

# PAIN MANAGEMENT WHILE ON BUPRENORPHINE FOR OPIOID USE DISORDER

**FOR BOTH ACUTE AND CHRONIC PAIN, CONSIDER SPLITTING  
PATIENT'S MAINTENANCE BUPRENORPHINE DOSE TO EVERY 6-8 HOURS**

**IS PAIN IMPROVED?**

**NO**

In addition to split dosing, combine  
with non-opioid and adjuvant therapies.

**IS PAIN IMPROVED?**

**NO**

**IS PAIN  
CHRONIC OR ACUTE?**

**CHRONIC**

**ACUTE**

**YES**

Continue with split  
dosing every 6-8 hours.

**Acute pain:** Develop plan with patient  
when to revert back to previous regimen.  
**Chronic pain:** May consider maintaining  
q6-8 hr dosing schedule.

**Acute pain:** Continue with q6-8 hr split dosing and  
non-opioid and adjuvant therapies. Develop plan with  
patient for when to revert back to previous regimen.  
**Chronic pain:** Continue with q6-8 hr split dosing and  
non-opioid and adjuvant therapies.

Increase dose by 2-4 mg increments up to 24 mg/daily with split q6-8 hr dosing.  
**also consider**  
short-acting full agonist in addition to maintenance buprenorphine dose  
**and**  
develop plan with patient for when to revert back to previous regimen.  
If pain is not improved consult with an addiction/pain expert.  
Contact <https://pcssnow.org/mentoring/#ask>

Increase dose by 2-4 mg increments up to 24 mg/daily with split q6-8 hr dosing, combined  
with non-opioid and adjuvant therapies. If pain is not improved consult with an addiction/pain  
expert. Contact <https://pcssnow.org/mentoring/#ask>