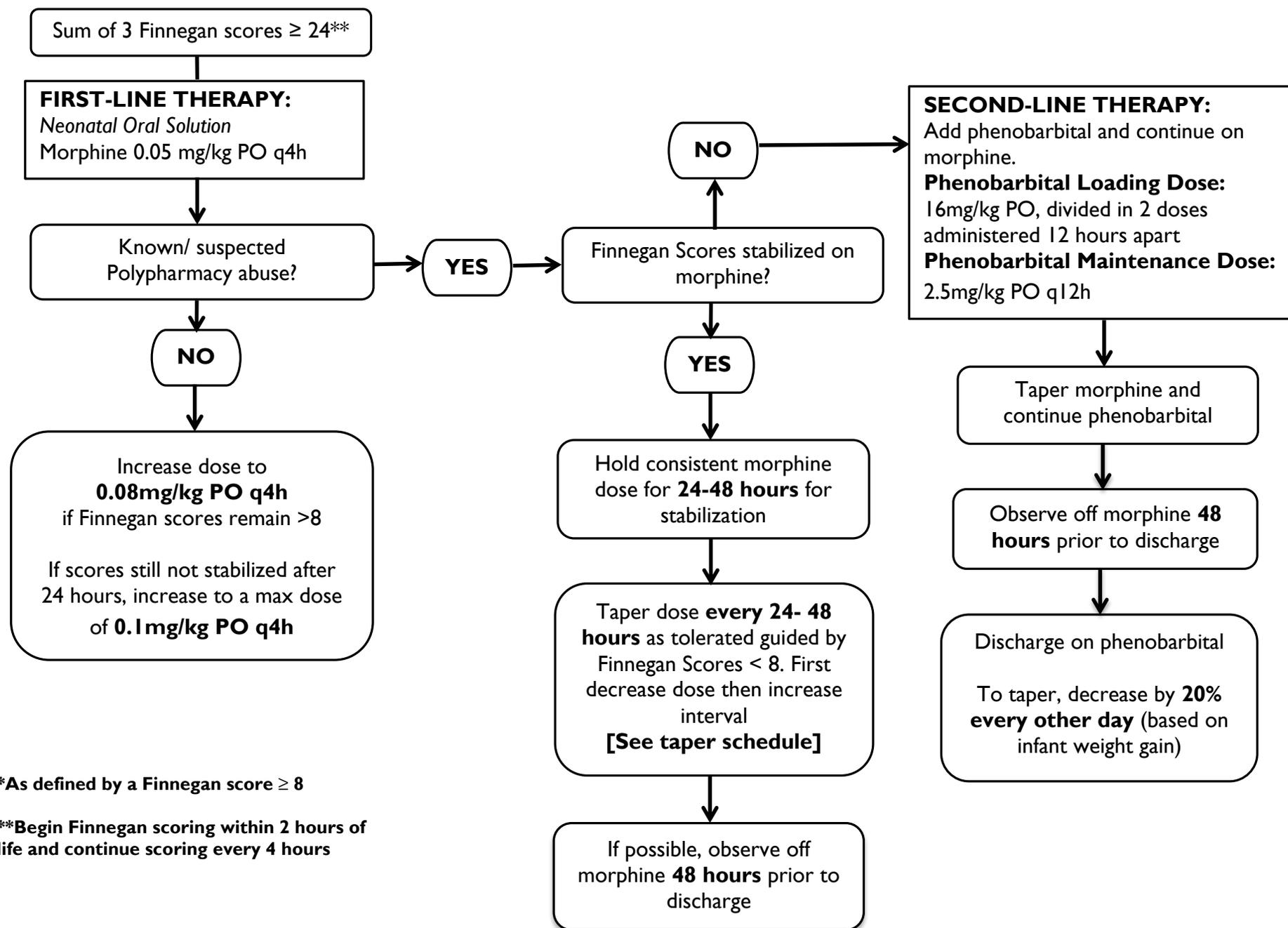


## Pharmacologic Treatment of Moderate/Severe Neonatal Abstinence Syndrome (NAS)\*



\*As defined by a Finnegan score  $\geq 8$

\*\*Begin Finnegan scoring within 2 hours of life and continue scoring every 4 hours

Recommended Tapering Regimen for Morphine	
If infant weight >3 kg	If infant weight ≤ 3 kg
0.4mg PO q4h	0.4mg PO q4h
0.3mg PO q4h	0.3mg PO q4h
0.2mg PO q4h	0.2mg PO q4h
0.2mg PO q4h	0.1mg PO q4h
0.2mg PO q4h	0.1mg PO q4h
0.2mg PO q4h	0.1mg PO q4h
0.2mg PO q4h	0.1mg PO q4h
0.2mg PO q4h	0.1mg PO q4h
DISCONTINUE	0.1mg PO q4h
	DISCONTINUE

#### KEY POINTS:

- Tapering dosing based on ABSOLUTE mg, not mg/kg
- Start a tapering regimen with the dose on the chart that is closest to the infant's stabilized dose (this means you may not start at the top of the chart)
- Taper doses every 24-48 hours as tolerated, while keeping Finnegan score <8

#### ALTERNATIVE PHARMACOLOGIC THERAPY (Not considered first-line treatment in NAS):

##### Methadone

- Alternative to morphine; second-line due to long half-life
- **DOSE:** 0.05mg/kg PO q12h (increase by 0.05mg/kg until Finnegan scores stabilize)
- Must obtain ECG to evaluate for QT-Prolongation
- Half-life may be up to 24 hours in an infant
- Must be tapered by 10-20% over 4 to 6 weeks

##### Clonidine

- Alternative to phenobarbital; second-line due to side-effects
- **DOSE:** 1 mcg/kg PO q4h
- Adverse Effects: hypotension, AV-block, bradycardia

- Must taper over 10-14 days to avoid rebound hypertension