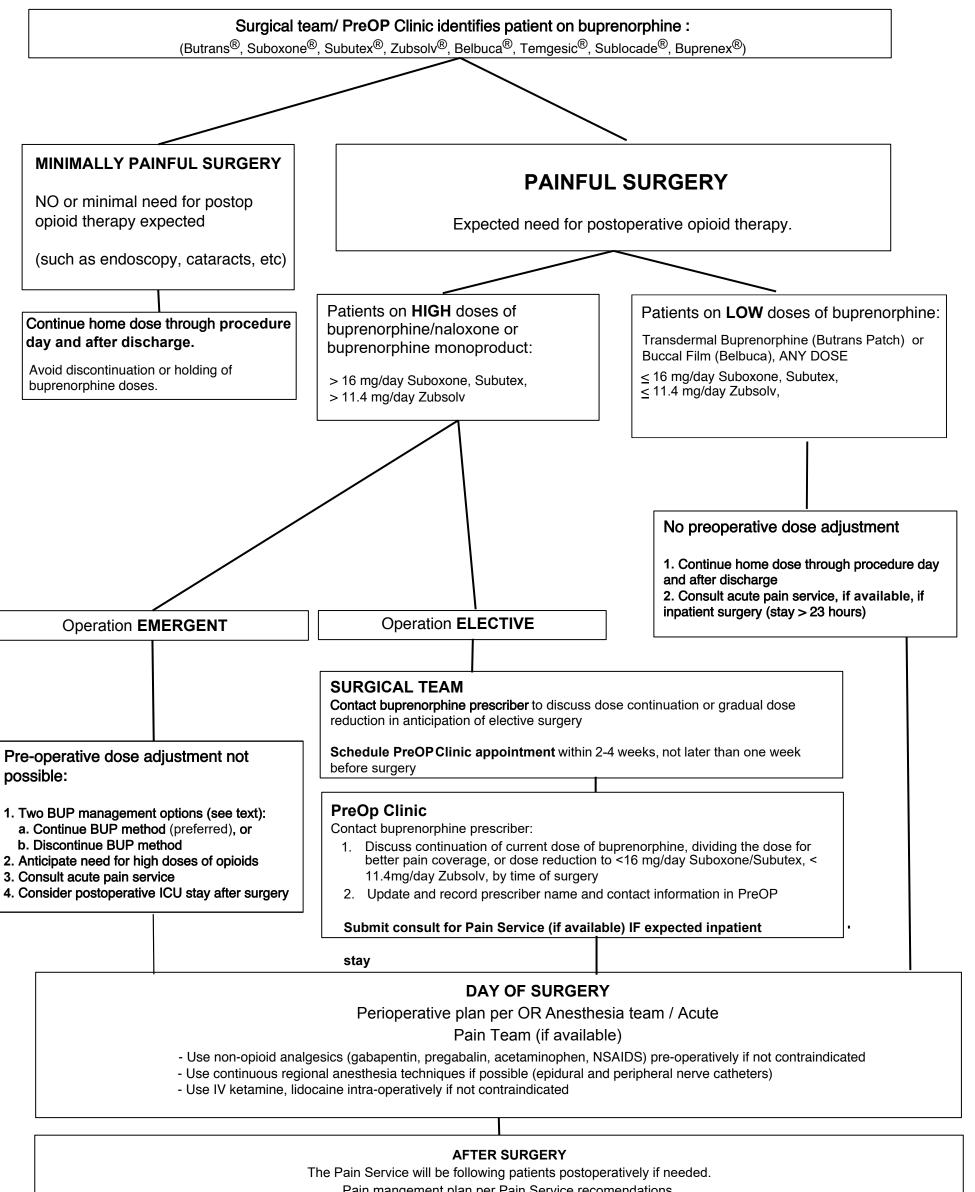
## Guidelines for the Perioperative Management of Buprenorphine



Pain mangement plan per Pain Service recomendations.

- Maintenance or placement of axial or peripheral nerve catheters, or short-term nerve blocks as necessary
- Focus on non-opioid medication (gabapentinoids, acetaminophen, NSAIDs, antidepressants, α<sub>2</sub> agonists etc.)
- Use full agonist opioid with high binding affinity (hydromorphone, fentanyl, or sufentanil) orally, IV, or by PCA
- Avoid use of long-acting opioids!
- Continuation of buprenorphine, at home dose, lower dose, or higher dose
- Consider Ketamine infusion protocol (1-5mcg/kg/min infusion) (if applicable)
- Use Non-medication/non-procedural adjuncts (acupuncture, pet therapy, PT and mechanical supports as appropriate)

Buprenorphine Re-Induction Planning should not be necessary if patients continued to take buprenorphine during their hospital stay or were on the buprenorphine formulations for pain management (transdermal patch or buccal film). If buprenorphine was discontinued, the pain service attending decides, in collaboration with the buprenorphine prescriber or X-waivered provider which re-induction strategy is appropriate.

- Anderson TA et al, To Stop or Not, That Is the Question. Acute Pain Management for the Patient on Chronic Buprenorphine. Anesthesiology 126, 1180–1186 (2017).
- Adapted from, UCSF Guideline for the Perioperative Management of Buprenorphine, 2018