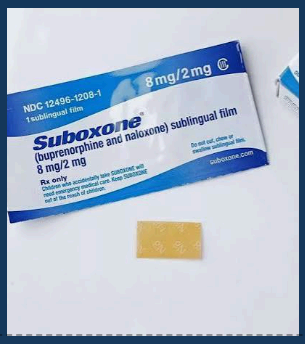
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PATIENT EDUCATION TOOLKIT

Buprenorphine and Opioid Use Disorder

Patient handouts on understanding opioid use disorder, taking buprenorphine, and preventing overdose — with guidance for the care teams who share them.

Prepared for the CDC Overdose Data to Action National Technical Assistance Center

October 2026

Acknowledgements

This toolkit was developed by Mosaic Group with support from the Overdose to Action Technical Assistance Center.

Development Team

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2026

About Mosaic Group

Mosaic Group is a public and behavioral health consulting firm that partners with state and local agencies, health systems, foundations, and community-based organizations to strengthen the response to substance use and behavioral health needs. Mosaic brings deep expertise in opioid use disorder, medication for opioid use disorder, peer recovery, and emergency department and community-based care, helping organizations turn evidence into practical, sustainable practice.

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Introduction

This toolkit compiles the patient education materials that accompany the academic detailing initiative on Emergency Department (ED) buprenorphine — four handouts that carry the message from the care team to the patient — what opioid use disorder is, what buprenorphine does, how to take it at home, and how to stay safer — plus a fill-in template for the local resource list that goes home with them. Each handout is provided in **two versions**: a print-friendly version and a readability version with larger type, fewer words, and more visuals. It is designed for health department staff and the clinical champions they support, who bring these tools into hospitals for physicians, nurses, and care team staff to use at the bedside and at discharge.

Each handout is preceded by an **About This Tool** page written for the care team: who the handout is for, how to use it, how to explain it to the patient in a sentence or two, and lessons from the field — including how to build each tool into the EMR so it prints automatically with the discharge or after-visit summary.

KEY TERMS AND ABBREVIATIONS

These tools are written for every clinician in the emergency department, including clinicians who do not care for patients with substance use disorders every day. The terms below appear throughout the toolkit and the patient handouts that accompany it.

Opioid use disorder (OUD)
A treatable medical condition in which a person keeps using opioids despite serious harm. Like high blood pressure or diabetes, it can be managed with medication and ongoing care.

Medication for opioid use disorder (MOUD)
The three FDA-approved medications for OUD: buprenorphine, methadone, and naltrexone. First-line treatment; cuts the risk of overdose death by more than half.

Buprenorphine
A partial opioid agonist that relieves withdrawal and craving without producing a high at treatment doses. Often combined with naloxone in one film or tablet. Some common brand names include Suboxone and Zubsolv, among others.

COWS (Clinical Opiate Withdrawal Scale)
An 11-item scored assessment of withdrawal severity, used to time the first buprenorphine dose, commonly once the score reaches 8 or higher.

Precipitated withdrawal
Sudden, severe withdrawal triggered when buprenorphine is started too soon after recent opioid use. The main reason timing and the COWS score matter.

Bridge prescription
A short buprenorphine prescription written at ED discharge so the patient stays on medication until the first follow-up appointment.

Warm handoff
A direct, person-to-person connection from the ED to follow-up treatment, made before the patient leaves, rather than a phone number alone.

Naloxone
A rescue medication that rapidly reverses an opioid overdose. Offered to every patient, with teaching for family and friends. The most common brand name version is Narcan.

Sublingual (SL)
Under the tongue, where buprenorphine films and tablets are absorbed. A swallowed dose does not work.

Induction (initiation)
The process of starting buprenorphine, in the ED or at home, once withdrawal is established.

A NOTE ON USING THESE MATERIALS

The recommendations in this toolkit reflect current evidence-based practice for supporting patients with opioid use disorder. They describe approaches that work; they are not the only accepted approaches. Clinical judgment, patient preference, and local context should always shape care.

Before use, confirm that each tool aligns with your hospital's current policies and procedures. Every tool is designed to be modified. Hospitals are encouraged to consult an Addiction Medicine or experienced clinician when available, adapt, update, and reissue these materials as best practices evolve and institutional policies change.

PATIENT EDUCATION TOOLKIT

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HOW TO USE IT

- **Review** each About This Tool page before bringing the handout to a unit.
- **Localize** the bracketed contact lines before printing or EMR upload.
- **Provide** copies where care happens: triage, bedside, and discharge.
- **Pair** every handout with a sentence; a handout handed over beats one stapled in.
- **Choose the version that fits the moment** — print-friendly prints cleanly from the EMR; readability is a quick visual reference patients can take in through images as well as text. Same content in both.

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All patient materials are samples. Adapt them to local policy and resources, complete the fill-in contact lines, and review before clinical use. They do not replace institutional protocols or clinical judgment.

ABOUT THIS TOOL · PATIENT EDUCATION

Understanding Opioid Use Disorder

A one-page introduction to OUD for patients and families — a treatable medical condition, common questions, and reasons for hope.

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This handout does the groundwork for every other tool in this kit. It frames opioid use disorder as a treatable medical condition — not a moral failing — answers the questions patients ask most, and shows that recovery is the likely outcome, not the exception. Patients who see this in print are more open to the medication conversation that follows.

WHO IT'S FOR

- Patients with known or suspected opioid use, at any stage of readiness — including those not ready to talk about treatment today.
- Family members and support people at the bedside, who often engage with the material before the patient does.
- Any care setting: written for the ED but usable in primary care, inpatient units, and community programs.

