



**MANAGEMENT OF NEONATAL
ABSTINENCE SYNDROME
HIGH ALERT**

K07002307 Jun/7/2002 M

SCA, TEST Visit

ER0000145/12 HCN: 22222222

Van den Hof, TEST / TEST, Maureen

Dec/8/2012

Patient: _____

Alert Record Reviewed No Allergies Known

Allergies–Adverse Reactions–Cautions: _____

Age _____ Patient's Weight _____ kg Date of Patient's Weight _____

DIAGNOSIS: _____

Items preceded by a **bullet** (•) are active orders. Items preceded by a **checkbox** (☐) are only actioned if checked (✓).
The Comfort Promise will be offered to all patients.

Refer to page 2: Treatment Algorithm for the Newborn Exposed to Substance(s) in Pregnancy

VITAL SIGNS/MONITORING

- Eat Sleep Console assessment, documentation, and management, according to Care Tool: Eating Sleeping Consoling IWKCATOESC
- Vital signs: q4h Other : _____

MEDICATIONS

Select one of the following. **Complete new orders for each step and dose escalation.**

Step One

- **morphine** (0.04 mg/kg/dose) _____ mg PO q4h PRN for 24 hours starting at _____ (time)
- Prescriber to reassess after three PRN doses or 24 hours (whichever comes first)
- Discontinue PRN morphine if no doses given within 24 hours (order required)
- Infant may re-enter Step one, if necessary (new order required)
- If three or more PRN doses are required within 24 hours, move to Step Two

Step Two

- **morphine** (0.04 mg/kg/dose) _____ mg PO q4h x 24 hours starting at _____ (time)
- **morphine** (0.02 mg/kg/dose) _____ mg PO q4h PRN x 24 hours
- If three or more PRN doses are required within 24 hours, move to Step Three (new order required)
- If no PRN doses are required within 24 hours, reassess maintenance dose
(Form IWKWENAS – Weaning Opioids in the Medical Management of Neonatal Abstinence Syndrome)

DATE (yyyy/MON/dd) Time (24hour/hh:mm) Prescriber Signature Printed Surname/Registration#

