Neonatal Abstinence Syndrome (NAS) Guidelines

Exclusions
1. Infants < 36 weeks
2. Medically unstable
3. Possible alternative diagnosis (e.g. sepsis)

Maternal Risk Factors:
1. Absent, late or no prenatal care
2. Previously documented or admitted history of drug use
3. Previous unexplained late fetal demise
4. Precipitous labor
5. Placental abruption
6. Hypertensive episodes
7. Severe mood swings
8. Cerebrovascular Accidents
9. Myocardial infarction
10. Repeated spontaneous abortion
11. Alcohol and/or cigarette use

START

1. Suspected or known infants of substance abusing mothers.
2. Infants manifesting typical signs and symptoms of withdrawal.
3. Infants born to mothers with high risk factors.

Routine newborn care

Yes

1. Collect first urine and meconium samples.
2. Obtain social work consult.
3. Commence Finnegan scoring within 2 hours of birth and continue every 3 hours.
4. Initiate non-pharmacologic interventions (e.g. swaddling, minimal stimulation, etc.)

Signs of withdrawal

Yes

Random newborn care

1. No signs of withdrawal

Collect first urine and meconium samples.

No

1. Scores < 8 for minimum period of observation as determined by opiate half-life:
   Short half-life=3 days
   Long half-life=5-7 days
   **May consider earlier discharge for asymptomatic infants with confirmed negative meconium toxicsity screen.

Minimum Period of Observation:
1. Short half-life (e.g. morphine, codeine, & heroin), require monitoring for minimum of 3 days (72 hours).
2. Long half-life (e.g. methadone, buprenorphine) require monitoring for minimum of 5-7 days (120-168 hours).

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No

1. Eligible for discharge: Identify P/C, provide education to primary care giver, and ensure community resources in place.

2. Continue monitoring

3. 3 consecutive scores ≥ 8 or the average of two scores or two consecutive scores are ≥ 12?

Initiation Doses:

<table>
<thead>
<tr>
<th>Category Score</th>
<th>NMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0.05ml</td>
</tr>
</tbody>
</table>

** Re-escalation doses are in general half of the initial escalation doses (e.g. increase NMS by 0.025 ml for 2 consecutive Category I scores, 0.05ml for 2 consecutive Category II scores, and so on).

NMS=Neonatal Morphine Solution (0.4mg/1ml)

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<table>
<thead>
<tr>
<th>Category Score</th>
<th>NMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>0.10ml</td>
</tr>
</tbody>
</table>

** Re-escalation doses are in general half of the initial escalation doses (e.g. increase NMS by 0.025 ml for 2 consecutive Category I scores, 0.05ml for 2 consecutive Category II scores, and so on).

Stop NMS when scores remain in Category 0 for 48-72 hours.

1. Stop NMS when scores remain in Category 0 for 48-72 hours.

2. After 48 hours of Category 0 scores, wean NMS by 0.05ml every 24 hours as long as scores remain in Category 0.

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4. If 2 consecutive scores ≥ Category I, despite rescore, escalate score as per protocol.

Approved by Pediatric Subcommittee May 2015
Approved by P&T Committee June 2015