Best Practices Checklist for Patients with Opioid Use Disorder (OUD) in the Emergency Department (ED)

Canadian Research Initiative in Substance Matters (CRISM)

Statement number	Statements
	Emergency department services offered
1	Buprenorphine/naloxone and/or other opioid agonist treatment medications are readily available 24/7 (or during all emergency department operating hours).
2	There are take-home naloxone kits readily available in the emergency department.
3	Short-acting full agonist opioids are available and can be used to treat opioid withdrawal in any emergency department patient, if needed.
	Staffing
4	There are physicians with expertise in addiction medicine available to provide consultations in the emergency department, either in person or virtually (can be from a different department or facility).
5	There is a case manager, social worker, or similar staff to connect people to housing supports, income supports, and other relevant community services.
	Education/training
6	Orientation for new emergency department staff and physicians includes information on caring for people with opioid use disorder, drug poisoning prevention, and information on local resources and referral pathways.
7	There is regular and incentivized addiction, substance use, and/or harm reduction-focused education and training for physicians, nurses, and other emergency department staff.
	Protocols and policies
8	There is a protocol or order set for the initiation of opioid agonist treatment (buprenorphine/naloxone, methadone, and/or slow-release oral morphine) in the emergency department and/or immediately after discharge.

9	There is a protocol or order set for the management of opioid withdrawal in people with opioid use disorder in the emergency department.
	Referrals from the emergency department
10	There are referral pathways to opioid agonist treatment prescribers and clinics with integrated healthcare services and other psychosocial supports (in-person or virtual).
11	There are referral pathways to harm reduction services including supervised consumption services, and syringe and other supply distribution programs.
12	There are referral pathways to mental health and psychiatry services.
	Rural and remote services
13	For people living in rural or remote areas, there is a virtual clinic that provides care for people with opioid use disorder.