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)

Considerations for Common Co-Occurring Substance Use

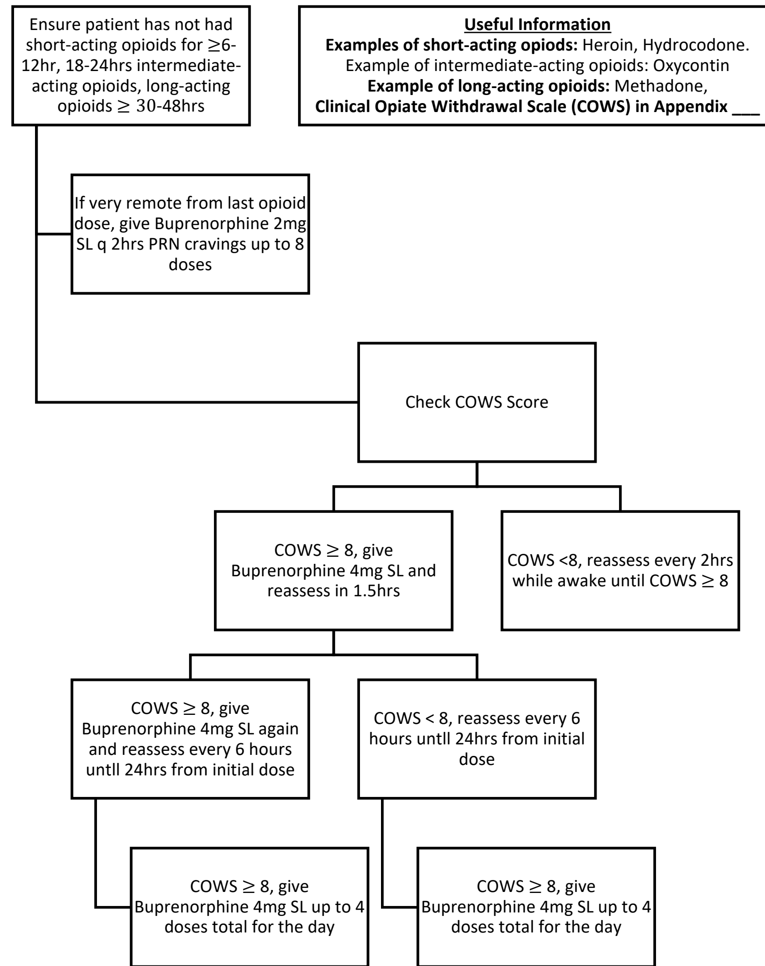
Tobacco Use	Counsel on risks to pregnancy and overall health Offer treatment after discussion of limited data in pregnancy
Stimulant (including Cocaine, Amphetamine) Use	Counsel on risks to pregnancy and overall health Offer symptomatic treatment (e.g. sleep aids) Offer referral to treatment programs
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

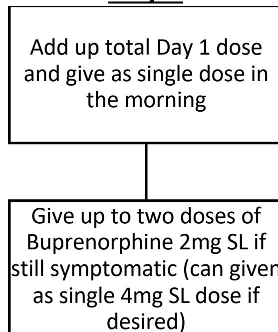
Sample Inpatient Buprenorphine Induction Algorithm

Day 1



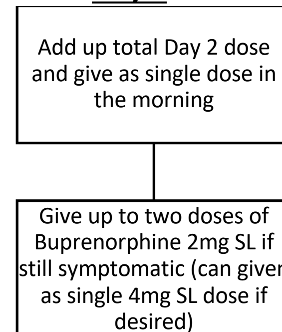
***** Day 1 total dose not to exceed 16mg*****