HOW TO USE IT

- Open the treatment conversation — hand it over before or alongside the buprenorphine offer to normalize OUD as a health condition.
- Give it to the support person in the room; a family member who reads it often becomes the strongest advocate for starting treatment.
- Leave copies in waiting and exam areas so patients can pick it up privately.
- Use the FAQ side to answer "isn't this trading one drug for another" with consistent, compassionate language.

EXPLAINING IT TO THE PATIENT

SAY SOMETHING LIKE

"Opioid use disorder is a medical condition, like diabetes or high blood pressure — it changes how the brain works, and that is why stopping is so hard. It is treatable, and most people do recover. This sheet explains it. Keep it, and share it with someone who cares about you."

- Keep the tone matter-of-fact — the same voice used for any other diagnosis. The handout models the language; the handoff sets the tone.
- If the patient declines to engage, offer it anyway: "no pressure — it's yours to keep." Many read it later.

LESSONS AND TIPS FROM THE FIELD

- **Build it into the EMR.** Load it as a patient instruction that can be selected — or set to print automatically — with the discharge or after-visit summary for any patient who screens positive for opioid use, presents in withdrawal, or is seen after an overdose.
- **It works on staff, too.** Teams that stock this handout report that reading it primes person-first language across the unit; some champions review it in a huddle for exactly that reason.
- **Pair it with the stat.** The "recovery is real" numbers (3 in 4 recover) are the lines patients and families remember — point to them when you hand it over.

TWO VERSIONS OF THIS HANDOUT

- **Print-friendly — next page.** Minimal color and imagery; prints cleanly from the EMR or a copier.
- **Readability — follows it.** A quick reference patients can take in visually as well as through text.

FOR PATIENTS & FAMILIES

Understanding Opioid Use Disorder

A treatable medical condition. Recovery is possible.

If you or someone you love is struggling with opioids, you are not alone, and treatment works. Opioid use disorder (OUD) is a medical condition, not a moral failing or a lack of willpower, and people recover every day.

What is opioid use disorder?

Opioids such as fentanyl, heroin, or prescription pain pills change how the brain works over time, so a person comes to need them just to feel normal and avoid withdrawal. That is why stopping is so hard. It is a chronic health condition, much like diabetes or high blood pressure, and with the right treatment and support it can be managed.

It is a treatable condition

Medications for opioid use disorder (MOUD) are especially effective in helping people recover from their OUD. Counseling and psychosocial support may also provide additional benefit. (cdc.gov)

Treatment saves lives

It greatly lowers the risk of overdose.

You can start anytime

No need to hit bottom or wait for the perfect moment.

Recovery is personal

There is no single path, and every step counts.

RECOVERY IS REAL

3 in 4

Most people who develop a substance use problem eventually recover.

50%+

Medication treatment cuts the risk of death by more than half.

20M+

Americans are in recovery from a substance use problem right now.

Sources: SAMHSA National Survey on Drug Use and Health; CDC and NIDA; Santo et al., 2021.

Common questions about treatment

Q: What is medication for opioid use disorder (MOUD)?
Medicines that treat opioid use disorder: buprenorphine, methadone, and naltrexone. They ease cravings and withdrawal so you can focus on your life and recovery.

Q: Isn't this just trading one drug for another?
No. Taken as prescribed, these medicines steady the brain and stop the cycle of cravings and withdrawal. Managing a health condition with medicine is not the same as active addiction. Treating OUD with medicine is like treating diabetes with insulin.

Q: Will it make me feel high?
No. When taken as prescribed, MOUD does not produce a high. It helps you feel normal and steady.

Q: Is it safe, and how long will I take it?
Yes, when taken as directed and followed by a clinician. There is no set length of time. Some people take it for months, others for years. You and your clinician decide together.

Q: Do I have to stop using before I can start?
No. You can begin treatment even if you are still using. Getting started is what matters most.

FOR PATIENTS & FAMILIES

Understanding Opioid Use Disorder

A treatable medical condition. Recovery is possible.

mosaic GROUP

You are not alone, and treatment works.
Opioid use disorder is a medical condition — not a moral failing or a lack of willpower. People recover every day.

WHAT IS OPIOID USE DISORDER?



- Opioids — fentanyl, heroin, or prescription pain pills — **change how the brain works** over time.
- A person comes to need them **just to feel normal** and avoid withdrawal. That is why stopping is so hard.
- It is a **chronic health condition**, much like diabetes or high blood pressure — and with treatment and support, it can be managed.

IT IS A TREATABLE CONDITION

The most effective treatment combines **medication for opioid use disorder (MOUD)** with counseling and support.

Treatment saves lives
It greatly lowers the risk of overdose.

You can start anytime
No need to hit bottom or wait for the perfect moment.

Recovery is personal
There is no single path, and every step counts.

RECOVERY IS REAL

3 in 4
Most people who develop a substance use problem eventually recover.

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COMMON QUESTIONS ABOUT TREATMENT

Q What is medication for opioid use disorder (MOUD)?
Buprenorphine, methadone, and naltrexone — they ease cravings and withdrawal.

Q Isn't this just trading one drug for another?
No. Taken as prescribed, these medicines steady the brain. Just like someone who is a diabetic, takes insulin.

Q Will it make me feel high?
No. Taken as prescribed, MOUD helps you feel normal and steady.

Q Is it safe, and how long will I take it?
Yes, with a clinician. There is no set length of time — you decide together.

Q Do I have to stop using before I can start?
No. You can begin even if you are still using. Getting started is what matters most.

You are not alone. Ask about starting treatment today: [Local clinic / support line]

Recovery is possible, and it can start today. Ask any member of your care team about treatment — you do not have to wait.

