


**STANDARD ORDERS**

**Neonatal Intensive Care Unit (NICU)**  
**EAT SLEEP CONSOLE (ESC)**  
**STANDARD WEANING ORDERS for NICUs**

See Reverse for Weaning Medication Algorithm

<p><i>These orders are to be used as a guideline and do not replace sound clinical judgment and professional practice standards. Patient allergy and contraindications must be considered when completing these orders.</i></p> <p> <input checked="" type="checkbox"/> Standard orders. If not in agreement with an order, cross out and initial.           <input type="checkbox"/> Requires a check (✓) for activation.       </p>			
<p>A Medication Order for pediatric patients who weigh 50 kg or less must include the dosage by weight in terms of 'milligrams per kilogram per day' or 'milligrams per kilogram per dose' OR by body surface area ('milligram per square meter per dose or day'). (WRHA Medication Order Writing Standard, March 2009)</p>			
Drug Allergies   ► <b>See Clinical Circumstances Sheet</b>	ORDER TRANSCRIBED AND ACTIVATED	DATE _____ TIME _____	Patient's Height _____ Patient's Weight _____
<b>R</b> <b>MEDICATION ORDERS</b> TO BE INITIATED OR DISCONTINUED	 TEST DONE	<b>GENERAL ORDERS</b> <b>PAGE 1 OF 3</b>	
DATE _____      TIME _____  <b>morphine</b> Step 4 <input type="checkbox"/> morphine _____ mg (0.1 mg/kg/dose) PO/NG Q4H for 24 hours (maintenance) <input type="checkbox"/> morphine _____ mg (0.1 mg/kg/dose) PO/NG Q4H PRN if needed 2 hours after maintenance dose. Move to Step 3 if no PRN doses were used in 24 hours. If 4 doses of PRN morphine used go to Step 5 on the ESC standard escalation orders for NICUs (for Neonatal Abstinence Syndrome (NAS) symptoms)  Step 3 <input type="checkbox"/> morphine _____ mg (0.08 mg/kg/dose) PO/NG Q4H for 24 hours (maintenance) <input type="checkbox"/> morphine _____ mg (0.05 mg/kg/dose) PO/NG Q4H PRN if needed 2 hours after maintenance dose. Move to Step 2 if no PRN doses were used in 24 hours. If 4 doses of PRN morphine used go to Step 4 (for NAS symptoms)  Step 2 <input type="checkbox"/> morphine _____ mg (0.05 mg/kg/dose) PO/NG Q4H for 24 hours (maintenance) <input type="checkbox"/> morphine _____ mg (0.05 mg/kg/dose) PO/NG Q4H PRN if needed 2 hours after maintenance dose. Move to Step 1 if no PRN doses were used in 24 hours. If 4 doses of PRN morphine used go to Step 3 (for NAS symptoms)			<input checked="" type="checkbox"/> Initiate non-pharmacological care as per Eat Sleep Console (ESC) Assessment Tool  <input type="checkbox"/> Monitor using ESC Assessment Tool (after a feed) a for a minimum of 72 hours if exposed to non-opioid, polysubstance, or short acting opioids  <input type="checkbox"/> Monitor using ESC Assessment Tool (after a feed) for a minimum of 7 days if exposed to long acting opioid  <input checked="" type="checkbox"/> If the newborn has a large emesis within 5 – 10 mins of receiving a morphine dose, repeat the dose  <input checked="" type="checkbox"/> Continue cardiac and respiratory monitoring as per site guideline  <input checked="" type="checkbox"/> Once clonidine is discontinued check BP Q8H x 24 hours to identify rebound hypertension  <b>Consults</b> <input type="checkbox"/> Social Work <input type="checkbox"/> Spiritual Care <input type="checkbox"/> Indigenous Services <input type="checkbox"/> Dietitian <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Lactation Consultant
PHYSICIAN'S SIGNATURE _____ MD  PRINTED NAME _____ MD <div style="text-align: right; font-size: small;">GENERIC EQUIVALENT AUTHORIZED</div>		TRANSCRIBED: _____      REVIEWER: _____	<input type="checkbox"/> FAXED DATE: _____      TIME: _____      INITIALS: _____

# ONLY ONE CHANGE PER 24 HOURS

If 4 PRN morphine doses are needed return to the previous step. If no PRN morphine doses are needed proceed with medication weaning.

