

# ED Methadone Initiation Pathway



BROWN EMERGENCY MEDICINE  
BROWN PHYSICIANS, INC.

**Note:**  
Buprenorphine is the first-line for ED treatment when criteria are met and patient agrees to treatment.

Provider AND Patient Are Considering ED Methadone Initiation Pathway

## INITIAL TESTING / SCREENS

- 1) **Document COWS Score:** Provider or RN
- 2) **Urine Drug Screen:** Only if provider is not sure of accuracy of patient's reported opioid use.
- 3) **EKG:** If concern for QTc prolongation

## Inclusion Criteria:

- 1)  $\geq 18$  years of age
- 2) Opioid use disorder via DSMV
- 3) Opioid use within past 7 days
- 4) Symptoms of opioid withdrawal (COWS  $> 0$ )
- 5) Has a valid photo ID
- 6) Patient is willing and able to initiate a daily long-term therapy

## Exclusion Criteria:

- 1) Isolated accidental overdose
- 2) End-stage liver disease
- 3) Altered mental status or respiratory depression
- 4) Prolonged QTc
- 5) Patient unwilling to sign release of information

**Tip:** Use BEMMETHADONE to document all necessary elements.

Meets ALL inclusion criteria. No exclusion criteria present.

No

## DISCHARGE RESOURCES AND PLANNING FOR INELIGIBLE PATIENTS:

### 1) Consider buprenorphine as an alternative:

-ED Buprenorphine Induction Pathway (or search 'Buprenorphine' on BEMHelp)

### 2) Use the 'ED Opioid Use Disorder' discharge SmartSet:

- ALL patients should have an order for a naloxone take-home kit or prescription
- All interested patients should have a consult for peer-support (e.g. CHWs, Anchor)
- All patients should have discharge attachment instructions and resources for community treatment programs

Discharge without ED methadone

## PREPARE FOR ED METHADONE INITIATION

- 1) **Document Opioid Use History:** History of opioid use including duration of use and last use. History of prior methadone use including clinic, stable dose and last dose.
- 2) **Document Risk / Benefit Conversation and Consent**
- 2) **Review PDMP:** For buprenorphine or other opioids.
- 3) **Engage Peer Support or Social Work:**  
Order peer support per ED coverage  
-RIH: CHW, Anchor, or SW (CHW can also follow-up consult next day)  
-TMH: CHW, Anchor, or SW (CHW can also follow-up consult next day)  
-NPH: Social Work
- 4) **Release of information:** Peer Support, SW, or Provider fill out release of information forms with patient for current providers

**Tip:** Use the 'Methadone (for ED initiation)' Order Panel

Has the patient previously taken methadone at a dose of 50mg or higher OR does patient use fentanyl DAILY via IV, IN, or INHALATION route?

Yes

No

## INITIATE METHADONE

Give **40mg** methadone by mouth, can give additional 10mg 3-4 hours later if still in withdrawal

## INITIATE METHADONE

Give **20mg** methadone by mouth, can give additional 10mg 3-4 hours later if still in withdrawal

## DISCHARGE RESOURCES AND PLANNING FOR PATIENTS INITIATED ON METHADONE ONLY

### 1) Use the 'ED Opioid Use Disorder' discharge SmartSet:

- ALL patients should have an order for a naloxone take-home kit or prescription
- All interested patients should have a consult for peer-support (e.g. CHWs, Anchor)
- All patients should have discharge attachment resources for community treatment programs

### 2) SEND the following to the methadone clinic:

- Last dose letter, signed consent form, and ED face sheet
- A list of regional opioid treatment programs and the contact information for submission (fax, email, etc.) can be found on the last dose letter

Discharge after receiving ED methadone