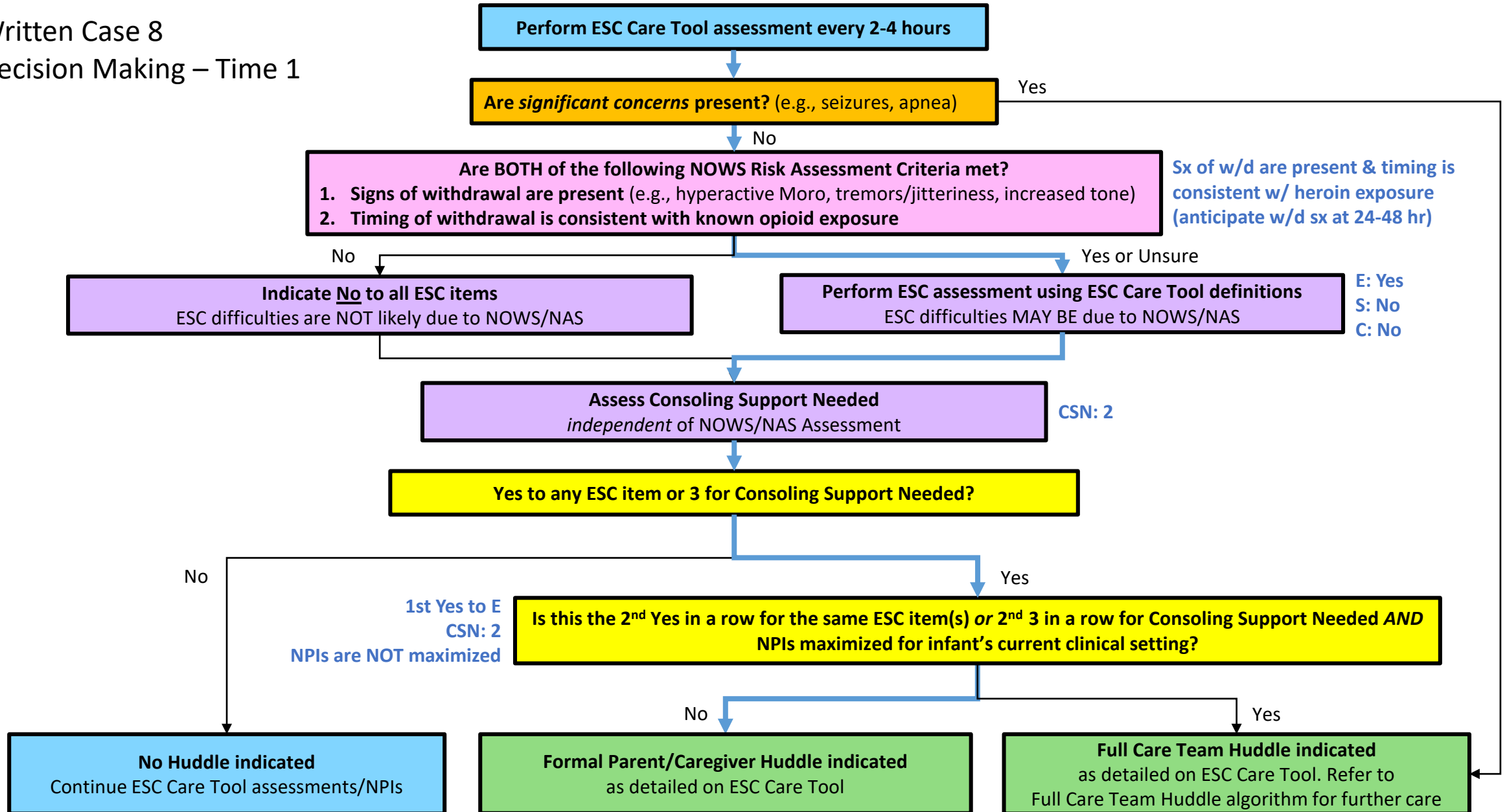
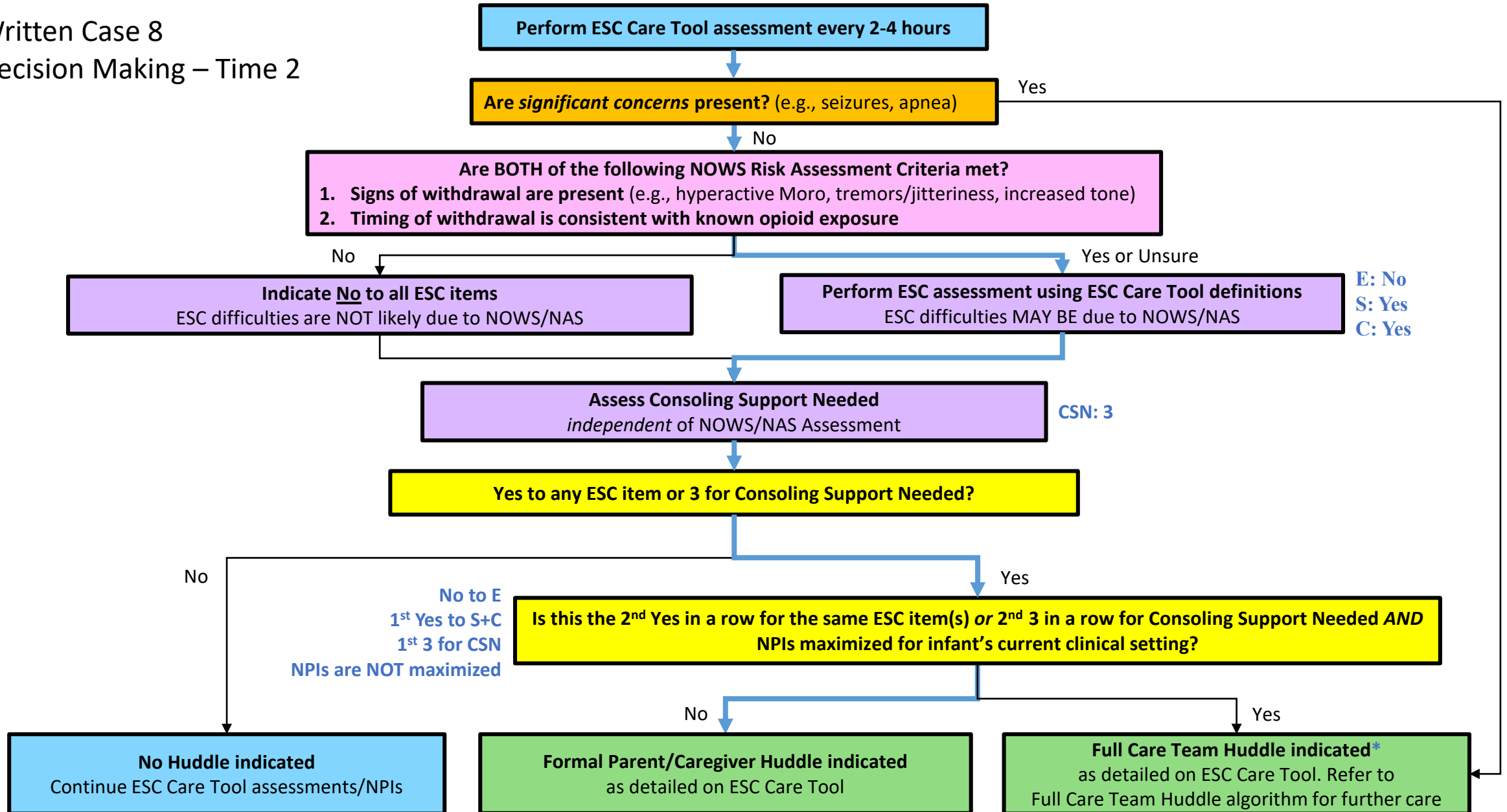


