



Appendix 4

Approach to acute pain management in patients with opioid use disorder

Patients with acute pain and OUD often face the dual challenges of tolerance to opioids and hesitation on the part of the primary team to treat pain in the face of an opioid use disorder. We:

1. Remind teams that patients with OUD will often need higher doses of opioid due to increased opioid tolerance.
2. Work closely with the Acute Pain Service to begin multimodal pain management including, when appropriate, ketamine infusion, nerve blocks, ice, heat, and non-opioid medications.
3. Strongly recommend continuing buprenorphine-naloxone if the patient is already on it, including during the perioperative period (Appendix 4). We frequently split the total daily dose of buprenorphine-naloxone and administer two or three doses throughout the day for improved analgesia and/or add additional doses for pain control (Alford et al. 2006). For additional pain control in the acute setting, we also use potent opioids like hydromorphone in addition to buprenorphine.

1. Alford DP, Compton P, Samet JH. Acute pain management for patients receiving maintenance methadone or buprenorphine therapy. *Ann Intern Med* 2006;144:127-34.