Dartmouth-Hitchcock

Dept. Procedure Title:	Buprenorphine Induction (inpatient) for Pregnant Women Procedure - BP	Procedure ID:	11435
Keywords	SUD, Substance Use Disorder, Withdrawal, COWS, pregnancy, OUD, Opioid Use Disorder		
Department:	Birthing Pavilion, Perinatal Addiction Treatment Program, OB/GYN Clinic		

I. Purpose of Procedure

To standardize inpatient buprenorphine/naloxone induction during pregnancy.

II. Procedure Scope

Providers and RNs caring for pregnant women on the Birthing Pavilion at D-H Lebanon.

III. Definitions

- Moms in Recovery Program (formerly known as D-H Perinatal Addiction Treatment Program [PATP]): Provides consultation and medication-assisted treatment for pregnant women with substance use disorder (SUD).
- Buprenorphine/naloxone (Suboxone): Appropriate adjunctive treatment for certain women with opioid use disorder utilizing three phases: induction, stabilization and maintenance.
    - A partial agonist at the mu opioid receptor and antagonist and the kappa receptor. It can precipitate an opioid withdrawal syndrome if it is administered to a patient who is dependent on opioids and has receptors occupied by opioids.
    - A patient should no longer be intoxicated or be experiencing residual effects from her last dose of an opioid when receiving her first dose of buprenorphine. Therefore, a period of abstinence is required (a minimum of 12-24 hours after last use of a short acting opioid**)** and patients should be experiencing moderate withdrawal symptoms before initiating buprenorphine treatment.
    - Suboxone (buprenorphine/naloxone) will be used for inpatient buprenorphine induction.
- Buprenorphine Induction: Transition of substance use from illicit opioids to buprenorphine/naloxone utilizing the lowest dose needed to minimize symptoms of withdrawal and cravings and prevent use of illicit opioids.
- Inpatient Induction Criteria: Women with acute medical or surgical illness, significant polysubstance use, use of long acting opioids or presenting at a gestational age post-viability often require inpatient admission for close monitoring. Women prior to 23 weeks gestation or >=23 weeks without complicating factors may be candidates for closely monitored induction in the ambulatory setting [see outpatient protocol]
- Clinical Opioid Withdrawal Scale (COWS): A scoring tool to quantify withdrawal symptoms and guide in the buprenorphine/naloxone induction process. Withdrawal symptoms classified with the following score ranges: Mild (5-12). Moderate (13-24). Moderately Severe (26-36). Severe (greater than 36). ***Tool attached with link in upper right hand corner and with online access listed in References.***

IV. Equipment – N/A

V. Procedure

A. The OB Provider
   a. Notifies Moms in Recovery Medical Director or Psychiatric Consult Service of patient's admission (603-653-1860).
      i. The Psychiatry Consult Service is available if concerns arise related to a co-occurring psychiatric disorder.
   b. Notifies resources for questions during induction process:
      i. Care provider with buprenorphine waiver.
      ii. BIT team at pager 3352.
   c. Review with and ask patient to sign "consent for initiation of buprenorphine/naloxone treatment"
   d. Verifies that patient has not taken an opioid for a minimum of 12-24 hours (short-acting opioid).
   e. Determines baseline COWS score, verifying at least a Moderate score of 13-24.
      i. Common physical symptoms of opioid withdrawal:

Early Withdrawal (8-24 hours after last use)	Fully Developed Withdrawal (1-3 days after last use)
Lacrimation and/or rhinorrhea Diaphoresis Yawning Restlessness Insomnia Dilated pupils Piloerection Muscle twitching Myalgia Arthralgia Abdominal pain	Tachycardia Hypertension Tachypnea Fever Anorexia or nausea Extreme restlessness Diarrhea and/or vomiting Dehydration Hyperglycemia Hypotension

   f. Diagnosis: "Maternal drug use complicating pregnancy, antepartum."
   g. Obtains baseline laboratory testing to include:
      i. DAU: Lab 4103 (with confirmation, includes fentanyl)
      ii. Ethinyl Glucoronide/Ethyl Sulfate: Lab 3990 (alcohol metabolites, send out only)
      iii. Complete metabolic panel
      iv. CBC with differential and platelet count
      v. Hepatitis B Surface antigen, hepatitis B surface antibody, hepatitis B core antibody IgM and Total, and hepatitis C antibody
      vi. If known hepatitis C antibody positive, draw Hepatitis C quantitative RNA and genotype.
      vii. HIV (identify what specific lab…PCR?)
      viii. Prenatal Lab Panel or components, if not completed (GC, Chlamydia andRubella for instance).
   h. First day:
      i. Orders **buprenorphine**/naloxone as indicated by COWS score.
      ii. Do not give more than 12 mg buprenorphine/naloxone on first day.
   i. Second day:
      i. Evaluates patients still experiencing withdrawal symptoms.

