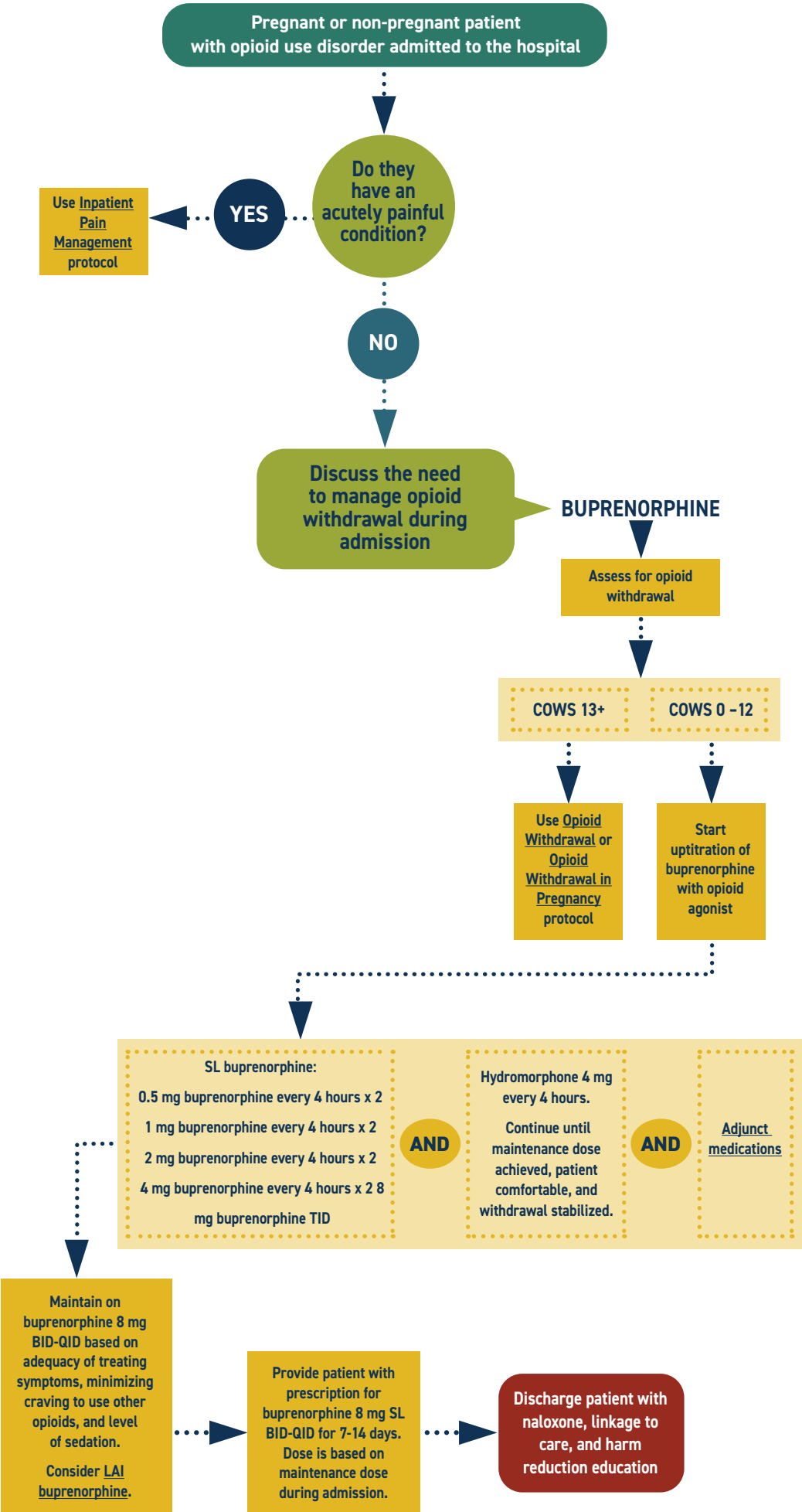


Inpatient Care of Opioid Use Disorder



Considerations

- Patients with OUD admitted to the hospital should have their pain and withdrawal adequately managed regardless of, and prior to deciding, plans to continue treatment after discharge.
- Particular attention to avoiding withdrawal should be paid in pregnant patients, as withdrawal can harm the pregnancy. Agonist MOUD is much safer and more effective than withdrawal management (formerly referred to as “detox”) and is recommended by the American College of Obstetricians and Gynecologists (ACOG).
- Starting hydromorphone concurrently with the up-titration of buprenorphine is safe, minimizes the risk for and severity of withdrawal, and treats pain and hyperalgesia associated with withdrawal symptoms. Titrate buprenorphine to therapeutic levels prior to stopping hydromorphone.
- Buprenorphine films are easier than tabs for this rapid up-titration schedule.
- Potential complicating factors include:
- Allergy or sensitivity
 - Severe respiratory compromise
 - Chronic use of long acting opioids (e.g., methadone or Oxycontin®)
- Consider expert consultation, but prioritize treating symptoms.
- Consider screening for HIV, HCV, STIs, and mental health comorbidities. Link to ongoing care as needed.

Program partners

Washington State
Health Care Authority

ADAI
ADDICTIONS, DRUG & ALCOHOL INSTITUTE

UW Medicine
DEPARTMENT OF EMERGENCY MEDICINE

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PSYCHIATRY & BEHAVIORAL SCIENCES
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