doylestown Hospital
A community hospital’s approach to implementing buprenorphine initiation for opioid withdrawal in the inpatient setting

Lindsay Gladysz, PharmD, BCPS
Co-chair of Pain Management and Opioid Stewardship Committee

HAP Opioid Learning Action Network (LAN) Office Hour

April 2, 2020
Conflicts of Interest

• The speakers have no conflicts of interest or financial relationships

• This program has not received commercial support
Objectives

• Describe stakeholders needed to develop opioid withdrawal order set
• Create an opioid withdrawal order set for inpatient use within a healthcare system
• Implement educational programing for providers, nurses, and pharmacists on opioid use disorder and buprenorphine pharmacotherapy
Doylestown Hospital

• Independent nonprofit hospital part of Doylestown Health
• 232 beds
• Located in Bucks County, north of Philadelphia
Participation in Overdose Prevention

The State Epidemiological Outcomes Workgroup (SEOW) released "Confronting an Epidemic: Opioid Overdose Prevention in Pennsylvania" in 2016, covering three levels of prevention.

1. **Primary Prevention**, which included medication drop boxes, was aimed at avoiding the development of addictive behavior
   - Added a drop box in the Emergency Department (ED) waiting area

2. **Secondary Prevention**, such as Opioid Replacement Therapy, was useful for early diagnosis and recurrence of use prevention
   - Buprenorphine prescribing and administration in the ED and inpatient

3. **Tertiary Prevention**, which was making Naloxone accessible to both first responders and caregivers, was for the purpose of treating the medical consequences of drug abuse.
   - Intranasal naloxone dispensing in the ED
Opioid Withdrawal Protocol Goals

- Provide a systematic, evidence-based withdrawal protocol for inpatients with a history of opioid use disorder
- Prevent adverse sequelae during the hospital stay
- Provide appropriate transition of care services at discharge for continued management in the outpatient setting
Opioid Withdrawal
Subcommittee Timeline

• Aug 2 2018 - first meeting to discuss need-Multidisciplinary committee met every 2-4 weeks to develop protocol

• March 2019– Hospitalist representation on the committee

• July 8 2019 - Nursing education roll out via HealthStream

• July 23 2019 - Order set approval

• July 25 & 30 2019 – Live education for hospitalists (2 sessions)

• Aug 2019 – Mandatory Competency Assigned to Pharmacist
Key Stakeholders

- Inpatient Psychiatry
- Hospitalist
- Pharmacy
- Nursing Education
- Nursing Informatics
- Medical Information System
- Case Management
Certified Recovery Specialists- Warm Hand-off Consult

- Certified Recovery Specialists (CRS) have a history of SUD and work with patients to meet them where they are in their recovery journey
- Goal is to assist patients with recovery treatment options, to be seen in office soon after discharge
- Can be initiated by nurse, physician or case-worker
Order Set Development

Clinical Guidelines for the Use of Buprenorphine in the Treatment of Opioid Addiction

A Treatment Improvement Protocol TIP 40
Pathway 1
Last opioid use <72 Hr
In active withdrawal – COWS >8

Day 1 –
Dose 1
Give buprenorphine 4 mg SL once when COWS >8
COWS assessment in 1 hour

Dose 2
If after at least 1 hour, COWS >8
Give buprenorphine 4 mg SL once, COWS assessment in 4 hours

Dose 3
If after at least 4 hours, COWS >8
Give buprenorphine 4 mg SL once, Max of 12 mg on Day 1

Day 2 –
Give cumulative dose from Day 1, max buprenorphine 12 mg
PLUS
Give buprenorphine 4 mg SL once prn opioid cravings/withdrawal symptoms 2 hours after daily dose

Day 3 and moving forward-
Give cumulative dose from Day 2 ordered daily, max buprenorphine 16 mg

Opioid Withdrawal Protocol can NOT be taken as a verbal or telephone order; MUST be ordered in Meditech by provider.
Pathway 2
Last opioid use > 72 Hr
Out of active withdrawal, treating opioid cravings

Day 1—
Give buprenorphine 2 mg SL q2Hprn opioid cravings/withdrawal symptoms, hold for sedation; max 6 doses
Max buprenorphine 12 mg

Day 2—
Give cumulative dose from Day 1, max buprenorphine 12 mg
PLUS
Give buprenorphine 4 mg SL onceprn opioid cravings/withdrawal symptoms 2 hours after daily dose

Day 3 and moving forward—
Give cumulative dose from Day 2 ordered daily, max buprenorphine 16 mg