ii. May **increase the dose by 2-4 mg of buprenorphine**, up to a maximum dose of 16 mg of buprenorphine.
iii. A reactive NST should be obtained prior to discharge for patients with gestational age equal to or greater than 28 weeks.
iv. Patient may be discharged on day 2 with next day follow up with a waivered buprenorphine prescriber in the OB clinic, or substance use treatment provider. If discharged on Friday or Saturday, follow up may be at the Birthing Pavilion.

j. Third day: Outpatient follow up
   i. Evaluates patients still experiencing withdrawal symptoms.
   ii. May increase dose by 2-4 mg up to a maximum dose of 20 mg. Most women will not require doses greater than 16mg.

k. Adjunctive therapy may be used with or without buprenorphine/naloxone induction for the treatment of opioid withdrawal symptoms.
   i. Clonidine 0.1 mg Q 6 hours prn withdrawal symptoms (hold if SBP < 105mmHg)
   ii. Dicyclomine 20 mg Q 6 hours prn abdominal cramps
   iii. Loperamide 2 mg Q 6 hours prn diarrhea
   iv. Acetaminophen 650 mg prn q 4 hrs mild-moderate pain
   v. Acetaminophen 1000 mg prn q 6 hrs moderate-severe pain
   vi. Hydroxyzine HCl 50 mg Q 6 hours prn anxiety
   vii. Diphenhydramine 50 mg prn sleep

B. The RN performs the following:
   a. Assesses vital signs and fetal heart tones (FHTs) or nonstress test (NST), if ordered based on gestational age. Note: A reactive NST is not a prerequisite to initiating buprenorphine as opioid withdrawal can affect NST reactivity.
   b. Collects witnessed urine sample for "Drug screen with confirmation-urine and alcohol metabolites-urine" (LAB4103, LAB 3990).
   c. Collects and send ordered blood tests
   d. Assesses initial COWS score prior to administration of buprenorphine/naloxone.
      i. If greater than or equal to 12, give buprenorphine/naloxone 4 mg/1mg sublingual.
      ii. If fewer than 12, do not give buprenorphine/naloxone.
   e. Observe for 2 hours, then repeat COWS assessment
      i. Notify provider if less than or equal to 4.
      ii. If greater than or equal to 5, give buprenorphine/naloxone 4 mg/1mg sublingual.
   f. Observe for 2 hours, and then repeat COWS assessment and FHTs or NST.
      i. If less than 4 and FHTs are 110-160 bpm or NST is reactive, patient can be discharged to home
      ii. If greater than or equal to 5, consult provider.
   g. Once maximum dose is reached for day, decrease COWS frequency to q 4 hours while awake to guide administration of adjunctive medications (above).

C. Patients who wish to leave against medical advice:
   a. Patients should be reminded of the dangers to the fetus with untreated withdrawal and/or continued illicit substance use.
   b. An AMA discharge may be considered a failed induction and the patient may not be eligible for buprenorphine therapy during pregnancy at the Moms in Recovery Program.
   c. Patient who are unable to complete induction onto buprenorphine/naloxone therapy should receive a referral to an alternative program:
      i. Outpatient methadone program: CRC Health (Habit OPCO) in West Lebanon (877-637-6237) or a program in the patient's home region.

ii. Inpatient or residential addiction treatment program.

d. A list of NH treatment providers is available at www.nhtreatment.org and VT treatment providers at (802) 651-1550 or http://healthvermont.gov/alcohol-drugs/help

D. Outpatient Follow Up:

a. Refer to the Moms in Recovery Program appointment and schedule first appointment if possible before discharge (653-1860), or arrange appointment with other buprenorphine treatment provider (contact BIT team for assistance if needed).

b. If the appointment cannot be made within 24 hours (i.e. weekend or holiday) arrange for waivered provider for buprenorphine/naloxone prescription as needed to bridge patient to the next available appointment

c. Prior to discharge provide prescription for Naloxone Nasal Spray 4mg/0.1 mL, administer 1 spray in nostril for opioid overdose, repeat in 5 minutes in other nostril PRN if unresponsive; #2, RF #5.

VI. References

- Center for Substance Abuse Treatment. *Clinical Guidelines for the Use of Buprenorphine in the Treatment of Opioid Addiction.* Treatment Improvement Protocol (TIP) Series 40. DHHS Publication No. (SMA) 04-3939. Rockville, MD. Substance Abuse and Mental Health Services Administration, 2004.
- National Alliance of Advocates for Buprenorphine Treatment. (2011). Clinical Opiate Withdrawal Scale(COWS) Flowsheet. Retrieved on January 27, 2017 from https://www.naabt.org/documents/NAABT_PrecipWD.pdf.
- http://www.deadiversion.usdoj.gov/21cfr/cfr/1306/1306_07.htm#b
- http://buprenorphine.samhsa.gov/Bup_Guidelines.pdf
- http://www.deadiversion.usdoj.gov/pubs/manuals/narcotic/appendixa/treatment.htm

Responsible Owner:	Birthing Pavilion	**Contact(s): email**	Colleen Whatley@hitchcock.org
Approved By:	Nursing Policy Oversight Committee (NPOC); Office of Policy Support - All Other Documents; System P&T Committee; Baker, Emily	**Version #**	1
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Related Job Aids:			