

Guideline for the Management of Neonatal Abstinence Syndrome at Home

| | |
|--|-------------------------------------|
| Owner: Rachel Cashmore | Job title: Neonatal Outreach Sister |
| Approved by Neonatal Guidelines Review Meeting on: | 11 th November 2022 |
| Review Date This is the most current document and should be used until a revised version is in place: | 10 th May 2026 |

| Key Amendment | | |
|--------------------------------|---|--|
| Date | Amendment | Approved by |
| 20 th May 2020 | New document approved | Paediatric QIM |
| November 2022 | Document approved for 3 years with no amendments | Dr Gregory/ Neonatal Guidelines Review Meeting |
| 10 th November 2025 | Document extended for 6 months to allow time to review and update | Susan Smith |

This guidance does not override the individual responsibility of health professionals to make appropriate decision according to the circumstances of the individual patient in consultation with the patient and /or carer. Health care professionals must be prepared to justify any deviation from this guidance.

Introduction

Infants born to mothers who have taken drugs of dependence during pregnancy have a high incidence of symptoms of acute drug withdrawal. Once symptoms are under control on reducing doses of morphine discharge with Neonatal Outreach can be considered. The advantages of this are: cots will be available for other admissions to Neonatal Unit (NNU)/Transitional Care Unit (TCU), withdrawal symptoms managed more effectively away from noisy and bright NNU/TCU.

During 2016/17, 6 babies were admitted for monitoring of Neonatal Abstinence Syndrome (NAS), 4 babies received treatment totalling 42 cot days. 2 of the 42 babies would have been appropriate for treatment at home (16 cot days).

During 2017/18, 2 babies were admitted with NAS requiring a total of 51 cot days, both babies would have been appropriate for treatment at home.

Please note that the key documents are not designed to be printed, but to be used on-line. This is to ensure that the correct and most up-to-date version is being used. If, in exceptional circumstances, you need to print a copy, please note that the information will only be valid for 24 hours and should be read in conjunction with the key document supporting information and/or Key Document intranet page, which will provide approval and review information

Baby needs to:

Fulfil Neonatal Outreach Team criteria

Have satisfactory discharge arrangement with safeguarding team into foster care placement.

Ensure carers have completed Neonatal Abstinence competencies.

This guideline is for use by the following staff groups:

Neonatal Outreach Nurses

Timescale of Withdrawal

- Signs of withdrawal from opiates (such as heroin) can occur <24 hours after birth.
- Signs of withdrawal from opioids (such as methadone) can occur 3-4 days after birth.
- Multiple drug use can delay, confuse and intensify withdrawal signs in the first weeks of life

Neonates need to stay in hospital for a period of at least 96 hours to ensure there are no delayed symptoms of withdrawal.

Minor Signs

- Tremors when disturbed
- High pitched cry
- Tachypnoea (>60/min)
- Pyrexia
- Sweating
- Yawning
- Sneezing
- Nasal stuffiness
- Poor feeding
- Regurgitation
- Loose stools
- Sleeping <3 hours after feed (NB: usual among breastfed babies)

Major Signs

- Convulsions
- Profuse vomiting or diarrhoea
- Inability to coordinate sucking, necessitating introduction of tube feeding
- Baby inconsolable after 2 consecutive feeds

Baby needs to be:

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- >33 weeks gestation
- >1.8Kg
- Maintaining normal temperature in cot
- Show adequate weight gain and sleep pattern
- Withdrawal symptoms controlled following first reduction of treatment, this is unlikely to be within the first week of life.

Establish satisfactory discharge arrangement with the Safeguarding Team into foster care placement

Ensure carers have completed Neonatal Abstinence competencies.

Discharge Planning

Establish social/safeguarding arrangements at the earliest opportunity.

Assess parental/carers skills throughout the stay – complete Neonatal Abstinence competencies to include safe storage of medication (Appendix 2).

Arrange for take home medications. (To be prescribed: dose, frequency and “to be reduced as directed by Consultant”. Include total quantity of medication for a week’s supply in words and figures).

Ensure NIPE and BadgerNet summary is complete.

Where necessary ensure Hepatitis B vaccination programme has started.

Ensure basic life support training is completed.

Give carers Neonatal Abstinence Care Package (feed chart, scoring chart and medication reducing regime).

Day after Discharge

Neonatal Outreach Sister to telephone carers and assess whether a visit is necessary that day, if not an appointment will be made for the following day and a plan made to visit every 2 days whilst medication is reducing.

First Visit

On all first visits the Outreach Sister will undertake an assessment of the baby which will include observations deemed appropriate (weight/oxygen saturations/temperature). Assessment will include colour, warmth, and skin integrity. (Home visit assessment sheet will be completed).

