Written Case 3 Teaching Script

DAY OF LIFE 1

NOWS/NAS Assessment

Are symptoms (sx) of withdrawal (w/d) present? Yes – Increased tone, difficulty sleeping, tremors when disturbed.

Is timing consistent with opioid exposure? No – Baby is 1-day old and was exposed to buprenorphine. Sx are unlikely secondary to NOWS unless mom missed dose day prior or her dose was close to 24 hrs. before delivery.

Are co-exposures present that may contribute to w/d sx? Yes – Baby's sx are most likely due to to prenatal Zoloft SSRI exposure.

Are non-pharm care interventions (NPIs) maximized to fullest extent possible in infant's clinical setting? No – Grandparents are loud.

Eating, Sleeping, Consoling (ESC) Assessment

All ESC answers will be No as timing is not likely consistent with mom's buprenorphine.

Eating: No – Problems staying latched and poor eating likely due to spitting up retained amniotic fluid after c-section.

Sleeping: No – Baby having a hard time sleeping for more than 1 hr. due to tremors when disturbed; however, sx are most likely 2/2 to Zoloft w/d (and grandparents talking loudly).

Consoling: No – Taking > 10 minutes to console - likely due to Zoloft and excessive noise in the room.

Consoling Support Needed: 3 – Taking >10 min to calm with swaddling and holding. Though consoling support needed is 3, consoling is No because baby's sx are from Zoloft and not due to NOWS.

Care Plan

Formal Parent/Caregiver Huddle: Yes – Since baby received a 3 for consoling support needed and NPIs can be optimized further, a Formal Parent Caregiver Huddle is recommended to teach family ways to help baby effectively sleep and calm, and to help prevent escalation of w/d symptoms from Zoloft and potentially buprenorphine over the next few days.

Full Care Team Huddle: No – NPIs can be maximized further and no other significant concerns are present at this time.

Management Decision: a

Parent/Caregiver Presence

>3 hrs. – Family member present entire time, holding baby.

Non-Pharm Care Interventions (NPIs)

Reinforce: Rooming-in, parent/caregiver presence, skin-to-skin (STS) contact, holding, swaddling, and additional support.

Increase: STS contact as potentially more effective way to calm baby. Discuss that STS will also help promote stable blood sugars in baby and stimulate mom's milk production while baby not interested in feeding. Recommend a **quieter environment** and **limiting visitors** to only one set of calm, quiet grandparents at a time. Promote **optimal feeding** by having mom hand/electronically express colostrum and provide drops to baby (as tolerated based on spitting up), and/or save for later if supplementation is required. Teach families to use **rhythmic movement** to help calm baby (e.g., up & down or "jiggling" movement), and to use in a gentle manner to avoid increasing baby's spitting up. Due to mom's prolonged labor and failure to progress, leading to c-section, *and* baby's difficulties latching and spottiness, leading to limited feedings in first day, instruct parents to **increase parent/caregiver self-care and rest** (e.g., taking naps). This is in anticipation of baby's likely cluster feeding overnight and parents awake and alert to respond to baby's cues/needs and to reduce chance of unsafe sleep/infant falls.

Educate for Future: Provide education re: **safe & effective swaddling**, using parents' demonstrated method of swaddling with additional tips/tricks for safety/efficacy as needed. Anticipate ways to **optimize feeding** by educating family re: why baby is not interested in feeding at this time but likely will be by 24 hrs. and in middle of night. Encourage asking grandparents for **additional help/support** during day while parents resting and/or at night when baby potentially fussier as per usual baby patterns & parents possibly sleepier with higher risk for infant drops or unsafe sleep. Teach family to avoid passing baby around a lot as this may overstimulate baby, and to call out after baby done feeding to **cluster RN/Infant Provider assessments with infant's awake time**.

Not Applicable: As baby is spitting up, it is unlikely that baby will want to suck on a pacifier or finger.

DAY 2

NOWS/NAS Assessment

Are sx of w/d present? No – Tone and reflexes are within normal limits.

Is timing consistent with opioid exposure? No answer needed as sx of w/d are absent.

Are co-exposures present that may contribute to w/d sx? No answer needed as sx of w/d are absent. If sx were present, they could be from Zoloft.

Are NPIs maximized to fullest extent possible in infant's clinical setting? No – See below for NPIs that can be increased further.

Eating, Sleeping, Consoling (ESC) Assessment

Eating: No – Able to latch within a few minutes and then breastfeed well for 20 minutes.

Sleeping: No – Baby slept for approximately 3 hrs. in bassinet.

Consoling: No – Baby awoke very fussy but able to calm within a few minutes.

Consoling Support Needed: 2 – Baby very fussy when awoke approximately 3 hrs. after last feeding but able to calm down after a few minutes of STS contact.

Teaching Point: If infant did have any ESC difficulties, the answer would be **Yes** for that particular difficulty because timing is consistent w/mom's buprenorphine dose (even though sx could also be due to Zoloft). At most, this would prompt a Formal Parent/Caregiver Huddle to review NPIs that can be optimized further at this time.

Care Plan

Formal Parent/Caregiver Huddle: No – A Formal Parent/Caregiver Huddle is not needed at this time as baby is eating, sleeping, and consoling well. Staff are still encouraged to reinforce parents/caregivers for all NPIs they are implementing well, and increase/educate about NPIs that could benefit the mother-infant dyad now or in the future.