DATE (yyyy/MON/dd) Time (24hour/hh:mm) Verified By (Signature) Printed Surname

NOTE: Page 2 Clinician information only

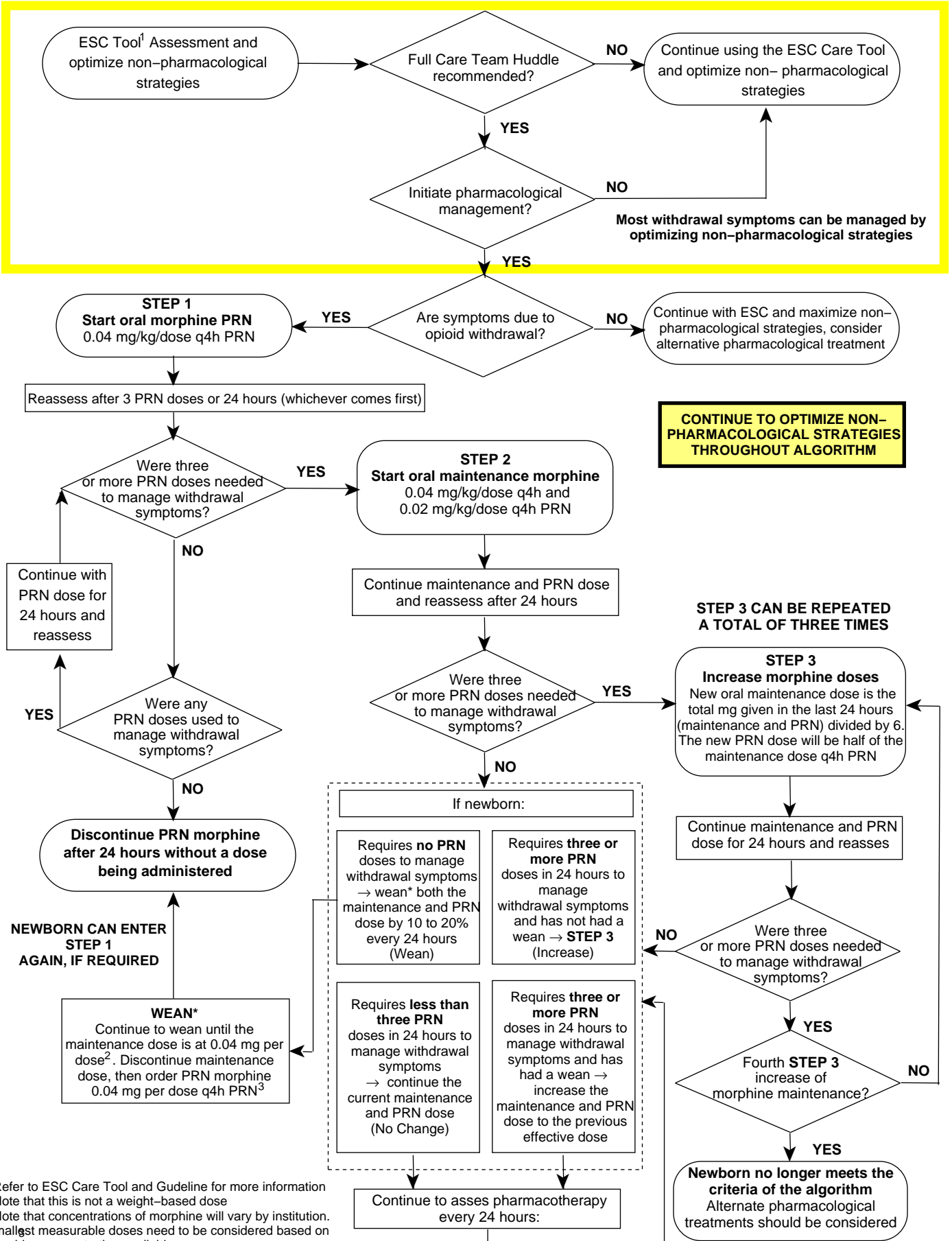


ER0000145/12



IWKMANAS

Treatment Algorithm for the Newborn Exposed to Substances(s) in Pregnancy



CONTINUE TO OPTIMIZE NON-PHARMACOLOGICAL STRATEGIES THROUGHOUT ALGORITHM

STEP 3 CAN BE REPEATED A TOTAL OF THREE TIMES

¹ Refer to ESC Care Tool and Guideline for more information
² Note that this is not a weight-based dose
³ Note that concentrations of morphine will vary by institution. Smallest measurable doses need to be considered based on morphine concentration available





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MEDICATIONS (Continued)

Step Three

- If three or more PRN doses are required within 24 hours, escalate dose again, to a maximum of 3 escalations
 - First dose escalation**
 - Second dose escalation**
 - Third and maximum dose escalation**
- **morphine** [total mg given within the last 24 hours (maintenance and PRN) divided by 6]
_____ mg PO q4h x 24 hours starting at _____ (time)
- **morphine** (half the above maintenance dose) _____ mg PO q4h PRN for 24 hours
- For First and Second dose escalation, if three or more PRN doses are required within 24 hours, move to **next** dose escalation (new order required)
- For Third dose escalation, if infant required further dose escalation, alternative pharmacological treatments should be considered
- If no PRN doses are required within 24 hours, reassess maintenance dose
(Form IWKWENAS – Weaning Opioids in the Medical Management of Neonatal Abstinence Syndrome)

DATE (yyyy/MON/dd)	Time (24hour/hh:mm)	Prescriber Signature	Printed Surname/Registration#
DATE (yyyy/MON/dd)	Time (24hour/hh:mm)	Verified By (Signature)	Printed Surname

