

## Patient Hospital Care: Jenny

- ◆ Orthopedics recommends surgery
  - ◆ Scheduled for following morning
- ◆ Pain service recommends continuing IV hydromorphone
  - ◆ Considering starting methadone in addition at the post-op stage
  - ◆ “eventually” potentially buprenorphine
- ◆ Addiction medicine recommends adding buprenorphine by low-dose initiation (before surgery)
- ◆ Social work is investigating housing/discharge options
  - ◆ Updates addiction medicine team daily
- ◆ Psychiatry is unable to do a useful assessment due to pain and distress
  - ◆ Plans to return for mental health assessment following surgery

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- ◆ Surgery appears to be successful
- ◆ Pain control is poor even with high dose hydromorphone PCA and multimodal analgesia
  - ◆ pain medicine adds IV ketamine
  - ◆ addiction medicine recommends switching to lower dose oral hydromorphone and increasing buprenorphine dose (from 1mg twice daily to 4mg QID)

