

East of England Neonatal Operational Delivery Network

NEONATAL PASSPORT

Assistance Cards

Medication



East of England
Neonatal
Operational Delivery Network

Collaborative working to deliver high quality care to our babies and their families



Managing your baby's pain and discomfort



How do I know if my baby is uncomfortable or in pain?

Some babies are not strong enough to show obvious behaviours, such as crying. Look for more subtle cues, such as frowning, squeezing eyes tight shut or fisted hands. A faster heart rate or changes in breathing pattern might also let you know that your baby needs comfort. As you spend more time watching your baby, you will start to learn what their little signs mean.

If you think your baby is in pain, it is important that you let your doctor or nurse know. They will use a pain assessment to score your baby's pain and talk to you about how best to manage this.

How do I know my baby is comfortable and relaxed?

Look at your baby's position and facial expression. Consider the "Aaaah" factor! Do you look at them and think "Aaah they look so comfy and relaxed"? If so, then they probably are! If not, then why not? Does their arm look stuck in an awkward position? Perhaps their breathing tube needs repositioning. Or maybe they just had a stretch and can't get back into a curled up position.

If you think your baby looks uncomfortable, let your nurse know and they can help you work out what to do to improve your baby's comfort.

How can I help my baby to feel more comfortable?



If your baby needs some medical pain relief, your doctor may prescribe paracetamol or morphine.

To help your baby to feel more relaxed during an uncomfortable procedure such as a heel prick or passing a feeding tube, they may be given a little drop of expressed breast milk or sucrose (a sugary solution).

There are other comfort measures you can provide, to help your baby feel more relaxed and comfortable, for example:

- Offer your baby a clean finger or dummy to suck on
- Provide still, comforting touch (stroking can be too tickly for small babies)
- Offer your baby a finger to grasp onto
- Hold your baby in skin-to-skin
- Check your baby's positioning in the cot—do they have a nest to help them keep their arms and legs tucked in close to their body and hands close to their mouth?
- Reduce lighting levels where possible—can the window blind next to the cot be closed, can lights be turned off / dimmed, ensure the cot canopy / incubator cover is shading their eyes
- Reduce noise levels where possible—talk in “a library voice” near your baby's cot
- Your voice will be familiar to and calming for your baby. Try singing, talking or reading to your baby in a quiet and calm voice and see how they respond.

Giving Medications

Diuretics



Aim

- For parents to understand which medication is given to their baby and why
- For parents to learn how to administer medications in preparation for discharge

Resources

- Medications
- Oral syringes

Learning Points

- The documentation for administration of medicines will also be different in each unit
- Always check you have the right medicine, that you have drawn up the correct amount and it is the right time to give it
- In hospital we usually have to give medicines at the exact time they are due; once you are at home or, if you are still in hospital but your baby is on demand feeds, it is ok for most medicines to be given at the feed that is nearest the time they are due. There is no need to wake your baby up to give them medications as long as they get the right amount throughout the day
- Practice drawing up different amounts with the syringes
- The smaller syringes are more accurate for smaller amounts of medicine
- If your baby is tube fed either attach the syringe as you would a feed but push the medicine in slowly or add the medicines to the open syringe of milk
- When the baby no longer has a tube medications will need to be given orally

Giving Medications

Diuretics



Some babies born prematurely having required breathing support or with an existing cardiac condition will require diuretic medicines at discharge. These medicines increase the amount of urine produced by the kidneys. It is used in conditions where the body retains too much fluid, causing puffiness (oedema) especially around the eyes or affecting the hands or feet.



Chlorothiazide is a diuretic, that is, a medicine that increases the amount of urine produced by the kidneys.

It is in liquid form with the dose based on the baby's weight.

Give the medicine at about the same times each day so that this becomes part of your child's daily routine, which will help you to remember. You will be given a supply on discharge and your GP will then provide further supplies on repeat prescription. The bottle provided from the hospital may differ from the one given to you in the community. The medicine will continue as directed by the GP or consultant.



Spironolactone is another diuretic commonly given in conjunction with chlorothiazide.

It is in liquid form with the dose based on the baby's weight.

Give the medicine at about the same times each day so that this becomes part of your child's daily routine, which will help you to remember. You will be given a supply on discharge and your GP will then provide further supplies on repeat prescription. The bottle provided by the hospital on discharge may be different to the bottle provided from the community. The medicine will continue as directed by the GP or consultant. Please give your GP adequate notice of the need for a repeat prescription. As there are differing strengths of this medication available it is advisable to confirm the prescription and dose with your pharmacist.



Furosemide is another diuretic commonly given in conjunction with Spironolactone.