Day 2



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

Day 3



***** Day 3 total dose not to exceed 24mg*****

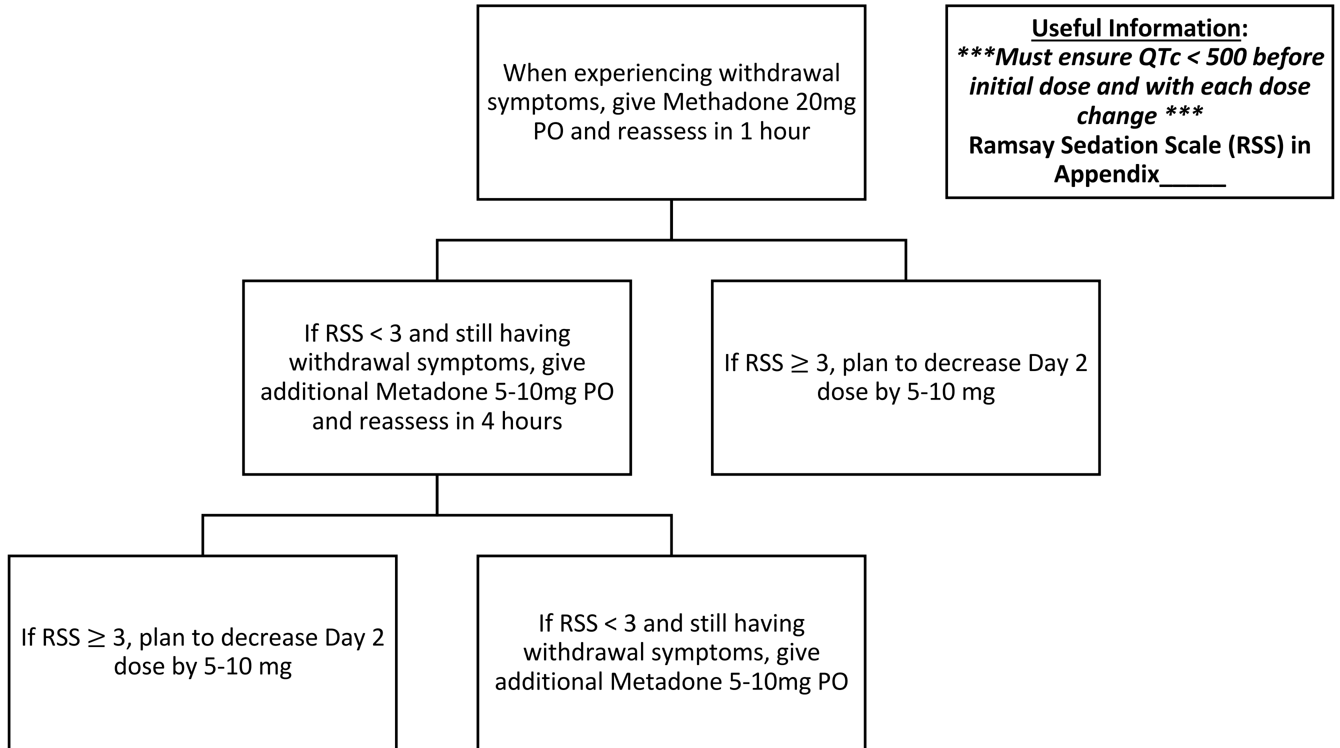
Important Considerations for Buprenorphine Induction:

- 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 greather than 5 times the upper limit of the laboratory reference range
    - Surgery, delivery or other painful experience anticipated in next 48 hours

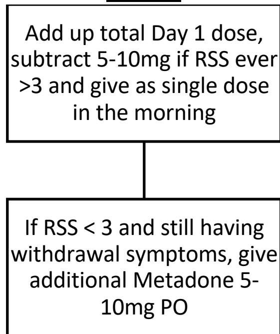
Sample Inpatient Methadone Induction Algorithm

Day 1



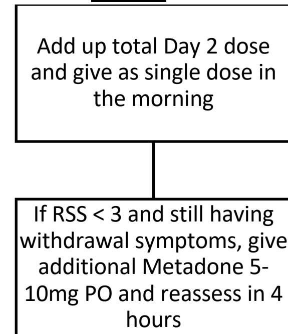
***** Day 1 total dose not to exceed 40mg*****

Day 2



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

Day 3



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