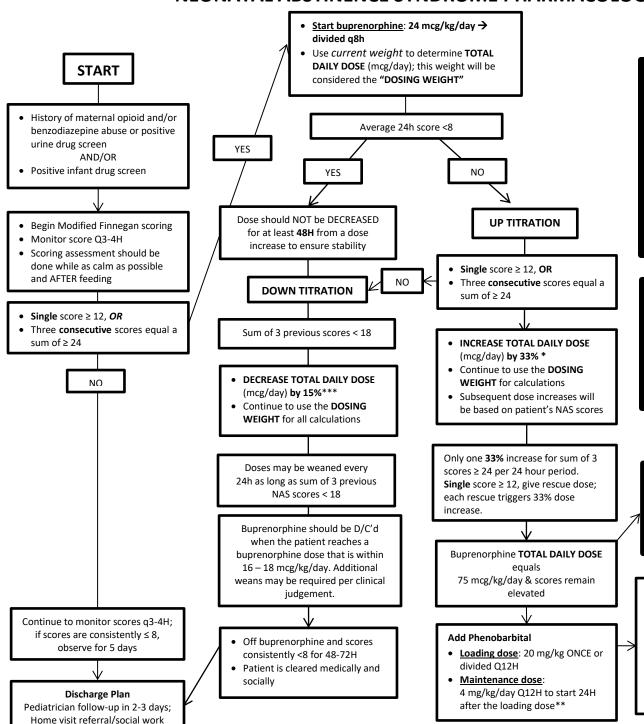


NEONATAL ABSTINENCE SYNDROME PHARMACOLOGY ALGORITHM - Buprenorphine



RESCUE DOSING:

- Rescore symptomatic infant between feeds
- Evaluate patient and CONSIDER a rescue dose for any single score ≥12 between scheduled dosing
- Dose must be given at least 1h after or 1h before next scheduled dose
- Rescue dose will be **equivalent** to the previous dose
- If the patient requires a rescue dose during dose escalation, increase the total daily dose by 33% regardless of interval from last increase
- If the patient requires a rescue dose during the down titration, automatic up titration of the scheduled dose is not necessary.
- Clinical judgment should dictate necessary increase in scheduled doses.

CONSIDERATIONS:

- * Only one 33% increase for sum of 3 scores ≥ 24 per 24 hour period, however, additional increases will occur after rescue doses.
- ** If infant is not controlled on high dose of buprenorphine after the addition of phenobarbital, consider the addition of clonidine suspension at 1 mcg/kg/dose Q3-4h.
- *** DOWN TITRATION: If infant sum of 3 consecutive scores ≥28 during weaning, restart dose at which infant was previously controlled

Consider the addition of phenobarbital within 72h of initiating treatment in infants who are not well controlled (i.e., ≥ 4 up titrations in 48H) with confirmed or suspected in-utero polysubstance exposure; specifically benzodiazepines. These patients may require adjunct phenobarbital earlier in therapy.

- Maintenance phenobarbital dose can be decreased by 50% when buprenorphine dose has been weaned to 50% of the maximum/plateau dose AND the patient's scores are stable
- After at least 3 down titrations of buprenorphine, phenobarbital can be discontinued when the patient's scores are consistently weanable and stable
- Remember the half-life of phenobarbital is very long, so effects of the wean may not be seen for up to 2-3 days. Keep this considered when making subsequent weans to buprenorphine.