Sample Inpatient Medication-Assisted Treatment Induction Algorithms

Once shared-decision making realizes a patient-informed decision to initiate Medication-Assisted Treatment (MAT) for opioid use disorder (OUD) as an inpatient (Appendix B: Considerations for Treatment of Opioid Use Disorder in Pregnancy), it is important to undertake the following steps:

Confirm appropriate initial evaluation of patient (Appendix B: Sample Evaluation of Opioid Use Disorder in Pregnancy Checklist)
Confirm comfort of the patient's care team, including the primary ordering provider, charge and primary nurse, and pharmacy, with the facility’s relevant MAT induction algorithm (Appendix B: Considerations for Administration of Buprenorphine and Methadone)
Confirm plan for treatment of comorbidities as well as adjunctive treatment for withdrawal symptoms (see below)
Initiate contact with either an Opioid Treatment Program if a Methadone induction or a provider with a Buprenorphine prescription waiver to inform patient's "Plan of Safe Care" (Best Practice #38)

| Tobacco Use                          | Counsel on risks to pregnancy and overall health
|                                     | Offer treatment after discussion of limited data in pregnancy
| Stimulant (including Cocaine, Amphetamine) Use | Counsel on risks to pregnancy and overall health
|                                     | Offer symptomatic treatment (e.g. sleep aids)
|                                     | Offer referral to treatment programs
| Sedative-Hypnotic (including Alcohol) Use | Counsel on risks to pregnancy and overall health
|                                     | If concern for withdrawal, offer medical management and pursue specialist consultation (e.g. Addiction Medicine)
|                                     | Anesthesia consult given risk for hemodynamic instability
|                                     | Offer referral to treatment programs
| Marijuana Use                        | Counsel on risks to pregnancy and overall health
|                                     | Offer symptomatic treatment (e.g. sleep aids)

Considerations for Adjunctive As Needed Treatment for MAT Induction

| Anxiety/Insomnia | Hydroxyzine
|                 | Benadryl
| Pain             | Acetaminophen
| Nausea           | Metoclopramide
|                 | Ondansetron
| Diarrhea         | Loperamide

Sample Inpatient Buprenorphine Induction Algorithm
**Day 1**

Ensure patient has not had short-acting opioids for ≥6-12hr, 18-24hrs intermediate-acting opioids, long-acting opioids ≥ 30-48hrs

If very remote from last opioid dose, give Buprenorphine 2mg SL q 2hrs PRN cravings up to 8 doses

Check COWS Score

- COWS ≥ 8, give Buprenorphine 4mg SL and reassess in 1.5hrs
- COWS <8, reassess every 2hrs while awake until COWS ≥ 8

- COWS ≥ 8, give Buprenorphine 4mg SL again and reassess every 6 hours until 24hrs from initial dose
- COWS < 8, reassess every 6 hours until 24hrs from initial dose

- COWS ≥ 8, give Buprenorphine 4mg SL up to 4 doses total for the day
- COWS ≥ 8, give Buprenorphine 4mg SL up to 4 doses total for the day

**Useful Information**

Example of intermediate-acting opioids: Oxycontin
Example of long-acting opioids: Methadone,
Clinical Opiate Withdrawal Scale (COWS) in Appendix ___

*** Day 1 total dose not to exceed 16mg***

**Day 2**

Add up total Day 1 dose and give as single dose in the morning

Give up to two doses of Buprenorphine 2mg SL if still symptomatic (can given as single 4mg SL dose if desired)

*** Day 2 total dose not to exceed 20mg***

**Day 3**

Add up total Day 2 dose and give as single dose in the morning

Give up to two doses of Buprenorphine 2mg SL if still symptomatic (can given as single 4mg SL dose if desired)

*** Day 3 total dose not to exceed 24mg***
Important Considerations for Buprenorphine Induction:

- If patient desires Buprenorphine/Naloxone or is high risk for diversion of Buprenorphine mono-product, consider a risk/benefit/alternative discussion regarding using the Buprenorphine/Naloxone combo product
- May divide dosing as needed for pain/anxiety
- May decrease dose as needed for any adverse effects
- If patient does not respond to buprenorphine (COWS >/=8), consider reasons for failure:
  - Precipitated withdrawal (e.g. undisclosed long-acting opiate on board)
  - Other substances or medical conditions confounding the process
  
  Consider Methadone induction for patients who do not respond to Buprenorphine
- Consider expert consultation for any of the following:
  - If Methadone used in past week
  - LFTs greater than 5 times the upper limit of the laboratory reference range
  - Surgery, delivery or other painful experience anticipated in next 48 hours
Sample Inpatient Methadone Induction Algorithm

**Day 1**

When experiencing withdrawal symptoms, give Methadone 20mg PO and reassess in 1 hour

If RSS ≥ 3, plan to decrease Day 2 dose by 5-10 mg

If RSS < 3 and still having withdrawal symptoms, give additional Methadone 5-10mg PO and reassess in 4 hours

If RSS ≥ 3, plan to decrease Day 2 dose by 5-10 mg

If RSS < 3 and still having withdrawal symptoms, give additional Methadone 5-10mg PO

*** Day 1 total dose not to exceed 40mg***

**Day 2**

Add up total Day 1 dose, subtract 5-10mg if RSS ever >3 and give as single dose in the morning

If RSS < 3 and still having withdrawal symptoms, give additional Methadone 5-10mg PO

*** Day 2 total dose not to exceed 50mg***

**Day 3**

Add up total Day 2 dose and give as single dose in the morning

If RSS < 3 and still having withdrawal symptoms, give additional Methadone 5-10mg PO and reassess in 4 hours

*** Day 3 total dose not to exceed 60mg***

Useful Information:

***Must ensure QTc < 500 before initial dose and with each dose change***

Ramsay Sedation Scale (RSS) in Appendix_____

When experiencing withdrawal symptoms, give Methadone 20mg PO and reassess in 1 hour

Useful Information:

***Must ensure QTc < 500 before initial dose and with each dose change***

Ramsay Sedation Scale (RSS) in Appendix_____

*** Day 1 total dose not to exceed 40mg***

**Day 2**

Add up total Day 1 dose, subtract 5-10mg if RSS ever >3 and give as single dose in the morning

If RSS < 3 and still having withdrawal symptoms, give additional Methadone 5-10mg PO

*** Day 2 total dose not to exceed 50mg***

**Day 3**

Add up total Day 2 dose and give as single dose in the morning

If RSS < 3 and still having withdrawal symptoms, give additional Methadone 5-10mg PO and reassess in 4 hours

*** Day 3 total dose not to exceed 60mg***