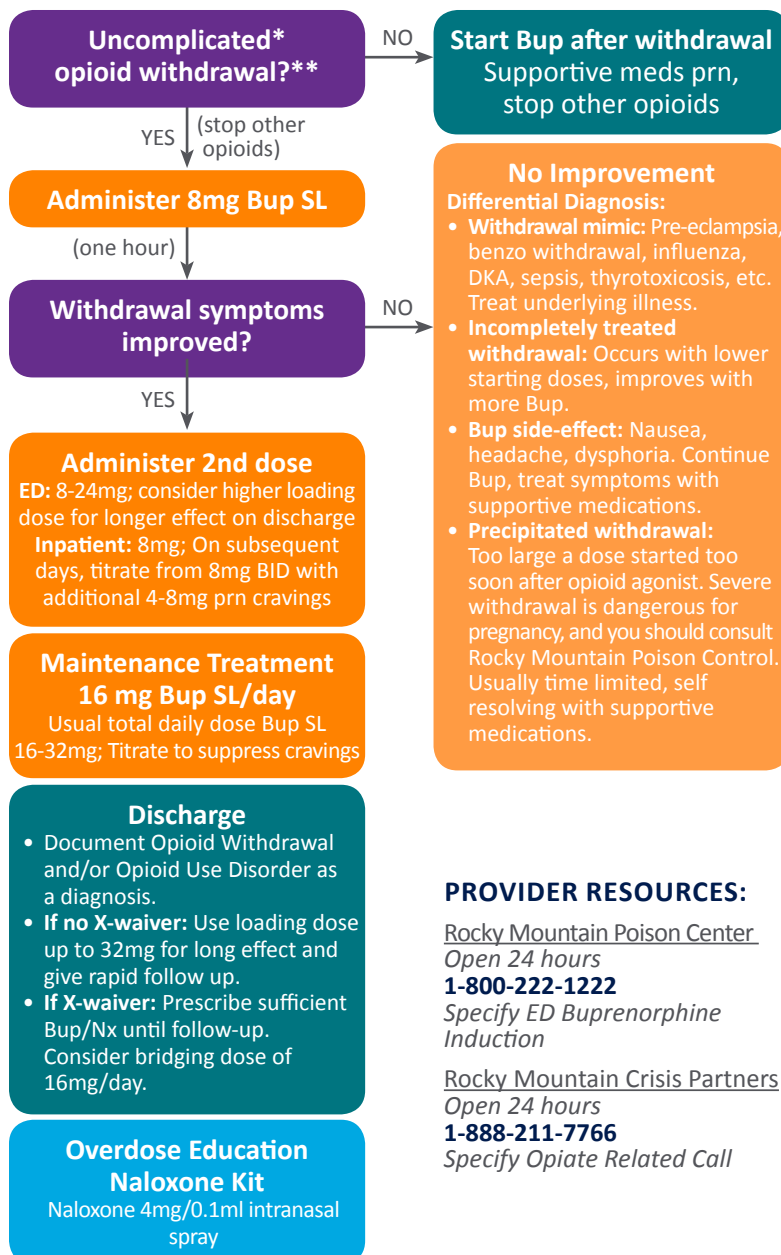


ColoradoMAT

Buprenorphine (Bup) Quick Start in Pregnancy

- Bup is a high-affinity partial agonist opioid that is SAFE in pregnancy and highly effective for treating opioid use disorder.
- If patient is stable on methadone or prefers methadone, recommend continuation of methadone as first-line treatment.
- Fetal Monitoring is not required to start Bup in a normal pregnancy regardless of gestational age.
- Admission for observation is NOT required at Bup starts.
- Bup/Nx or Bup monoprodukt is OK in Pregnancy.
- Split dosing and an increase in total Bup dose is often necessary esp in later trimesters.



Peripartum

For planned C-Section and/or labor, or acute pain:

- Continue patient's normal Bup dose in combination with multimodal analgesia that may include regional anesthesia and opioids.
- Bup is safe for breastfeeding.
- Bup reduces NAS severity. Dose does not correlate to NAS severity.
- Postpartum Bup dose reduction should be gradual and per pt cravings.

Buprenorphine Dosing

- Any provider can order Bup in the ED or inpatient.
- If unable to take SL, try Bup 0.3mg IV/IM.
- Total initial daily dose above 16mg may increase duration of action beyond 24 hrs.
- Ok to start with lower initial dose: Bup 2-4mg SL

* Complicating Factors

- Severe acute pain or trauma
- Significant respiratory compromise, medically unstable (do not start Bup)
- Recent methadone

** Diagnosing Opioid Withdrawal

Subjective symptoms AND one objective sign

Subjective symptoms:

- Patient reports feeling "bad" due to withdrawal (nausea, stomach cramps, body aches, restlessness, hot and cold, stuffy nose).

Objective signs [at least one]:

- Restlessness, sweating, rhinorrhea, dilated pupils, watery eyes, tachycardia, yawning, goose bumps, vomiting, diarrhea, tremor.

Typical withdrawal onset:

- ≥12 hrs after short acting opioid
- ≥24 hrs after long acting opioid
- ≥48 hrs after methadone (can be >72 hrs)

If unsure, use COWS (clinical opioid withdrawal scale).

Start if COWS ≥ 8 AND one objective sign.

If Completed Withdrawal

Typically >72 hrs since last short-acting opioid, may be longer for methadone. Start Bup 4mg q4h prn cravings, usual dose 16-32mg/day. Subsequent days, usual dosing frequency TID or QID

Symptomatic / Supportive Meds

Can be used to help treat withdrawal symptoms prn or during induction process (i.e. clonidine, acetaminophen, ondansetron, diphenhydramine, etc).

PROVIDER RESOURCES:

Rocky Mountain Poison Center

Open 24 hours

1-800-222-1222

Specify ED Buprenorphine

Induction

Rocky Mountain Crisis Partners

Open 24 hours

1-888-211-7766

Specify Opiate Related Call