

Opioid Exposed Neonate Care Pathway

Consider an NAS/NOWS 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

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

Withdrawal assessment – Eat, Sleep, Console (ESC) or Modified Finnegan

- ESC now standard in NBN
- For Modified Finnegan, score when patient is calm, awake, and in the middle or after feed. Do not wake to score.

Initiate Opioid Exposed Newborn Order Set (In Admission orders)

- Order cord drug screen (meconium if cord not available) ONLY IF not compliant in 3rd trimester. Drug screening not necessary if documented compliance in treatment.
- Consult lactation, breast pump to bed.
- Consult OT
- Consult Social Work
- Ensure Maternal HCV screening done AND document in chart

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

Reassess after 1 hour

Score "no" on ESC OR <8 on Modified Finnegan

Score "yes" on ESC OR ≥ 8 on Modified Finnegan

Continue care per protocol

Give PRN dose of 0.03 mg/kg PO x1

Notify provider and optimize nonpharmacologic care

Reassess at next scoring opportunity

Score "no" on ESC OR <8 on Modified Finnegan

Score "yes" on ESC OR ≥ 8 on Modified Finnegan

Reassess at next scoring opportunity

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

Score "no" on ESC OR <8 on Modified Finnegan

Score "yes" on ESC OR ≥ 8 on Modified Finnegan

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

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

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

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

Neonatal Abstinence Syndrome Weaning Protocol

NAS patient on scheduled morphine

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
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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

Modified Finnegan scores consistently <4

Modified Finnegan scores consistently 4-7

Modified Finnegan scores consistently ≥ 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

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Discharge Home