**CONTINUE TO OPTIMIZE NON-PHARMACOLOGICAL STRATEGIES THROUGHOUT THE ALGORITHM**

**ESC ASSESSMENT TO OCCUR POST FEED Q 2-4 H**

**Step 5**  
Morphine maintenance 0.15 mg/kg/dose Q4H + Morphine 0.1 mg/kg/dose Q4H PRN

**Step 4**  
Wean to Morphine Maintenance 0.1 mg/kg/dose Q4H + Morphine 0.1 mg/kg/dose Q4H PRN

**Step 3**  
Wean to Morphine Maintenance 0.08 mg/kg/dose Q4H + modify PRN dose to Morphine 0.05mg/kg/dose Q4H PRN

**Step 2**  
Wean to Morphine Maintenance 0.05 mg/kg/dose Q4H + leave PRN dose as Morphine 0.05mg/kg/dose Q4H PRN

**Step 1**  
If no PRN doses are required in 24 hours, discontinue Morphine maintenance and continue with Morphine 0.05 mg/kg/dose Q4H PRN

When maintenance morphine is discontinued consider weaning Clonidine. Continue to give PRN morphine as needed Q4H.

Discontinue PRN Morphine after 24 hours without a dose being administered and consider discharge after 24 hours of being PRN morphine free

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**Phenobarbital Option**  
For cases of polysubstance use without opioids, phenobarbital maintenance can be discontinued without weaning.

**Phenobarbital Option**  
Phenobarbital maintenance dose can be discontinued when Morphine is at 0.05mg/kg/dose Q4H .

Do not wean Clonidine if 3 or more PRN Morphine doses are needed to control symptoms

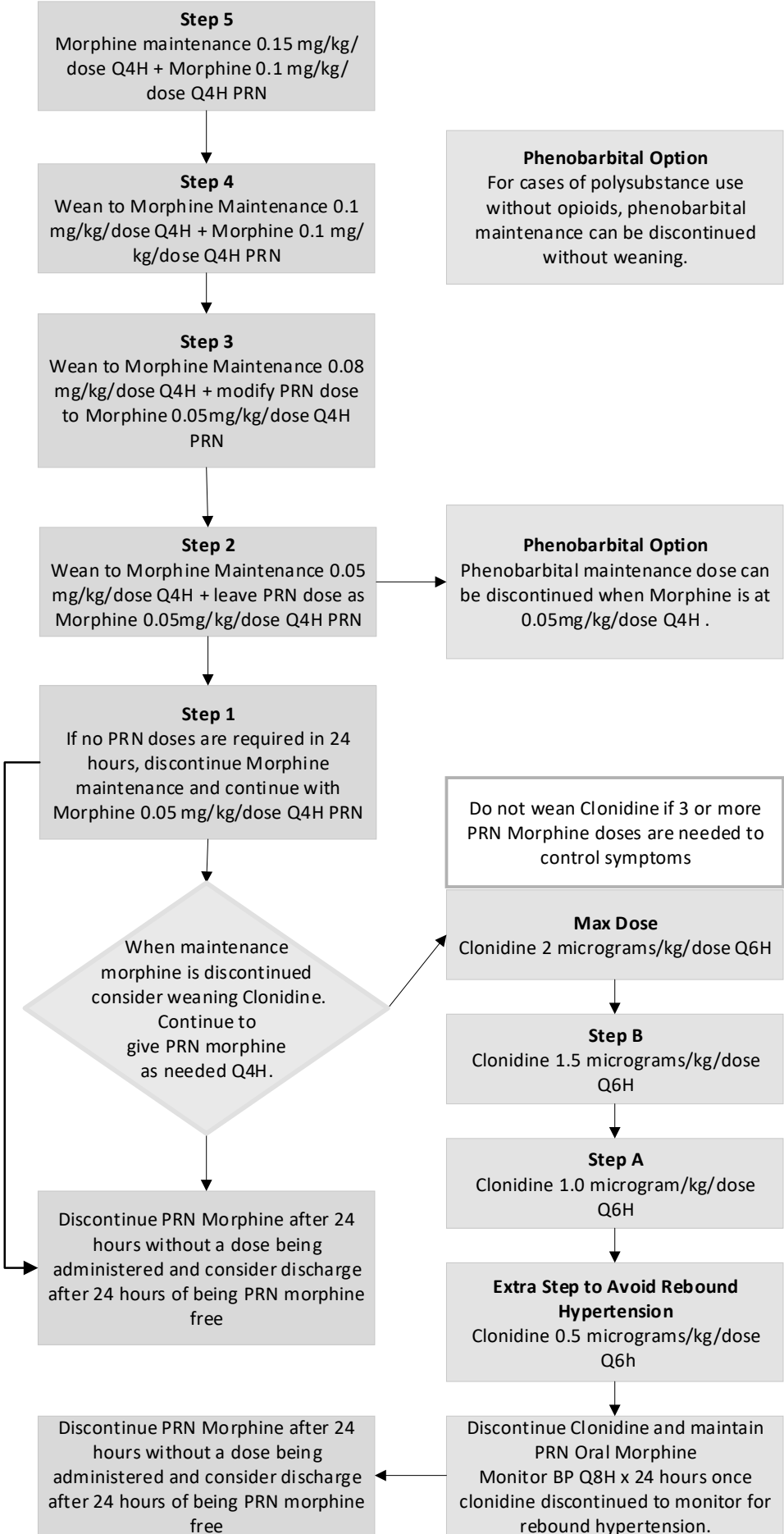
**Max Dose**  
Clonidine 2 micrograms/kg/dose Q6H

