



Written Case 4  
Decision Making

Although jerking mvmts of legs/arms could be NOWS-related myoclonic jerks, in setting of hypotonia + concerning perinatal hx *AND* no other sx c/w w/d, should have high clinical suspicion for seizures & proceed immediately to FCTH

Perform ESC Care Tool assessment every 2-4 hours

Are *significant concerns* present? (e.g., seizures, apnea)

Yes

No

Are **BOTH** of the following NOWS Risk Assessment Criteria met?  
1. Signs of withdrawal are present (e.g., hyperactive Moro, tremors/jitteriness, increased tone)  
2. Timing of withdrawal is consistent with known opioid exposure

(Other sx of w/d are absent)

No

Yes or Unsure

Indicate **No** to all ESC items  
ESC difficulties are NOT likely due to NOWS/NAS

Perform ESC assessment using ESC Care Tool definitions  
ESC difficulties MAY BE due to NOWS/NAS

(ESC: all No)

(CSN: 1)

Assess Consoling Support Needed  
*independent* of NOWS/NAS Assessment

Yes to any ESC item or 3 for Consoling Support Needed?

No

Yes

Is this the 2<sup>nd</sup> Yes in a row for the same ESC item(s) *or* 2<sup>nd</sup> 3 in a row for Consoling Support Needed  
*AND* NPIs maximized for infant's current clinical setting?

No

Yes

**No Huddle indicated**  
Continue ESC Care Tool assessments/NPIs

**Formal Parent/Caregiver Huddle indicated**  
as detailed on ESC Care Tool

**Full Care Team Huddle indicated**  
as detailed on ESC Care Tool. Refer to Full Care Team Huddle algorithm for further care

## Written Case 4

### Full Care Team Decision Making

