

EXAMPLE: RAPID MICRO-INDUCTION PROTOCOL

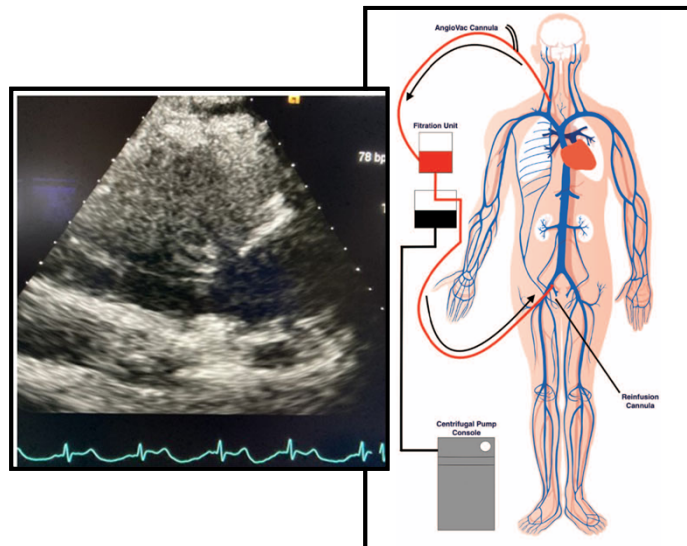
DAY	STEP 1	STEP 2	FULL AGONISTS
1	Buprenorphine 300mcg buccal Q3H x 2 doses	Buprenorphine 600mcg buccal Q3H x 6 doses	Continue full dose
2	Buprenorphine 600mcg buccal Q3H x 6 doses	Buprenorphine/naloxone 2mg/0.5mg SL Q3H x 2 doses	Continue full dose
3	Buprenorphine/naloxone 8mg/2mg SL Q3H x 2 doses		Last day if no ongoing acute pain
4+	Dosing can be adjusted based on patient's needs		

Sample protocols developed by Dr. Laura Fanucchi and the University of Kentucky Addiction Consult and Education Service and adapted from Weimer (2020) and Wong (2021).^{10,12}

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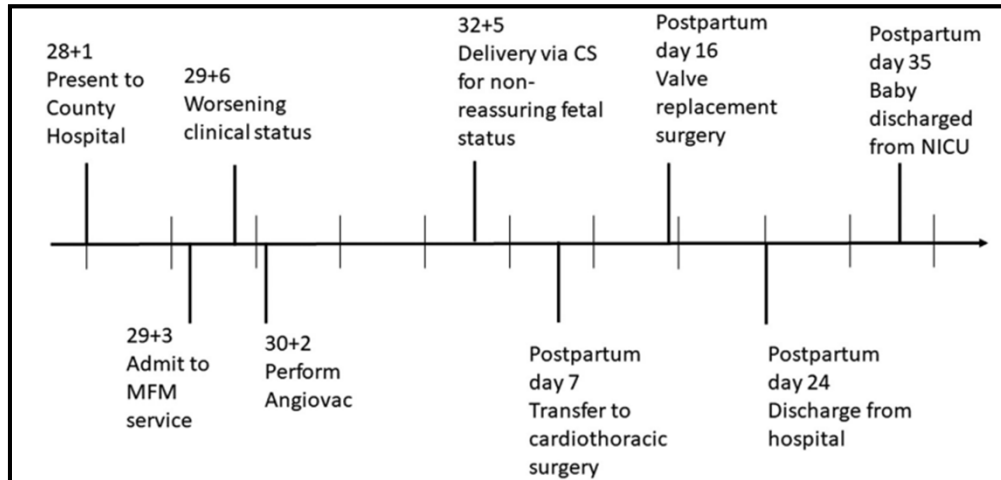
CLINICAL COURSE

- AngioVac performed at 30+2 weeks.
 - 80% vegetations debulked.
- Clinical status improved and blood cultures negative 1-week post-procedure.
- Delivered via c-section at 32+5 weeks for fetal malpresentation & BPP of 4/8.



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TIMELINE OF EVENTS



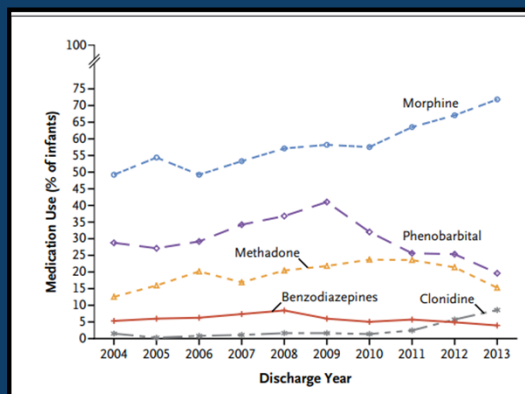
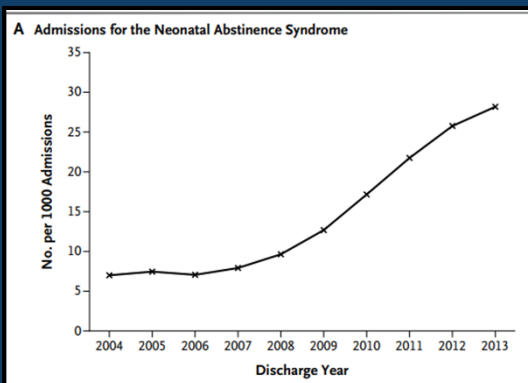
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Obstetric Complications:
The Essentials and More

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NEONATAL ABSTINENCE SYNDROME

Obstetric
Complications:
The Essentials
and More

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Tolia VN, Patrick SW, Bennett MM, Murthy K, Sousa J, Smith PB, Clark RH, Spitzer AR. Increasing incidence of the neonatal abstinence syndrome in U.S. neonatal ICUs. N Engl J Med. 2015 May 28;372(22):2118-26. doi: 10.1056/NEJMsa1500439. Epub 2015 Apr 26. PMID: 25913111.

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