

# Eat Sleep Console Pathway

**Includes:** Newborns at risk for NAS due to substance exposure in utero, whether prescribed opioids (methadone, buprenorphine, or pain meds), benzodiazepines, illicit opioids, or other illicit substances (but not THC alone)

**Excludes:** Neonates exposed to ONLY nicotine, THC, or non-opioid prescription medications

RN initiates E/S/C protocol if newborn meets inclusion criteria, automatic addiction counselor (LAC) consult

Mom in established substance use treatment program (MAT)

Mom with suspected illicit substance use in pregnancy

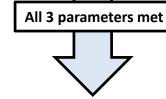
- Review maternal history / speak with OB
- Send CordSTAT
- If mom visibly intoxicated or history of illicit substance use in the past week, recommend NO breastfeeding (physician must order this)

**Non-pharmacologic care** (skin-to-skin, swaddling, holding, rocking, pacifier, low stim environment), parent or support person encouraged to stay with infant

### **Assessment:**

- Infant able to sustain feeding for 10 minutes OR take
  10 mL via bottle
- Infant sleeps > 1 hour after feeds
- Able to console within 10 minutes

ANY parameter not met due to NAS



### **Breastfeeding guidance**

- Verify HIV negative (can breastfeed if Hep C+ regardless of viral load)
- Encourage breastfeeding for patients on prescription opioids or in established MAT program with no illicit substance use in past week
- If mom THC +, advise we recommend abstaining from THC while breastfeeding
- Use Lactmed <u>https://www.toxnet.nlm.nih.gov/pda</u> <u>/lactmed.htm</u> for guidance on other maternal medications

- Team huddle
- If known opioid exposure: Give morphine 0.05 mg/kg, continue to assess and give morphine Q3 PRN if not meeting all criteria
- If no known opioid exposure: Reassess for possible opioid use, consider alternate causes of irritability (sepsis, etc), continue aggressive nonpharmacologic care

- LAC, neonatal therapists (PT), SW continue work with family
- CPS report for illicit drug use (not if THC alone or if adherent to MAT program) **OR** if abuse or neglect is known or suspected
- Home visiting & CDC referral prior to discharge (by SW or RN CM)

# NICU consultation recommended if:

- Morphine being administered every 3 hours and withdrawal symptoms not controlled
- Oversedation
- Temperature instability, respiratory distress, or other signs/symptoms of alternate disease process

#### Discharge criteria:

- If opioid exposed but no severe NAS symptoms: After 5 days for non-methadone opioids, after 7 days for methadone
- If requires morphine, >48 hours after last dose
- Recommend monitoring & counseling for 5 days for meth, cocaine, other illicit substances
- Safe discharge plan in place

For neonatologist phone consultation or transfer, call Community Referral Line: 406-327-4726