It is in liquid form with the dose based on the baby's weight

Give the medicine at about the same times each day so that this becomes part of your child's daily routine, which will help you remember. You will be given a supply on discharge and your GP will then provide further supplies on repeat prescription. The bottle provided on discharge may be a different brand to the bottle provided from the community. The medicine will continue as directed by the GP or consultant. Please give your GP adequate notice of the need for a repeat prescription. As there are differing strengths of this medicine available it is advisable to confirm the prescription and dose with your pharmacist

Giving Medication

Anti-Reflux



Aim

- For parents to understand which medication is given to their baby and why
- For parents to learn how to administer medications in preparation for discharge

Resources

- Medications
- Oral syringes

Learning Points

- The documentation for administration of medicines will also be different in each unit
- Always check you have the right medicine, that you have drawn up the correct amount and it is the right time to give it
- In hospital we usually have to give medicines at the exact time they are due; once you are at home or, if you are still in hospital but your baby is on demand feeds, it is ok for most medicines to be given at the feed that is nearest the time they are due. There is no need to wake your baby up to give them medications as long as they get the right amount throughout the day
- The smaller syringes are more accurate for smaller amounts of medicine
- If your baby is tube fed either attach the syringe as you would a feed but push the medicine in slowly or add the medicines to the open syringe of milk
- When your baby no longer has tube, medications will need to be given orally
- If your baby is breastfed you can give the medicines by a syringe into the side of the mouth
- practice drawing up different amounts with syringes

Anti-reflux Medication for Discharge

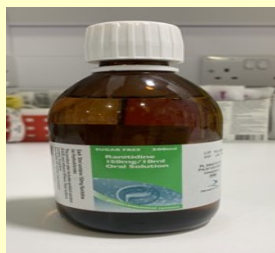


Gastro-Osophageal Reflux Disease (GORD) is a common complaint amongst premature babies. Your baby may go home on anti-reflux medication designed to ease the symptoms. In gastro-oesophageal reflux, the contents of the stomach come back up (reflux) into the food pipe (oesophagus), which is painful and can cause vomiting, possetting and feeding issues. Too much acid in the stomach can also damage the lining of the stomach or the first part of the intestine (called the duodenum).



Lansoprazole reduces the amount of acid in the stomach. This reduces the symptoms of heartburn and reflux and also allows healing of any damaged areas or ulcer. Lansoprazole is usually given **once a day** and is best taken when the stomach is empty. This should be at least half an hour before a feed.

Refer to the letter provided by the hospital on discharge. You will be given a supply to take home then your GP will provide further supplies on repeat prescription. This medicine will continue until reviewed by the GP or consultant.



Ranitidine reduces the amount of acid in the stomach, which reduces the symptoms of acid reflux. It may be prescribed to be given alongside other anti-reflux medication or on its own. It is supplied in liquid form with the dose dependent on the weight of the baby.

You will be given a supply to take home then your GP will provide further supplies on repeat prescription. This medicine will continue until reviewed by the GP or consultant.



Gaviscon powder contains sodium and magnesium alginate that acts as a reflux suppressant by stabilising the stomach contents and reducing the incidence of reflux. Use as prescribed by the doctor. You will be given a supply to take home then your GP will provide further supplies on repeat prescription. This medicine will continue until reviewed by the GP or consultant.

Giving Medication

Vitamins



Aim

- For parents to understand which medication is given to their baby and why
- For parents to learn how to administer medications in preparation for discharge

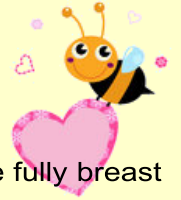
Resources

- Medications
- Oral syringes

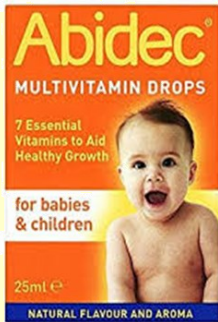
Learning Points

- The documentation for administering medications will also be different in each unit
- Always check that you have the right medicine, that you have drawn up the correct amount and it is the right time to give
- In hospital we usually have to give medicines at the exact time they are due; once you are at home or, if you are still in hospital but your baby is on demand feeds, it is ok for most medicines to be given at the feed that is nearest the time they are due. There is no need to wake your baby up to give them medications as long as they get the right amount throughout the day
- Practice drawing up different amounts with syringes
- The smaller syringes are more accurate for smaller amounts of medicine
- If your baby is tube fed either attach the syringe as you would a feed but push the medicine in slowly or add the medicines to the open syringe of milk
- When the baby no longer has a tube, medications will need to be given orally
- If your baby is breastfed you can give the medicines by syringe into the side of the mouth

Oral Supplements for Discharge



Babies born at less than 37 weeks gestation will have oral supplements prescribed for discharge. Babies born at less than 37 weeks who are fully breast fed will also require Folic acid until their due date.



All babies born before 37 weeks gestation will receive multivitamins.

Abidec/Dalivit is a vitamin supplement started once your baby is fully fed. The dose is 0.6mls once a day and is given with feeds. You will be given a supply to take home and further prescriptions need to be obtained from your GP.

Babies continue to have vitamins for 6 months to 1 yr – guided by your GP, Health Visitor or consultant.



Sytron (Sodium Feredetate) is an iron supplement which is given to prevent anaemia. Babies are born with enough stored iron to last the first month of life therefore Sytron is started on day 28. The dose is 1ml once a day and can be given at the same time as Abidec.

Babies continue to have Sytron for 6 months to 1 yr – guided by your GP, Health Visitor or consultant.

If your baby has been prescribed Nutriprem 2 milk then Sytron is not required at discharge.



In addition to the vitamins and iron, breastfed babies will also be prescribed Folic Acid. This comes in 2 strengths. Please check with your Pharmacist and GP to ensure the dose of Folic Acid is the same as that when your baby was discharged. This is started at the same time as Abidec and helps the formation of red blood cells. Give as prescribed once a day. It is given until the babies due date. It may need to be kept in the fridge depending on the supplier.



East of England Neonatal Operational Delivery Network



East of England
Neonatal
Operational Delivery Network

Collaborative working to deliver high quality care to our babies and their families