

Written Case 4
Decision Making

Although jerking mvmts of legs/arms could be NOWS-related myoclonic jerks, in setting of hypotonia + concerning perinatal hx *AND* no other sx c/w w/d, should have high clinical suspicion for seizures & proceed immediately to FCTH

Perform ESC Care Tool assessment every 2-4 hours

Are *significant concerns* present? (e.g., seizures, apnea)

Yes

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

(Other sx of w/d are absent)

No

Yes or Unsure

Indicate **No** to all ESC items
ESC difficulties are NOT likely due to NOWS/NAS

Perform ESC assessment using ESC Care Tool definitions
ESC difficulties MAY BE due to NOWS/NAS

(ESC: all No)

(CSN: 1)

Assess Consoling Support Needed
independent of NOWS/NAS Assessment

Yes to any ESC item or 3 for Consoling Support Needed?

No

Yes

Is this the 2nd Yes in a row for the same ESC item(s) *or* 2nd 3 in a row for Consoling Support Needed
AND NPIs maximized for infant's current clinical setting?

No

Yes

No Huddle indicated
Continue ESC Care Tool assessments/NPIs

Formal Parent/Caregiver Huddle indicated
as detailed on ESC Care Tool

Full Care Team Huddle indicated
as detailed on ESC Care Tool. Refer to Full Care Team Huddle algorithm for further care



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Full Care Team Decision Making

