

Guidelines for the Use of 24% Sucrose Water (Sweet-Ease)

Drug Information Center

C-113 Chandler Medical Center, (859) 323-5320

PURPOSE:

To diminish/relieve short-term procedural pain for infants

SPECIFIC INFORMATION:

- A. 24% sucrose water will be stocked by Pharmacy
- B. 24% sucrose water may be administered by: RN/LPN
- C. Does not require an MD/NNP order
- D. Guidelines applicable to: patients anywhere in the hospital receiving Sweet-Ease

INDICATIONS FOR USE:

- A. Any short-term procedural pain
 - a. Heel-sticks
 - b. IV/PICC start
 - c. IM injection
 - d. Tape removal
 - e. LP
 - f. Suturing
 - g. Arterial or venous blood draw
 - h. Suctioning (i.e. nasal)
 - i. Urinary catheterization
 - j. Suprapubic tap
 - k. NG/OG insertion
 - l. Dressing change
 - m. Immunization
 - n. ROP exam
 - o. Circumcision block
 - p. Chest tube insertion/removal

Guidelines:

- A. 24% sucrose water when placed in the mouth, induces endogenous opioids providing analgesia for minor procedures
- B. Using a pacifier, in conjunction with sucrose water enhances the analgesic effect.
- C. Do not use more than 3 doses during a single procedure
- D. Do not use for infants requiring ongoing pain relief, since these infants will require acetaminophen or an opioid such as Fentanyl or morphine.
- E. It is important to realize that although an infant may still cry and show signs of pain when 24% sucrose water is used, studies have consistently shown that the sensation of pain and its negative effects will be diminished.
- F. Analgesic effect of 24% sucrose water appears to be less effective after 46 weeks post conceptual age.

PO DOSAGES:

Intubated infants:	0.1ml
Infants < 1000 grams:	0.1ml
Infants <= 28 week gestation:	0.1ml
Infants that are NPO without NEC evidence:	0.1ml
Infants >= 1000 to 2000 grams:	0.1-0.2ml
Infants >= 2000 grams:	0.1-0.5ml

PROCEDURE:

- A. Using a 1ml sterile oral syringe (brown), draw up desired dose, place tip of syringe into the side of infant's mouth onto anterior portion of the tongue and dispense solution slowly, then offer pacifier for enhanced analgesic effect.
- B. Wait 2 minutes and then perform intervention
- C. For infants requiring sucrose often (i.e. q3-6hour nasal suctioning) draw up several desired doses of 24% sucrose in 1ml sterile oral syringes (brown) from container, label/date/time, discard any unused doses after 24 hours.
- D. For infants requiring occasional sucrose doses, nurse may draw dose directly from container (discarding when procedure is completed).
- E. If giving more than 0.1ml, it may be best to give a portion of the dose 2 minutes prior to the procedure, and then the remainder of the dose intermittently, throughout the procedure.

CONTRAINDICATIONS:

- A. Use of 24% sucrose water is contraindicated in the following infants:
 - a. Infants at high risk for NEC
 - Asphyxiated infants
 - Infants with congenital heart disease that are not on established feeds
 - Infants with feeding intolerance
 - Infants without bowel sounds
 - b. Infants with esophageal atresia or tracheal esophageal fistula
 - c. Infants who are sedated or on other pain medications that are at risk for aspiration
 - d. Post-op infants who need to avoid excessive saliva production
 - e. Infants with active phase PPHN

DOCUMENTATION

- A. Document on nursing flowsheet-medication area the amount and # of doses used.
- B. Assess pain score using the N-PASS scale before, during, and after the procedure documenting on the nursing flowsheet. Repeat doses may be administered during single procedure if indicated by pain score, not exceed 3 doses.