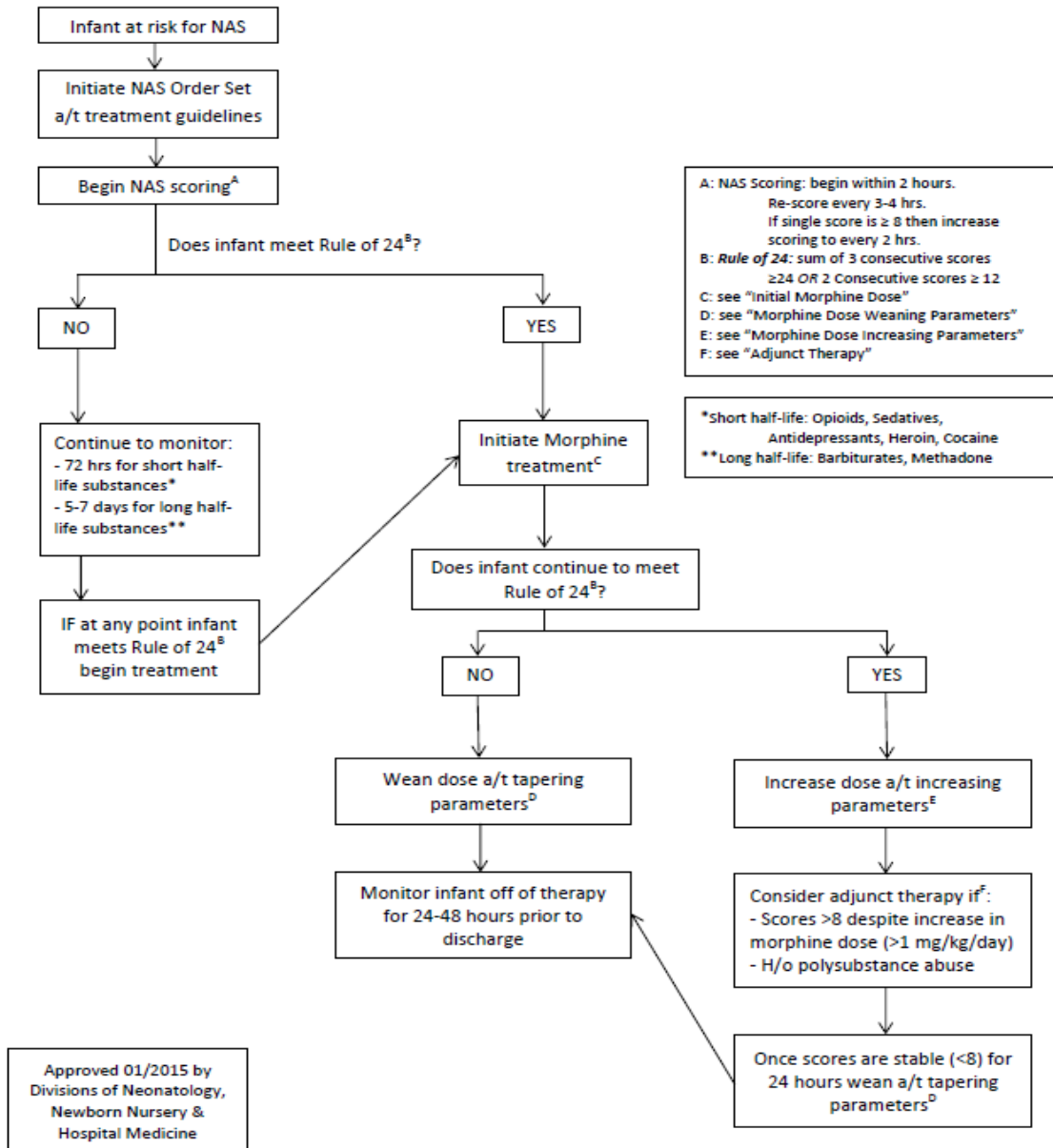


Neonatal Abstinence Syndrome Protocol

Neonatal Abstinence Syndrome (NAS) Treatment Guidelines NICU, Newborn Nursery, In-patient Wards UF Health Shands Children's Hospital at the University of Florida



Rule of 24:

-Sum of three consecutive scores greater than or equal to 24 OR two consecutive scores greater than or equal to 12

Initial Morphine Dose:

- If average of 3 scores is 8-11: 0.05 mg/kg/dose q 3-4 hours depending on feeds
- If average of 3 scores is greater than or equal to 12: 0.1 mg/kg/dose q 3-4 hours depending on feeds

Morphine Dose Weaning Parameters:

- Wean only if infant is "stabilized" (i.e. scores do not meet Rule of 24 for preceding 24 hours)
- Dose weans should not occur more frequently than every 24 hours to assess tolerance
- Weans should follow below parameters (*NOTE dosing is absolute mg NOT mg/kg*)
- Weans should be no more than 10% of original dose (i.e. 3 mg starting dose. Wean by 0.3 mg **EVERY** time. Would wean to 2.7 mg weaned to 2.4 mg)
- Some infants may benefit from weaning from q 3 hours to q 6 hours

Morphine Dose Increasing Parameters:

- Increase only if infant is NOT "stabilized" (i.e. scores meet Rule of 24)
- Dose increases should not occur more frequently than every 12 hours to assess tolerance
- Increase doses by 10-20% every 12 hours

Adjunct Therapy:

- Consider if: (a) Infant is on more than 1 mg/kg/day of morphine; (b) There is history of polysubstance abuse; (c) Infant is not responding to treatment
- Consider treatment that matches exposure (i.e. Benzodiazepine)
- Consider neonatology consult
- *Methadone*: if indicated, may be appropriate home therapy
- *Clonidine (if scores primarily due to vasoactive issues)*:
 - 1 mcg/kg PO 4-6 hr (depending on feeding schedule)
 - May increase by 0.5-1 mcg/kg up to max of 3 mcg/kg
 - Monitoring: blood pressure (hold for MAP's less than *** mmHg), heart rate (hold for heart rate less than ***bpm), NAS scores
- Weaning parameters: wean by 10-20% of initial dose (mcg) every 24 hr as tolerated. Monitor NAS scores and HR/BP for rebound tachycardia or hypertension

References: