Written Case 5 Rating Sheet

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 ASSESSMENT	
Are signs of withdrawal present? (e.g., hyperactive moro, tremors/jitteriness, increased tone, excessive/disorganized suck) Yes / No	
If Yes, is timing of withdrawal consistent with known opioid exposure? Yes / No / Unsure	
Are co-exposures present that may be contributing to signs of withdrawal? Yes / No / Unsure (please list co-exposures)	
Are NPIs maximized to fullest extent possible in infant's clinical setting? Yes / No / Unsure	
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	
SLEEPING	
Sleeps < 1 hr due to NOWS/NAS? Yes / No	
CONSOLING	
Takes > 10 min to console (*or* cannot stay consoled for *at least* 10 min) due to NOWS/NAS? Yes / No	
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	
CARE PLAN	
Formal Parent/Caregiver Huddle Performed to formally review NPIs to be increased further? Yes / No	
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	
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)	
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)	
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)	
Parent/caregiver presence to help calm and care for infant	
Skin-to-skin contact when caregiver fully awake/alert to help organize infant feeding behaviors, calming & sleep	
Holding by parent/caregiver/cuddler to help calm infant & aid in sleep (with caregiver fully awake/alert)	
Safe & effective swaddling (e.g., extremities swaddled in flexed position, blanket snug, no extra blanket around baby's face)	
Optimal feeding (e.g., baby offered feedings when showing hunger cues & fed till content)	
Non-nutritive sucking with infant's hand, pacifier, adult caregiver's washed or gloved finger	
Quiet, low light environment to help limit overstimulation of infant (e.g., tv volume down, quiet "white noise" machine or phone app)	
Rhythmic movement provided by parent/caregiver or infant calming device (e.g., "jiggling" or infant swing in presence of alert adult)	
Additional help/support in room (e.g., other parent, family member, friend, cuddler, staff member, recovery coach, DCYF worker)	
Limiting # of visitors & duration of visit(s) to minimize disruptions in infant's care environment & sleep	
Clustering care & assessments with infant's awake times (e.g., RN & infant provider perform assessment together after infant feedings)	
Safe sleep/fall prevention (e.g., infant sleeps on back, safely swaddled, in own sleep space)	
Parent/caregiver self-care & rest (e.g., identifying another adult to care for infant so parent can rest or take a walk/break)	
Optional Comments: (e.g., staff caring for/consoling baby as parents not available or able to safely care for baby)	

Definitions

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?:** Baby **unable to coordinate feeding *within* 10 minutes of showing hunger** *OR* **sustain feeding for *at least* 10 minutes at breast** *OR* **with 10 mL by alternate feeding method** (*or other age-appropriate duration/volume)* **due to opioid withdrawal symptoms** (e.g., fussiness, tremors, uncoordinated suck, excessive rooting).
- ***Special Note:* Do not indicate Yes** if poor eating is **clearly due to non-opioid related factors** (e.g., prematurity, transitional sleepiness or spittiness in first 24 hours, inability to latch due to infant/maternal anatomical factors).

SLEEPING

- **Sleeps < 1 hour due to NOWS/NAS:** Baby **unable to sleep for *at least* one hour**, after feeding well, **due to opioid withdrawal symptoms** (e.g., fussiness, restlessness, increased startle, tremors).
- ***Special Note:* Do not indicate Yes** if sleep < 1 hour is **clearly due to non-opioid related factors** (e.g., symptoms in first day likely due to nicotine or SSRI withdrawal, physiologic cluster feeding in first few days of life, interruptions in sleep for routine newborn testing).

CONSOLING

- **Takes > 10 min to console (*or* cannot stay consoled for *at least* 10 min) due to NOWS/NAS:** Baby **takes longer than 10 minutes to console** *OR* **cannot stay consoled for *at least* 10 minutes (due to opioid withdrawal symptoms) despite** infant caregiver/provider's **best efforts to implement NPIs** (e.g., skin-to-skin contact, non-nutritive sucking when baby not hungry).
- ***Special Note:* Do not indicate Yes** if infant's difficulties consoling are clearly **due to non-opioid related factors** (e.g., caregiver non-responsiveness to infant hunger cues, circumcision pain).

