Acute Pain Management in Patients on Buprenorphine (Bup)* Treatment for Opioid Use Disorder

Medical/Surgical Units

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Continue Maintenance Bup+
Split dose q4-8hrs
(e.g for total daily dose of 16mg = 4mg Bup SL QID)

Promote calm and comfort
Anxiety, fear, depression are common: Instill sense of control, provide education on self-management techniques such as mindful meditation. Reduce noise, uncertainty, confusion. Positioning, splinting, and physical comfort should be maximized. Minimize unnecessary NPO status.
Use adjunctive meds to treat symptoms (ie. diphenhydramine, ondansetron, melatonin, baclofen, etc).

Acetaminophen and NSAIDs
Schedule both around the clock if not contrainidicated.

Non-opioid analgesia

- Gabapentinoids
- SNRI/TCA
- Regional Anesthesia
- Alpha-2 agonists
- IV Lidocaine
- Ketamine & Magnesium

Additional opioids

Additional Bup
OK to increase dose and frequency for acute pain usual dose 24-32mg/day.

Full agonist Opioids
Can be added to maintenance Bup to provide synergistic analgesia. Titrate to analgesia and side effects. This will NOT precipitate withdrawal.

***Guidelines are for patients on maintenance Bup, however if patient is on maintenance Methadone or Naltrexone:**

- **Methadone:** Confirm maintenance dose. Continue full dose, can split dosing to aid pain control. Use multimodal analgesia. *Do NOT use Bup.*
- **Naltrexone:** If injectable, stop 1 mo prior to elective surgery and switch to PO. Stop PO 72 hours prior to elective surgery for full opioid agonists to be effective.

Gabapentinoids
Calcium channel inhibitors, gabapentin and pregabalin reduce postoperative pain and opioid consumption.

SNRI/TCA
Can help with neuropathic pain as well as anxiety/depression.

Regional Anesthesia
- Peripheral nerve blocks
- Spinal or Epidural anesthesia

Alpha-2 agonists
Clonidine and Dexmedetomidine are anxiolytic and analgesic with significant opioid sparing affects.

IV Lidocaine (Na channel antagonist)
Opioid sparing analgesic.

Ketamine & Magnesium (NMDA antagonists)
Ketamine is a potent non-opioid analgesic for opioid tolerant patients.
Magnesium also has analgesic and opioid sparing effects.

Guidelines are options for multimodal analgesic therapy. Use clinical judgement and avoid use if contraindicated.

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PROVIDER RESOURCES	California Substance Use Line	UCSF Substance Use Warmline
	CA Only (24/7) 1-844-326-2626	National (M-F 6am-5pm; Voicemail 24/7)

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