If it isn't documented, it wasn't done:

An audit of concordance with local prescribing protocols for 'Buvidal' buprenorphine injection.

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Introduction:

The 'Buvidal' injection is a subcutaneous alternative to sublingual buprenorphine in the management of opioid-dependence syndrome.

The key criteria for prescribing Buvidal are as followed:

- Evidence of opioid-dependence syndrome
- Service user provided with information about potential benefits and risks
- Informed consent
- Baseline liver function (recommended not essential)
- Risk of precipitated withdrawal informed
- Contraindications clearly documented
- Record allergies and sensitivities
- Medication for anaphylaxis on prescribing chart
- Supplemental dosing instructions documented
- Missed doses documented

The table below demonstrates the recommended dose conversions from sublingual buprenorphine to Buvidal:

Sublingual buprenorphine dose	Corresponding weekly buvidal dose	Corresponding monthly buvidal dose
8-10mg	16mg	64mg
12-16mg	24mg	96mg
18-24mg	32mg	128mg

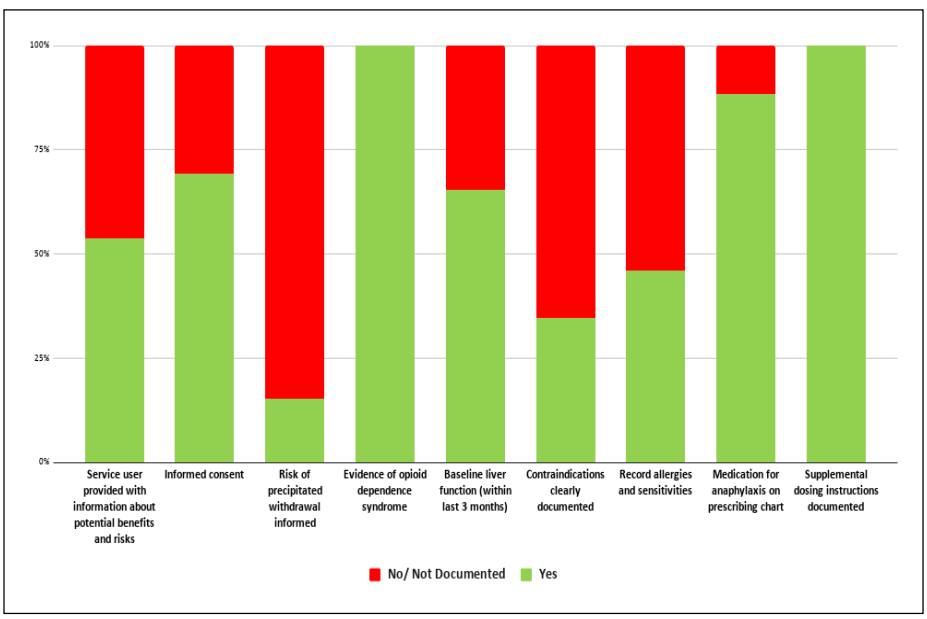
Aims & Objectives:

•Assess concordance of Buvidal prescribing against Swansea Bay University Health Board (SBUHB) standards
•Compare prescribed dose of Buvidal with anticipated dose based on sublingual buprenorphine requirements

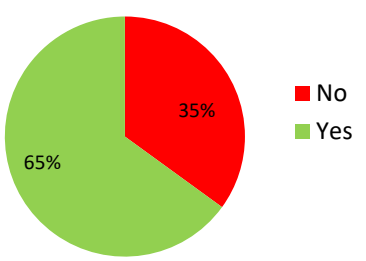
Method:

All patients prescribed Buvidal by SBUHB Community Drug and Alcohol Team (CDAT) were identified (n=26). Electronic notes were interrogated to collect relevant data. Prescription charts were examined. Anonymised data was compared to the standards set by the local guidelines: *'SBUHB: CDAT standards and guidance for the introduction of Buvidal prolonged release solution for injection'.*

Results:



Monthly dose corresponds with initial sublingual requirement



Dosing accuracy: 19 patients were prescribed monthly Buvidal. 12 of these were prescribed a monthly dose corresponding with their initial sublingual buprenorphine requirements, 7 were prescribed a higher dose than anticipated. Number of weekly doses administered before switching to monthly ranged from 2-10 weeks.

Conclusion:

This audit identified that improvements are needed in assessing and documenting the suitability of patients for Buvidal, and the discussions about treatment. Prescription charts need to be fully completed with allergies and anaphylaxis medication. A prolonged phase of weekly dosing and assessment has identified the need for higher than anticipated dosing in 37% of cases.

Recommendations:

- Clinical teaching for staff undertaking 'Buvidal assessments' will be carried out to address shortcomings in documentation.
- Posters will be produced to prompt key points of discussion and documentation during a specialist drugs assessment prior to administration of Buvidal.
- Further research is required to assess cases requiring higher doses of Buvidal than recommended
- Reaudit will be completed in 3 months.

References:

Community Drug and Alcohol Team Standards and Guidance for the induction of Buprenorphine (Buvidal) prolonged release solution for injection prescribing Document. Swansea Bay University Health Board. CID 3412, Published July 2020.