

UNIVERSITY OF MIAMI MILLER SCHOOL OF MEDICINE
DEPARTMENT OF OBSTETRICS & GYNECOLOGY
STANDARD OPERATING PROCEDURE

Document Number: OB/GYN-109-01 Effective Date: 6/1/14

Author(s): JoNell Potter, PhD

Title: Admission and Care of Pregnant Patients Needing Treatment for Opiate Addiction

1. PURPOSE

The purpose of this document is to define the process for admission and care of pregnant patients needing treatment for opiate addiction

2. DEFINITIONS & ABBREVIATIONS

Clinical Opiate Withdrawal Scale = COWS

Non-Stress Test = NST

3. RESPONSIBILITY

3.1 Dr. S. Yasin – Medical Director; Dr. C. Curry – OB Addiction Specialist; Dr. D. Newport – Psychiatrist

4. PROCEDURE

4.1 Buprenorphine Treatment in Pregnancy

4.1.1 Indication: Buprenorphine is indicated for the treatment of opioid dependence as an alternative to continued use of illicit opiates.

4.1.2 Pharmacology: Buprenorphine is a partial agonist at the mu-opioid receptor and an antagonist at the kappa-opioid receptor. Because it is a partial agonist, higher doses can be given with less adverse effects than are seen with high doses of a full opioid agonist. At low doses, buprenorphine relieves signs and symptoms of opioid withdrawal, and also produces typical opioid agonist effects (analgesia, euphoria, respiratory depression). The agonist effects increase with increasing doses until a plateau is reached, with the maximum 'ceiling' dose being between 8mg and 32mg depending on the person.

4.2 Criteria for buprenorphine treatment in pregnancy

4.2.1 Intrauterine pregnancy confirmed (or positive bHCG and undergoing workup for intrauterine pregnancy)

4.2.2 Clinical history of opiate use disorder

4.2.3 Desire to undergo treatment for opiate use disorder

4.2.4 Agreement to get prenatal care through Jackson Memorial Hospital

4.2.5 Agreement to deliver at Jackson Memorial Hospital

4.2.6 Ability to comply with care guidelines

4.3 Admission for buprenorphine titration

4.3.1 Evaluation by OB/GYN resident and admission to labor and delivery

4.3.2 Obtain routine prenatal labs (HIV, RPR, Hepatitis C Ab, Hepatitis B sAb, Hepatitis B eAb, Rubella IgG, Varicella IgG, CBC, Blood type and RH, urine culture, GC and Chlamydia screening)

4.3.3 Obtain gestational age appropriate imaging (Dating ultrasound, anatomy ultrasound, etc)

4.3.4 Daily doppler of fetal heart rate before fetal viability

4.3.5 Daily NST after fetal viability

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- 4.3.6 No intravenous access required unless patient needs IV medication
- 4.3.7 Routine use of comfort medications (acetaminophen, benadryl, ondansetron, loperamide, colace, senna, benadryl) as needed for symptoms of withdrawal
- 4.3.8 Regular diet, prenatal vitamins, activity as tolerated unless obstetrical co-morbidity
- 4.3.9 Nicotine patch offered for smokers
- 4.3.10 Formal psychiatric consultation
- 4.3.11 Formal social work consultation
- 4.3.12 Notification of Dr. Curry to arrange outpatient care and prescription for buprenorphine

4.4 Buprenorphine Induction

- 4.4.1 OB/GYN resident evaluates the patient for signs and symptoms of active withdrawal. The patient must have spontaneous withdrawal before initiation of buprenorphine, otherwise initiation will precipitate medically induced withdrawal which will be very uncomfortable and unhealthy for the patient.
- 4.4.2 Symptoms of active withdrawal include: yawning, sweating, anxiety, restlessness, insomnia, chills, nausea, cramping abdominal pain, muscle aches
- 4.4.3 Signs of active withdrawal include: lacrimation, rhinorrhea, dilated pupils, piloerection, tachycardia, hypertension, diarrhea and vomiting
- 4.4.4 Nurse will complete a COWS evaluation on arrival and every four hours during hospital stay.
- 4.4.5 OB/GYN resident will dose buprenorphine every 4-6 hours (no more frequent than every four hours) until the patient is on a stable dose of buprenorphine
- 4.4.6 For women who arrive in active withdrawal: Start with 4mg of sublingual buprenorphine
- 4.4.7 For COWS between 5mg and 25mg: Give 2mg of sublingual buprenorphine
- 4.4.8 For COWS over 25mg: Give 4mg of sublingual buprenorphine

