CODE RECOVER

Code Recover Protocol — Quick Reference

For many patients, this ED visit is their only contact with the medical system before their next overdose — Code Recover treats that reality with the same urgency and clinical rigor as a stroke or cardiac code.

Activation Criteria (any one triggers activation)

- **Post-overdose:** received naloxone or recovering from opioid-induced respiratory depression
- **Active withdrawal:** COWS ≥ 8
- **Patient requests** help for OUD
- **Clinical suspicion:** high-risk markers (recurrent skin/soft tissue infections, frequent ED visits, endocarditis, prior overdoses)
- **EMS identification** of any of the above

The Team

- **ED Clinician/APP** — medical management, buprenorphine orders, COWS
- **Nurse** — rapid COWS, administers MOUD + comfort meds
- **Peer Recovery Specialist** — lived-experience support, follow-up coordination
- **EMS**, if involved

The Procedure

- **Assess & Stabilize** — COWS; treat nausea/pain/dehydration; comfort meds (ondansetron, ibuprofen/acetaminophen, clonidine) if buprenorphine delayed; introduce peer ASAP
- **Buprenorphine Quick Start** — COWS ≥ 8: 8–16mg SL (16mg preferred where fentanyl prevalent); reassess at 30 min, repeat 8–16mg SL if needed; max 32mg day-1. COWS < 8: Home Start kit + peer handoff, no ED dosing.
- **Prevent & Connect** — naloxone kit + education at discharge; offer fentanyl test strips; peer secures follow-up within 24–72 hrs

Disposition & Discharge

- Bridge script: 3–7 day buprenorphine supply (~16mg/day)
- Confirm pharmacy stock; troubleshoot cost/access
- Peer contacts patient within 24 hrs