Creation of a Protocol for Pediatric OUD in the ED

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Disclosure Information

- Deepa R. Camenga, MD MHS FAAP
  - No Disclosures
- Stephen Sandelich, MD FAAP
  - No Disclosures
- Shan Yin, MD, FAAP
  - No disclosures

Learning Objectives

- Identify Barriers and Facilitators to Implementing a Protocol for Pediatric OUD Management in the Emergency Care setting

- Recognize unique aspects of caring for an adolescent with OUD in the acute care settings.

Overview of Today's Workshop

Time	Topic	
1:15 – 1:20	Welcome	Dr. Camenga
1:20 – 1:30	Overview of Best Practices for Adolescent OUD Treatment in the ED	Dr. Sandelich
1:30 – 1:40	Small Group Discussion	Moderated by Dr. Yin
1:40 – 1:55	Report back	
1:55 – 2:10	Table Exercise	
2:10 – 2:25	Report back	
2:25– 2:30	Wrap Up	Drs. Camenga & Sandelich

Intro Survey!

Instructions

Go to

www.menti.com

Enter the code

3583 6444

Or use QR code

Best Practices in OUD Care for Teens

- Steven Sandelich, MD

Image Source: Microsoft Stock Images

Efficacy of Buprenoprhine in Teens

Three key RCTs

- **Woody et al. (2008)**
  - 152 youth aged 15–21
  - 12 weeks of buprenorphine (with a taper starting at Week 9) vs. 2-week taper.
- **Marsch et al. (2016):**
  - 53 individuals aged 16–24
  - 56-day vs 28-day buprenorphine taper
- **Marsch et al. (2005):**
  - 36 adolescents aged 16–18
  - 28 days of buprenorphine vs. clonidine detoxification.

Review of included studies available in: Camenga et al. Medications for Maintenance Treatment of Opioid Use Disorder in Adolescents: A Narrative Review and Assessment of Clinical Benefits and Potential Risks. JSAD. 2019 80:4 , 393-402

- The 2023 NSDUH estimated **~317,000 adolescents** in the US met criteria for OUD.
- **~4 in 10** teens with a substance use disorder receive <u>any SUD</u> treatment.
- **Less than 1 out of 10** teens with OUD receive life-saving medications
- Rates of buprenorphine receipt in this age group, decreased between 2015 and 2020!

When it comes to Treatment It's a Desert

Terranella A, Guy GP, Mikosz C. Buprenorphine Dispensing Among Youth Aged ≤19 Years in the United States: 2015-2020. Pediatrics. 2023 Feb 1;151(2)

Substance Abuse and Mental Health Services Administration. (2024). Key substance use and mental health indicators in the United States: Results from the 2023 National Survey on Drug Use and Health

