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Buprenorphine Detoxification Education sheet

Buprenorphine (active ingredient in suboxone and subutex) may be used for medically supervised withdrawal or detoxification from opiates like heroin, oxycodone, hydrocodone, methadone and others. The goal is to provide a smooth transition from a physically opiate dependent state. Before considering buprenorphine for opiate detoxification/ withdrawal management, an accurate assessment of your past medical history and the amount, duration, frequency, date and time of the last opiate and other drug use must be made. This assessment is very important to determine the starting time and doses of buprenorphine that will be used to help with withdrawal symptoms. Your honesty and cooperation is essential in this process. Buprenorphine may, in some cases, cause worsening of withdrawal symptoms if it is given too close to the last dose of opiates, especially longer acting compounds like methadone or oral oxycontin. For example, if methadone has been used recently, the buprenorphine will "kick off" the methadone from the opiate receptor and cause a rapid onset of withdrawal symptoms. Therefore, you have to be in active withdrawal to begin the buprenorphine protocol. Buprenorphine may not be effective if you are a previous poor responder to this type of detoxification management.
There are alternatives to buprenorphine detoxification for treatment of opiate dependence. Methadone taper dosing or other non-opiate protocols may be used for detoxification. Methadone or Buprenorphine may also be used as an ongoing maintenance medication without detoxification in special clinics or private practices. After the conclusion of the detoxification protocol, you may continue to experience some mild to moderate symptoms of opiate withdrawal for several days.

I have read the above information sheet and understand the procedure for initiating buprenorphine protocol for detoxification from opiates.

Client signature _____ Date _____ Time _____

Printed name _____

Staff signature _____ Date _____ Time _____

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Basic Rules and Expectations

- The patient will call at least 48 hours before a scheduled appointment if s/he needs to cancel. The patient will reschedule appointment that week if possible.
- The patient will stay up to date on payment for services.
- Lost prescriptions will not be re-written.
- The patient will disclose to the physician all opioid or other drug use or changes in medical status.
- The patient agrees to random urinalysis when requested.
- The patient agrees to treatment recommendations including minimally once a weekly therapy group.
- The patient will not alter his/her own buprenorphine dose and/or sell his medication to anyone.
- The patient will make a concerted effort to learn about community support and/or self-help groups and meetings.

Reasons for Program Dismissal

1. Continued substance use
2. Non-compliance with treatment recommendations
3. Violation of treatment agreements or rules
4. Three missed appointments in a row
5. Failure to pay for services rendered

I understand and agree to the program rules, expectations and reasons for program dismissal.

Client Signature_____

Date_____ Time_____

Staff Signature _____

Date_____ Time_____

Original to Medical Records
Copy to Client

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Informed Consent for Buprenorphine Detoxification, Induction, and Maintenance or Tapering Process

Name: _____ MR#: _____

I agree to voluntarily participate in a Buprenorphine protocol for the treatment of opiate dependence. I understand that Buprenorphine may be used for detoxification i.e. rapid removal from dependence on other opiates, induction, and maintenance i.e. transition from other opiates onto buprenorphine for extended period of time OR a tapering process i.e. medical monitored tapering off a stable dose of prescribed buprenorphine. I understand that my full participation is beneficial for building a solid foundation for recovery.

I agree to disclose accurate information regarding the type, duration, frequency and amounts of ALL opiates and other drugs including prescription medications prior to starting the Buprenorphine protocol. I understand that Buprenorphine is an opiate narcotic which if taken for prolonged periods of time will create physical dependence. It has been discussed that after discontinuing Buprenorphine, I may experience mild to moderate symptoms of opiate withdrawal for several days. I further understand that combining Buprenorphine/Naloxone with Benzodiazepine (sedative or tranquilizer) medications (including but not limited to Valium, Klonopin, Ativan, Xanax, Librium, Serax) can result in severe adverse events or even death. Drinking alcohol while taking Buprenorphine/Naloxone may cause adverse medical effects such as reduced breathing or impaired thinking.

I understand that the Buprenorphine will be delivered in a sublingual (dissolves under the tongue) form, and may take up to 10 minutes to fully dissolve and if chewed or swallowed will become ineffective. Any non-compliance with the protocol may result in discontinuation of the Buprenorphine and discharge from the program. Additionally, I understand that during the course of treatment, the Program Medical Director or designee may recommend additional or supplemental treatments. I agree to comply with these recommendations for the health and safety of my recovery. If I decide to discontinue the Buprenorphine protocol treatment, I have been advised that there will be no other alternative opiate agonist protocol available.

