

# Opioid Exposed Neonate Care Pathway

## Clinical Practice Guideline



Suspected or confirmed in utero opioid exposure

### Optimize non-pharmacologic care

- Low stimulation environment in caregiver's room
- Try skin-to-skin if caregiver willing
- Swaddle hold
- Pacifier
- MamaRoo/swing if available
- Sound machine if available
- Provide formula supplementation
- Consider different nipple, different position, cheek/chin support
- Consider feeding eval

### Initiate Modified Finnegan Scoring

Scoring to be done when patient calm, awake, and in the middle or after feed. Do not wake to score.

### Work up and Consults

- Collect meconium and Cord Drug Screen
- Consult Erin Munn, Team Hope Child Life Specialist
- Consult Betty Thomas, Team Hope Lactation Consultant or another Lactation Consultant if Betty not available
- Consult Social Work
- Ensure maternal HCV screening done

Infant scores  $\geq 8$  by 2 different RNs

Notify provider and optimize nonpharmacologic care\*

Reassess after 1 hour

Score  $<8$

Scores  $>8$

Continue care per protocol

Give PRN dose of morphine 0.03 mg/kg PO x1

Reassess at next scoring opportunity

Next score  $<8$

Next score  $\geq 8$

Next score  $\geq 12$

Initiate **Level 1** dosing (0.03 mg/kg) PO Q3H

Initiate **Level 1** dosing (0.03 mg/kg) PO Q3H

Next score  $<8$

Next score  $\geq 8$

Continue **Level 1** dosing

Increase to **Level 2** dosing (0.06 mg/kg) PO Q3H **AND** Initiate **Clonidine** dosing (1 mcg/kg) PO Q6H

Once on scheduled morphine with symptom stabilization, refer to weaning flowsheet

Initiate Team Hope consult by contacting Erin Munn: pager 615-831-4930 or Travis Crook: pager 615-835-7282

### Prior to Discharge

- Follow up appointment with PCP scheduled prior to discharge and documentation in chart
- CHANT/NFN offered to patient and documented in chart
- TEIS referral made prior to discharge
- If diagnosed with NAS, refer to Development Clinic prior to discharge
- If maternal HCV+, refer to GI/ID Hep C Clinic prior to discharge

When initiating or increasing the dose of morphine, infants should be placed on continuous pulse ox for one hour

### Consider NAS diagnosis for any of the following:

- Infant requires pharmacotherapy to control symptoms
- Infant must stay longer than 5 days due to ongoing symptoms
- Infant has weight loss  $>10\%$  in the setting of withdrawal symptoms

# Neonatal Abstinence Syndrome Weaning Protocol



NAS patient on scheduled morphine

## Weaning Eligibility

- 24-48 hours after initial dose of scheduled morphine
- Symptoms have stabilized
- Infant feeding well
- Weight is stable or increasing
- Infant is sleeping between feeds
- Infant is able to be consoled
- **Continue optimization of non-pharmacologic care**

If on Clonidine, do not stop or wean Clonidine until morphine has been weaned to discontinuation

## Optimize non-pharmacologic care

- Low stimulation environment in caregiver's room
- Try skin-to-skin if caregiver willing
- Swaddle hold
- Pacifier
- MamaRoo/swing if available
- Sound machine if available
- Provide formula supplementation
- Consider different nipple, different position, cheek/chin support
- Consider feeding eval

Modified Finnegan scores consistently <4

Modified Finnegan scores consistently 4-7

Modified Finnegan scores consistently  $\geq 8$

Wean 10% of **INITIAL** morphine dose q12

Wean 10% of **INITIAL** morphine dose q24

Do **NOT** wean  
Consider PRN dose of **CURRENT** morphine dose

May discontinue morphine once at 25% of initial dose and scores consistently <8

If more than one PRN dose required, return to **previous scheduled dose** of morphine

If on Clonidine, once Morphine discontinued x24 hours, may discontinue Clonidine; this does NOT require a wean

Monitor infant for 24-48 hours after cessation of medications  
Family/Caregiver to room in during this time if possible

## Prior to Discharge

- Follow up appointment with PCP scheduled prior to discharge and documentation in chart
- CHANT/NFN offered to patient and documented in chart
- TEIS referral made prior to discharge
- If diagnosed with NAS, refer to Development Clinic prior to discharge
- If maternal HCV+, refer to GI/ID Hep C Clinic prior to discharge

Discharge Home