

Neonatal abstinence syndrome (NAS)

Standard

All infants displaying signs and symptoms of drug withdrawal will be managed according to NNU guidelines

Equipment

NAS assessment scoring tool on Badgernet

Procedure

- Conduct NAS scoring as indicated on badgernet.
- Utilise good positioning strategies to provide containment and support and prevent skin abrasion.
- Promote stability and comfort by reducing external stimulation; this may be achieved through the use of minimal handling, swaddling, non-nutritive sucking and a quiet environment - consider incubator/cot position within the nursery and the use of earmuffs.
- Where 'supportive care' techniques fail to alleviate symptoms of withdrawal, initiate treatment as prescribed.
- Pay particular attention to the infant's hygiene. Cavilon spray should be used prophylactically (it does not need to be prescribed). To apply, squirt 4 or 5 times to cover the perineum and buttocks; allow to dry (approximately 15-30 seconds), apply nappy as usual. The spray is applied once per 24 hours and should be recorded on the infant's feeding chart when commenting on urine and stool (see note 2). Continue using the spray until the infant's stools change from loose/diarrhoea to more formed.
- Pay particular attention to the infant's feeding ability. 'Withdrawing' infants frequently have a disorganised feeding ability and pattern and a tendency to vomit. Consider small frequent feeds, swaddling baby during the feed and reducing external stimulation during feeding (e.g. turning baby away from the light and general pathway of movement, avoiding eye to eye contact). Where infants are unable to co-ordinate oral motor skills in an efficient and effective manner leading to staff concerns for airway protection and nutritional requirements, gastric feeding may be implemented.
- Promote positive parenting by explanation of infant behaviour, truthful information and goal directed education and with encouragement and positive reinforcement in caretaking.
- Record infant's progress &/or interventions in the relevant documentation.
- Involve the multi-professional team in planning for discharge and long term care/follow-up.

Potential complications

Aspiration, poor weight gain, feeding aversion, skin excoriation/abrasion, infection

Note

1. Advice should be sought from consultant if a mother plans to breast feed but is known to be taking intravenous drugs. It must be checked that it is safe for mother to feed baby or use mothers expressed breast milk prior to use.
2. Please note that the 'withdrawal' scoring system takes into account the state of the infant's perineum and buttocks. The application of Cavilon should prevent any inflammation or excoriation from taking place and therefore the infant's 'score' will be affected by this practice. A low score, when using Cavilon, does not necessarily mean the infant is experiencing less withdrawal symptoms.

References

Applewhite Flandermeyer A. (1993) The drug-exposed neonate, In C. Kenner, A. Bruggemeyer, L.P. Gunderson (eds.) Comprehensive Neonatal Nursing: a physiologic perspective, Chpt 45; Philadelphia: WB Saunders.

Gosse G. (1992) Neonatal Abstinence Syndrome. *The Canadian Nurse* 88 (5): 17-22.

Torrence C. R., Horns K. M. (1989) Appraisal and Caregiving for the Drug addicted Infant. *Neonatal Network* 8 (3): 49-59.