ABOUT THIS TOOL · PATIENT EDUCATION

Buprenorphine Basics

A two-page guide to the medication — what it is, what to expect, common myths, and when to get help.

This is the tool for the moment of the offer. Page one explains what buprenorphine is and answers the myths that most often lead patients to say no ("trading one addiction for another," "I have to hit bottom first"). Page two — What to Expect and When to Get Help — covers side effects, warning signs, and every number a patient needs after they leave.

WHO IT'S FOR

- Patients being offered buprenorphine, in the ED or any other setting — before they decide.
- Patients going home on buprenorphine, as part of the discharge packet with the bridge prescription.
- Family and support people who will be nearby during the first days of treatment.

HOW TO USE IT

- Bring it to the bedside when the medication is offered — patients often decide while waiting between Clinical Opioid Withdrawal Scale (COWS) reassessments, and this is what they read.
- Use the "Things You May Have Heard" column as talking points when a patient hesitates; it answers objections in the patient's own words.
- Review page two at discharge teaching: side effects, red flags, and the help numbers — then confirm the patient knows which number to call first.
- Send it home with every buprenorphine prescription, alongside How to Take Buprenorphine at Home.

EXPLAINING IT TO THE PATIENT

SAY SOMETHING LIKE

"This explains the medication I'm recommending — what it does, what it doesn't do, and what to expect. It won't make you feel high; it stops withdrawal and cravings so you can feel normal. The second page tells you exactly when to call and who to call — those numbers are yours to keep."

- Name the naloxone in the same breath — the handout's reminder lands best when the kit is physically handed over with it.

LESSONS AND TIPS FROM THE FIELD

- **Fill in the local lines first.** Complete the [local help line] and [clinic] fields before the tool is printed or loaded into the EMR — a bracketed blank at 2 a.m. is a dead end. Keep a master copy per hospital with its own numbers.
- **Build it into the Electronic Medical Record (EMR).** Attach it to the after-visit summary whenever buprenorphine is administered or prescribed, so no discharge depends on someone remembering the handout.
- **Keep copies at the bedside.** Units that stock it in the ED report patients reading it during the visit and returning with informed questions — which shortens the consent conversation, not lengthens it.

TWO VERSIONS OF THIS HANDOUT

- **Print-friendly — next page.** Minimal color and imagery; prints cleanly from the EMR or a copier.
- **Readability — follows it.** A quick reference patients can take in visually as well as through text.

PATIENT INFORMATION

Buprenorphine Basics

Questions or support, 24/7: [Insert local help line] | **National Helpline:** 1-800-662-4357

HOW BUPRENORPHINE HELPS

Calms cravings	Eases withdrawal	Blocks other opioids	Lowers overdose risk

What is "Bup"?

Buprenorphine, or "bup," treats addiction to opioids like heroin, fentanyl, or pain pills.

It cuts cravings and withdrawal without making you feel high. Take it daily under the tongue, or as a weekly or monthly injection.

- **Your body becomes dependent on bup, but that is not a new addiction.** People don't crave more of it or take extra to get high.
- **Don't stop suddenly.** Talk with your clinician about coming off gradually.
- **Don't mix it with alcohol or sedatives.** That combination can cause an overdose.
- **Give it time.** This is an ongoing treatment, not a quick fix. Stay on it as long as it's helping you.

Store it safely. Bup can cause an overdose in anyone, including a child or pet, who is not used to opioids. Keep it locked and out of reach.

What is Suboxone®?

- A brand name for the medication that combines buprenorphine and naloxone. You may hear other brand names or a generic version. They contain the same medicine.

Things You May Have Heard

"It's trading one addiction for another."

No. This is prescribed treatment for a medical condition. It steadies you so you can work and care for people you love.

"I have to hit bottom first."

No. Treatment works at any stage. Waiting can be dangerous. You do not have to lose everything before starting medication.

"I should get off it fast."

No. There is no time limit. Staying on longer lowers your risk of returning to use.

Keep your medication secured and away from children. If a child or another person who is not used to opioids takes this medication, it can be life threatening. Call Poison Control at (800) 222-1222.

Suboxone is a registered trademark of Indivior UK Limited. Zubsolv is a registered trademark of Orexo US, Inc.

What to Expect and When to Get Help

Safety Tips

- Take it only as prescribed. Never share it.
- Lock it up, away from children and pets. Some doses look like breath strips.
- Avoid alcohol and sedatives.
- Keep your appointments.

Common Side Effects

Mild effects are normal when you start or change your dose. They usually fade as your body adjusts.

- Upset stomach
- Constipation
- Swollen ankles
- Sweating
- Trouble sleeping
- Itching

Get Help Right Away

Call your care team or 911 if you have:

- Swelling of the face, lips, tongue, or throat, or trouble breathing
- Dizziness or fainting
- A feeling of being high, intoxicated, or very tired
- Chest pain or irregular heartbeat
- Confusion
- Severe vomiting or diarrhea

If Something Feels Off

1. **Call your clinician or clinic** when a symptom is mild but unusual.
2. **Tell your clinician everything you take,** including alcohol and over-the-counter drugs.

Where to Get Help

Your clinic or clinician
[Insert clinic name and phone number]

Local 24/7 help line
[Insert local crisis or recovery line]

National Helpline (free, 24/7, confidential)
1-800-662-4357

Poison Control
1-800-222-1222

Ask for naloxone (Narcan®). Keep it at home and tell the people around you where it is. Your clinician or pharmacy can supply it, usually at no cost.

Keep your medication secured and away from children. If a child or another person who is not used to opioids takes this medication, it can be life threatening. Call Poison Control at (800) 222-1222.

Portions of this material were adapted from CA Bridge resources developed by the California Department of Health Care Services.

