

# Neonatal Abstinence Syndrome Management



## NAS Scoring

Begin scoring every 3 hours once NAS is suspected

If maternal narcotic use is known, begin scoring on admission

## Non-pharmacologic therapy

Non-pharmacologic therapy is critical to treatment of NAS and with appropriate and timely intervention, it may reduce or eliminate the infant's need for pharmacologic therapy. Initiate non-pharmacologic therapy below as soon as scoring is started:

- Dark and quiet Room Assignment
  - Notify appropriate charge nurse for room assignment to one of the preferred rooms for NAS babies
- Swaddling, pacifier, holding, gentle up and down rocking
  - Parents and family are the ideal caretakers when able and available
  - Volunteers should be called when the family is unavailable, particularly in the early stages
- Attend to any infant needs quickly (wet or soiled diaper, dropping pacifier, etc.)
- Frequent feeds if able to feed ad lib
- Encourage breast feeding if no contraindications noted and no other drug abuse documented
- **NO CD PLAYERS and NO MECHANICAL ROCKERS**

## **Initiation of Pharmacologic Therapy:**

Single score > 8: Attend to any infant needs (feeding, diaper change, etc.), wait 1 hour and repeat scoring (FOR FIRST ELEVATED SCORE ONLY)

- ❖ If repeat score  $\leq$  8, continue with non-pharmacologic intervention
- ❖ If repeat score is > 8, initiate Morphine at dose that corresponds to the higher score; MD/NNP to be notified of score q 3 hours.

Subsequent scores > 8: Use the “**Escalation**” column to increase Morphine until scores  $\leq$  8 (see chart); MD/NNP need to be called with score q 3 hours so morphine dose is increase accordingly until infant is controlled. Once infant is receiving morphine, escalate dose with single scores > 8. **DO NOT REPEAT** scoring after 1 hour as per protocol for the initial elevated score.

- ❖ Maximum morphine dose = 0.1 mg/kg/dose
- ❖ If morphine is at 0.1 mg/kg/dose and scores continue to be > 8, Clonidine is added at 1 mcg/kg/dose every 6 hours.
- ❖ If scores continue to be > 8, increase Clonidine to 2 mcg/kg/dose every 6 hours. Clonidine may be escalated to 3 mcg/kg/dose q 6 hours for persistently elevated scores.
- ❖ If scores remain elevated with increasing pharmacologic therapy, consider that there may be additional non-opioid drug exposure contributing to the infant’s clinical picture.

NAS Score	Initial morphine Dosing	Escalation	Re-escalation (post wean initiation)
0-8	Not Indicated	Continue same dose	Continue same dose
9-12	0.04 mg q 3 hours	Increase morphine by 0.02 mg	Increase morphine by 0.01 mg
13-16	0.08 mg q 3 hours	Increase morphine by 0.04 mg	Increase morphine by 0.02 mg
17-20	0.12 mg q 3 hours	Increase morphine by 0.06 mg	Increase morphine by 0.03 mg
21-24	0.16 mg q 3 hours	Increase morphine by 0.08 mg	Increase morphine by 0.04 mg
25 or higher	0.20 mg q 3 hours	Increase morphine by 0.1 mg	Increase morphine by 0.05 mg

**\*\*\*Morphine is the Agent of Choice for NICU NAS\*\*\***

## **Weaning of Pharmacologic Therapy**

Initiate tapering with NAS scores  $\leq$  8 for 48 hours

- ❖ Decrease morphine by 0.02 mg every 24 hours (May decrease more rapidly with scores < 5)
- ❖ Once off morphine for 24 hours with scores  $\leq$  8, reduce Clonidine dose by 50% for 24 hours, then discontinue.

## **Re-escalation of Pharmacologic Therapy**

If scores increase to > 8 once weaning has begun, re-escalate morphine dose with each score > 8 using the “Re-escalation” column above