Full Care Team Huddle: No – Not needed at this time. As time allows, can teach mom when a Full Care Team Huddle may be needed in future.

Management Decision: a – Continue/Optimize NPIs as discussed below.

Parent/Caregiver Presence

>3 hrs. – Mom present entire time.

Non-Pharm Care Interventions (NPIs)

Reinforce: Rooming-in, parental presence, STS contact, swaddling (complimenting mom on safety & efficacy of her swaddle), **optimal feeding**, **quiet/low light environment**, **limiting number of visitors and duration of visit**, **safe sleep/fall prevention** (mom having baby sleep in safe swaddle in bassinet after feeding), **parent self-care and rest** (reinforcing mom's taking a nap while baby slept).

Increase: STS contact (consider putting baby STS at breast at approximately 2.5 hrs. next time as baby woke very fussy at approximately 3 hrs.). **Optimal feeding** (teach mom to massage breasts/hand express a little milk before feeding to help calm baby/latch since baby woke very fussy). **Additional help/support in room** to help **increase parent self-care and rest** (for both mom and dad, who has to work). All support has now left, coach parents to ask for one grandparent/or set of grandparents to return and help care for baby/provide support for parent(s).

Educate for Future: Holding, **non-nutritive sucking**, **rhythmic movement**, **limiting number of visitors and duration of visit** (in this case, review with mom that presence of visitors is too limited!), and **clustering care** (e.g., encourage mom to call RN after baby's feedings to perform ESC assessment, vital signs assessment, and exam). Provide additional education to mom about the **importance of continuing to get sufficient rest/sleep** since baby will likely need increased caregiver support during next 1-2 days. NOWS sx may increase during this time, and mom is likely to become sleepier if she is the only one caring for her baby. Stress importance of **safe sleep/fall prevention** in setting of anticipated increased caregiver fatigue.

Reminder: 'Increase Now' includes education for future (e.g., importance of getting sufficient rest/sleep in this case).

DAY 3

NOWS/NAS Assessment

Are sx of w/d present? Yes – Tremors when disturbed and undisturbed, increased tone, excessive crying, and difficulty eating, sleeping and consoling.

Is timing consistent with opioid exposure? Yes – Baby is 3 days old and was prenatally exposed to buprenorphine.

Are co-exposures present that may contribute to w/d sx? No – Baby does not have w/d sx on DOL 2, so Zoloft w/d likely resolved by now.

Are NPIs maximized to fullest extent possible in infant's clinical setting? Yes with possible exception of care by expert RN in room as parent's stress level may be exacerbating baby's sx.

Eating Sleeping Consoling (ESC) Assessment

Eating: Yes – Having problems staying latched due to excessive rooting and tremors.

Sleeping: Yes – Did not sleep > 30 min. in past 3 hrs. Having difficulties sleeping due to frequent startling.

Consoling: Yes – Taking > 10 min. (20 min.) to console despite parents' & LNA's best efforts.

Consoling Support Needed: 3 – as per Consoling above.

Care Plan

Formal Parent/Caregiver Huddle: Staff can either skip question or indicate a **Yes**. As below, a Formal Parent/Caregiver Huddle is recommended, and this automatically includes the Parent/Caregiver (as available in person, by phone, Skype, Zoom, etc.).

Full Care Team Huddle: Yes – A Full Care Team Huddle is indicated due to baby's ESC difficulties with baby receiving a **2nd Yes in a row for sleeping and consoling**, and a **2nd 3 for consoling support needed** despite **maximal NPIs;** baby also now has **eating difficulties**. It is recommended to perform a **Full Care Team Huddle** with **parent/caregiver**, **infant RN** *and* **physician or associate provider** to discuss the following items.

- **Consider all potential etiologies** for symptoms
- **Re-assess if NPIs** are **maximized** to fullest extent possible in infant's clinical setting
- **Determine if NOWS/NAS medication treatment is needed** while continuing to **maximize all NPIs and closely monitor infant**

Management Decision: a + b – Medication is likely to be beneficial at this time in addition to continuing optimizing NPIs. It is also reasonable to consider trialing care provided by an RN expert in caring for infants with NOWS-related ESC difficulties to see if additional advanced-level care techniques can effectively decrease baby's sx. If baby's sx continue despite this expert level of care, medication is recommended.

Parent/Caregiver Presence

>3 hrs – Parents present entire time.

Non-Pharm Care Interventions (NPIs)

Reinforce: Reinforce that all parent/caregiver-led NPIs are being implemented as best possible by parents, and that parents are accepting of **additional help/support in room** provided by LNA and lactation consultant.

Increase: Increase **additional help/support in room** through trial of increased nursing support with demonstration/modeling for holding, swaddling, optimal feeding, and rhythmic movement. Brainstorm additional cuddler support (e.g., medical or nursing student) to help increase **parent/caregiver self-care and rest** since they are getting tired, despite taking turns with naps/walk breaks. Provide emotional support for parents as they are becoming a little stressed about how baby is feeling. Discuss that some babies require medication treatment for NOWS despite all best efforts with non-pharm care, and this does not reflect poorly on mom's need for medication-assisted treatment or on parents' attempts to help baby.