PATIENT INFORMATION

Buprenorphine Basics

What "bup" is, what to expect, and answers to things you may have heard

Questions or support, 24/7: [Insert local help line] | **National Helpline:** 1-800-662-4357

HOW BUPRENORPHINE HELPS



Calms cravings



Eases withdrawal



Blocks other opioids



Lowers overdose risk

WHAT IS "BUP"?

Buprenorphine ("bup") treats addiction to opioids like heroin, fentanyl, or pain pills.

It cuts cravings and withdrawal **without making you feel high**. Take it daily under the tongue, or as a weekly or monthly shot.

- **Dependent is not addicted.** Your body depends on bup, but you won't crave more or take extra to get high.
- **Don't stop suddenly.** Talk with your clinician about coming off gradually.
- **Don't mix it** with alcohol or sedatives — that can cause an overdose.
- **Give it time.** This is an ongoing treatment, not a quick fix. Stay on it as long as it's helping you.

WHAT IS SUBOXONE®?

A brand name for the medication that combines buprenorphine and naloxone. You may hear other brand names or a generic version. They contain the same medicine.

THINGS YOU MAY HAVE HEARD

"It's trading one addiction for another."
No. This is treatment for a medical condition. It steadies you so you can work and care for people you love.

"I have to hit bottom first."
No. Treatment works at any stage. Waiting can be dangerous. You do not have to lose everything before starting medication.

"I should get off it fast."
No. There is no time limit. Staying on longer lowers your risk of returning to use.



Store it safely — locked and out of reach. One dose can cause an overdose in anyone not used to opioids, including a child or pet.

Keep your medication secured and away from children. If a child or another person not used to opioids takes it, it can be life threatening. Call Poison Control at (800) 222-1222.

Suboxone is a registered trademark of Indivior UK Limited. Zubsolv is a registered trademark of Orexo US, Inc.

BUPRENORPHINE BASICS

What to Expect and When to Get Help

Safety tips, side effects, and every number you need

SAFETY TIPS

- Take it only as prescribed. Never share it.
- Lock it up, away from children and pets. Some doses look like breath strips.
- Avoid alcohol and sedatives.
- Keep your appointments.

COMMON SIDE EFFECTS

Mild effects are normal at first. They usually fade as your body adjusts.

- Upset stomach
- Constipation
- Swollen ankles
- Sweating
- Trouble sleeping
- Itching

Get Help Right Away

Call your care team or 911 if you have:

- Swelling of face, lips, tongue, or throat
- Trouble breathing
- Dizziness or fainting
- Chest pain or irregular heartbeat
- Confusion, or feeling very tired or "high"
- Severe vomiting or diarrhea

IF SOMETHING FEELS OFF

1. **Call your clinician or clinic** when a symptom is mild but unusual.
2. **Call 911 or go to the nearest ED** for trouble breathing, fainting, or any life-threatening reaction.
3. **Tell your clinician everything you take,** including alcohol and over-the-counter drugs.

WHERE TO GET HELP

Your clinic or clinician
[Insert clinic name and phone number]

Local 24/7 help line
[Insert local crisis or recovery line]

National Helpline — free, 24/7, confidential
1-800-662-4357

Poison Control
1-800-222-1222

Ask for naloxone (Narcan®). Keep it at home and tell the people around you where it is. Usually free from your clinician or pharmacy.

Keep your medication secured and away from children. If a child or another person not used to opioids takes it, call Poison Control at (800) 222-1222.

Portions of this material were adapted from CA Bridge resources developed by the California Department of Health Care Services.

ABOUT THIS TOOL · PATIENT EDUCATION

How to Take Buprenorphine at Home

Step-by-step home instructions — starting the medication, dosing, and what to do if symptoms worsen.

This is the working companion to every bridge prescription. Side one covers preparation, safety, and the precipitated withdrawal warning; side two walks the patient through the first dose and the days that follow, step by step. It is written for both paths: patients starting at home, and patients who already received a dose in the ED and are continuing.

WHO IT'S FOR

- Patients discharged with a buprenorphine bridge prescription — whether starting at home or continuing after an ED dose.
- The family member or trusted friend the instructions ask to be present for the first dose.
- Nurses and discharge staff, as the script for the discharge teaching itself.

HOW TO USE IT

- Review it side by side with the patient at discharge — walk the steps, don't just hand the sheet over.
- Complete the fill-ins before it leaves your hands: follow-up window ("within ___ days") and the clinic or contact line.
- Mark the patient's starting point — Step 1 for a home start, Step 2 if they were dosed in the ED. This is the single most common point of confusion.
- Use teach-back: ask the patient to tell you when they will take their first dose and what they will do if symptoms suddenly worsen.

EXPLAINING IT TO THE PATIENT

SAY SOMETHING LIKE

"These instructions walk you through taking buprenorphine at home, step by step. The most important thing: wait until your withdrawal is strong before the first dose — that's what makes the medicine work. If you already got a dose here today, you're past the hardest part — you start at Step 2."

"If these doses don't fully control your withdrawal or cravings, it's usually safe to take one extra dose. Call us first if you can, and tell your doctor at follow-up."

- Point to the precipitated withdrawal box and say what to do — "if you feel suddenly worse after a dose, call; don't wait it out." Naming it up front prevents the 2 a.m. panic.

LESSONS AND TIPS FROM THE FIELD

- **Set it to print automatically.** Load it into the EMR as the standard attachment whenever a buprenorphine prescription is written — on the after-visit summary, with the starting step and follow-up fields completed by the discharging clinician or nurse.
- **Circle the starting step.** Field teams report that physically circling Step 1 or Step 2 on the paper prevents most callback confusion — build it into the discharge teaching routine.
- **Copy for the support person.** The instructions ask for someone nearby during the first dose; a second copy in that person's hands makes it real.
- **Know your local doses.** If your hospital's guideline uses different day-one limits, align the handout before adoption — one set of numbers everywhere.

