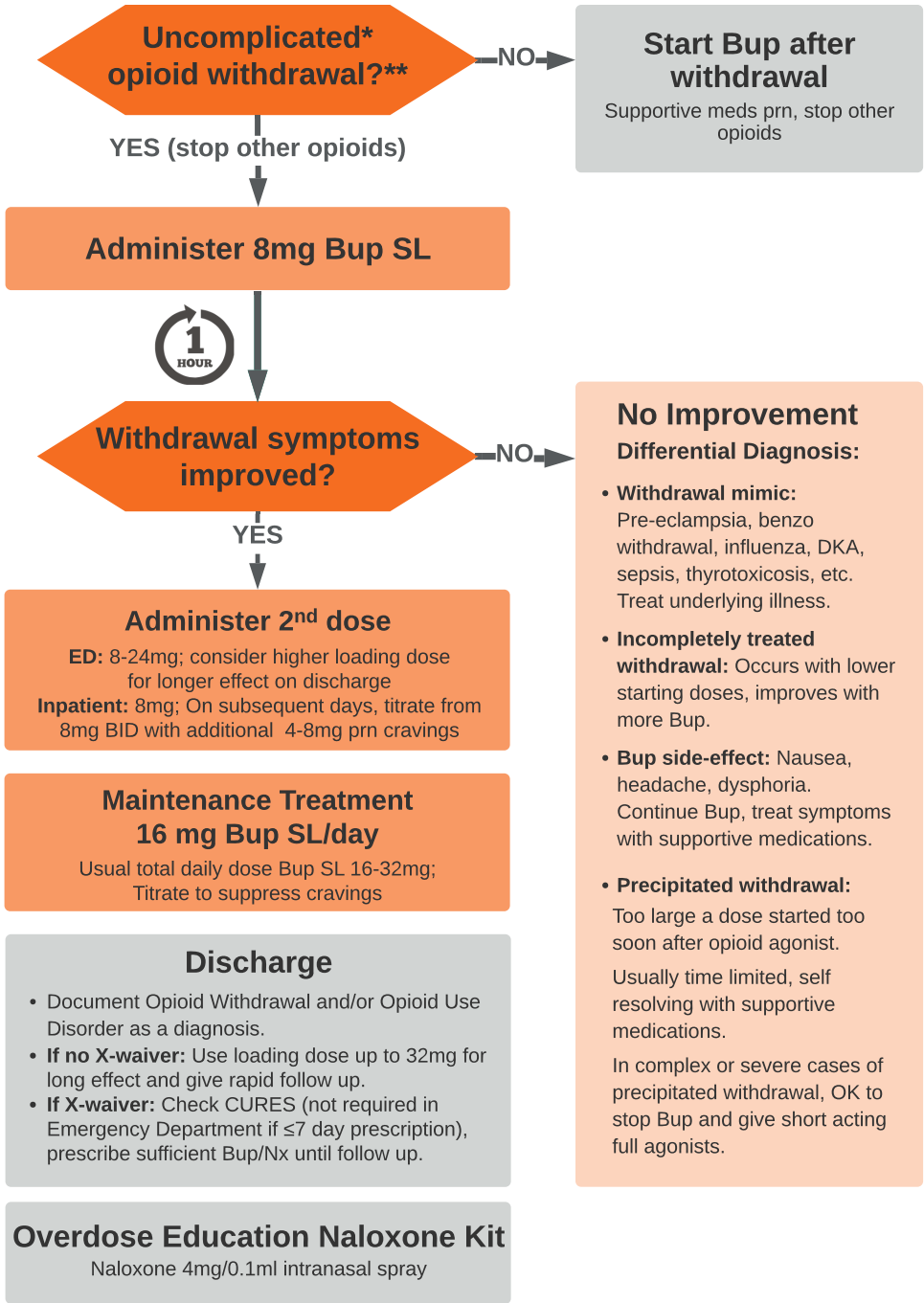




Buprenorphine (Bup) Quick Start in Pregnancy

- 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.



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).

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SEPTEMBER 2020

PROVIDER RESOURCES

UCSF Substance Use Warmline
National (M-F 6am - 5pm; Voicemail 24/7)
1-855-300-3595

California Substance Use Line
CA Only (24/7)
1-844-326-2626

REFERENCES

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