Preoperative/ Preadmission Management

Continue Buprenorphine without dose reduction independent of dose until admission/ day of surgery

Pain Management During Admission

Plan to continue Buprenorphine without dose reduction
- Maximize multimodal analgesia use
- Use opioids with high binding affinity (e.g. hydromorphone, fentanyl, or sufentanil) when additional opioids are needed for pain management
- Consultation of a pain service or expert provider is recommended

Discharge Management

The goal is to discharge the patient on the pre-admission Buprenorphine dose

Dose adjustments of buprenorphine during admission should be communicated to the outside prescriber at the time of discharge. Additional non-opioid analgesics as well as opioids will routinely be necessary at the time of discharge and will subsequently need to be tapered by the patient with the help of the outside buprenorphine prescriber.

This guideline is owned by the current Chair of the Pain Committee. The guideline was approved by the UCSF Health Pain Committee on 1/20/2021 and by the UCSF and Mount Zion Medical Center P&T Committee on 4/14/2021.