

# **BUPRENORPHINE MAINTENANCE TREATMENT**

## **PROTOCOL FOR FOLLOW-UP APPOINTMENTS**

Follow-up appointments will be at least monthly (weekly to every 2 weeks in initial months of treatment).

The activities at follow-up appointments are focused on evaluating adequacy of treatment and danger for relapse. They should include:

- ❑ pill counts, including reserve tablets
- ❑ urine testing for drugs of abuse and alcohol
- ❑ prescription of medication
- ❑ an interim history of any new medical problems or social stressors

### **DANGEROUS BEHAVIOR, RELAPSE AND RELAPSE PREVENTION**

The following behavior “red flags” should be addressed with the patient as soon as they are noticed:

- missing appointments
- running out of medication too soon
- taking medication off schedule
- not responding to phone calls
- refusing urine or breath testing
- neglecting to mention new medication or outside treatment
- appearing intoxicated or disheveled in person or on the phone
- frequent or urgent inappropriate phone calls
- neglecting to mention change in address, job or home situation
- inappropriate outbursts of anger
- lost or stolen medication
- frequent physical injuries or auto accidents
- non-payment of visit bills

These behaviors should be evaluated by the treatment team and should be brought to the patient’s attention. The patient should be supported in making an appropriate response (e.g.: increased level of care: more frequent counseling sessions, referral to inpatient or IOP if needed, withdrawal from buprenorphine treatment and referral to higher level of care or methadone maintenance). Decisions need to be based on clinical assessment and documented in patient’s medical record.