Neonatal Abstinence Syndrome: Regulation of Morphine Treatment

Information for Locum Prescribers
Introduction

This Fact Sheet assists prescribers who act as locum tenens for an authorised prescriber (generally a hospital-based paediatrician) involved in the Neonatal Abstinence Syndrome Program (NASP).

Neonates with Neonatal Abstinence Syndrome (NAS) are often underweight, can have central nervous system hyperirritability, gastrointestinal dysfunction, and respiratory distress. The Women’s and Children’s Hospital Guidelines for Management of the Infant of the Drug Dependent Woman, Postnatal Management, uses a ‘NAS score’ in determining treatment. The Guidelines state “higher scores accompany those signs found in babies with more severe abstinence who are at an increased risk of mortality”. Other hazards may include parental capacity to adequately care for the neonate and potential for misuse of morphine prescribed to the neonate. Neonates with NAS are usually, and at least initially, managed in special care nurseries. The diagnosis of NAS should be made by a paediatrician working in a high risk neonatal unit.

Clinical Responsibility

Neonates treated for NAS are to varying degrees dependent on opioids. Sudden changes to NAS treatment may precipitate further opioid withdrawal. It is therefore important that any specific Local Health Network-approved guidelines (such as those at the Flinders Medical Centre or Women’s and Children’s Hospital) as well as the South Australian and National guidelines on managing drug use in pregnancy are followed. It is important that clinical systems exist where locum prescribers are available to continue NAS treatment where authorised prescribers are absent, and those locums are indeed familiar with relevant clinical guidelines.

Legal Responsibility

Under the Controlled Substances Act 1984 (SA), a NASP authority is only required when morphine treatment will exceed 14 days of either inpatient treatment or discharge medication. Providing morphine (or other controlled drugs) for the treatment of NAS in these circumstances must be in accordance with an authority granted by the Drugs of Dependence Unit.

An authority may be granted to a prescriber of at a Local Health Network, generally a paediatrician in a neonatal unit, following consideration of the prescriber’s application. Authorities include legally-binding conditions, and it is important for prescribers to carefully review these. Relevantly, all authorities include conditions that allow any prescriber to act as locum for authorised prescribers (e.g. another prescriber at the Local Health Network or a community general practitioner).
A locum prescriber may, in the absence of the authorised prescriber, continue prescribing NAS morphine treatment in accordance with a granted authority provided that:

1. Before writing a new prescription, the neonate is assessed for treatment progress including intoxication (usually informed by parent / guardian reports and prescriber assessment).
2. Approval is in place from the authorised prescriber that other prescribers at the same Local Health Network may act as locum from time to time.
3. All conditions of the existing authority are complied with (the authority should be sighted).
4. The dose is not increased or decreased more than specified in relevant clinical guidelines.
5. The prescriber or dispensing pharmacist refers the neonate for paediatric review where three or more consecutive morphine doses have been not consumed as prescribed.
6. Prescriptions for morphine liquid include the following details:
   a. Neonate’s name
   b. Neonate’s address
   c. Neonate’s date of birth
   d. Total quantity of morphine to be dispensed, expressed in words and numbers
   e. Dose in milligrams and its frequency as well as liquid concentration and volume
   f. An expiry date of the prescription (the date after which no morphine may be dispensed, to coincide with the neonate’s review date).
   g. Name of the single pharmacy that may dispense the prescription.

A locum prescriber must not:
1. Prescribe a drug not specified on the authority.
2. Prescribe a different dose, except as envisaged in relevant clinical guidelines, and in any case, not higher than the dose specified on the authority.
3. Approve the dispensing pharmacist to provide additional morphine doses for unsupervised administration (also known as ‘takeaway doses’).
4. Approve replacement of lost, stolen, damaged morphine or prescriptions without prior contact with and support from the Drugs of Dependence Unit.
5. Initiate regular treatment with benzodiazepines or other opioid controlled drugs.
References:


For more information

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