BUPRENORPHINE MICROINDUCTION IN AN INTUBATED AND SEDATED PATIENT

Cooper University Health Care

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INTRODUCTION

- While buprenorphine is highly effective for the treatment of Opioid Use Disorder (OUD), initiation can be challenging due to precipitated withdrawal
- As rates of OUD and related complications continue to rise, it is crucial that we explore alternative means to quickly and successfully initiate medications for OUD (MOUD) whenever patients interact with the healthcare system
- We discuss a patient who started buprenorphine via a microinduction technique while intubated and receiving full opioid agonists in an intensive care unit (ICU) setting

Table 1: Rapid (3-day) Buprenorphine Microinduction Protocol, Cooper University Health Care

Day 1	**Buprenorphine 300mcg every 3 hours for 8 doses**
Day 2	**Buprenorphine 750mcg every 3 hours for 8 doses**
Day 3	**Buprenorphine 12mg, followed by 2mg every 2 hours as needed for withdrawal**

CASE DESCRIPTION

- A 53-year-old female with a past medical history including OUD presented to an outside hospital and was ultimately intubated for respiratory distress. She was transferred to our hospital for higher level of care
- Addiction medicine was consulted on hospital day #3 due to concern for OUD as well as agitation and difficulty weaning sedation for spontaneous breathing trials
- On chart review, the patient had recently requested a buprenorphine/naloxone prescription from her primary care provider, and prior notes documented a history of injection heroin and fentanyl use
- Addiction medicine recommended buprenorphine microinduction (Table 1) while continuing opioid agonists
- The patient was extubated on hospital day four and successfully completed buprenorphine microinduction on hospital day five. At that time, it was determined that she met criteria for severe OUD
- She elected to continue buprenorphine and was provided a discharge prescription for buprenorphine/naloxone 8-2mg twice daily. She was discharged on hospital day six
- While the patient had intermittent periods of continued fentanyl use, since starting buprenorphine in the ICU, she was retained in care on buprenorphine for a period of over seven months

DISCUSSION

- The ICU setting is traditionally underutilized for MOUD initiation
- Initiating buprenorphine in intubated patients has advantages compared to delayed initiation, including completing induction while comfortably sedated, as well as potentially reducing the need for sedating medications for extubation
- We believe that patient autonomy can be maintained in these situations as buprenorphine is potentially lifesaving, is noninvasive, has other medical utilities, and can be easily continued, stopped, or transitioned to methadone after extubation

AUTHORS & DISCLOSURES

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A. Nothing to disclose

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