



<b>DRUG:</b>	<b>CLONIDINE</b>
<b>PRESENTATION:</b>	IV: 150 microg/mL ampoule Oral: 10 microg/mL suspension (Prepared in Pharmacy)
<b>ACTION &amp; INDICATION:</b>	Stimulates alpha 2-adrenoceptors in the CNS <ul style="list-style-type: none"> <li>• Management of opioid dependent infants with Neonatal Abstinence Syndrome (NAS)</li> <li>• Adjuvant sedative, analgesic, anxiolytic (opioid and benzodiazepine- sparing effect)</li> </ul>
<b>DOSE:</b>	<b><u>Neonatal abstinence syndrome (opioid withdrawal)</u></b> <b>Oral:</b> <u>Infants &gt; 35 weeks CGA</u> 0.3- 1 microgram/kg/dose every 6 to 12 hours taper by 0.25 micrograms/kg every 6 hours.  <b><u>Analgesia:</u></b> <b>IV: :</b> Infants ≥37 weeks CGA 0.3-1 microgram/kg/hour Start with 0.3 microgram/kg/hour in self-ventilating babies.
<b>PREPARATION:</b>	Diluent: Sodium Chloride 0.9%  Infusion dilution: Dilute 50 microgram per kilogram of baby's weight (0.33mL/kg) to 50mL with appropriate infusion fluid  Infuse at 1mL/hour= 1 microgram/kg/hour
<b>ADMINISTRATION:</b>	<b>Do not stop IV infusions or maintenance oral abruptly.</b> IV: Intravenous Infusion Oral: May be administered anytime with regards to feeds
<b>ADVERSE EFFECTS:</b>	Arrhythmia, AV Block, Bradycardia, Increased mucous secretions Reduce dose in renal impairment.
<b>MONITORING:</b>	Monitor heart rate and blood pressure every 4 hours the first 2 days of therapy and every 12 hours thereafter; monitor blood pressure closely for 48 hours after discontinuing clonidine to access for rebound hypertension. Monitor NAS scores every 3 to 4 hours during treatment using Neonatal Abstinence Scoring
<b>REFERENCES:</b>	Hunseler C et al. Continuous Infusion of Clonidine in Ventilated Newborns and Infants: A randomized Controlled Trial. Pediatric Critical Care Medicine 2014;15 (6): 511-522  Pediatric and Congenital Cardiology, Cardiac Surgery and



	Intensive Care,2013 Post-Operative Sedation and Analgesia. Rawlinson and Howard ,2014  International Pediatric & Neonatal Dosage Handbook 21st edition
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