

# Pharmacologic Therapy with ESC (Eat Sleep Console)

Substance Abuse Screening for Pregnant Women and Neonates Appendix C: March, 2019

## Pharmacologic Management

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 0.04 mg/kg X 1 dose. The infant should be on a CR monitor for at least 6 hours from the morphine dose. The infant should be continuously evaluated using the ESC approach and morphine should be scheduled every 3 hours (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 10% until withdrawal symptoms are controlled for infants receiving every 3-hour 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 3hours.
3. Any infant who needs a dose of morphine while in FCS should be transferred to NICU service. Any infant in pediatrics requiring more than one dose of morphine should be transferred to NICU service.

## 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.