TWO VERSIONS OF THIS HANDOUT

- **Print-friendly — next page.** Minimal color and imagery; prints cleanly from the EMR or a copier.
- **Readability — follows it.** A quick reference patients can take in visually as well as through text.

PATIENT INSTRUCTIONS

How to Take Buprenorphine at Home

Starting Medication for Opioid Use Disorder (MOUD)

You were seen in the emergency department and started on buprenorphine, or given a prescription to begin it at home. The goal of this medication is to reduce cravings and withdrawal quickly. Follow these instructions closely to avoid worsening symptoms.

Before You Begin

- A step-by-step guide is on the reverse side to help you start.
- If you already received a dose in the emergency department today, you are past the hardest part. Continue with Step 2 and your daily dose.
- Start with Step 1 if you were not administered buprenorphine nor have taken it recently.
-

General Guidelines

- If possible, have a family member or trusted friend with you during your first dose to help monitor how you are feeling.
- Avoid alcohol and sedatives like benzodiazepines (for example, Xanax) while taking buprenorphine.
- Keep the naloxone (Narcan) you were given nearby and tell someone where it is, in case of an emergency.
- Wait until you have 3 or more of the following withdrawal symptoms, and at least one of those symptoms should be something another person can see, like shaking, enlarged pupils, or eyes watering:
  - Achy joints
  - Fast heartbeat
  - Anxiety
  - Runny nose
  - Nausea or vomiting
  - Diarrhea
  - Shaking
  - Enlarged pupils
  - Sweating or chills
  - Watery eyes
  - Yawning
  - No appetite

Warning: Precipitated Withdrawal

Taking buprenorphine too soon after using opioids like heroin, fentanyl, or pain pills can cause **precipitated withdrawal**, a sudden worsening of symptoms within 30 to 60 minutes. These symptoms are severe and need medical attention. They include:

- Intense muscle pain or cramping
- Severe nausea, vomiting, or diarrhea
- Sweating, chills, or worsening goosebumps
- Sudden anxiety, agitation, or feeling very unwell
- Enlarged pupils, uncontrollable shaking, or fast heartbeat

If you have these symptoms after your first dose, call your doctor immediately.

Common Side Effects

These are normal and should improve as your body adjusts:

- Headache
- Mild dizziness
- Numbness or tingling
- Drowsiness or trouble sleeping
- Stomach pain, vomiting, or constipation
- Redness, pain, or numbness in your mouth
- Feeling “drunk” or intoxicated
- Trouble concentrating

What Should I Do If I Miss a Dose?

If you miss one dose, take it as soon as you remember. If it is almost time for your next dose, skip the missed dose and take your next dose at the normal time. **Never double up or take extra medication to make up for a missed dose.**

Keep out of reach of children. If a child takes this medication, or if you feel worse or have a serious reaction, go to your nearest emergency department or call Poison Control at (800) 222-1222.

PATIENT INSTRUCTIONS

Step-by-Step Guide for Taking Buprenorphine

1 Start Here If You Are NOT Currently Using Buprenorphine

If you received buprenorphine in the hospital, are currently being prescribed or are otherwise using buprenorphine, skip this step and start on Step 2.

- Do **NOT** take buprenorphine if your symptoms are mild or just starting.
- Wait until you have 3 or more of the following withdrawal symptoms, and at least one of those symptoms should be something another person can see, like shaking, enlarged pupils, or eyes watering:
  - Achy joints or bones
  - Fast heartbeat
  - Anxiety or irritability
  - Runny nose
  - Watery eyes
  - Yawning
  - Sweating
  - Chills
  - Enlarged pupils
  - Nausea, diarrhea, or vomiting
  - Uncontrollable shaking
  - Loss of appetite

2 First Dose: Take an 8 mg Buprenorphine Film or Tablet

Place under the tongue. Do not swallow it.

- Take everything out of your mouth (gum, food, drinks).
- Wet your mouth with water, then swallow or spit it out.
- Place the 8 mg film or tablet under your tongue and let it dissolve.
- Do not suck on or swallow it. If you swallow it, it will not work.
- Do not eat, drink, or talk for 3 to 5 minutes while it dissolves.
- You may spit out your saliva once the medicine is fully dissolved.

3 Wait 30 to 60 Minutes

4 mg = half of an 8 mg film or tablet.

- Check how you feel after 30 to 60 minutes:
- If you feel better, do not take more medication.
- If you still have symptoms, take 4 mg more (half a film or tablet).
- If your symptoms get worse quickly, you may be having precipitated withdrawal. **Call your doctor immediately.**

4 Keep Track of Your Daily Dose

- Make a note of your total daily dose:
  - ☐ I took 8 mg (1 whole film or tablet) today.
  - ☐ I took 12 mg (1½ films or tablets) today.
  - ☐ I took 16 mg (2 whole films or tablets) today.
- If you still have withdrawal symptoms after 16 mg in 24 hours, call your doctor to discuss a higher dose.

5 Day 2 Onward

- Take the same amount you took on Day 1 as your daily dose.
- If you still feel moderate to severe symptoms after 30 to 60 minutes, take another 4 mg.
- For most people, 16 mg per day is enough to eliminate your withdrawal symptoms for 24 hours. If you feel you need more, please call your clinician to discuss.
- Go to the follow-up appointment set up for you. Plan to see a clinician within the next _____ days.