CONSOLING SUPPORT NEEDED

1. **Able to console on own:** Able to console on own without any caregiver support needed.
2. **Able to console within (and stay consoled for) 10 min with caregiver support:** Baby with absence of crying, grimacing, or other signs of distress while being held (or otherwise consoled) by a caregiver.
3. **Takes > 10 min to console (*or* cannot stay consoled for *at least* 10 min) despite caregiver's best efforts:** Baby with presence of crying, grimacing, squirming/tensing, or other signs of distress despite a caregiver's best efforts to implement recommended NPIs (e.g., parent/caregiver presence, skin-to-skin, holding, safe swaddling, optimal feeding, non-nutritive sucking when not hungry).

CARE PLAN

- **Formal Parent/Caregiver Huddle**: **RN bedside huddle** with **parent/caregiver** to ***formally* review NPIs that can be optimized** ("Increased") **further to help with infant's current eating, sleeping, and/or consoling difficulties**. To be performed if infant receives **Yes** for any **ESC** item ***or* 3** for **Consoling Support Needed**.
- **Full Care Team Huddle: Formal huddle** with **parent/caregiver**, **infant RN** *and* **physician or associate provider** to 1) **consider all potential etiologies** for symptoms, 2) **re-assess if NPIs** are **maximized** to fullest extent possible in infant's clinical setting, and 3) **determine if NOWS medication treatment is needed**. To be performed if infant **receives 2nd Yes in a row** for **any single ESC** item **(*or* 2nd "3"** for **Consoling Support Needed)** despite **maximal non-pharm care** *OR* ***other significant concerns*** are present**.**

PARENT/CAREGIVER PRESENCE SINCE LAST ASSESSMENT: Time (in hours) since last assessment that parent (or other caregiver) spent together with infant in own room *or* in Nursery.

OPTIMAL FEEDING:

- **Baby feeding at early hunger cues** and **until content** without any limit placed on duration or volume of feeding. Feedings are encouraged **at least every 3 hours, optimally 8-12 times per day**, to ensure baby does not become too hungry or disorganized with feeding and to optimize nutritional intake. A baby may remain sleeping for more than 3 hours *for therapeutic rest* if feeding difficulties or excessive weight loss are *not* present. If a pacifier is used, it should be introduced only after a baby has been fed or offered a feeding. As infants with NOWS/NAS may have poor feeding, have excessive/watery stools, or be hypermetabolic, **closely follow daily weights** and **provide increased volume and/or caloric density** of feedings, as needed, **for more than expected weight loss** *and/or* **poor weight gain for age.**
- **Breastfeeding:** Baby latching deeply with comfortable latch for mother, and sustained active suckling for baby with only brief pauses noted. **If feeding difficulties present**: a) **assist directly with breastfeeding** to help achieve more optimal latch and position, b) **demonstrate hand expression** and have mother **express colostrum prior to and/or during feedings**, and/or c) have baby feed on a clean or gloved adult finger first to **organize suck prior to latching**. As able based on infant's symptoms, consider withholding pacifiers until babies are breastfeeding well due to the potential to interfere with a good latch/suck. Consider use of nipple shield to facilitate palatal stimulation, or supplementation at the breast (as tolerated by mother), if infant requires assistance to maintain latch/suck.
- **Bottle feeding:** Baby effectively coordinating suck and swallow without gagging or excessive spitting up. **If feeding difficulties are present:** a) **assess need for altered nipple shape/flow rate**, b) instruct parent to **provide chin support during feedings**, *and/or* c) **modify position of bottle and flow of milk** to assist baby with feeding (e.g., modified side-lying position).
- **Consult a feeding specialist** (e.g., lactation, speech therapy, feeding team) when **feeding difficulties are present**.