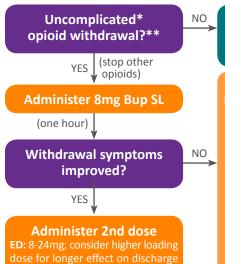
ColoradoMAT

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 monoproduct is OK in Pregnancy.
- Split dosing and an increase in total Bup dose is often necessary esp in later trimesters.



Start Bup after withdrawal Supportive meds prn, stop other opioids

No Improvement

Differential Diagnosis:

- **Incompletely treated**
- Bup side-effect: Nausea,
- Precipitated withdrawal:

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 symptons:

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).

16-32mg; Titrate to suppress cravings **Discharge**

Inpatient: 8mg; On subsequent

days, titrate from 8mg BID with

Maintenance Treatment

16 mg Bup SL/day

Usual total daily dose Bup SL

- Document Opioid Withdrawal and/or Opioid Use Disorder as a diagnosis.
- If no X-waiver: Use loading dose up to 32mg for long effect and give rapid follow up.
- If X-waiver: Prescribe sufficient Bup/Nx until follow-up. Consider bridging dose of 16mg/day.

Overdose Education Naloxone Kit

Naloxone 4mg/0.1ml intranasal

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