Opioid Withdrawal Protocol can **NOT** be taken as a verbal or telephone order; **MUST** be ordered in Meditech by provider.
<table>
<thead>
<tr>
<th>Category</th>
<th>Order</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Opioid Withdrawal Inpatient</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Capnography/ETCO2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>As Directed</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Labs</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Liver-Chem-Profile</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Routine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN AM (1)</td>
<td></td>
<td>Series Sat Jul 20 06:00</td>
</tr>
<tr>
<td><strong>Urine Drug Abuse Screen</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urgent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>for females &gt; 10 years (if not done in ED)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>HCG, Urine Qualitative Screen</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Routine</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Consults</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PSYCHIATRY CONSULT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Routine</td>
<td></td>
<td>New Fri Jul 19 14:22</td>
</tr>
<tr>
<td>Warm Handoff Consult</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ONCE</td>
<td></td>
<td>New Fri Jul 19 14:22</td>
</tr>
<tr>
<td><strong>Last Opioid use &lt; 72 hr. Active Withdrawal</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Buprenorphine [Subutex]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 mg SL PRN tab.subl</td>
<td></td>
<td>PRN</td>
</tr>
<tr>
<td><strong>Last Opioid use &gt;= 72 hr. Past active withdrawal treating opioid cravings</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Buprenorphine [Subutex]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 mg SL Q2HPRN tab.subl</td>
<td></td>
<td>PRN</td>
</tr>
<tr>
<td><strong>Adjunctive Medications</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ondansetron Orally Disint [Zofran Odt (Orally Disintegrating)]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 mg PO Q6HPRN tablet</td>
<td></td>
<td>PRN</td>
</tr>
<tr>
<td>Acetaminophen [Tylenol]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>650 mg PO Q4HPRN tablet</td>
<td></td>
<td>PRN</td>
</tr>
<tr>
<td>Ibuprofen [Motrin]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>400 mg PO Q6HPRN tablet</td>
<td></td>
<td>PRN</td>
</tr>
<tr>
<td>Loperamide [Imodium]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 mg PO Q4HPRN capsule</td>
<td></td>
<td>PRN</td>
</tr>
<tr>
<td>Clonidine [Catapres]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.1 mg PO Q4HPRN tablet</td>
<td></td>
<td>PRN</td>
</tr>
</tbody>
</table>
Ordering provider is responsible to call if patient is started on the Opioid Withdrawal Protocol.

Assessment will be autopopulated onto RN worklist in MT.

If you identify someone with drug and/or alcohol misuse, ask them if they are willing for a CRS (certified recovery specialist) to meet with them.
Call CRS Hotline: 267.905.2145

If you do not reach a CRS and leave the following info at the CRS/Rapid Access Line:
Name
Contact Info: Room number, Anticipated Discharge Date
Drug(s) of misuse
Did patient receive Buprenorphine?

*Patient agreeable to Warm Handoff
*Call made to 267-905-2145
<table>
<thead>
<tr>
<th>Clinical Opioid Withdrawal (COWS)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Resting Pulse Rate:</strong> RECORD BEATS PER MINUTE after patient is sitting or lying down for one minute</td>
<td>○ 0 = pulse rate 80 or below ○ 2 = pulse rate 101 - 120 ○ 1 = pulse rate 81 - 100 ○ 4 = pulse rate greater than 120</td>
</tr>
<tr>
<td><strong>Sweating:</strong> over past 1/2 hour not accounted for by room temperature or activity</td>
<td>○ 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</td>
</tr>
<tr>
<td><strong>Restlessness:</strong> Observation during assessment</td>
<td>○ 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</td>
</tr>
<tr>
<td><strong>Pupil size</strong></td>
<td>○ 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</td>
</tr>
<tr>
<td><strong>Bone or joint aches:</strong> if patient was having pain previously, only the additional component attributed to opiate withdrawal is scored</td>
<td>○ 0 = none present ○ 1 = mild/diffuse discomfort ○ 2 = patient reports severe diffuse aching of joints/muscles ○ 4 = rubbing joints/muscles &amp; unable to sit still due to discomfort</td>
</tr>
<tr>
<td><strong>Runny nose or tearing:</strong> Not accounted for by cold symptoms or allergy</td>
<td>○ 0 = none present ○ 1 = nasal stuffiness or unusually moist eyes ○ 2 = nose running or tearing ○ 4 = nose constantly running or tears streaming down cheeks</td>
</tr>
<tr>
<td><strong>GI upset:</strong> Over last 1/2 hour</td>
<td>○ 0 = no GI symptoms ○ 1 = stomach cramps ○ 2 = nausea or loose stool ○ 3 = vomiting or diarrhea ○ 5 = multiple episodes of diarrhea or vomiting</td>
</tr>
<tr>
<td><strong>Tremor:</strong> Observation of outstretched hands</td>
<td>○ 0 = no tremor ○ 1 = tremor can be felt, but not observed ○ 2 = slight tremor observable ○ 4 = gross tremor or muscle twitching</td>
</tr>
<tr>
<td><strong>Yawning:</strong> Observation during assessment</td>
<td>○ 0 = no yawning ○ 1 = yawning once or twice during assessment ○ 2 = yawning three or more times during assessment ○ 4 = yawning several times/minute</td>
</tr>
<tr>
<td><strong>Anxiety or irritability</strong></td>
<td>○ 0 = none ○ 1 = patient reports increasing irritability or anxiousness ○ 2 = patient obviously irritable or anxious ○ 4 = so irritable/anxious participation in the assessment is difficult</td>
</tr>
<tr>
<td><strong>Gooseflesh skin</strong></td>
<td>○ 0 = skin is smooth ○ 3 = pilocerection of skin can be felt or hairs standing up on arms ○ 5 = prominent piloerection</td>
</tr>
</tbody>
</table>

**COWS SCORE:**
- 5 - 12 = mild
- 13 - 24 = moderate
- 25 - 36 = moderately severe
- > 36 = severe withdrawal
Education

- Prescribers, Nursing and Pharmacy
- Background on opioid epidemic and overprescribing
- Bias and stigma
- Pharmacology of treatments
- Clinical Opioid Withdrawal Scale Scoring
- Warm Hand-off with CRS
Providers

- In-person 45 minute education with PowerPoint
- 2 lunch-time sessions
- One-on-one education for overnight providers
Nursing

- Voiced-over PowerPoint presentation on educational network HealthStream
- Required for all inpatient nursing units except for Labor/Delivery and Pediatrics
- Required competency
Pharmacy

- Key Points during staff meeting
- Required competency on pharmacy protocol dosing orders
- Optional voice-over PowerPoint on HealthStream
Questions?
Future Opioid LAN Events

- Webinars
  - April 16, 2020—11:00 AM
  - May 14, 2020—11:00 AM

- Office Hours
  - May 7, 2020—11:00 AM