

Written Case 4 Rating Sheet

Nurse/Provider Sign-out

- 2-day-old term small for gestational age baby girl born to 19-year-old first-time mom using heroin until discovered pregnancy approximately 3 months ago.
- Tried to get into addiction treatment program at that time but placed on wait list for 1 month. Switched to street Subutex and experienced signs of withdrawal until found "right dose" of Subutex. Now in treatment program, on Subutex, with negative weekly urine screens for 8 weeks.
- Mom smokes ½ pack per day and takes no other medications. She is otherwise healthy. All prenatal labs performed at that time within normal limits (including infection serologies). Repeat HIV, Hep C, Hep B, and syphilis testing on admission – results pending.
- Delivery complicated by maternal hypotension, tight nuchal cord, and Apgars 2¹, 5⁵, 9¹⁰. cord pH 7.02, base deficit 12.
- No withdrawal symptoms appreciated to date. Vital signs stable. Feeding difficulties have been present due to latching difficulties related to ankyloglossia. Sleeping/consoling well thus far, including during last assessment 3 hours ago.

In-room Assessment

- Baby slept 2.5 hours since last assessment. Mom woke baby to try to feed her before she got too hungry. Took a while to get baby to wake up to feed.
- Baby sleepy, latching within a few tries but problems sustaining latch for more than 5 minutes; seemed to tire with feeding. Nurse helped feed baby by bottle, coaching parents on tips to help baby feed better. Over 45 minutes, baby able to take 15 mL with nurse providing frequent palatal stimulation and chin support to help baby maintain seal on bottle nipple.
- Parents present in room the whole time, providing calm room, limiting visitors, holding baby and responsive to teaching regarding all NPIs, including feeding tips.
- Baby not fussy and self-soothes easily.
- Tone slightly lower than expected for term gestation; no jitteriness present. Moro/startle reflex within normal limits for age. As nurse talking with parents regarding ways to optimize feeding, baby had a few jerking movements of arms and legs.

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 <i>or</i> breastfeeds < 10 min <i>or</i> 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 <i>and</i> 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 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)	

