MOMs +

(Maternal Overdose Matters)

Stimulant Withdrawal Inpatient OB Order Set

CLINICAL PEARLS

Clinicians **should be aware** of the hallmark **symptoms of stimulant withdrawal** including: extreme fatigue, difficulty arousing or focusing patient's attention, excessive sleep, dysphoria and **anxiety**.

Patients should be **screened** for **other substance use including OUD. Naloxone** should be **ordered** as needed in case of patient self-administration of illicit substance that could potentially contain opioids. **Naloxone should be sent home at discharge** in case of future intake of a substance that could (knowingly or unknowingly) **contain an opioid.**

Mirtazapine and **bupropion/naltrexone** have some data showing that they **support** the patient through the **early withdrawal phase**, and are associated with **longer term craving reduction**. May consider initiation of either treatment, if appropriate for the patient.

Surgical considerations:

Elective procedures: patients are often asked to **refrain from stimulant use for several days prior** to surgery in an effort to **reduce the risks** of **hemodynamic instability** associated with **general anesthesia**. Patients who have used stimulants within **48 hours** of receiving general anesthesia, are significantly more likely to experience hemodynamic instability and **require vasoactive medications** during the first hour of general anesthesia.

Emergent procedures: surgeons and anesthesiologists **will likely proceed with surgery**, but will **closely monitor** for hemodynamic instability during general anesthesia.

COMFORT TREATMENTS (+/-)

- ☐ Clonidine 0.1 mg orally q4h PRN restlessness, hot/cold flashes or anxiety
- ☐ Hydroxyzine 25-50 mg orally q6h PRN anxiety or insomnia
- ☐ Ondansetron 4 mg orally q6h PRN nausea
- ☐ Dicyclomine 10 mg orally TID PRN abdominal cramping
- ☐ Trazodone 50-100 mg orally qHS PRN insomnia
- ☐ Acetaminophen 500-1000 mg orally q6h PRN headache, pain
- ☐ Gabapentin 300 mg orally TID PRN restless legs, anxiety, agitation
- ☐ Promethazine 12.5-25 mg orally q6H PRN nausea (if preferred to ondansetron, or not having success with ondansetron)

May Consider Initiation of:

- ☐ Mirtazapine 15 mg orally at bedtime (increase to 30 mg if tolerated)
- ☐ **Bupropion XL 450 mg orally daily**
  (initiate at 150 mg orally daily x 7 days, then 300 mg orally daily x 7 days, then 450 mg orally daily)
  +
  Naltrexone 380 mg injection IM every 3 weeks
  (may initiate in hospital with naltrexone 25 mg orally HS x 3 nights, then 50 mg orally HS until able to schedule injection)

NALOXONE INPATIENT ORDERS

- ☑ **Naloxone 0.4 mg Injection Solution**
  Administer 0.4 mg IV as needed for respiratory depression, and notify provider
- ☑ **Naloxone 4 mg Nasal Spray**
  Administer 4 mg nasally as needed for respiratory depression if no IV access, and notify provider

LABORATORY (IN ADDITION TO STANDARD OB LABORATORY ORDERS)

- ☐ HIV
- ☐ Hepatitis B Antigen and Antibody
- ☐ Hepatitis C Antibody with reflex RNA
- ☐ RPR/Treponema
- ☐ Urine screen for Chlamydia/Gonorrhea, Trichomonas
- ☐ CBC and CMP

INFECTIOUS DISEASE CONSIDERATIONS

- ☐ Treat/ refer for treatment of sexually transmitted infections
- ☐ Offer PrEP for patients with injection use, partners with injection use and/or transactional sex/ sex work

CONSULTS

- ☐ Pain Management/Anesthesia
- ☐ NICU Team
- ☐ Nursery/Pediatrics
- ☑ Case Management or Social Work
- ☑ Peer Support Specialist
- ☑ Education on naloxone take home kit (Nursing/Pharmacy)

AFTERCARE

- ☑ Outpatient SUD Provider
- ☑ Outpatient Behavioral Health Services
- ☑ Navigation Team
- ☑ Harm Reduction Services
- ☑ Peer Support Services
- ☐ Outpatient Prenatal Care/ Postpartum Care
- ☐ Outpatient Pediatric/ Family Medicine
- ☑ **Naloxone 4 mg Nasal Spray- Take Home Kit**
  Administer 4 mg nasally as needed for opioid overdose
  Dispense at Discharge

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