

Section: Division of Nursing  
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**PROCEDURE**  
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HACKETTSTOWN REGIONAL MEDICAL CENTER

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**NEWBORN SERVICES**  
(Scope)

**TITLE: DRUG SCREENING**

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**PURPOSE:** To outline procedure to identify clients at risk for drug abuse and/or identify infants with neonatal abstinence syndrome.

**SUPPORTIVE DATA:** Drug abuse in pregnancy is frequently associated with poverty and family disruption. Many women will not place value on seeking early or consistent prenatal care. General health may be poor and they are predisposed to less than optimal weight gain and anemia.

Most illicit drugs appear to pass early through the placenta and through the fetus. Roles of the transmission vary from drug to drug and depend on fetal age. Increased maternal blood flow later in gestation appears to improve transport of substance to the fetus.

Vasoconstricting effects cause abruptio placentae, increased blood pressure, precipitous labor, inadequate contraction patterns, decreased fetal oxygenation, and increased risk of preterm labor.

Urogenital malformations are strongly associated with cocaine use in the first trimester. Cocaine is thought to increase fetal vasoconstricting hormones leading to an increased blood pressure and increased heart rate. These responses increase risk of cerebral ischemia and hemorrhagic lesions. Use of cocaine, heroin, amphetamines, and marijuana and PCP is associated with intrauterine growth retardation.

The most severe symptoms are seen in newborns exposed to opioids. This can begin within 24 to 48 hours, but may not appear for as long as 10 days. Generally, symptoms subside in 2 weeks but can have mild signs for up to 6 months.

Methadone withdrawal is more severe than any narcotic alone or cocaine alone. Narcotics plus cocaine is more severe than from just narcotics.<sup>1</sup>

- IDENTIFY PROBLEM:**
1. If erratic behavior is exhibited by a woman upon arrival to the unit.
  2. All preterm labor patients are suspects.
  3. Babies exhibiting symptoms of neonatal abstinence (see the attached sheet.)
  4. No Prenatal Care
  5. Hx STD's
  6. Demands Medication frequently and in large doses.
  7. Demonstrates signs of drug use such as needle marks and malnutrition.
  8. Insists on leaving hospital shortly after birth.

- EQUIPMENT LIST:**
1. Physician's order for drug screen
  2. Urine specimen cup (mother)
  3. Order entry to lab in computer system
  4. U-Bag If screening an infant

- CONTENT: PROCEDURE STEPS:**
1. Call the physician and report any suspicions for an "at risk" client/infant.

**KEY POINTS:**  
The physician can discuss with the patient reasons for the test about to be

done.

2. Obtain an order for the drug screen and enter order in computer.
3. Obtain a specimen of urine and label it. Send to lab.
4. Report the results of the test to the physician when it is obtained.                      Pediatrician should be notified and management of infant's care discussed.

REFERENCES: Ann Applewhite Fandermeyer, RN, MSN, Neonatal Network, Dec. 1987; Michael Reese Hospital and Medical Center, Chicago, Ill., p. 42.

"AWHONN Perinatal Nursing" Kathleen Rice Simpson and Patricia A Creehan, 2001, page 593 -594.

Prenatal Nursing-Common Neonatal Complications, Lippincott, AWHONN, 1996; pp. 364-367

### **INTERVENTIONS TO SUPPORT THE NEWBORN EXPERIENCING WITHDRAWAL**

- Swaddling
- Rocking
- Decrease tactile stimulation and environmental noise
- Keep room dark
- Small frequent feedings
- Use a pacifier

### **SYMPTOMS OF NEONATAL ABSTINENCE SYNDROME**

#### **CNS**

- Irritability and restlessness
- Shrill, high-pitched cry
- Tremors
- Hyperreflexia
- Altered sleep patterns
- Seizures

#### **GI**

- Vomiting
- Diarrhea
- Excessive sucking
- Poor feeding

#### **Respiratory Distress**

- Tachypnea
- Stuffy Nose
- Cyanosis
- Flaring
- Retractions
- Apnea

#### **Miscellaneous**

- Yawning
- Sneezing
- Mottled skin
- Fever
- Skin excoriation