A note about your dose. These doses are suggestions that work well for most people. If you still have withdrawal symptoms or strong cravings, talk with your doctor — it is usually safe to take one additional dose if you need it.

Clinic or contact: _____

PATIENT INSTRUCTIONS

How to Take Buprenorphine at Home

Starting medication for opioid use disorder (MOUD)

mosaic GROUP

You started buprenorphine in the emergency department, or got a prescription to start at home. It works fast to cut cravings and withdrawal. **Follow these steps closely so you don't feel worse.**

BEFORE YOU BEGIN

- The step-by-step guide is on **page 2** of this sheet.
- **Got a dose in the ED today?** You're past the hardest part. Go to Step 2.
- **Not on buprenorphine yet?** Start at Step 1.
- **Already taking buprenorphine?** Skip Step 1. Go to Step 2.

GENERAL GUIDELINES

- Have a family member or trusted friend with you for your first dose.
- Avoid alcohol and sedatives like benzodiazepines (Xanax, for one).
- Keep your naloxone (Narcan) nearby. Tell someone where it is.
- **Wait for severe withdrawal before your first dose.** That is what makes it work.

Warning: Precipitated Withdrawal

Taking buprenorphine **too soon** after opioids (heroin, fentanyl, pain pills) can suddenly make you feel much worse within 30–60 minutes. Watch for:

- Intense muscle pain or cramping
- Severe nausea, vomiting, or diarrhea
- Sweating, chills, goosebumps
- Sudden anxiety or feeling very unwell
- Enlarged pupils or shaking
- Fast heartbeat

If this happens after your first dose, call your doctor immediately.

COMMON SIDE EFFECTS

These are normal and should fade as your body adjusts:

- Headache
- Mild dizziness
- Numbness or tingling
- Drowsiness or poor sleep
- Stomach pain or constipation
- Mouth redness or numbness
- Feeling "drunk"
- Trouble concentrating

WHAT IF I MISS A DOSE?

Take it as soon as you remember. Almost time for your next dose? Skip the missed one and take the next dose at the normal time. **Never double up or take extra to make up for a missed dose.**

Keep out of reach of children. If a child takes this medication, or if you feel worse or have a serious reaction, go to the nearest emergency department or call Poison Control at (800) 222-1222.

PATIENT INSTRUCTIONS

Step-by-Step Guide

Taking buprenorphine, one step at a time

mosaic GROUP

1 Wait for strong withdrawal (skip if you already take bup)

Do NOT take buprenorphine if symptoms are mild or just starting. Wait until you have several severe withdrawal symptoms, such as:

- Achy joints or bones
- Fast heartbeat
- Anxiety or irritability
- Flu-like symptoms (runny nose)
- Nausea, diarrhea, or vomiting
- Uncontrollable shaking
- Yawning
- Loss of appetite

2 First dose: place an 8 mg film or tablet under your tongue



- Take everything out of your mouth (gum, food, drinks).
- Sip water to wet your mouth, then swallow or spit it out.
- Place the film or tablet **under your tongue** and let it dissolve.
- **Do not chew or swallow it — it will not work.**
- No eating, drinking, or talking for 3–5 minutes while it dissolves.
- You may spit out your saliva once it is fully dissolved.

3 Wait 30–60 minutes, then check how you feel

- **Feel better?** Do not take more medication.
- **Still have symptoms?** Take 4 mg more (half a film or tablet).
- **Suddenly feel much worse?** It may be precipitated withdrawal — **call your doctor immediately.**
- **Do not take more than 16 mg total on Days 1–3.**



4 mg = half of an 8 mg dose

4 Keep track of your daily dose

- ☐ I took 8 mg (1 whole film or tablet) today.
- ☐ I took 12 mg (1½ films or tablets) today.
- ☐ I took 16 mg (2 whole films or tablets) today.

Still in withdrawal after 16 mg in 24 hours? **Call your doctor** to discuss a higher dose.



5 Day 2 onward

- Take the same total amount you took on Day 1 as your daily dose.
- Still feel moderate–severe symptoms 30–60 minutes later? Take another 4 mg.
- Do not go over 16 mg per day without talking to your doctor.



Go to your follow-up appointment. See a clinician within the next _____ days. Clinic or contact: _____

A note about your dose. These doses work for most people. Still having withdrawal or cravings? Talk to your doctor — it is usually safe to take one more dose if you need it.

Keep out of reach of children. If a child takes this medication, or if you feel worse or have a serious reaction, go to the nearest emergency department or call Poison Control at (800) 222-1222.

ABOUT THIS TOOL · PATIENT EDUCATION

Staying Safer

Overdose prevention for every patient who uses opioids — lowering risk, recognizing an overdose, and keeping naloxone close.

mosaic GROUP

This is the universal tool in the kit: it goes home with every patient who uses opioids, whether or not they accept treatment today. It covers practical ways to lower risk, the signs of an overdose, what to do when one happens, and why to keep naloxone close — and it leaves the door to treatment open without conditions.

WHO IT'S FOR

- Every patient with opioid use — including patients who decline buprenorphine or leave before treatment is offered.
- Patients seen after an overdose or in withdrawal, whose risk in the weeks after discharge is highest.
- Family and support people, who are often the ones who will use the naloxone.

HOW TO USE IT

- Make it the default discharge insert for any opioid-related visit — use, withdrawal, or overdose — regardless of the treatment decision.
- Pair it with naloxone in hand, not just a prescription; walk through the "act fast" steps while the kit is on the table.
- Use it as the "no is not the end" tool: a respectful safety conversation today is what makes a yes possible on the next visit.
- Deliver it like any other discharge teaching — calm, matter-of-fact, no lecture.

