MEDICAL DIRECTIVE
Title: Sucrose 24% Oral Solution for Pain Management in NICU Neonates

Approved by/Date: Medical Advisory Committee – Sept 16, 2008

Authorizing physician(s)
Paediatrician/Neonatologist Physician Group.

Authorized to who
Registered Nurses employed in the Neonatal Intensive Care Unit (NICU).

Patient Description / Population
Infants admitted to the NICU.

Medical Directive Description/Physician’s Order
1. Sucrose oral solution 24% may be administered prior to a mild to moderately painful procedure or a Premature Infant Pain Profile (PIPP) pain score of 6-12. Painful procedures appropriate for management with sucrose may include; tape removal, capillary blood sampling, venous blood sampling, IV insertions, IM injections, lumbar puncture, urinary catheterization, and immunization.

2. Sucrose administration for management of pain is not appropriate for severely painful procedures such as chest tube placement or intubation.

3. Premature Infant Pain Profile (PIPP) Score is assessed and documented prior to administration, and assessed post-administration for effectiveness. Refer to Policy & Procedure—NICU: Assessment of Pain in the Neonate: Premature Infant Pain Profile (PIPP).

4. The RN may administer the sucrose oral solution 24% to neonates according to the following gestational age:
   - 30-32 weeks: 0.5mL po
   - 33-37 weeks: 1.0mL po
   - greater than 37 weeks: 2.0mL po
   Maximum daily dose: 4 times in 24 hours

5. The dose of sucrose oral solution 24% will be administered two (2) minutes prior to the painful procedure for maximum effect.

6. Dose may be administered in 2 minute intervals for prolonged procedures; divided or repeated to the maximum daily dose.

7. The route of administration can be a dipped pacifier or administered via syringe onto the tongue. When giving sucrose oral solution 24% via syringe, the dose should be delivered to the anterior portion of the tongue, where the taste receptors for “sweet” are located.

8. Additional developmental, behavioral, and environmental interventions will be used during the painful procedure in collaboration with the sucrose.
Specific conditions/circumstances that must be met before the Directive can be implemented
The nurse is responsible for informing parent(s) of the indications for sucrose oral solution 24% administration (i.e. for the use of a pacifier to aid in sucrose administration during invasive procedure). If consent to use a pacifier is not obtained, an oral syringe containing the calculated amount of sucrose solution may be substituted.

Contraindications to the implementation of the Directive
- Sucrose oral solution 24% may not be given by naso-gastric tube.
- Neonates presenting with the following conditions/risk factors:
  i) neonates who are NPO (nothing by mouth)
  ii) history of asphyxia
  iii) risk of necrotizing enterocolitis (NEC)
  iv) neonates receiving insulin infusions
  v) critically ill neonates
  vi) sedated neonates
  vii) neonates with hypoglycemia

Identify relevant Delegated Control Act or Added Skill associated with this Directive
None

Documentation requirements
The nurse will document on the physician’s order sheet “Administration of sucrose oral solution 24% as per Medical Directive.” Documentation will be completed on the Medication Administration Record (MAR) – including dose, route and time of administration.

Review/Evaluation Process
Every two years by Maternal Child Program

Related Documents

References
Sunnybrook & Women’s College Hospital, (2003). Sunnybrook & Women’s College Patient Care Manual: Sucrose Administration.
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<tr>
<th>Developed by:</th>
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Approvals and Signatures:

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