Written Case 5 and Rating Key

Nurse/Provider Sign-out

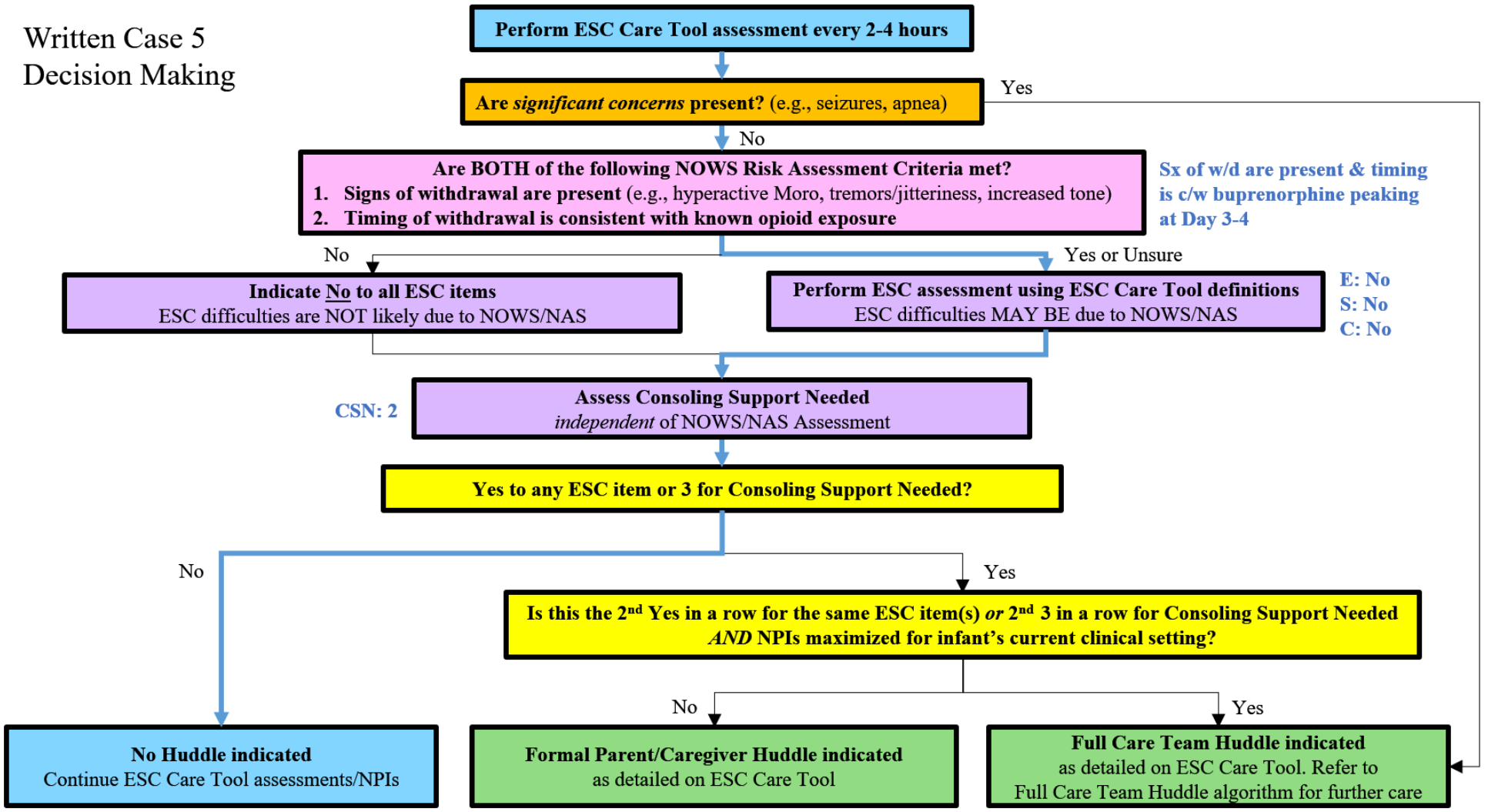
- 3-day-old baby girl born at 39 weeks to 35 year-old G3, P3 mom on buprenorphine for history of opioid use disorder. Mom in recovery since birth of her first child 4 years ago. No concerns for illicit substance use in pregnancy.
- Mom on Paxil for depression and anxiety; mom has counselor she is well connected with through her PCP's office. PCP is mom's buprenorphine prescriber.
- Baby with tremors, hypertonia, and increased Moro on first day. On 2nd day, tone and Moro within normal limits and only mildly jittery when unswaddled or not skin-to-skin with mom. In past day, mom hasn't noticed a difference in baby's tone or jitteriness. Mom is holding baby skin-to-skin often and breastfeeding ad lib. Newborn team thinks baby slightly jitterier today with mildly increased tone noted.
- Baby had difficulties feeding on 1st day with spitting up colostrum. Spitting resolved by 24 hrs. Baby then feeding well at breast. In past day, breastfed 9 times, 4 voids/stools. Stools now yellow and seedy. Weight down 6%.
- On last assessment approximately 3 hrs. ago: vital signs stable. Jaundiced to face. Baby fussy with slight increase in muscle tone and tremors on exam. Symptoms improve as soon as baby is picked up.
- Mom's sister has been here helping (when father of baby is at work). Maternal grandmother is helping to care for mom's 2 other children at home.
- Mom received prenatal education from her PCP's office. Hospital staff stressing the importance of rooming-in, skin-to-skin contact, and breastfeeding and how these will help her baby go home sooner. Mom keeping baby with her all the time in a calm, quiet room, spending lots of time holding baby skin-to-skin when she is awake. Mom's sister holds the baby when mom is sleeping (and takes naps herself when mom is awake and caring for baby).

