

Written Case 4 Teaching Script

NOWS/NAS Assessment

Are symptoms (sx) of withdrawal (w/d) present? No – Although jerking of arms and legs could be myoclonic jerks from NOWS/NAS, this baby is not demonstrating any other sx consistent with opioid w/d (e.g., tone slightly lower than expected, not jittery, Moro within normal limits for age).

Is timing consistent with opioid exposure? No answer indicated as sx of w/d are absent.

Are co-exposures present that may contribute to w/d sx? No answer indicated as sx of w/d are absent. Nicotine co-exposure is present but w/d sx are absent. Current sx are unlikely related to nicotine w/d.

Are non-pharm care interventions (NPIs) maximized to fullest extent possible in infant's clinical setting? Defer – All NPIs maximized except for optimal feeding. In this case scenario, it is recommended to defer full assessment of NPIs due to urgent need to evaluate and manage possible seizures in infant with perinatal depression and possible hypoxic-ischemic encephalopathy (HIE) +/- hypoglycemia.

Eating, Sleeping, Consoling (ESC) Assessment

Eating: No – Baby feeds poorly due to ankyloglossia, low oral motor tone, and tiring during feedings. Requiring frequent palatal stimulation and chin support to help maintain seal on bottle nipple – more than expected for term gestation.

Sleeping: No – Baby slept 2.5 hrs. in last 3 hrs.

Consoling: No – Baby self-soothes easily.

Consoling Support Needed: 1 – Soothing a little too easily for age, especially in setting of nicotine and Subutex in-utero exposure.

Care Plan

Formal Parent/Caregiver Huddle: Can leave blank and skip right to Full Care Team Huddle. If would like to indicate answer, the answer should be Yes.

Full Care Team Huddle: Yes – Full Care Team Huddle is recommended due to significant clinical concerns, including potential seizure in setting of possible hypoxic ischemic encephalopathy (HIE). Baby should undergo careful observation, evaluation, and management for possible hypoglycemia, infection, HIE, etc.

Management Decision: d – 1) Evaluate and empirically treat for possible seizures, as per standard of care, 2) after baby physiologically stable, recommend optimizing feeding with lactation and feeding team (speech/language) consult, and 3) reinforce all other optimal NPIs parents providing effectively. Consider nasogastric tube feedings if baby unable to take sufficient volume, despite above measures.

PARENT/CAREGIVER PRESENCE: >3 hrs. – Parents present entire time.

Non-Pharm Care Interventions (NPIs)

Defer reviewing NPIs at this time due to concern for possible seizures. After evaluation and management initiated and after baby deemed physiologically stable, can then recommend increasing **optimal feeding** and reinforcing/educating about other NPIs, as appropriate.