

PHYSICIAN'S ORDERS – BUPRENORPHINE – NALOXONE (SUBOXONE) PROTOCOL

PROTOCOL DAY #1

1. Buprenorphine - Naloxone (Suboxone) 2 mg sublingual when CINA is greater than or equal to 6.
Give Naloxone (Suboxone) 2 mg sublingual every 4 hours up to a maximum of 8 mg for the day - stop dosing at 10 pm.
2. Tramadol (Ultram) 50 mg, 2 tabs PO every 4 hours prn CINA greater than or equal to 6; after 8 mg maximum dose of Buprenorphine - Naloxone (Suboxone) has been administered.
3. Clonidine 0.1 mg PO every 2 hours prn CINA greater than or equal to 6, after 8 mg maximum dose of Buprenorphine - Naloxone (Suboxone) has been administered. Hold for diastolic blood pressure less than 90 and/or pulse less than 60.
4. Trazodone 100 mg PO - at bedtime for sleep, may repeat x1 in 1 hour prn.
5. Ibuprofen (Motrin) 600 mg PO every 6 hours prn Myalgia/Arthralgia.
6. Acetaminophen (Tylenol) 325 mg 2 Tabs PO every 4 hours prn Myalgia/Arthralgia.
7. Hydroxyzine (Vistaril) 25 mg PO every 4 hours prn anxiety and or agitation.
8. EKG day of admission and day of discharge.

Physician's Signature _____ Date: _____ Time: _____

| PROHIBITED ABBREVIATION | REQUIRED TERM | PROHIBITED ABBREVIATION | REQUIRED TERM |
|------------------------------|--|--------------------------------------|---|
| ug | Write Microgram | 1.0 | Write 1. Do not use zero after decimal point |
| qd, q.d. | Write Daily | Zero after decimal point | |
| qod | Write Every Other Day or Every 48 hrs | MS | Write Morphine |
| U or u | Write Units | MgSO ₄ , MSO ₄ | Write Magnesium sulfate or Morphine sulfate |
| .5 | Write 0.5 - make sure you use preceding 0 | IU | Write International units |
| No zero before decimal point | | OS, OD, OU | Write Left or right eye or both eyes |
| | | AS, AD, AU | Write Left or right ear or both ears |



ST. VINCENT CHARITY
MEDICAL CENTER

2351 EAST 22ND STREET
CLEVELAND, OH 44115
stvincentcharity.com

A Ministry of the Sisters of Charity Health System

PATIENT LABEL



MR.RHORDER