Outreach Sister will discuss with carers the baby’s progress in conjunction with the completed care package (feed chart, scoring chart and medication reducing regime).

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If the baby is taking feed requirements and is scoring 'NO' for 48 hours then reduce frequency over 6-10 days until once daily dose. Therefore assess every 48 hours and reduce frequency by 2 hours. (See appendix 3)

Each reduction should be discussed with the Consultant and the dose and frequency signed on the medication reduction regime chart (appendix 3).

The Outreach Sister should explain and demonstrate the reduction to carers and sign the medication reduction regime.

If baby is scoring 'YES' after 2 consecutive feeds then discuss plan with on call Paediatric Consultant.

Subsequent Visits

The Outreach Sister should visit every second day to undertake appropriate observations and discuss with carers the baby's progress in conjunction with the completed care package (feed chart, scoring chart (appendix 1) and medication reduction regime. (Appendix 3)

Medication will be supplied in weekly amounts. The Outreach sister will arrange with the Consultant to prescribe this on a pink hospital prescription which will be dispensed by Worcestershire Royal Hospital pharmacy and delivered to the carers.

Once treatment is complete, any remaining medication will be disposed of by a local community pharmacist.

Discharge from Neonatal Outreach

Once Morphine has been stopped for 5 days a discharge visit will be arranged.

Baby will be discharged from Neonatal Outreach if:

- There are no signs of withdrawal
- There is adequate weight gain with appropriate feeding regime
- Carers have no concerns with baby's progress.
-

Upon discharge Health Visitor and Social Worker will be informed where necessary.

Accidental Overdose

If carers believe they have accidentally given too much morphine, advise them to call an ambulance and have baby reviewed at hospital.

If carers accidentally spill morphine, advise them to contact Neonatal Outreach or if out of hours, to contact the Neonatal Unit.

Appendix 1

Neonatal Abstinence Assessment Chart

Has the baby been unconsolable with standard comforting measures (cuddling, swaddling or using a pacifier) at all since the last feed?

Place a tick in the YES or NO box

| | | | | | | |
|------|------|------|-------|-------|-------|-------|
| Date | | | | | | |
| Time | 4:00 | 8:00 | 12:00 | 16:00 | 20:00 | 24:00 |
| YES | | | | | | |
| NO | | | | | | |

| | | | | | | |
|------|------|------|-------|-------|-------|-------|
| Date | | | | | | |
| Time | 4:00 | 8:00 | 12:00 | 16:00 | 20:00 | 24:00 |
| YES | | | | | | |
| NO | | | | | | |

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|------|------|------|-------|-------|-------|-------|
| Date | | | | | | |
| Time | 4:00 | 8:00 | 12:00 | 16:00 | 20:00 | 24:00 |
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| NO | | | | | | |

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|------|------|------|-------|-------|-------|-------|
| Date | | | | | | |
| Time | 4:00 | 8:00 | 12:00 | 16:00 | 20:00 | 24:00 |
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| NO | | | | | | |

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|------|------|------|-------|-------|-------|-------|
| Date | | | | | | |
| Time | 4:00 | 8:00 | 12:00 | 16:00 | 20:00 | 24:00 |
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| NO | | | | | | |

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|------|------|------|-------|-------|-------|-------|
| Date | | | | | | |
| Time | 4:00 | 8:00 | 12:00 | 16:00 | 20:00 | 24:00 |

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| YES | | | | | | |
| NO | | | | | | |
| Date | | | | | | |
| Time | 4:00 | 8:00 | 12:00 | 16:00 | 20:00 | 24:00 |
| YES | | | | | | |
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|------|------|------|-------|-------|-------|-------|
| Date | | | | | | |
| Time | 4:00 | 8:00 | 12:00 | 16:00 | 20:00 | 24:00 |
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|------|------|------|-------|-------|-------|-------|
| Date | | | | | | |
| Time | 4:00 | 8:00 | 12:00 | 16:00 | 20:00 | 24:00 |
| YES | | | | | | |
| NO | | | | | | |

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|------|------|------|-------|-------|-------|-------|
| Date | | | | | | |
| Time | 4:00 | 8:00 | 12:00 | 16:00 | 20:00 | 24:00 |
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| NO | | | | | | |

| | | | | | | |
|------|------|------|-------|-------|-------|-------|
| Date | | | | | | |
| Time | 4:00 | 8:00 | 12:00 | 16:00 | 20:00 | 24:00 |
| YES | | | | | | |
| NO | | | | | | |

| | | | | | | |
|------|------|------|-------|-------|-------|-------|
| Date | | | | | | |
| Time | 4:00 | 8:00 | 12:00 | 16:00 | 20:00 | 24:00 |
| YES | | | | | | |
| NO | | | | | | |