EXPLAINING IT TO THE PATIENT

SAY SOMETHING LIKE

"Whatever you decide about treatment today, I want you to have this. It's how to lower your risk, and what to do if someone overdoses. The naloxone we're sending home is on here too — keep it close, and show someone you trust how to use it, because you can't use it on yourself."

- The closing line on the sheet — "you deserve care, and treatment works" — is the message; let the patient hear it out loud at least once.

LESSONS AND TIPS FROM THE FIELD

- **Build it into the EMR.** Set it to print with the discharge or after-visit summary for any patient who is using opioids, was seen for overdose or withdrawal, or was administered or prescribed opioids — the broadest trigger of any tool in this kit.
- **Naloxone with the paper, every time.** Sites report the sheet is read when it comes with a kit and discarded when it comes alone — treat the two as one intervention.
- **Fill in the local line.** Complete the [local clinic / support line] field before printing or EMR upload so the invitation to return has a real phone number behind it.
- **Keep the framing neutral.** The tool deliberately says "staying safer" and "lower your risk" — keep that language in trainings and adaptations.

TWO VERSIONS OF THIS HANDOUT

- **Print-friendly — next page.** Minimal color and imagery; prints cleanly from the EMR or a copier.
- **Readability — follows it.** A quick reference patients can take in visually as well as through text.

FOR YOU — PLEASE KEEP THIS

Staying Safer

Preventing overdose, and why to keep naloxone (Narcan) close

mosaic GROUP

Keep naloxone (Narcan) with you.

Naloxone can reverse an opioid overdose in minutes. Carry it, keep some where you stay, and show people you trust how to use it — you can't use it on yourself. It's a simple nasal spray, and it's free. Ask us or your pharmacy for more.

LOWER YOUR RISK

Don't use alone

If you use, have someone nearby who can help, or ask someone to check on you.

Go slow after a break

Your tolerance drops after time away (the ED, treatment, or jail). Start with a little and wait.

Don't mix

Opioids with alcohol or benzos (like Xanax) make an overdose much more likely. Fentanyl is in most street drugs and is strong.

Test for fentanyl

Free test strips can tell you if fentanyl is in what you have. A negative result does not mean it's safe — still go slow. Ask us for strips.

Use new supplies

Use new, sterile supplies every time, and don't share. Wash your hands and the site first. This protects you from infection, HIV, and hepatitis C.

Calling 911 is safe

Good Samaritan laws in most states protect you and the person overdosing from possession charges when you call for help. Stay with them.

TAKE CARE OF YOURSELF

Eat and stay hydrated

General physical health — eating regularly, staying hydrated, and managing underlying health conditions — supports overall safety.

Rest matters

Being run down, sick, or exhausted raises your overdose risk. Be extra careful when you haven't slept or aren't feeling well.

Stay connected

Keep in touch with people who care about you, and let someone know how you're doing. Isolation makes every risk higher.

Know the Signs of an Overdose

- Will not wake up or respond
- Slow, shallow, or no breathing
- Blue or gray lips or fingertips
- Gurgling, choking, or snoring sounds

If Someone Overdoses, Act Fast

1. Give naloxone (Narcan) right away.
2. Call 911 and say where you are.
3. Give another dose in 2–3 minutes if they don't wake up.
4. Turn them on their side and stay until help comes.

You deserve care, and treatment works.

Ask us about starting treatment or getting more naloxone: [Local clinic / support line]

FOR YOU — PLEASE KEEP THIS

Staying Safer

How to prevent an overdose — and why to keep naloxone (Narcan) close

mosaic GROUP

Keep naloxone (Narcan) with you.

It can reverse an overdose in minutes. It is a simple nasal spray, and it is free. You can't use it on yourself — show someone you trust how to use it.

LOWER YOUR RISK

Don't use alone

Have someone nearby, or ask someone to check on you.

Go slow after a break

Tolerance drops after time away (ED, treatment, jail). Start small and wait.

Don't mix

Alcohol or benzos (like Xanax) with opioids raise overdose risk a lot.

Test for fentanyl

Free strips show if fentanyl is in it. Negative? Still go slow. Ask us for strips.

Use new supplies

New, sterile supplies every time. Don't share. This prevents infection, HIV, hepatitis C.

Calling 911 is safe

Good Samaritan laws protect you both from possession charges. Stay with them.

TAKE CARE OF YOURSELF

Eat and stay hydrated
Regular meals and water support your safety.

Rest matters
Risk is higher when you are sick or exhausted.

Stay connected
Let someone know how you're doing. Isolation raises every risk.

KNOW THE SIGNS OF AN OVERDOSE

- Will not wake up or respond
- Slow, shallow, or no breathing
- Blue or gray lips or fingertips
- Gurgling, choking, or snoring sounds

IF SOMEONE OVERDOSES, ACT FAST

1. Give naloxone (Narcan) right away.
2. Call 911. Say where you are.
3. No response in 2–3 minutes? Give another dose.
4. Turn them on their side. Stay until help comes.

You deserve care, and treatment works. Ask us about treatment or more naloxone: [Local clinic / support line]

Keep this sheet and your naloxone where you can find them. If you think someone is overdosing, use naloxone and call 911.

ABOUT THIS TOOL · CARE TEAM TEMPLATE

Community Resource List

A fill-in template for building the local list of treatment, health promotion, and social needs resources that goes home with the patient.

This is the one tool in the kit that the care team completes before it ever reaches a patient. It gives every hospital a consistent format for its local referral list — MOUD clinicians, other substance use treatment, health promotion resources, and social needs supports — in a plain, minimal layout designed to print cleanly from the EMR. The other handouts point patients toward treatment; this is the sheet with the actual names and numbers.

