CVMC Policy & Procedure Manual

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| APPROVALS | |  | Section | Level III Nursery  Level I Nursery |
| Committee | Date |  | Policy No. |  |
| EMC |  |  | Pages |  |
| Patient Care Committee |  |  | Original Date | 11/08 |
| Patient Care Policy & Procedure Committee |  |  |  |  |

Drug Withdrawal

**I.** **PURPOSE**

1. To provide guidelines on care needed by infants of mothers that used methadone/opiates or other substances while pregnant.
2. To provide signs and symptoms of infants experiencing withdrawal and guidelines for using Neonatal Abstinence Syndrome (NAS) scoring.
3. To provide guidelines for the use and weaning of **Morphine**.

##### II. REQUIREMENTS:

\_\_X\_\_\_\_MD/NNP Order Required

May be administered by:

\_\_X\_\_ RN

**III. SPECIAL CONSIDERATIONS**

1. Abstinence from methadone usually begins within a few days of birth, but withdrawal may be delayed up to 1 to 2 weeks due to the long half-life of methadone. Abstinence from short acting opiates (i.e. barbiturates, amphetamines, cocaine, Lortab, Fentanyl, Oxycodeine, Oxycontin, Vicodin, Percocet, Darvon, Darvocet, etc.) can occur much sooner, even as early as 4 hours of age.
2. Naloxone ([Narcan](http://www.vuneo.org/npnarcan.htm)) should NEVER be given in the delivery room to an infant of a mother suspected of chronic opiate use.  Narcan administration to the opiate-dependent infant can precipitate life-threatening withdrawal symptoms including severe seizure activity.
3. Drugs (L5s) that are contraindicated in lactation include (Reference: Hale, 2010):

|  |  |
| --- | --- |
| Generic Name | Brand Name |
| acitretin | Spriatane |
| amiodarone | Cordarone |
| antipyrine | Antipyrine |
| blue cohosh | Blue Cohosh |
| borage | Borage |
| bromides |  |
| buslfan | Myleran |
| cannabis | Marijuana |
| cocaine | Crack |
| comfrey |  |
| cyclophosphamide | Neosar, Cytoxan |
| danazol | Danocrine |
| diethylpropion | Tepanil, Tenuate |
| diethylstilbestrol | Honvan |
| disulfiram | Antabuse |
| doxepin | Adapin, Sinequan |
| doxorubicin | Adriamycin |
| etretinate | Tegison |
| fluorouracil | 5-FU. Adrucil, Efudex, Carac |
| gamma hydroxybutyric acid | Zyrem, Somsanit, GHB, Liquid Ecstasy |
| gold compounds | Ridaura, Myochrysine, Solganal |
| heroin |  |
| isotretinoin | Accutane |
| kava kava | Awa, Kew, Tonga |
| kombucha tea |  |
| lead |  |
| leuprolide | Lupron, Viadur |
| LSD |  |
| mercury |  |
| methotrexare | Folex |
| mifepristone | Mifeprex |
| mitoxantrone | Novantrone |
| oxaliplatin | Eloxatin |
| paclitaxel | Taxol |
| phencyclidine | PCP |
| strontium 89 chloride | Metastron |
| tamoxifen | Nolvadex |
| zonisamide | Zonegran |

**IV. IMPLEMENTATION**

**Admit to Dr. Berry/Dr. Wellman**

* First 24 hours, may remain in Newborn Nursery with mom with NAS scoring Q4 hours
* Transfer to Level III Nursery at 24 hours of age, or prior if infant shows symptoms of withdrawal, including a NAS score of 8 or higher
* Infant will stay a minimum of 48 hours in the Level III Nursery for short acting drug withdrawal, and a minimum of 96 hours in the Level III Nursery for Methadone/ Buprenorphine withdrawal

**Admit to Pediatrician**

* Minimum 48 hours stay with

NAS scoring Q4 hours beginning at 2 hours of age

* If infant’s urine comes back positive, or if there are other concerns about mom’s history, pediatrician may consult NNP/Neonatologist for consult and possible Level III Nursery admit

