

Patient Name: \_\_\_\_\_  
MRN: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Complete above information or attach patient label to each page.

## Opioid Use Disorder (OUD) treatment for Antepartum/Intrapartum Patients - WBH

### Allergies/Height/Weight

#### Height/Weight:

● Height: \_\_\_\_\_ (inches)

● Weight: \_\_\_\_\_ (kg)

● Allergies (list here): \_\_\_\_\_

☐ No known drug allergies

### Nursing

☐ Perform COWS assessment on admission and every 12 hours if opioid use was in the last 48 hours and report score to provider if greater than 8

### Medications

#### On Maintenance Therapy (Use prior to admission dose and time schedule):

● Avoid using Nubain and Stadol

● Check prior to admission dose with [https://starnet2/sites/DepartmentsM\\_P/Pharmacy/Policy%20%20Procedures/Methadone%20Maintenance%20Facilities.pdf#search=methadone](https://starnet2/sites/DepartmentsM_P/Pharmacy/Policy%20%20Procedures/Methadone%20Maintenance%20Facilities.pdf#search=methadone)

☐ Buprenorphine HCl (Subutex) SL tablet [☐2 mg ☐4 mg ☐8 mg ☐12 mg ☐16 mg ] sublingual \_\_\_\_\_ [frequency]

☐ Methadone HCl(Dolophine) [☐5 mg ☐10 mg ☐20 mg ] orally \_\_\_\_\_ [Frequency]

#### Additional Pain Management:

☐ morphine sulfate 5 mg intravenously every 2 hours as needed for moderate pain

Or

☒ morphine sulfate 10 mg intravenously every 2 hours as needed for severe pain

Or

☐ HYDROMORPHONE HCl (DILAUDID) 1 mg intravenously every 2 hours as needed for moderate pain

Or

☒ HYDROMORPHONE HCl (DILAUDID) 2 mg intravenously every 2 hours as needed for severe pain

Or

☐ FentaNYL Citrate (SUBLIMAZE) 50 mcg intravenously every 2 hours as needed for moderate pain

Or

☒ FentaNYL Citrate (SUBLIMAZE) 100 mcg intravenously every 2 hours as needed for severe pain

### Laboratory

☐ Urine toxic screen with confirmation

☐ Rapid HIV (LAB3000160) WBH ONLY

☐ Hepatitis C Antibody (LAB3060326)

### Consultations

☐ Consult Healthy Beginnings for Opioid use in pregnancy

☐ Case Management Alert re: opioid use

\* Comments:

\*If case management is needed on evenings and weekends and the patient requires immediate attention, please contact the on call case manager via the hospital operator.

☐ Consult Family & Community Medicine (FHS)

Reason for consult: OUD treatment management

Patient to be seen: [☐STAT ☐Today ☐In AM ☐Other (please comment) \_\_\_\_\_ ]

THE FOLLOWING SUBSTITUTION WILL OCCUR UNLESS THE PHYSICIAN INDICATES "BRAND NECESSARY" ON ORDER (1) GENERIC SUBSTITUTION ACCORDING TO FORMULARY (2) SUBSTITUTION OF AN EQUIVALENT THERAPEUTIC AGENT AS DEFINED BY THE PHARMACY AND THERAPEUTICS COMMITTEE