I have read and understand the Buprenorphine education sheet. The risks and benefits of Buprenorphine detoxification have been explained and I have had time to discuss my questions and concerns with the treatment team.

Client Signature _____ Date _____

Printed Name _____

Staff Signature _____ Date _____

Printed Name _____

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Agreement for Treatment Using Buprenorphine/Naloxone

☐ Yes	☐ No	1. It is my choice to be in recovery for the addiction to drugs.
☐ Yes	☐ No	2. I agree to abstain from the use of cocaine, marijuana, alcohol and/or other illicit substances.
☐ Yes	☐ No	3. I agree to report my complete history and my symptoms honestly to physicians, nurses and counselors. I also agree to inform staff at all other physicians and dental offices who I am seeing of the prescription and non-prescription drugs I am taking and any alcohol or street drugs I have recently been using.
☐ Yes	☐ No	4. I acknowledge that professional counseling for addiction warrants the best results when patients are open to support from peers who may also be pursuing recovery. I understand the discussions held are confidential and will not be discussed with anyone outside of group.
☐ Yes	☐ No	5. I agree to participate in a regular program of peer/self-help while being treated with Buprenorphine/naloxone.
☐ Yes	☐ No	6. I agree to keep all appointments and let staff know if I will be unable to attend scheduled appointments.
☐ Yes	☐ No	7. I understand that if an appointment is missed, my Doctor will not prescribe additional medication until my next appointment.
☐ Yes	☐ No	8. I will notify my doctor if I am pregnant or become pregnant during treatment. I understand that if I do become pregnant, my Doctor may discontinue my treatment with Buprenorphine.
☐ Yes	☐ No	9. I agree to be open and honest with my counselor and inform staff about cravings, potential for relapse and specifically any relapse which *has* occurred - -*before* a drug test result shows it.
☐ Yes	☐ No	10. I agree to cooperate with witnessed urine drug testing as requested by medical staff. I understand that refusal or the inability to give a urine specimen may be deemed as a positive result of illicit substances.
☐ Yes	☐ No	11. I agree to not sell, share or give my prescription of Buprenorphine to anyone.
☐ Yes	☐ No	12. I have a means to store the take-home prescription supply of buprenorphine/naloxone safely away from children, pets, or unauthorized users. I agree that if buprenorphine/naloxone is ingested by a person not including myself either accidental or intentionally, I will immediately seek emergency intervention by dialing 911 or Poison Control at 1-800-222-1222
☐ Yes	☐ No	13. I agree that if there has been a theft of my medications, I will report this to the police and will bring a copy of the police report to my next visit.
☐	☐	14. I have been informed that if my supply of buprenorphine/naloxone is either lost or stolen, my doctor is not expected nor required to re-fill my prescription.
☐ Yes	☐ No	15. I agree to bring the bottle of Buprenorphine/naloxone to every appointment with my doctor so remaining supplies can be counted. I understand that my doctor will not be expected to re-fill my prescription if I pre-maturely run out of medication.

☐ Yes	☐ No	16. I understand my Doctor may require my supply of Buprenorphine to be stored with a third party if he deems appropriate.
☐ Yes	☐ No	17. I was informed of the possible side-effects of Buprenorphine/naloxone and agree not to drive a motor vehicle or use power tools or other dangerous machinery due to the possible initial side effects of beginning Buprenorphine/naloxone therapy. I agree to refrain from such activity as instructed.
☐ Yes	☐ No	18. I agree that I will arrange transportation to and from the treatment facility until driving is approved.
☐ Yes	☐ No	19. I agree that a network of support, and communication amongst persons in that network, is an important part of my recovery. Upon approval from staff, I will allow open communication involving telephone, email, or face-to-face contact, as appropriate, between my treatment team, and outside parties, including physicians, therapists, probation and parole officers, and other parties about my case.
☐ Yes	☐ No	20. I have been given a copy of clinic procedures, including hours of operation, clinic phone number and financial agreement.
☐ Yes	☐ No	21. I have read and understand the terms and conditions of this Agreement.
☐ Yes	☐ No	22. I understand that my non-compliance may result in my immediate discontinuation with the program.

Client Signature:_____ Date:_____ Time_____

Staff Signature_____ Date:_____ Time _____