4.5 Discharge Criteria

- 4.5.1 Tolerance of buprenorphine. Observe patient 4-6 hours after last dose.
- 4.5.2 Schedule follow up via contacting Dr. Curry, or, in her absence, HIV Linkage Specialist to arrange follow up appointment
- 4.5.3 Buprenorphine prescription through Dr. Curry or Dr. Newport (psychiatry)

5. DOCUMENTATION

5.1 Maintenance of SOPs

The signed originals will be stored electronically with the Division Director for Research and Special Projects and also in SharePoint.

5.2 Review of SOPs

SOPs will be reviewed annually.

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6. REFERENCES
N/A

7. TEMPLATES/ADDITIONAL DOCUMENTS

7.1

Clinical Opiate Withdrawal Scale (COWS)

Flow-sheet for measuring symptoms during buprenorphine induction.

Place Patient Sticker HERE

For each item, write in the number that best describes the patient's signs or symptom.

Date and Time: _____							
Resting Pulse Rate: (record beats per minute) <i>Measured after patient is sitting or lying for one minute</i> 0 pulse rate 80 or below 1 pulse rate 81-100 2 pulse rate 101-120 4 pulse rate greater than 120							
Sweating: <i>over past ½ hour not accounted for by room temperature or patient activity.</i> 0 no report of chills or flushing 1 subjective report of chills or flushing 2 flushed or observable moistness on face 3 beads of sweat on brow or face 4 sweat streaming off face							
Restlessness <i>Observation during assessment</i> 0 able to sit still 1 reports difficulty sitting still, but is able to do so 3 frequent shifting or extraneous movements of legs/arms 5 Unable to sit still for more than a few seconds							
Pupil size 0 pupils pinned or normal size for room light 1 pupils possibly larger than normal for room light 2 pupils moderately dilated 5 pupils so dilated that only the rim of the iris is visible							

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Bone or Joint aches <i>If patient was having pain previously, only the additional component attributed to opiates withdrawal is scored</i> 0 not present 1 mild diffuse discomfort 2 patient reports severe diffuse aching of joints/ muscles 4 patient is rubbing joints or muscles and is unable to sit still because of discomfort							
Runny nose or tearing <i>Not accounted for by cold symptoms or allergies</i> 0 not present 1 nasal stuffiness or unusually moist eyes 2 nose running or tearing 4 nose constantly running or tears streaming down cheeks							
GI Upset: <i>over last ½ hour</i> 0 no GI symptoms 1 stomach cramps 2 nausea or loose stool 3 vomiting or diarrhea 5 Multiple episodes of diarrhea or vomiting							
Tremor <i>observation of outstretched hands</i> 0 No tremor 1 tremor can be felt, but not observed 2 slight tremor observable 4 gross tremor or muscle twitching							
Yawning <i>Observation during assessment</i> 0 no yawning 1 yawning once or twice during assessment 2 yawning three or more times during assessment 4 yawning several times/minute							
Anxiety or Irritability 0 none 1 patient reports increasing irritability or anxiousness 2 patient obviously irritable anxious 4 patient so irritable or anxious that participation in the assessment is difficult							
Gooseflesh skin 0 skin is smooth 3 piloerection of skin can be felt or hairs standing up on arms 5 prominent piloerection							
Total scores							

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with observer's initials							
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Score:
5-12 = mild;
13-24 = moderate;
25-36 = moderately severe;
more than 36 = severe withdrawal

8. REVISION HISTORY

Effective Date	Revision Date	Author	Description of Changes


SIGNATURES

Prepared by: JoNell Potter, PhD Date: 6.1.2014
 Director, Division of Research and Special Projects



 Signature

Approved by: Ira Karmin, MD Date: 6/1/2014
 Chairman, Department of OB/GYN



 Signature