

# EMS Buprenorphine Implementation Guide

## 1. Medical Oversight & Protocol Development

- **Develop and Approve Protocols:** Create protocols for prehospital buprenorphine administration, ensuring they are approved by the local EMS medical director.
- **Define Patient Eligibility:** Establish clear inclusion and exclusion criteria for patient eligibility, considering factors such as opioid use history and withdrawal symptoms.
- **Transport Decision-Making:** Outline procedures for decisions regarding patient transport versus on-scene treatment, including processes for warm handoffs to emergency departments.
- **Withdrawal Assessment Tools:** Incorporate the Clinical Opiate Withdrawal Scale (COWS) into field protocols, electronic health records (EHR), and mobile applications to assess withdrawal severity.
- **Field Support:** Clear resources to assist crews in the field administering buprenorphine. Consider on-line med control or poison center assistance.

## 2. Medication Procurement & Storage

- **Obtain Medications:** Procure buprenorphine/naloxone (Suboxone®) or buprenorphine (Subutex®) in sublingual tablets or films, considering cost and storage requirements.
- **Secure Storage:** Develop procedures for the secure storage of buprenorphine as a controlled substance, including protocols for inventory management and access control.

## 3. Documentation & EHR Integration

- **Update EHR Systems:** Modify electronic charting templates to include fields for buprenorphine administration, capturing details such as indication, dose, route, timing, response, and COWS scores.
- **Quality Assurance Flags:** Create quality assurance and quality improvement (QA/QI) flags or tags within the EHR to identify and monitor buprenorphine cases. - *optional*

## 4. Training & Education

- **Initial Training:** Provide basic training to all relevant EMS personnel, including paramedics and EMTs, focusing on opioid use disorder (OUD), buprenorphine pharmacology, and administration protocols.
- **Ongoing Education:** Establish continuous education and QI plans to keep EMS staff updated on best practices and protocol changes.
- **Community Partner Communication:** Educate local Emergency Departments and community partners about EMS now administering buprenorphine to ensure seamless patient transitions.
- **Medical Direction Training:** Ensure that medical direction and med control physicians are trained and informed about the EMS buprenorphine protocols.

## 5. Community & Partner Coordination

- **Coordinate with Local Resources:** Collaborate with local opioid response teams, substance use disorder (SUD) navigators, and treatment access lines to support patient care.
- **Provide Referral Tools:** Equip ambulances with printed or digital referral tools and resources to guide patients toward appropriate treatment services.
- **Community Distribution Considerations:** Consider distributing adjunct resources in the community, such as naloxone leave-behind kits, fentanyl test strips, and xylazine test strips.

## 6. Medication Administration & Safety

- **Administration References:** Provide EMS providers with accessible references for buprenorphine administration, including dosing guidelines and protocols.
- **Adverse Event Protocols:** Review and establish workflows for managing adverse events and patient refusals, such as precipitated withdrawal scenarios.

## 7. Quality Improvement & Data Collection

- **Define Metrics:** Establish metrics to evaluate the program's effectiveness, including the number of buprenorphine administrations, patient outcomes, and refusal rates.
- **Ongoing QI Process:** Designate QA/QI process to review buprenorphine cases and identify areas for improvement.
- **Feedback Loops:** Create feedback mechanisms to communicate findings and recommendations to EMS crews and medical direction.