**Step B**  
Clonidine 1.5 micrograms/kg/dose Q6H

**Step A**  
Clonidine 1.0 microgram/kg/dose Q6H

**Extra Step to Avoid Rebound Hypertension**  
Clonidine 0.5 micrograms/kg/dose Q6h

Discontinue Clonidine and maintain PRN Oral Morphine Monitor BP Q8H x 24 hours once clonidine discontinued to monitor for rebound hypertension.



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DATE    TIME _____  Step 1 <input type="checkbox"/> discontinue morphine maintenance (0.05 mg/kg/dose) <input type="checkbox"/> morphine _____ mg (0.05 mg/kg/dose) PO/NG Q4H PRN. If you use 4 doses of PRN morphine go Step 2 (for NAS symptoms) <input type="checkbox"/> discontinue PRN morphine after 24 hours without a dose being administered. (DO NOT DISCONTINUE IF RECEIVING CLONIDINE)  <b>clonidine</b> Step B <input type="checkbox"/> clonidine _____ mcg (1.5 mcg/kg/dose) PO/NG Q6H x 24 hours <input type="checkbox"/> morphine _____ mg (0.05mg/kg/dose) PO/NG Q4H PRN. If 4 doses of PRN morphine used go back to morphine step 3 (for NAS symptoms)  Step A <input type="checkbox"/> clonidine _____ mcg (1 mcg/kg/dose) PO/NG Q6H x 24 hours <input type="checkbox"/> morphine _____ mg (0.05mg/kg/dose) PO/NG Q4H PRN If 4 doses of PRN morphine used go back to Step B (for NAS symptoms)		
PHYSICIAN'S SIGNATURE _____ MD  PRINTED NAME _____ MD <div style="text-align: right; font-size: small;">GENERIC EQUIVALENT AUTHORIZED</div>		TRANSCRIBED: _____                      REVIEWER: _____  <input type="checkbox"/> FAXED DATE: _____                      TIME: _____                      INITIALS: _____



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DATE _____ TIME _____  <hr/> <p>Extra Step to Avoid Rebound Hypertension</p> <input type="checkbox"/> clonidine _____ mcg (0.5 mcg/kg/dose) PO/NG Q6H x 24 hours			
<input type="checkbox"/> morphine _____ mg (0.05mg/kg/dose) PO/NG Q4H PRN If 4 doses of PRN morphine used go back to Step A. If no PRN morphine used clonidine may be discontinued (for NAS symptoms)			
<input type="checkbox"/> discontinue clonidine			
<input type="checkbox"/> discontinue PRN morphine after 24 hours without a dose being administered			
<p><b>phenobarbital</b></p> <input type="checkbox"/> discontinue phenobarbital maintenance when maintenance morphine is at 0.05 mg/kg/dose PO/NG Q4H x 24 hours			
<input type="checkbox"/> discontinue phenobarbital maintenance (when used for non-opioid withdrawal)			
PHYSICIAN'S SIGNATURE _____ MD			TRANSCRIBED: _____ REVIEWER: _____
PRINTED NAME _____ MD <small>GENERIC EQUIVALENT AUTHORIZED</small>			<input type="checkbox"/> FAXED DATE: _____ TIME: _____ INITIALS: _____