

Neonatal Abstinence Syndrome (NAS) Due to Maternal Opioid Use Pharmacologic Treatment Advancement Algorithm (v.11-8-18)

*Indicators of substance use include:

- Known drug use/abuse
- Poor prenatal care (<3 visits)
- Obvious intoxication
- Placenta abruption
- Signs of neonatal abstinence syndrome

Other possible indicators of substance use include:

Maternal:

- Previous unexplained fetal demise
- Repeated spontaneous abortions
- Precipitous labor
- Severe mood swings
- M
- Cerebrovascular accidents
- History of psychiatric illness
- Positive sexually transmitted infections and suspected or known high-risk sexual behavior
- Inappropriate behavior arousing suspicion
- Reported physical or sexual abuse
- Positive HIV
- Hepatitis, pancreatitis, cirrhosis, cellulitis, endocarditis

Neonatal:

- Preterm birth
- · Jitteriness with normal glucose levels
- Marked irritability
- Atypical vascular incidents or MI
- · Unexplained IUGR, seizures, apnea
- · Neurobehavioral or congenital abnormalities
- Necrotizing enterocolitis in otherwise healthy term infant

Consider other potential causes of jitteriness, irritability, poor feeding:

- Hypoglycemia
- Hypocalcemia
- Hypomagnesemia
- Sepsis
- Meningitis
- CNS injury/bleed/stroke

<u>Immediately</u> contact the medical practitioner for the following changes:

- Seizures
- Diarrhea (6 or more stools/day or watery ring)
- Repetitive vomiting >10% of intake
- Tachycardia (HR >20 beats/minute over baseline)
- Systolic BP >90mm Hg
- · Cyanosis or mottling
- Continuous inconsolable crying despite nursing intervention
- Increased respiratory support

If perinatal history suggests in-utero exposure or infant shows signs of withdrawal:

- *Obtain urine toxicology, Cord STAT and meconium Notify OB provider to send Urine for OB Hold for urine drug testing.
- Start Modified Finnegan Neonatal Abstinence Score Sheet 2 hours after birth and continue every 3 hours for a minimum of 48h and Start non-pharmacologic interventions

Infants at risk for/with symptoms of NAS should receive these non-pharmacologic interventions: Reduce stimuli:

- · Quiet room with dim lighting
- Avoid talking at the bedside
- Prepare everything prior to disturbing infant
- · Minimize handling

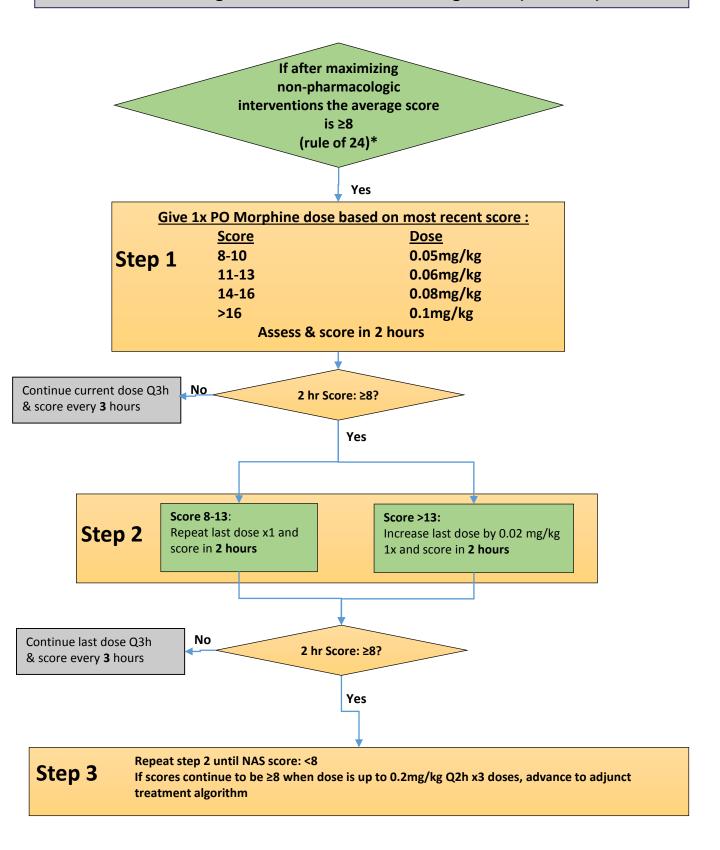
Supportive therapy:

- Swaddle
- Slow body movements
- Rock gently, talk, sing or hum softly

- Hold firmly and close to the body
- · Promote skin to skin contact
- Use a pacifier for excessive sucking
- Feed on demand, frequent small feedings or per orders
- Allow rests between sucking
- Assess coordination of suck/swallow reflex, support cheeks & jaw if necessary
- Change diaper frequently <u>start barrier cream</u> <u>prophylactically on admit</u> to prevent skin damage



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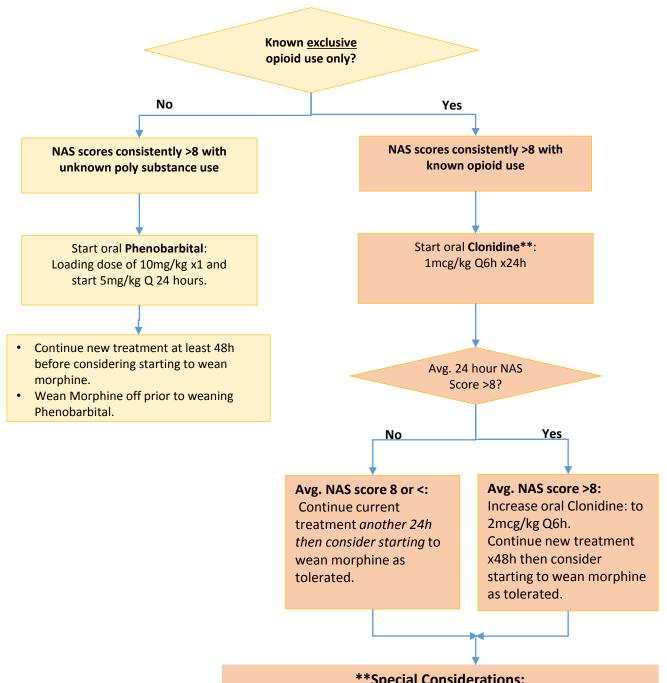


^{*3} consecutive scores averaging > 8 or 2 consecutive scores averaging > 12



Neonatal Abstinence Syndrome (NAS) Due to Maternal Opioid Use Adjunct Pharmacologic Treatment Advancement Algorithm (v.11-8-18)

If the infant is being treated with maximal dose of morphine (0.2 mg/kg Q3H) and NAS scores continue to meet/exceed the rule of 24, consider adjunctive treatment using the following algorithm



**Special Considerations:

- If dose maxed for morphine AND Clonidine, start phenobarbital.
- Wean morphine off prior to weaning Clonidine.
- Follow closely for side effects: hypotension, hyperglycemia, constipation.
- Follow for rebound hypertension when weaning clonidine.
- Monitor infant for at least 48h off of Clonidine prior to discharge.