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

Morphine schedule

0.5 mg/kg/day in 4 divided doses (0.125 mg/dose)
- If Finnegan score ≥ 8, increase to 0.7 mg/kg/day in 4 divided doses
  - If Finnegan score ≥ 8, increase to 0.9 mg/kg/day in 4 divided doses
  - If Finnegan score ≥ 8, increase to 1 mg/kg/day in 4 divided doses
  - Commence Phenobarbitone

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

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