



NCCU CLINICAL GUIDELINES
SECTION: 3

PAIN ASSESSMENT AND MANAGEMENT

Section 3: Pain assessment and management
Treatment of iatrogenically acquired narcotic dependence
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TREATMENT OF IATROGENICALLY ACQUIRED NARCOTIC DEPENDENCE

Infants who have received narcotics as a continuous IV infusion for more than a week may have developed a tolerance or become dependent.

They may exhibit signs of NAS when medication is abruptly discontinued. Gradual weaning of narcotics is recommended to minimise withdrawal symptoms.

WITHDRAWAL ASSESSMENT

Signs of withdrawal can take up to 48 hours to manifest. Narcotic withdrawal can be objectively assessed using the NAS observation chart and should be used in conjunction with this protocol.

[See section 17: Neonatal Abstinence Syndrome - Pharmacological treatment](#)

Initiate NAS chart when symptoms are first noted, or for all neonates who have received narcotics for greater than 5 days. Score every 4 hours if scores ≤ 8 , score every 2 hours if scores ≥ 8 .

Severe symptoms (total score >8 on 3 consecutive occasions or ≥ 12 on two occasions) should be reported to a Doctor so appropriate management can be undertaken.

MANAGEMENT OF IATROGENIC NAS

Category 1: narcotics administered for less than 5 days

Reduce rate as clinically indicated and tolerated (i.e. reduce infusion rate by half every 4-6 hours). Initiate NAS observation chart only if withdrawal symptoms are observed. Score every 4 hours and initiate treatment as indicated by scores.

Category 2: narcotics administered for 5 to 14 days

Reduce rate by 20% every 24 hours. Initiate withdrawal observation chart for all infants in this category. Score every 4 hours and initiate treatment if indicated by the scores. Monitor for signs of withdrawal for at least 48 hours post cessation of weaning.

If withdrawal symptoms develop during weaning, (score >8 for 3 scores) reduce weaning rate by 10% per day or consider not weaning for a 24 hour period, then resume weaning. If scores do not decrease to <8 after delaying weaning for 24 hrs, increase narcotic to previous dose - especially if GI symptoms noted.

When symptoms resolve, reintroduce weaning more slowly to prevent symptom recurrence. Consider conversion to oral morphine if feeding. To convert the IV 24 hour total dose to oral morphine bare in mind the decreased availability of oral morphine (20-40%) but care should be elicited in increasing the dose with full monitoring.

Category 3: narcotics administered for greater than 14 days

Reduce narcotic infusions more slowly than for category 2 (i.e. by 10% every 24 hours). Initiate NAS observation chart for all neonates in this category. Score every 4 hours and initiate treatment if indicated by the scores.

Monitor for signs of withdrawal for at least 48 hours post cessation of weaning and if withdrawal symptoms develop (i.e. score > 8 for 3 scores) consider not weaning for a 24 hour period, then resume weaning. If scores do not decrease to ≤ 8 , consider increasing narcotic to previous dose.

Consider oral morphine regime as per NAS protocol depending on condition and feeding status.

There is insufficient data on the use of other agents such as clonidine in neonates.