

Guidelines for Care of Subutex Patients Postpartum

Prescriptions:

All patients are maintained on SUBUTEX (Buprenorphine) during pregnancy.

Patients will remain on SUBUTEX while in the hospital.

Patients will be converted to SUBOXONE (Buprenorphine + Naloxone) as an outpatient.

If needed, patients can be discharged with narcotics prescription following C-section.

Pain Management

For vaginal deliveries without complications: Continue Subutex
Motrin 800mg q 6hrs scheduled
Avoid narcotics: do not routinely order Oxycodone

For assisted deliveries or 3rd Lacerations: Continue Subutex
Toradol 30mg IV q 6hrs scheduled x 24 hours
Zantac 150mg po bid
Colace 400mg BID
Avoid narcotics if possible

For postpartum D&C or 4th Lacerations: Continue Subutex
Toradol 30mg IV q 6hrs x 36 to 48hrs
Zantac 150mg po BID
Oxycodone 5-15 mg q 4hrs prn

For scheduled C-sections: Continue Subutex
Spinal with Duramorph
Continue Suboxone qd
Toradol 30mg IV q 6hrs scheduled x 48- 72hrs
Zantac
Dilaudid 4- 6mg po q 4hrs prn

For Emergent C-sections: Continue Subutex
Epidural with Duramorph
Continue Suboxone qd
Toradol 30mg IV q 6hrs scheduled x 48- 72hrs
Zantac
Dilaudid 4- 6mg po q 4hrs prn