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)

INOQ UATE 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