



Buprenorphine for Pain Template

RN Assessment Template

Pain

Location of pain:

Onset:

Surgeries:

Pain level 0-10 ranged over a 24-hour period

Pain is worse when:

Pain is least when:

What relieves pain:

Other pain treatments (chiropractor, physical therapy, acupuncture, etc.)

Physical Limitations from living with pain:

Disability:

(Do the above assessment for each reported chronic pain problem)

Opioids

When first prescribed:

Previous opioid rx'd (list all and approximate dates

Current dosing:

Is your pain well-managed with this regimen?

Escalate dose on days of more pain?

Stretch out to next refill due?

Run out early?

Call provider for refills?

Obtain from friends/family/street?

Concerns about pain management?

Overall health goals:

Other medications Hx/current:

Muscle relaxants

Anxiolytics/benzos

Sleep meds

ED visits r/t pain in past year

Substances

Alcohol - (Ever a problem? DUI's? Rehabs? If still drinking, does patient drink more for pain and sleep management?)

Benzos

Stimulants

Cannabis

Opioids

Tobacco



Other current medical issues and treatments:

Diet and exercise:

Psych:

Diagnoses/dates dx'd

Current psych meds:

Hx of psych meds:

SA/Si/Hospitalizations

Social:

Support:

Housed:

Income:

Vehicle:

Identified Barriers to care:

Plan:

1. Always begin this care with Urine Drug Screen.
2. Convert any long-acting opioids to short-acting equivalents. If a long-acting is converted to short-acting opioid then stay with it for 5-7 days before starting withdrawal and BUP start.
3. Plan Buprenorphine start (induction) with instructions to stop all opioids for 24 hours.
 - a. Comfort meds for withdrawal phase. Some suggestions below – Provider might have another comfort med protocol.
 - i. Ativan 1 mg BID for 1 day #2
 - ii. Gabapentin 100 mg 1-3 caps QID prn for anxiety and sleep for 3 days # 40
 - iii. Clonidine 0.1 mg (optional – assess for hypotension risk) #2
 - iv. Ibuprofen 800 mg TID prn for aches
 - v. Zofran 4 mg as directed prn nausea
 - vi. Imodium 2 mg prn as directed for diarrhea
4. Start with BuTrans patch to assess for tolerance to Bup and for side effects.
 - a. BuTrans dosing based on most recent opioid medications
 - b. Add Buprenorphine 2 mg tab SL (take ½ tab SL BID initially) as needed to manage withdrawal and pain
 - c. Titrate to eliminate withdrawal and to improve pain management.
5. Assess daily and adjust dose as needed
6. Once patient is stable, refer back to provider for ongoing Bup for Pain care.