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|------|------|------|-------|-------|-------|-------|
| Date | | | | | | |
| Time | 4:00 | 8:00 | 12:00 | 16:00 | 20:00 | 24:00 |
| YES | | | | | | |
| NO | | | | | | |

| | | | | | | |
|------|------|------|-------|-------|-------|-------|
| Date | | | | | | |
| Time | 4:00 | 8:00 | 12:00 | 16:00 | 20:00 | 24:00 |
| YES | | | | | | |
| NO | | | | | | |

Appendix 2

Competency for the care of a baby with Neonatal Abstinence Syndrome at home

| Competency for the care of a baby with Neonatal Abstinence Syndrome at home | Explained/Observed | Practised | Competent |
|--|--------------------|-----------|-----------|
| <u>Area of concern: Carers to have knowledge and skills to safely and effectively care for infants with Neonatal Abstinence at home</u> | | | |
| 1. Carers to understand Neonatal Abstinence Syndrome (NAS) 1.1. Describe signs and symptoms of NAS 1.2. Describe basic management for NAS 1.3. Discuss comforting techniques | | | |
| 2. Carer able to complete the Scoring chart | | | |
| 3. Carers to be competent at medicine administration 3.1. Identify time medication is required 3.2. Identify dose of medication required 3.3. Wash hands 3.4. Prepare equipment required (syringes/milk) 3.5. Draw up correct medicine into appropriate syringe 3.6. Give to baby via correct route, ensuring it has been swallowed | | | |

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|---|--|--|--|
| 3.7. Clear away equipment and ensure lids are re-applied securely 3.8. Discuss SAFE STORAGE of medication 3.9. Discuss any side effects 3.10. Discuss how to obtain a repeat prescription 3.11. Discuss how dosing will reduce | | | |
| 4. Complete Basic Life Support Training | | | |
| 5. Discuss role of Neonatal Outreach and how to contact | | | |

Appendix 3

**Neonatal Abstinence treatment at home frequency reduction
regime - 6 hourly**

Withdrawal symptoms controlled following first reduction of treatment in hospital

| Date | Time | Dose | mls | Given |
|------|-------|------|-----|-------|
| | 06.00 | | | |
| | 12.00 | | | |
| | 18.00 | | | |
| | 24.00 | | | |

| Date | Time | Dose | mls | Given |
|------|-------|------|-----|-------|
| | 06.00 | | | |
| | 12.00 | | | |
| | 18.00 | | | |
| | 24.00 | | | |

| Date | Time | Dose | mls | Given |
|------|-------|------|-----|-------|
| | 06.00 | | | |
| | 12.00 | | | |
| | 18.00 | | | |
| | 24.00 | | | |

| Date | Time | Dose | mls | Given |
|------|-------|------|-----|-------|
| | 06.00 | | | |
| | 12.00 | | | |
| | 18.00 | | | |
| | 24.00 | | | |

| Date | Time | Dose | mls | Given |
|------|-------|------|-----|-------|
| | 06.00 | | | |
| | 12.00 | | | |
| | 18.00 | | | |
| | 24.00 | | | |

| Date | Time | Dose | mls | Given |
|------|-------|------|-----|-------|
| | 06.00 | | | |
| | 12.00 | | | |
| | 18.00 | | | |
| | 24.00 | | | |

Assess symptoms every 48 hours and if appropriate reduce the frequency by 2 hours.

Neonatal Abstinence treatment at home frequency reduction regime - 10 hourly

Date : _____ Dose: _____ Consultant Sign: _____

Carer informed - Nurse Sign: _____

| Date | Time | Dose | mls | Given |
|------|-------|------|-----|-------|
| | 06.00 | | | |
| | 14.00 | | | |
| | 22.00 | | | |

| Date | Time | Dose | mls | Given |
|------|-------|------|-----|-------|
| | 06.00 | | | |
| | 14.00 | | | |
| | 22.00 | | | |

| Date | Time | Dose | mls | Given |
|------|-------|------|-----|-------|
| | 06.00 | | | |
| | 14.00 | | | |
| | 22.00 | | | |

| Date | Time | Dose | mls | Given |
|------|-------|------|-----|-------|
| | 06.00 | | | |
| | 14.00 | | | |
| | 22.00 | | | |

| Date | Time | Dose | mls | Given |
|------|-------|------|-----|-------|
| | 06.00 | | | |
| | 14.00 | | | |
| | 22.00 | | | |

| Date | Time | Dose | mls | Given |
|------|-------|------|-----|-------|
| | 06.00 | | | |
| | 14.00 | | | |
| | 22.00 | | | |

Assess symptoms every 48 hours and if appropriate reduce the frequency by 2 hours.

