

SSM Health St. Mary's Hospital Guidelines for Pharmacologic Treatment when using Eat, Sleep, Console (ESC) Method

If the neonate is not eating well, sleeping well or is difficult to console and supportive care can no longer be increased, pharmacologic therapy should be initiated.

1. Morphine should be initiated at 0.25 ml (0.1 mg) PO every 3 hours on an as needed basis. The infant should be continuously evaluated using the ESC approach and morphine should be given every 3 hours as needed (with the potential for increasing doses) if the neonate continues to not eat well, sleep well or is continuing to be difficult to console.
2. Morphine doses may be increased by 0.1 ml (~0.04mg) every 12 hours until withdrawal symptoms are controlled for infants receiving every 3 hr morphine consistently and is still suffering (not eating well, sleeping well or is continuing to be difficult to console). Morphine dosing should be titrated to the desired effect, with a typical maximum dose of 0.2 mg/kg every 3 hours.
3. All doses must be written as needed. If medication needs to be scheduled, infant must be transferred to the NICU for continuous CR monitoring.

Weaning of Medications

1. Morphine should be discontinued if infant is eating well, sleeping well and easily consoled and receiving morphine at the initial dosing.
2. If on a higher dose of morphine, begin weaning morphine by 0.04 mg or by 10% of the highest dose, whichever is greater.
3. Weaning should occur as frequently as tolerated and can occur as often as 3 times per day. If supportive care is increased, pharmacologic care can often be decreased rapidly.