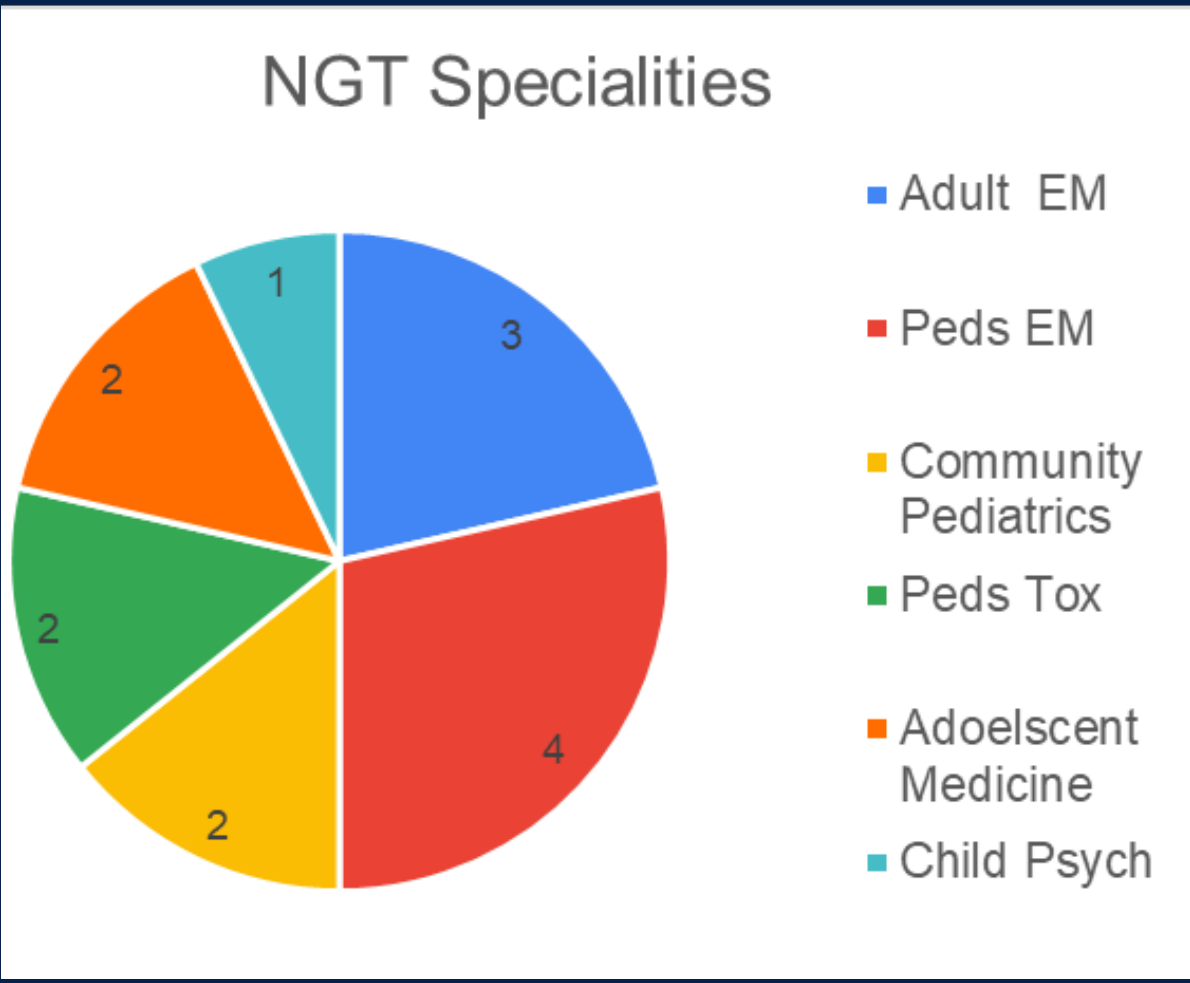
Nominal Group Technique (NGT)