In-room Assessment

- Mom asleep in bed, baby's aunt is holding baby and helps wake mom up when the RN comes in.
- Baby slept for 2 hrs. after feeding with her aunt holding her. Mom able to nap during this time.
- Baby was fussy when woke up and cried through diaper change with tight muscle tone and tremors.
- Was able to calm down after a few minutes of skin-to-skin time with mom.
- After calming, baby breastfed well for 15 min on left and 10 min on right. Upon RN's specific questioning, mom shares that baby latched within a few min.
- Last stool was watery and green, and baby just sneezed 4 times in a row. Vitals signs are stable.
- Baby gets fussy as soon as put in bassinet and breaks out of swaddle. Calms within a few minutes and stays consoled once picked up and held.

NOWS/NAS RISK ASSESSMENT	
Are signs of withdrawal present? (e.g., hyperactive Moro, tremors/jitteriness, increased tone, excessive/disorganized suck) Yes / No	Y
If Yes, is timing of withdrawal consistent with known opioid exposure? Yes / No / Unsure	Y
Are co-exposures present that may be contributing to signs of withdrawal? Yes / No / Unsure (please list co-exposures)	N/U
Are NPIs maximized to fullest extent possible in infant's clinical setting? Yes / No / Unsure	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 / No	N
SLEEPING	
Sleeps < 1 hr due to NOWS/NAS? Yes / No	N
CONSOLING	
Takes > 10 min to console (*or* **cannot stay consoled for** ***at least*** **10 min) due to NOWS/NAS?** Yes / No	N
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	2
CARE PLAN	
Formal Parent/Caregiver Huddle Performed to formally review NPIs to be increased further? Yes / No	N
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? Yes / No	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 – e.g., Start 2nd Pharmacologic Agent (indicate name); Wean or Discontinue Medication Treatment)	a
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	R
Holding by parent/caregiver/cuddler to help calm infant & aid in sleep (with caregiver fully awake/alert)	R
Safe & effective swaddling (e.g., extremities swaddled in flexed position, blanket snug, no extra blanket around baby's face)	I
Optimal feeding (e.g., baby offered feedings when showing hunger cues & fed till content)	R
Non-nutritive sucking with infant's hand, pacifier, adult caregiver's washed or gloved finger	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)	I
Additional help/support in room (e.g., other parent, family member, friend, cuddler, staff member, recovery coach, DCYF worker)	R
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 (e.g., RN & infant provider perform assessment together after infant feedings)	E
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
Optional Comments: Coach mom/aunt on how to change diaper together and hold diaper change until after feeding to help keep baby calm.	E

Written Case 5 Decision Making



***FPCH is not indicated per ESC Care Tool definitions but staff are still recommended to provide education & review NPIs that can be Increased Now:** Safe & effective swaddling, Non-nutritive sucking, Rhythmic movement)