

Determining No Responses for ESC Items

Indicate No for ESC Items If

- ✓ Signs specific for withdrawal are absent
 - **Example:** 1.5-day-old late preterm baby with mild jitteriness and poor feeding. Baby latches within 5 min. but falls asleep within a few min. despite skin-to-skin and breast compression with feeding. Blood sugar wNL before feeding. Jitteriness due to prematurity since tone is wNL for gestational age. Baby sleeping in 3 hr. stretches after feedings. Mom waking baby up every 3 hr. to feed. Able to console on own and remain consoled without any caregiver support. The timing of withdrawal is not consistent with known/suspected opioid exposure
- ✓ Timing of withdrawal is not consistent with known/suspected opioid exposure
- ✓ Infant does not meet the definition for that ESC assessment item
- ✓ The eating, sleeping, and/or consoling difficulty is assessed to be due to non-opioid related factors (e.g., hunger and cluster feeding, pain from diaper rash in absence of withdrawal symptoms)

<i>Perform assessment of ESC behaviors, signs of withdrawal, and NPIs for time period since last ESC assessment – note date/time:</i>	Key
NOWS/NAS RISK ASSESSMENT	
Are signs of withdrawal present? Yes = A little fussy + jittery/tremors with diaper changes – tone & Moro nL	Y
If Yes, is timing of withdrawal consistent with known opioid exposure? Yes – 2 day old w/ buprenorphine exposure	Y
Are co-exposures present that may be contributing to signs of withdrawal? No other co-exposure present	N
Are NPIs maximized to fullest extent possible in infant's clinical setting? No – can optimize feeding, additional support, parent self-care, safe sleep/fall prevention (mom holding baby all the time, on her own) & educate on swaddling & rhythmic movement	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? No – BF well x 20 min, taking only few min to latch	N
SLEEPING	
Sleeps < 1 hr due to NOWS/NAS? No – Slept for ~1-1.5 hr, awoke due to hunger (cueing to feed when awoke)	N
CONSOLING	
Takes > 10 min to console (or cannot stay consoled for at least 10 min) due to NOWS/NAS? No – Consoles w/in 3-5 min w/ STS	N

**All Ns –
Does not
meet
definition**

Determining Yes Responses for ESC Items

Indicate Yes for ESC Items If

- ✓ Meets the definition for that ESC item

AND

- ✓ Receives a Yes to the first two items of the Nows/NAS Risk Assessment (*i.e., specific symptoms of withdrawal present & timing consistent with known exposure*)

Eating example: 2.5-day-old infant with jitteriness and hypertonia with in-utero methadone and SSRI exposure. Takes >10 min. to coordinate latch and only breastfeeds for 5 min. before unlatching due to uncoordinated sucking and excessive rooting. Able to sleep for 1.5-2 hrs. at a time. Consoles easily within 5 min. and remains consoled as long as held.

NOWS/NAS RISK ASSESSMENT	
Are signs of withdrawal present? Yes – jitteriness, hypertonia, uncoordinated sucking, excessive rooting	Yes ★
If Yes, is timing of withdrawal consistent with known opioid exposure? Yes, 2.5 days old & methadone-exposed	Yes ★
Are co-exposures present that may be contributing to signs of withdrawal? SSRI exposure – should be getting better by 2.5d?	Unsure
Are NPIs maximized to fullest extent possible in infant's clinical setting?	
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? Takes > 10 min to coordinate latch, only BF for 5 min before unlatching due to Nows	Yes ★
SLEEPING	
Sleeps < 1 hr due to Nows/NAS? Sleeping in 1.5-2 hr stretches	No
CONSOLING	
Takes > 10 min to console (or cannot stay consoled for at least 10 min) due to Nows/NAS? Consoles within 5 min/stays consoled	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	2