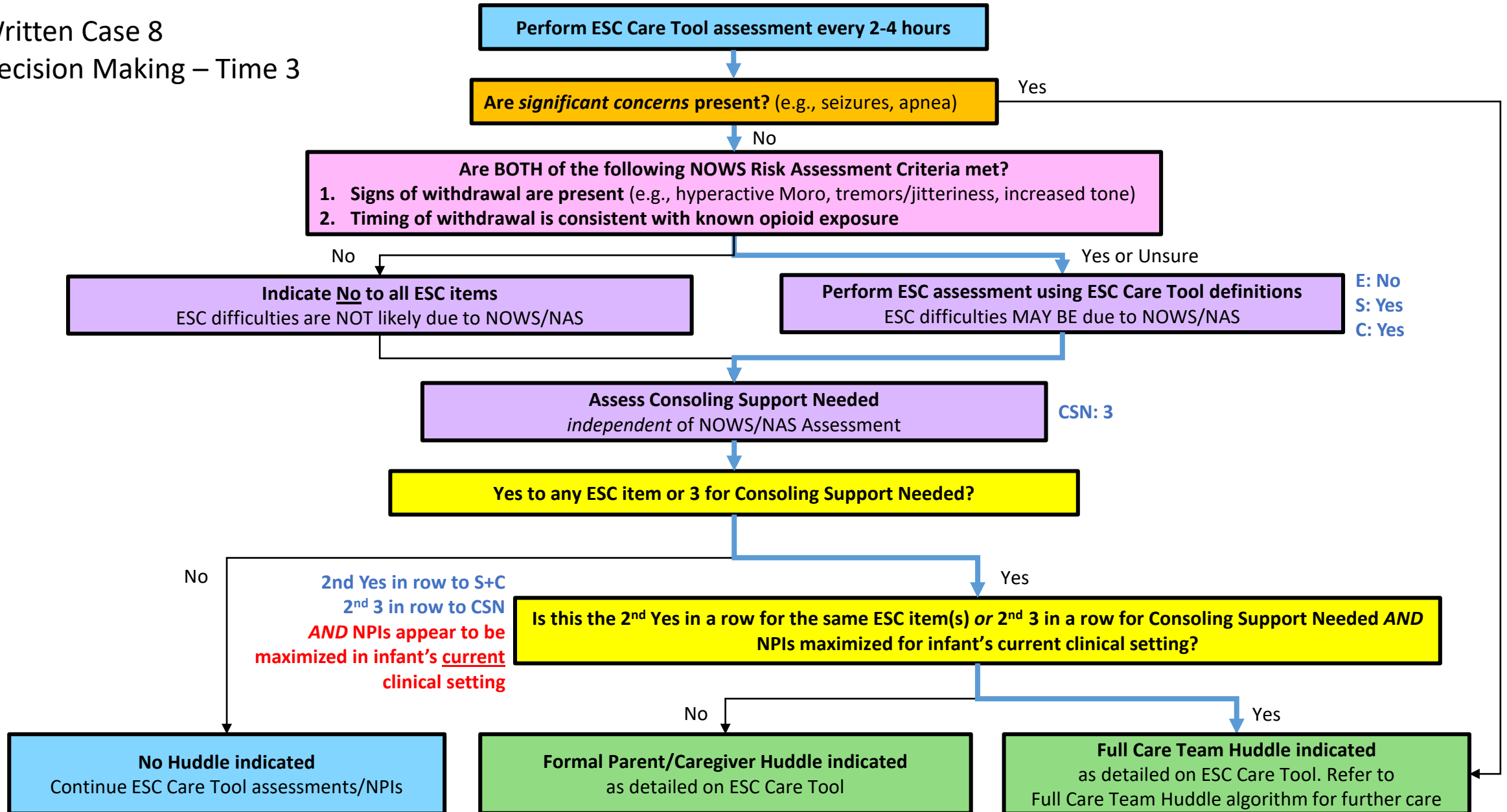
Written Case 8  
Decision Making – Time 1



