

Written Case 6 Rating Sheet

Nurse/Provider Sign-out

- 37-week baby boy, now 2-days old.
- Mom on buprenorphine for 2 years and is doing well in recovery. Is not on other medications/substances.
- Will be living at home with mom's aunt and uncle after discharge; father of baby not involved.
- Baby overall doing well with bottle feeding, but does require mom to keep tickling his cheek to stay awake. When mom does this, baby sometimes turns mouth to her finger and pulls bottle out of his mouth as he does so.
- Baby has been sleeping and consoling well.
- Since the last NAS assessment, 3 hrs. ago, baby out of room for 30 minutes for newborn screening. Mom took a nap during this time. Mom is keeping the room calm, and is keeping baby with her at all times other than this one nap. Mom did not have any visitors present earlier, but her aunt is here now.
- In past day: vital signs stable. Bottle-fed 8 times, 2 voids, 2 stools (green, slightly loose but not watery), weight down 8%, 24 hrs. transcutaneous bilirubin (TcB) = 7.0. Baby jaundiced to chest. No tremors present. Tone and Moro reflex normal. Baby is clinically well.

In-room Assessment

- Since back in room, baby fed well with 0.5 ounce of formula, falling asleep during feeding with mom needing to tickle his cheek to stay awake. Baby held swaddled.
- Baby slept well in great aunt's arms for a 0.5 hour, transitioning easily to the bassinet.
- Baby slept for 50 minutes total and then awoke fussy, trying to suck on his hand.
- Mom tried to get him back to sleep without picking him up. She tried talking to him, fixing his swaddle, and then gently rocking him back and forth while in the bassinet.
- Baby continued crying for 15 minutes, so mom checked his diaper to see if his crying was from a wet diaper. Diaper was clean, but baby continued to cry.
- Mom tried holding and rocking baby again after checking diaper, but baby still fussy, sucking on his hand, and rooting toward the blanket.

NWS/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 <i>or</i> breastfeeds < 10 min <i>or</i> feeds < 10 mL (or other age-appropriate duration/volume) due to NWS/NAS? Yes / No	
SLEEPING	
Sleeps < 1 hr due to NWS/NAS? Yes / No	
CONSOLING	
Takes > 10 min to console (or cannot stay consoled for at least 10 min) due to NWS/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 NWS/NAS medication treatment is needed? Yes / No	
Management Decision	
a: Continue/Optimize NPIs	
b: Initiate NWS/NAS Medication Treatment (e.g., if baby's symptoms & timing of symptoms are consistent with mother's particular opioid <i>and</i> NPIs are maximized to fullest extent possible in infant's clinical setting, <i>OR</i> other significant NWS/NAS concerns are present (e.g., seizures, apnea) – please list medication(s) initiated	
c: Continue NWS/NAS Medication Treatment	
d: Other (please describe – e.g., Start 2 nd 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 shape 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**.