Opioid Exposed Neonate Care Pathway

Suspected or Confirmed in utero
Opioid Exposure



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

Optimize non-pharmacologic care

- Low stimulation environment in caregiver's room
- Skin-to-skin if caregiver willing
- Swaddle hold
- Pacifier
- MamaRoo/swing if available
- Sound machine if available
- Provide formula supplementation Sim Advance 20 kcal (ok to increase caloric density of formula or fortify EBM with formula if poor weight gain despite taking good volumes)
- Consider different nipple, different position, cheek/chin support
- Consider feeding eval

no ←

Continue care per

guideline

- Tv off if not being watched, and low volume if on
- Blinds closed/room dark while sleeping when possible
- Consider spacing out vital signs (for example, every other feed) when NOT receiving morphine

ESC assessment score

after next feed

ves

Give PRN dose of 0.03 mg/kg

morphine PO x1

Continue Level 1

morphine dosing (0.03

mg/kg) PO Q3H

Withdrawal assessment – Eat, Sleep, Console (ESC)

Assess every 3-4 hours, after feeds. Do not wake infant to score.

- Is the infant feeding poorly? (typically <10 minutes of breast feeding or <1 ounce for infants older than 3 days, but clinical judgement required)
- Is the infant sleeping less than 1 hour?
- Is the infant unable to be consoled within 10 minutes??

A "yes" ESC assessment score indicates a yes response to at least one of the ESC questions.

Infant scores "yes" on ESC

Notify provider and optimize nonpharmacologic care

Was this the 3rd consecutive "yes" score resulting in medication?

Ves

Initiate Level 1 morphine dosing (0.03 mg/kg) PO q3h

ESC assessment score after

next feed

yes

no

When initiating or increasing the dose of morphine, infants should be placed on continuous pulse ox for one hour. Remove pulse ox once safe to promote low stimulation non-pharmacologic care

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

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

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
- If infant required any prn morphine, monitor for >/= 24 hours after last dose

Eat, Sleep Console Guidelines/Tips

- Infant should not be woken up for ESC assessment
- For breastfeeding infants with feeding inadequacy, trial formula or EBM
- ESC assessments should be in the least stimulating environment
- If an infant fails any domain ESC, call a care huddle to discuss treatment
- Non-pharmacological measures should be optimized before initiating or escalating medications
- Failure of any domain should be due to opioid withdrawal and not other causes (high stimulation environment, e.g.)

Neonatal Abstinence Syndrome (NAS) or Neonatal Opioid Withdrawal Syndrome (NOWS)

Weaning Protocol



Optimize non-pharmacologic care

- Low stimulation environment in caregiver's room
- Skin-to-skin if caregiver willing
- Swaddle hold
- Pacifier
- MamaRoo/swing if available
- Sound machine if available
- Provide formula supplementation Sim Advance 20 kcal (ok to increase caloric density of formula or fortify EBM with formula if poor weight gain despite taking good volumes
- Consider different nipple, different position, cheek/chin support
- Consider feeding eval
- Tv off if not being watched, and low volume if on
- Blinds closed/room dark while sleeping when possible
- Vital signs spaced out (q8h or every other feed where appropriate)

Eat, Sleep Console Guidelines/Tips

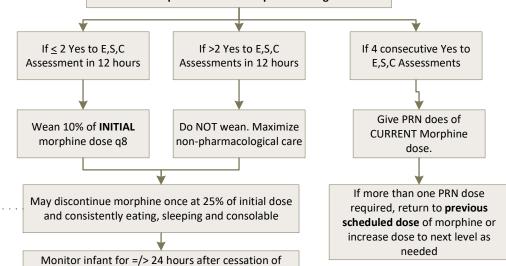
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Weaning Eligibility

NAS/NOWS patient on scheduled morphine

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

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



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If on Clonidine, once Morphine
discontinued x24 hours, may

discontinue Clonidine; this does NOT require a wean

Prior to Discharge

medications

Family/Caregiver to room in during this time if possible

- 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
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Discharge Home