

# Be sweet to infants up to 18 months

## Sucrose equals short term comfort/pain relief

### When should sucrose be used

- For painful/distressing **procedures and tests**
- Not appropriate for ongoing comforting of upset babies

### How does sucrose work best

- **Only** works if given **orally** (not via NGT or PEG)
- Sucrose concentration may vary, give in small increments

### Who can give and sign for sucrose

- All Nursing & Medical Staff/Allied Health/Technicians/Pathologists

### Where to record

- **Inpatient** – Record in the as required “prn” section of the Medicine Chart (MR690/A)
- **Outpatient** – Record in a log book or the patient notes (Patient name, DOB, procedure, amount of oral sucrose)

### Storage

- Bottled sucrose 33% stored in fridge, use within one month – RCH pharmacy supplied
- Pre-packaged sucrose products, expires in 2 years, stored at room temperature



### How to give sucrose

- Prepare recommended amount to be given (see table)
- Give approximately ¼ of the total amount of sucrose 2 minutes prior to the start of the procedure
- Give small amounts at the start and throughout the test or procedure
- The effect lasts 5–8 minutes
- Total amount to be given in 24 hours (see table)

### How much to give

Patient group	Nil orally	<1500 grams	Newborn 0–1 months	Infants 1–18 months
Total amount to be given	0.2 ml	0.2–0.5 ml	0.2–1 ml	1–2 ml
Recommended total amount in 24 hrs	1 ml	2.5 ml	5 ml	5 ml

### What else helps

- **Sucking** – breast feeding/dummy if used
- **Positioning & parental contact** – swaddling, holding and cuddling. Upright positions for infants >6 months
- **Distraction** – Older infants; sight/sound toys, bubbles or singing



Further information: Refer to clinical practice guideline “sucrose oral”

Acknowledgments: RCH Neonatal Unit