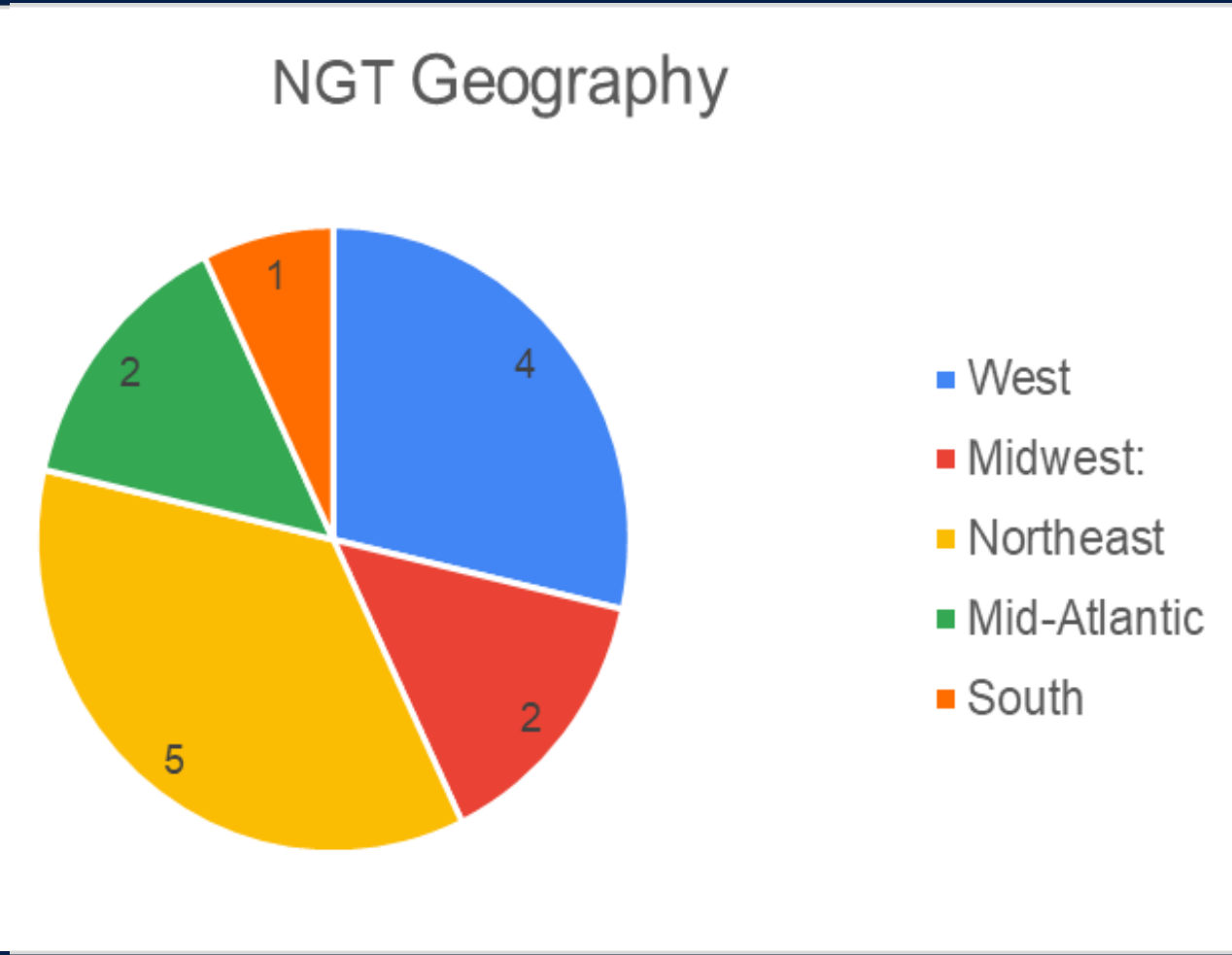
- A structured method for expert consensus building
  - Ensures equitable participation, reduces bias, and fosters consensus
- Used to develop best practices
- Participants: Multidisciplinary group from PECARN Opioid Use Disorder Interest Group

NGT Process Steps

1. **Introduction & Problem Definition** – Identifying challenges in adolescent OUD treatment.
2. **Idea Generation** – Silent brainstorming of key components.
3. **Clarification & Discussion** – Experts present and refine ideas.
4. **Ranking & Prioritization** – Importance and feasibility ratings.
5. **Consensus Development** – Finalizing best practice recommendations.

NGT Participants





NGT: Idea Generation & Clarification/Discussion

NGT Prioritization

Foundational Concepts

- Mortality too high
- **Adolescents are different and unique from adults**
- EDs can reduce disparities in OUD treatment access
- Need to remove stigma and foster therapeutic reconciliation

ED Treatment Strategies

- **Make it easy**
  - Universal clinical pathways for initiating Buprenorphine in Pediatric EDs
  - Optimize Electronic Health Records (EHR) system tools and formularies
  - Standardized education for patients & families (e.g., discharge instructions)
- (Ideally) align with the SBIRT (Screening, Brief Intervention, and Referral to Treatment) model
  - Need to improve provider comfort with SBIRT

Follow-up and Wrap-Around Care

- Effective Follow-up and Aftercare systems (ideally)
  - Assure reliable and timely access to outpatient follow-up care
  - Connect patients to Medical Home / Primary Care
  - Have strong partnerships with community resources and stakeholders

