Phenobarbitone dosing and weaning schedule

Do not administer Naloxone to babies of known or suspected opioid dependent women during resuscitation or in the newborn period.

Non-opioid substance exposure in utero or Opioid exposure not controlled with Morphine

Phenobarbitone schedule

Loading dose
10–15 mg/kg IV or oral

Maintenance dose
5 mg/kg/day in 2 divided doses 12 hours after loading dose

If Finnegan score ≥ 8
Increase to 8 mg/kg/day in 2 divided doses

If Finnegan score ≥ 8
Increase to 10 mg/kg/day in 2 divided doses

If NAS signs not controlled on maximum dose, re-consider diagnosis and arrange review by paediatrician

Care

Environment
• Ensure close observation
• Continue supportive care

Phenobarbitone
• Titrate dose to control NAS

Monitoring:
• Cardiorespiratory monitor
  o If nursed prone
  o When dose ≥ 10 mg/kg/day

Dose reduction
• When scores < 8 for 72 hours
• Reduce every 48–72 hours

Phenobarbitone weaning

Reduce by:
• 10 to 20% every 72 hours

Discontinue
• Following regular clinical review
• Signs of NAS absent

Continue
• Finnegan scores for 72 hours after ceasing

Abbreviations: NAS Neonatal abstinence syndrome; ≥ Greater than or equal to; < less than

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