Written Case 8  
Decision Making – Time 2



Written Case 8  
Decision Making – Time 3



Written Case 8  
Decision Making – Time 3

Perform **Full Care Team Huddle** with all of the following:

- ☐ **Parent/caregiver\***
- ☐ **Infant RN** (at bedside)
- ☐ **Physician or associate provider\***

*\*at bedside, by phone or video if not available in person*

Yes

**Are significant non-NOWS concerns/etiologies present?**

No

Yes

**Are co-exposures or non-substance related issues present that are *more likely* the etiology to symptoms?**

No

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**

Yes

**Are severe symptoms (e.g., apnea, seizures) or other significant concerns present AND symptoms may be due to NOWS?\*\***

Yes

No

*Id additional support to help safely & effectively care for baby in quiet room/area (e.g., Volunteer Cuddler, nursing/med student, quiet bay in NICU)*

**Are there additional strategies or resources identified by the team that could further optimize NPIs?**

Yes

No

**Implement immediate evaluation and management for any non-NOWS concern/etiology (including co-exposures)**

- **Continue to monitor infant closely per unit protocol**
- **Continue to optimize/maximize NPIs** (e.g., with additional caregiver/staff)
- **Perform ESC Care Tool re-assessment in ~ 3 hr, sooner PRN**

**Initiate pharmacologic treatment OR if already started, progress according to unit's ESC Pharm Rx protocol\*\***

**\*\*If etiology uncertain, please continue to consider potential non-NOWS etiologies and adjust management accordingly**