- Noted need to expand outpatient follow-up care provider workforce/access

Community Engaged Harm Reduction

- **Partner with community**
  - Community naloxone distribution programs
  - Opioid overdose recognition and education

Data Collection and Evaluation

- Better outcome data collection (clinical effectiveness and efficacy)
- Economic data and value analysis
- Measurement and evaluation of implementation outcomes

Bedrock Concepts and Themes

- Establishing geographical context and community trust
- Engagement of caregivers, loved ones, and social support systems
- Integration of peer recovery navigators and voices of lived experiences into policy-making

Small Group Discussion 1 (10 min)

Discuss Local Barriers and Facilitators in the Emergency Department for:

1. Identification of Adolescent OUD
2. Clinical Practice & Implementation
   - Buprenorphine and Naloxone Prescribing
   - Implementing Protocols
   - Changing Culture
3. Harm Reduction
4. Continuity of Care & Follow-up
5. Social & Structural Barriers

Barriers and Facilitators Report Back

- Common Barriers Include
  - Time
  - Lack of outpatient follow up resources
  - Education gaps --> Lack of comfort managing opioid withdrawal and OUD
  - Low volume of patients

Hoch AM, Schoenberger SF, Boyle TP, Hadland SE, Gai MJ, Bagley SM. Attitudes and training related to substance use in pediatric emergency departments. Addict Sci Clin Pract. 2022 Oct 23;17(1):59.

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Hunter

- 15-year-old male presents to the ED for suicidal ideation.
  - Brought in by uncle who stated he was “out of control and screaming *‘I want to die’*”. Uncle says Hunter was just staying with him for “*a couple of days”.*
- Exam
  - HR 116, BP 140/90, RR, 22, O2 sats 98% on room air
  - Well perfused, breathing easily, but has poor eye contact and won't sit still.
- History:
  - “*I want to die, I feel so sick*”
  - INH fentanyl regularly for the last 2 months and living out of his mom's car. His mom has been supplying him with the fentanyl.
  - He has personally been reversed with naloxone once several weeks ago.

Hunter

- Social History:
  - Living out of his mom's car. Has not attended school in 6 or 7 weeks.
  - Mom abruptly had to go “down South”.
  - He was left with his uncle, and did not have fentanyl access for >24 hours
  - Prior to living with his mom he had been staying with his grandmother, who is local.
  - Hunter’s friend just died of an overdose.

- Symptoms:
  - I’m freezing but his bones are on fire
  - Nausea with some wretching
  - Rhinorrhea
  - Abdominal cramping, and
  - Diffuse bone and muscle aches.

- Exam:
  - Large pupils,
  - Visible clear thin rhinorrhea bilaterally,
  - Skin: dry but cool, + piloerection
  - + b/l fine tremor in
  - He is occasionally irritable during the interview but quickly apologizes.
  - He denies any suicidal ideation or homicidal ideation.

Hunter

- Opioid withdrawal symptoms improve after 4/1mg of buprenorphine/ naloxone.
  - (COWS=5 30 minutes after his first sublingual dose)
- After an additional 4/1 mg of buprenorphine/naloxone COWS is 1.
- After eating a sandwich, he asks to go home. He is able to get a hold of his grandmother who is happy to come pick him up.

Small Group Discussion 2

Hunter

- What issues around consent would arise in this case? Who handles those in your ED?
- Would this person be discharged from your ED? Why or why not?
- Would your ED be able to give him take home naloxone? Why or why not?
- What resources do you have to arrange follow up for him?

Report Back

- Both federal and state laws guide adolescent confidentiality and consent.
  - Federal laws allow adolescents privacy around substance use treatment
  - State laws vary

Richard J. Chung, Janet B. Lee, Jesse M. Hackell, Elizabeth M. Alderman, COMMITTEE ON ADOLESCENCE, COMMITTEE ON PRACTICE & AMBULATORY MEDICINE; Confidentiality in the Care of Adolescents: Technical Report. *Pediatrics* May 2024; 153 (5): e2024066327. 10.1542/peds.2024-066327

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Summary

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