WHO IT'S FOR

- Health department staff and clinical champions, who localize it for each hospital and community they support.
- Social workers, case managers, peer recovery coaches, and discharge staff, who hand the completed list to patients.
- Patients and families — as the completed, local version attached to discharge paperwork.

HOW TO USE IT

- Complete one version per hospital or service area, using the checkboxes to show which medications and levels of care each program offers.
- Attach the completed list to discharge paperwork alongside the treatment-resource items in the discharge order set.
- Use it during the warm handoff — call the program from the list while the patient is still with you, then circle where they're headed.
- Record the "date updated" and "prepared by" fields every time it changes, so staff can trust what they hand out.

EXPLAINING IT TO THE PATIENT

SAY SOMETHING LIKE

"This is a list of places in our community that can help — treatment programs, naloxone, and support with things like housing and transportation. I've circled the ones we talked about, and the first one is expecting your call. Keep it with your discharge papers, and share it with someone you trust."

- Circle or star the one or two best-fit options before handing it over — a full page of names overwhelms; a circled name with a warm introduction gets called.

LESSONS AND TIPS FROM THE FIELD

- **Load the completed version into the EMR.** Once localized, store it as a patient instruction that can be selected — or set to print automatically — with the discharge or after-visit summary for opioid-related visits, so the current list is always the one that prints.
- **Assign an owner.** Field teams report resource lists go stale within months; name one person responsible for verifying every number on a set schedule — a disconnected phone line costs the patient their moment of readiness.
- **Verify by calling, not searching.** Confirm hours, walk-in availability, and intake requirements by phone before each update; websites lag reality.
- **Keep it plain on purpose.** The minimal black-and-white design is deliberate — it prints legibly from any EMR and photocopies cleanly; save the color for the patient education handouts.

Community Resource List

Local resources for substance use treatment, health promotion, and social needs. Update for your community, then print or share.

Community / service area: *[area]* **Prepared by:** *[name]* **Date updated:** *[date]*

1. MEDICATION FOR OPIOID USE DISORDER (MOUD) TREATMENT OPTIONS

Include methadone and buprenorphine/Suboxone clinicians.

1. Name: *[organization / clinic]* **Phone:** *[phone]*
Offers: ☐ Methadone ☐ Buprenorphine ☐ Naltrexone
Address: *[street, city]* **Hours / notes:** *[hours, walk-in, insurance, intake]*

2. Name: *[organization / clinic]* **Phone:** *[phone]*
Offers: ☐ Methadone ☐ Buprenorphine ☐ Naltrexone
Address: *[street, city]* **Hours / notes:** *[hours, walk-in, insurance, intake]*

2. OTHER SUBSTANCE USE TREATMENT RESOURCES

1. Name: *[organization / clinic]* **Phone:** *[phone]*
Type: ☐ Detox ☐ Inpatient ☐ Intensive Outpatient / Partial Hospitalization ☐ Outpatient ☐ Other
Address: *[street, city]* **Hours / notes:** *[hours, walk-in, insurance, intake]*

2. Name: *[organization / clinic]* **Phone:** *[phone]*
Type: ☐ Detox ☐ Inpatient ☐ Intensive Outpatient / Partial Hospitalization ☐ Outpatient ☐ Other
Address: *[street, city]* **Hours / notes:** *[hours, walk-in, insurance, intake]*

3. HEALTH PROMOTION RESOURCES

For example: naloxone (Narcan) distribution, overdose prevention and response, safe medication storage and disposal, and related supplies.

1. Name: *[organization / clinic]* **Phone:** *[phone]*
Services / type: *[what they provide]*
Address: *[street, city]* **Hours / notes:** *[hours, walk-in, insurance, intake]*

2. Name: *[organization / clinic]* **Phone:** *[phone]*
Services / type: *[what they provide]*
Address: *[street, city]* **Hours / notes:** *[hours, walk-in, insurance, intake]*

4. SOCIAL NEEDS RESOURCES

For example: housing, food, transportation, benefits/insurance, peer or recovery support.

1. Name: *[organization / clinic]* **Phone:** *[phone]*
Services / type: *[what they provide]*
Address: *[street, city]* **Hours / notes:** *[hours, walk-in, insurance, intake]*

2. Name: *[organization / clinic]* **Phone:** *[phone]*
Services / type: *[what they provide]*
Address: *[street, city]* **Hours / notes:** *[hours, walk-in, insurance, intake]*

Template for local use. Verify all information before sharing; not medical advice.

CONCLUSION

Every handout is the start of a conversation — and every conversation is a chance to begin treatment.

One sheet at a time, one patient at a time: clear, respectful information is how treatment becomes the expected next step — in the ED and beyond.

From Handout to Conversation

Patient education changes outcomes when it reaches the patient at the right moment, in plain language, from a care team that hands it over with a sentence rather than stapling it in. These tools are built for those moments: understanding the condition, deciding on the medication, taking it at home, staying safer either way — and leaving with real local names and numbers in hand.

Health departments and clinical champions make that possible by putting the tools where care happens and keeping them ready to use. The steps below sustain the work after the first visit.

SUSTAINING THE WORK

1

Build them into the EMR

Load each tool as a patient instruction that prints with the discharge or after-visit summary, triggered by opioid use, withdrawal, overdose, or a buprenorphine order.

2

Localize and refresh

Complete every bracketed contact line and the community resource list before use, and recheck the numbers on a regular schedule.

3

Keep them where care happens

Stock printed copies at triage, the bedside, and discharge — the tools work only when they are within reach at the moment of the conversation.

4

Pair paper with people

Hand each tool over with a sentence, send naloxone alongside it, and connect the patient to a peer coach or warm handoff whenever one is available.

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