Above risk factor exist and screen is:

Negative

-OR-

Positive for one substance

-OR-

Unknown (i.e. not completed prior to infant delivery):

Above risk factors exist and screen is:

Positive for POLY drug use

-OR-

Mom is on Methadone/Buprenorphine

Mother has drug screen on admission for:

* Drug history the past 5 years (including Methadone/ Buprenorphine)
* Limited/Late (>18 weeks)/No prenatal care

(Infant will have a urine and meconium drug screen, and a medical/social consult completed on admission)

1. Care of the withdrawing infant
2. Repeated physical and behavioral exams are necessary.
3. Infants with symptoms of withdrawal should be loosely swaddled in a side-lying position and kept with minimal stimulation in a quiet, dimly lit room.
4. Liberal amounts of fluid and calories should be provided to counteract the infant's anticipated hypermetabolic state.
5. For infants that stay in the Level III Nursery for a longer period of time, different comfort measures may be used (i.e. bonding time, visual stimulation) due to the infant’s more mature age.
6. Signs and Symptoms of withdrawal
7. Neurologic Excitability:
   * Tremors
   * Irritability
   * Increased wakefulness
   * High-pitched crying
   * Increased muscle tone
   * Hyperactive deep tendon reflexes
   * Exaggerated Moro reflex
   * Seizures
   * Frequent yawning and sneezing
8. Gastrointestinal Dysfunction

* Poor feeding
* Uncoordinated and constant sucking
* Vomiting
* Diarrhea
* Dehydration
* Poor weight gain

1. Autonomic Signs

* Increased sweating
* Nasal stuffiness
* Fever
* Mottling
* Temperature instability

1. Neonatal Abstinence Syndrome (NAS) scoring

(refer to form SCNNAS for assessment criteria)

* + - * 1. Scoring will be assessed per MD order. Record time of scoring.
        2. Give points for all behaviors or symptoms observed during the scoring interval, even though they may not be present at the time of recording.
        3. Awaken the baby to check reflexes. Calm before assessing muscle tone, respiration or moro reflex. Many of the signs of hunger can appear the same as withdrawal. Appearance after a feeding gives a good idea of muscle activity.
        4. Count respirations for a full minute. Always take temperature the same way.
        5. Do not give points for perspiration if it occurs due to swaddling.
        6. A startle reflex should not be substituted for a moro reflex.

1. Morphine

* Morphine to be initiated with 3 consecutive NAS scores of 8 or higher, if score is ≥12, or if the infant experiences seizures, vomiting, diarrhea causing weight loss, dehydration, or inability to sleep.
* No loading dose
* Maintenance dose 0.08 mg/kg/dose q4h
* Dose increased by 0.03 mg/kg/dose every 4 hours for serial NAS scores >8 until NAS scores of <8 are obtained or maximum dose of 1.6 mg/kg/day is reached.
* Maintenance doses may be weaned by 10% of the total daily dose every 2-3 days and discontinued after weaning to 10% of the initial dose.
* Record Morphine doses administered on the NAS Scoring sheet.

**V. DOCUMENTATION**

Document any assessment findings on the daily nursery flowsheet, as well as

the infant’s behavior throughout the shift. Document NAS scores on the

SCNNAS form.

REFERENCE

<http://www.vuneo.org/npwithdrawopiate.htm>

<http://aappolicy.aappublications.org/cgi/content/full/pediatrics;101/6/1079/T3>

Gardner, G.B., & Gardner, S. L. Handbook of Neonatal Intensive Care, 2011. Mosby. St. Louis, MO.

Hale, T. W. Medications and Mother’s Milk, 2010. 14th ed. Hale Publishing, Amarillo, TX.

National Association of Neonatal Nurses, Policies, Procedures, and Competencies, 2011

Reviewed: 8/09 arf

10/09 arf

Revised: 3/09 arf

08/12 arf