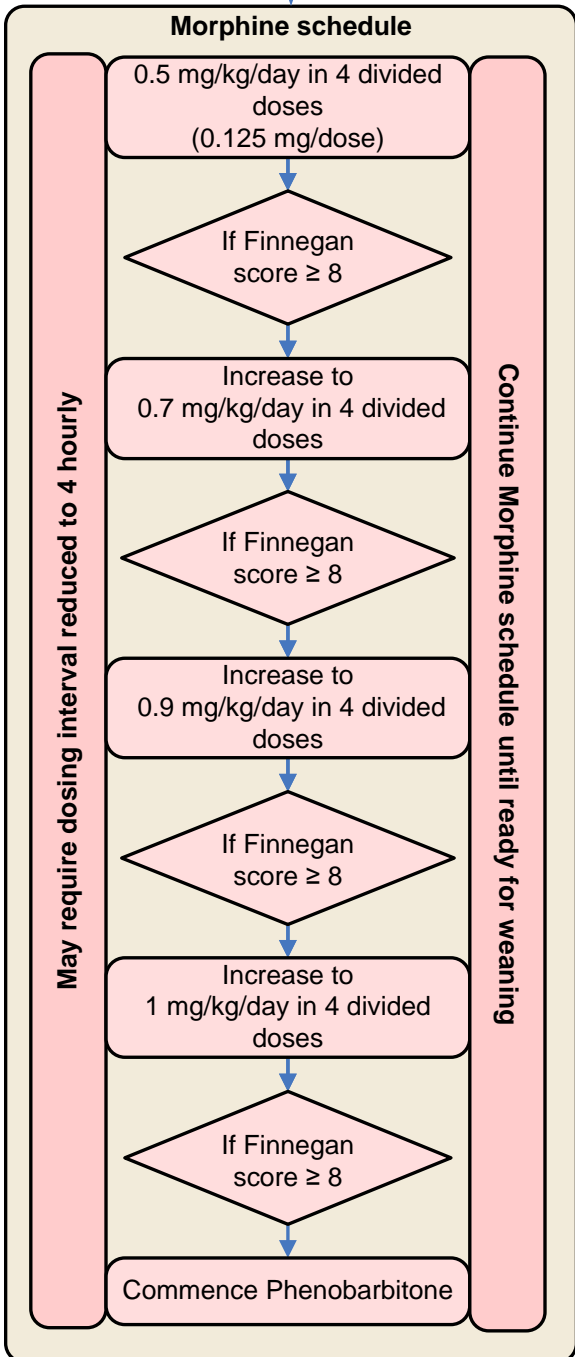


Morphine dosing and weaning schedule

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

Opioid exposure in utero
 2 consecutive
 Finnegan scores ≥ 12 OR
 3 consecutive
 Finnegan scores average ≥ 8



Care

Environment:

- Ensure close observation
- Continue supportive care

Medication

- Titrate Morphine dose to control NAS
- Phenobarbitone if:
 - NAS uncontrolled on maximum Morphine dose (1 mg/kg/day) and/or
 - History of polydrug use

Monitoring

- **Apnoea monitor:**
 - When commencing Morphine
- **Cardiorespiratory/O₂ saturation**
 - If nursed prone
 - If Morphine ≥ 0.7 mg/kg/day oral

Dose reduction if:

- Finnegan scores < 8 for 48–72 hours

Morphine weaning

Reduce by:

- 0.1–0.2 mg/kg/day no more than every 48 hours
- 4 hourly dose may be reduced to 6 hourly

Discontinue when:

- Morphine dose 0.01–0.12 mg/kg/day

Monitoring:

- Continue until Morphine < 0.5 mg/kg/day
- Safe sleeping
- Continue Finnegan scores for 72 hours after ceasing Morphine

Queensland Clinical Guideline: Perinatal substance use: neonatal F16.38-3-V2-R21

Abbreviations: $<$ less than; \geq Greater than or equal to;
NAS Neonatal abstinence syndrome

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