

TITLE

ORAL SUCROSE ADMINISTRATION - PRE-PROCEDURAL ANALGESIA

SCOPE

Provincial: Emergency Departments and Urgent Care
Centres

DOCUMENT

HCS-180-01

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Senior Program Officer, Strategic Clinical Network

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Not applicable

PARENT DOCUMENT TITLE, TYPE, AND NUMBER

Not applicable

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NOTE: The first appearance of terms in bold in the body of this document (except titles) are defined terms – please refer to the Definitions section.

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OBJECTIVES

- To provide direction for oral sucrose administration for infant and neonate patients in Emergency Departments and Urgent Care Centres.
- To assist health care professionals when initiating specific diagnostics, therapeutics, and treatments/procedures for patients, without requiring a Physician or Nurse Practitioner's (NP) order. This protocol can be initiated prior to any potentially painful procedure.

APPLICABILITY

Compliance with this document is required by all Alberta Health Services employees, members of the medical and midwifery staffs, students, volunteers, and other persons acting on behalf of Alberta Health Services (including contracted service providers as necessary).

ELEMENTS**1. Indications**

- 1.1 Oral administration of sucrose appears to elevate pain thresholds through the release of endogenous opioids. Sucrose is most effective for infants up to six (6) months of age but can be used up to one (1) year with good effect.
- 1.2 Sucrose is not intended to replace other methods of analgesia such as the application of topical local anaesthetics (AmetopTM, MaxileneTM or EMLA) or oral analgesics.

- 1.3 Indications include, but are not limited to, brief procedural pain or discomfort such as:
- a) heel lances;
 - b) venipuncture;
 - c) catheter insertion;
 - d) lumbar puncture (with other adjunctive therapy);
 - e) IV insertion; and/or
 - f) dressing changes.
- 1.4 Sucrose may be used in conjunction with other pharmacological and non-pharmacological interventions such as, but not limited to:
- a) breast-feeding;
 - b) non-nutritive sucking (pacifier);
 - c) positioning;
 - d) swaddling;
 - e) parental holding; and
 - f) skin-to-skin contact.

2. Contraindications

- 2.1 Sucrose is not recommended in the following cases:
- a) prematurity - infants less than 32 weeks gestational age (current adjusted age);
 - b) critical illness – seek Physician or Nurse Practitioner order;
 - c) nothing per mouth NPO Status - seek Physician or Nurse Practitioner order;
 - d) infants receiving continuous infusion of analgesia;
 - e) infants who are on a ketogenic diet;
 - f) necrotizing enterocolitis; and/or
 - g) infants who are diagnosed with Type 1 diabetes.

3. Dosing and Administration

- 3.1 Recommended dosage is:
- a) one (1) millilitre (mL) of 24% sucrose solution for neonates; or
 - b) two (2) millilitres (mL) of 24% sucrose solution for infants.
- 3.2 Do not exceed five (5) doses of sucrose per day.
- 3.3 Sucrose is administered orally by dropping the dosage on the anterior (tip) of the tongue followed by offering a pacifier. Effectiveness is increased when administered in combination with a pacifier as it promotes non-nutritive sucking.
- 3.4 For greatest effect, administer entire dose over one (1) minute approximately two (2) minutes prior to the procedure.
- 3.5 Document sucrose administration and patient response in the patient health record or in accordance with the site policy.
- 3.6 Document infant response to the procedure in the nurse's notes.

DEFINITIONS

None

REFERENCES

None

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