# Northside Hospital - Neonatal Abstinence Syndrome Treatment Guidelines

#### Initiate:

Initiate Morphine if NAS scores are greater than 8 x 2 or greater than 12 at any time

## Starting dose:

Morphine (0.4 mg/mL) 0.05 mg/kg/dose PO Q3h<sup>1</sup>

### **Increasing dose:**

Increase dose if Finnegan scores remain > 8. Increase dose by 0.02 mg/kg/dose every 3 hrs until scores are less than 8 or a maximum dose of 0.2 mg/kg/dose is reached<sup>3</sup>

#### Stabilization:

Morphine dose should be stable and continued for 48-72 hrs before weaning is considered

## Weaning:

Begin weaning Morphine by 10% every 48 hrs as long as scores remain < 8 <sup>3</sup> Do not routinely weight adjust medication <sup>1</sup> All infants should be kept on a Q3 hr schedule<sup>1</sup>

### **Discontinuation:**

Drug may be discontinued when a single dose is < 0.02 mg/kg/dose Q3 hrs<sup>1</sup> or 0.04 mg Q3hrs

# **Adjunct therapy**<sup>1</sup>- Add 2<sup>nd</sup> agent if

- Infant has 2 consecutive weaning failures
- Infant has made no progress in weaning of morphine by day 14 of therapy
- Second agent may be added earlier than 14 days based on infants clinical presentation

**Phenobarbital**<sup>1</sup>- polysubstance exposure confirmed or suspected or if majority of NAS score is due to CNS disturbances.

**Dose: 10 mg/kg PO Q12 x 2 doses then 5 mg/kg Qday (preferably in evening)** Can be divided BID for excess sedation. Do not routinely weight adjust. Obtain level if infant has excessive sleepiness or no reduction in Finnegan scores<sup>3</sup>. Once symptoms are controlled for 3 "good" days wean by 25% per week<sup>3</sup>. Infant can be discharged home on Phenobarbital to be weaned outpatient (most outgrow dose in a matter of weeks)<sup>4</sup>.

Clonidine<sup>1</sup>: Majority of NAS score is due to autonomic over-stimulation or if infant is requiring > 0.1 mg/kg/dose of morphine and is still not stabilized. **Dose: 0.5-1 mcg/kg/dose Q 6hrs**. Hold dose for MAP < 35 and HR < 80. After 24 hrs off Morphine the clonidine may be decreased by 50%<sup>2</sup>. If scores remain stable for 12 hrs, the Clonidine may be discontinued<sup>2</sup>. Do not discharge home on clonidine.

**Methadone**<sup>1</sup>: If on morphine for 30 days or more and infant still unable to be weaned and an adjunct agent has been trialed. Continue adjunct until methadone weaned off. Consider as an initial opioid therapy if maternal drug use hx of methadone > 80 mg/day.

Dose 0.05 mg/kg/dose PO Q12hrs. Titration and weaning to be determined on an individual basis

#### Discharge

Observe in house 24-48 hours off of medication before discharge<sup>3</sup>.