

PAIN MANAGEMENT FOR PATIENT ON BUPRENORPHINE FOR OPIOID USE DISORDER

CONTINUE MAINTENANCE BUPRENORPHINE

Divide dose into q4-8 hour dosing
(e.g. Buprenorphine 4 mg SL 4x/day instead of 16 mg daily)

NON-OPIOID ANALGESIA

Acetaminophen and NSAIDS

Symptomatic treatment
(lorazepam 0.5-1 mg PO prn anxiety,
melatonin 3 mg PO QHS prn insomnia)

Regional analgesia if appropriate
peripheral nerve blocks, spinal or
epidural anesthesia

Gabapentin 300-600 mg PO TID
can reduce pain and opioid
consumption

**Ketamine 0.2 mg/kg IV over 15
minutes**

Lidocaine 1 mg/kg IV
(not if dysrhythmia)

**INADEQUATE
PAIN CONTROL**

OPIOIDS

More buprenorphine
Can give sublingual
buprenorphine q2h or IV
buprenorphine 0.3mg PRN

Opioids
hydromorphone or fentanyl can be
added to buprenorphine without
causing withdrawal

MOST UPDATED VERSION