Neonatal Abstinence treatment at home frequency reduction
regime - 12 hourly

Date : _____ Dose: _____ Consultant Sign: _____

Carer informed - Nurse Sign: _____

| Date | Time | Dose | mls | Given |
|------|-------|------|-----|-------|
| | 10.00 | | | |
| | 22.00 | | | |

| Date | Time | Dose | mls | Given |
|------|-------|------|-----|-------|
| | 10.00 | | | |
| | 22.00 | | | |

| Date | Time | Dose | mls | Given |
|------|-------|------|-----|-------|
| | 10.00 | | | |
| | 22.00 | | | |

| Date | Time | Dose | mls | Given |
|------|-------|------|-----|-------|
| | 10.00 | | | |
| | 22.00 | | | |

| Date | Time | Dose | mls | Given |
|------|-------|------|-----|-------|
| | 10.00 | | | |
| | 22.00 | | | |

| Date | Time | Dose | mls | Given |
|------|-------|------|-----|-------|
| | 10.00 | | | |
| | 22.00 | | | |

| Date | Time | Dose | mls | Given |
|------|-------|------|-----|-------|
| | 10.00 | | | |
| | 22.00 | | | |

| Date | Time | Dose | mls | Given |
|------|-------|------|-----|-------|
| | 10.00 | | | |
| | 22.00 | | | |

Assess symptoms every 48 hours and if appropriate reduce the frequency to once daily

Neonatal Abstinence treatment at home frequency reduction regime – daily dose

Date: _____ Dose: _____ Consultant Sign: _____

Carer informed - Nurse sign: _____

| Date | Time | Dose | mls | Given |
|------|-------|------|-----|-------|
| | 10.00 | | | |

| Date | Time | Dose | mls | Given |
|------|-------|------|-----|-------|
| | 10.00 | | | |

| Date | Time | Dose | mls | Given |
|------|-------|------|-----|-------|
| | 10.00 | | | |

| Date | Time | Dose | mls | Given |
|------|-------|------|-----|-------|
| | 10.00 | | | |

| Date | Time | Dose | mls | Given |
|------|-------|------|-----|-------|
| | 10.00 | | | |

| Date | Time | Dose | mls | Given |
|------|-------|------|-----|-------|
| | 10.00 | | | |

| Date | Time | Dose | mls | Given |
|------|-------|------|-----|-------|
| | 10.00 | | | |

| Date | Time | Dose | mls | Given |
|------|-------|------|-----|-------|
| | 10.00 | | | |

| Date | Time | Dose | mls | Given |
|------|-------|------|-----|-------|
| | 10.00 | | | |

| Date | Time | Dose | mls | Given |
|------|-------|------|-----|-------|
| | 10.00 | | | |

Assess symptoms every 48 hours and if appropriate stop the morphine.

Conitnue to observe for any return of symptons over the next 5 days.

References

Contribution List

This key document has been circulated to the following individuals for consultation;

| Designation |
|-------------|
| |
| |
| |
| |

This key document has been circulated to the chair(s) of the following committee's / groups for comments;

| Committee |
|--|
| Paediatric Quality Improvement Meeting |

Supporting Document 1 - Equality Impact Assessment Tool

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

| | | Yes/No | Comments |
|----|---|--------|----------|
| 1. | Does the policy/guidance affect one group less or more favourably than another on the basis of: | | |
| | Race | | |
| | Ethnic origins (including gypsies and travellers) | | |
| | Nationality | | |
| | Gender | | |
| | Culture | | |
| | Religion or belief | | |
| | Sexual orientation including lesbian, gay and bisexual people | | |
| | Age | | |
| 2. | Is there any evidence that some groups are affected differently? | | |
| 3. | If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable? | | |
| 4. | Is the impact of the policy/guidance likely to be negative? | | |
| 5. | If so can the impact be avoided? | | |
| 6. | What alternatives are there to achieving the policy/guidance without the impact? | | |
| 7. | Can we reduce the impact by taking different action? | | |

If you have identified a potential discriminatory impact of this key document, please refer it to Human Resources, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact Human Resources.

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To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

| | Title of document: | Yes/No |
|-----------|--|---------------|
| 1. | Does the implementation of this document require any additional Capital resources | |
| 2. | Does the implementation of this document require additional revenue | |
| 3. | Does the implementation of this document require additional manpower | |
| 4. | Does the implementation of this document release any manpower costs through a change in practice | |
| 5. | Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff | |
| | Other comments: | |

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval.