

OD in Pregnancy order set:

Day 1 buprenorphine:

Initiate first dose 12-24 hours after last use of short acting opioid (heroin, oxycodone) or 2-3 days after long acting agent (methadone). Patient should be in mild to moderate withdrawal.

Initiate buprenorphine 4 mg SL (for transitioning from short acting) or 2 mg (for transitioning from long acting.)

Observe for one to two hours for precipitated withdrawal. If no precipitated withdrawal then can give buprenorphine 2-4 mg PRN COWs score prn COWs > 6.

If precipitated withdrawal occurs treat with an additional 2-4 mg SL buprenorphine

First day max =12 mg

Patient should hold the film or tablet under tongue until completely dissolved before swallowing.

Day 2 Buprenorphine:

Calculate total dose from day 1 and give as single dose on day 2 (at least 8 hours from last dose administered). If still having withdrawal symptoms then give additional 2-4 mg PRN COWs > 6.

Second day max dose=16 mg.

Day 3 Buprenorphine:

Same as Day 2. Divided dosing may be required to sustain plasma levels in pregnancy. May divide total daily dose into BID or TID. Most will stabilize on 8-16 mg/day. If still symptomatic, consider consulting with addiction specialist

Only waived providers may write prescriptions (prescribe) for buprenorphine at discharge. Methadone and buprenorphine can be dispensed during hospitalization by all providers for up to 72 hours. See links below.

Day 1 Methadone:

Consider consultation with Addiction Medicine/Psychiatry to co-manage when initiating Methadone.

Start at 20 mg on Day 1. If drug interactions or other co-morbid conditions then consider starting 10-20mg.

Give additional 5-10 mg every 3-6 hours PRN for COWS >6.

Max dose day 1=40 mg

Subsequent days:

Give total prior days' dose as new AM dose. May increase 5-10mg/day until no symptoms 3-5 hours after dose. Do not increase dose based on symptoms after this time frame to avoid overdosing. Withdrawal symptoms are likely to be present towards the end of the dosing interval (at 24 hours after dose) during induction and should not be used to determine a dosage increase.

When patient is comfortable 3-5 hours after dose, they may transitioned to outpatient. Outpatient treatment center must be arranged PRIOR to discharge and should occur within 24 hours. Begin immediately working towards this disposition in coordination with social work and/or addiction medicine upon admission.

Once stabilized (no symptoms at 3-5 hours after daily dose) do not increase the total daily dose more often than every 3 days.

Dose may need to be increased as pregnancy progresses.

Prior to discharge, outpatient treatment center must be arranged and F/U scheduled within 24 hours.

Adjunctive Medications:

Clonidine 0.1 mg tid PRN anxiety. Can increase to .3 mg tid PRN if tolerated and within BP parameters

Imodium initial dose 4 mg for diarrhea then 2 mg PRN up to 6x per day

Antiemetic choices on order set include Zofran 4-8 mg q 6-8 hours PRN ad Phenergan 25-50 mg PRN Nausea/Vomiting.

Hydroxyzine 25-100 mg q 4 h PRN anxiety

Benadryl 25-50 mg q 6 hour PRN insomnia

Not included on order set but an additional option for anxiety/restlessness if above not effective is Diazepam 1-10 mg qid PRN

Please refer to the Obstetrics Clinical Resources Sharing site for the Addiction Treatment Resources in Pregnancy to contact treatment providers/centers for assistance.

Website:

<http://spo.ccf.org/documentation/mychartlinks/OB%20Progesterone%20and%20SW%20Resources/Addiction%20Treatment%20Resources%20for%20Pregnant%20women%202017.docx>

Regulations regarding inpatient MAT prescribing by non-waivered providers is addressed by SAMSHA here: <https://www.samhsa.gov/programs-campaigns/medication-assisted-treatment/legislation-regulations-guidelines/special#.W3GNOoZ4V9Y.email>

You may contact me for assistance in navigating this order set at paganot2@ccf.org or 216-218-3043.

In addition, the following Cleveland Clinic ADRC providers can be contacted for guidance in initial stabilization:

Cleveland Clinic Alcohol and Drug Recovery Center

David Stroom, MD

STREEDM@ccf.org

216-310-3579 (mobile/pager)

Mohsen Vazirian, MD

VAZIRIM@ccf.org

216-513-8034 (mobile)

85530 (pager)

CCAG Alcohol and Drug Recovery Center

Ann L. DiFrangia, D O

DiFran@ccf.org

330-701-7304 (pvt)

216-904-7503 (CCF iPhone)

Linda Cunningham, APN

330-603-5674 (pvt cell)

Federal regulations regarding administration or dispensing of buprenorphine/methadone in emergency situations without are explained at:

<https://www.samhsa.gov/programs-campaigns/medication-assisted-treatment/legislation-regulations-guidelines/special>

https://www.deadiversion.usdoj.gov/pubs/advisories/emerg_treat.htm