Written Case 2 and Rating Key

Nurse/Provider Sign-out

- 3-day-old baby girl with in-utero methadone exposure.
- Mom stable in recovery for 7 months, re-starting treatment after discovering pregnancy. Had previously been on methadone with her first pregnancy, after not being successful on buprenorphine due to increased anxiety symptoms (sx). Lost custody of her toddler due to relapse while parenting with safety concerns for child.
- History (hx) of depression, anxiety, and PTSD - started Prozac mid-pregnancy and tolerating well.
- Smokes cigarettes. Had prenatal education provided 2-weeks ago about increased risk for small for gestational age, sudden infant death syndrome, and withdrawal symptoms (including greater chance of being started on medicine for NOWS/NAS). Able to cut back from 1 pack per day to ½ pack per day (still smoking for anxiety).
- Newborn Nursery still using Finnegan NAS Scoring Tool as they transition to the ESC Care Tool. Baby with max Finnegan score of 10 at 24 hrs, then scored lower on day of life 2. Sx increasing in past day with last 4 scores = 7, 8, 8, 12. Baby scoring at times for increased tone, tremors when disturbed (occasionally when non-disturbed), hyperactive Moro, decreased sleep < 3 hrs after feeding, sneezing, and yawning. V/S have been stable. Stools loose but not watery.
- Either mom or dad here caring for baby in their room all the time, keeping room calm, never sending baby out to Nursery, taking turns napping so they are not sleepy when holding baby.

In-room Assessment

- Since last feeding 4-hrs ago, baby slept well for 3 hrs while held swaddled by dad. Mom able to sleep during this time.
- Baby awoke, became quickly agitated with difficulty calming and getting latched on to the breast due to excessive rooting and increased startle causing baby to push breast out of mouth with each startle.
- After 15 minutes of gentle jiggling up and down, mom expressing colostrum and providing to infant with finger feeding, baby finally able to calm down enough to latch on to the breast. Baby then able to feed well for 15 minutes.
- Infant provider came in to see baby, saw mom breastfeeding (bf), and said he would return later to evaluate baby.
- Nurse now in room performing ESC assessment and v/s approximately 4.5 hrs after last assessment, was delayed due to tasks with 2 mother-baby discharges.

NOWS/NAS ASSESSMENT	
Are signs of withdrawal present? *Increased tone, disturbed tremors, decreased sleep, sneezing, yawning, excessive suck …*	**Y**
If Yes, is timing of withdrawal consistent with known opioid exposure? *Yes - Methadone*	**Y**
Are co-exposures present that may be contributing to signs of withdrawal? *Prozac + nicotine w/d on D1, sx improved on D2*	**U**
Are NPIs maximized to fullest extent possible in infant's clinical setting? *No – Can Increase NPIs as below (e.g., STS, feeding)*	**N**
EATING	
Takes > 10 min to coordinate feeding *or* **breastfeeds < 10 min** *or* **feeds < 10 mL** (*or* other age-appropriate duration/volume) **due to NOWS/NAS?** *Yes – Baby awoke from nap agitated & had hard time settling/getting latched onto breast due to NOWS + hunger*	**Y**
SLEEPING	
Sleeps < 1 hr due to NOWS/NAS? *No – Slept well x 3 hours*	**N**
CONSOLING	
Takes > 10 min to console (*or* **cannot stay consoled for** *at least* **10 min) due to NOWS/NAS?** *Yes – Took 15 min to console*	**Y**
Consoling Support Needed **1:** Able to console on own **2:** Able to console within (and stay consoled for) 10 min with caregiver support **3:** Takes > 10 min to console (*or* cannot stay consoled for *at least* 10 min) despite caregiver's best efforts	**3**
CARE PLAN	
Formal Parent/Caregiver Huddle Performed to formally review NPIs to be increased further? *Yes - Received Yes to E/C, 3 for CSN*	**Y**
Full Care Team Huddle Performed to formally consider all possible etiologies for symptoms, re-assess if NPIs are maximized to fullest extent possible, and determine if NOWS/NAS medication treatment is needed? *No – NPIs can be increased further*	**N**
Management Decision **a: Continue/Optimize NPIs** **b: Initiate NOWS/NAS Medication Treatment** (e.g., if baby's symptoms & timing of symptoms are consistent with mother's particular opioid *and* NPIs are maximized to fullest extent possible in infant's clinical setting, *OR* other significant NOWS/NAS concerns are present (e.g., seizures, apnea)) – please list medication(s) initiated **c: Continue NOWS/NAS Medication Treatment** **d: Other** (please describe – ***Consult Lactation + Smoking Cessation Team; educated parents on no passive smoke exposure***	**a + d**
PARENT/CAREGIVER PRESENCE SINCE LAST ASSESSMENT	
> 3 hours (includes if parent/caregiver present entire time), **2-3 hours**, **1-2 hours**, **< 1 hour**, **0 hours** (no parent/caregiver present)	**>3**
NON-PHARM CARE INTERVENTIONS (I = Increase Now, **R** = Reinforce, **E** = Educate for Future, **NA** = Not Applicable/Available)	
Rooming-in (i.e., caring for infant in their own room with earlier caregiver response to infant stress or hunger cues)	**R**
Parent/caregiver presence to help calm and care for infant	**R**
Skin-to-skin contact when caregiver fully awake/alert to help organize infant feeding behaviors, calming & sleep ***(before awakens)***	**I**
Holding by parent/caregiver/cuddler to help calm infant & aid in sleep (with caregiver fully awake/alert)	**R/E**
Safe & effective swaddling (e.g., extremities swaddled in flexed position, blanket snug, no extra blanket around baby's face)	**R**
Optimal feeding (e.g., baby offered feedings when showing hunger cues & fed till content) – ***recommend feeding baby sooner***	**R/I**
Non-nutritive sucking with infant's hand, pacifier, adult caregiver's washed or gloved finger - ***to help organize suck before feeding***	**R/I**
Quiet, low light environment to help limit overstimulation of infant (e.g., tv volume down, quiet "white noise" machine or phone app)	**R**
Rhythmic movement provided by parent/caregiver or infant calming device (e.g., "jiggling" or infant swing in presence of alert adult)	**R**
Additional help/support in room (e.g., other parent, family member, friend, cuddler, staff member, recovery coach, DCYF worker)	**R/I**
Limiting # of visitors & duration of visit(s) to minimize disruptions in infant's care environment & sleep	**R**
Clustering care & assessments with infant's awake times – ***Ask parents to call out before feedings to get RN/LC help + cluster assessments by RN/Infant Provider***	**I**
Safe sleep/fall prevention (e.g., infant sleeps on back, safely swaddled, in own sleep space)	**R/E**
Parent/caregiver self-care & rest (e.g., identifying another adult to care for infant so parent can rest or take a walk/break)	**R/E**
Optional Comments: ***Place baby STS at 2.5-3 hr, wake by 3 hr to feed, offer finger to organize suck before latching PRN, singing***	*

Written Case 2
Decision Making