Written Case 6 & Rating Key

Nurse/Provider Sign-out

- 37-week baby boy, now 2-days old.
- Mom on buprenorphine for 2 years and is doing well in recovery. Is not on other medications/substances.
- Will be living at home with mom's aunt and uncle after discharge; father of baby not involved.
- Baby overall doing well with bottle feeding, but does require mom to keep tickling his cheek to stay awake. When mom does this, baby sometimes turns mouth to her finger and pulls bottle out of his mouth as he does so.
- Baby has been sleeping and consoling well.
- Since the last NAS assessment, 3 hrs. ago, baby out of room for 30 minutes for newborn screening. Mom took a nap during this time. Mom is keeping the room calm, and is keeping baby with her at all times other than this one nap. Mom did not have any visitors present earlier, but her aunt is here now.
- In past day: vital signs stable. Bottle-fed 8 times, 2 voids, 2 stools (green, slightly loose but not watery), weight down 8%, 24 hrs. transcutaneous bilirubin (TcB) = 7.0. Baby jaundiced to chest. No tremors present. Tone and Moro reflex normal.

In-room Assessment

- Since back in room, baby fed well with 0.5 ounce of formula, falling asleep during feeding with mom needing to tickle his cheek to stay awake. Baby held swaddled.
- Baby slept well in great aunt's arms for a 0.5 hour, transitioning easily to the bassinet.
- Baby slept for 50 minutes total and then awoke fussy, trying to suck on his hand.
- Mom tried to get him back to sleep without picking him up. Tried talking to him, fixing his swaddle, and then gently rocking him back and forth while in the bassinet.
- Baby continued crying for 15 minutes, so mom checked his diaper to see if his crying was from a wet diaper. Diaper was clean, but baby continued to cry.
- Mom tried holding and rocking baby again after checking diaper, but baby still fussy, sucking on his hand, and rooting toward the blanket.

NOWS/NAS RISK ASSESSMENT	
Are signs of withdrawal present? (e.g., hyperactive Moro, tremors/jitteriness, increased tone, excessive/disorganized suck) Yes / No	N
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	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?** Yes / No	N
SLEEPING	
Sleeps < 1 hr due to NOWS/NAS? Yes / No	N
CONSOLING	
Takes > 10 min to console (*or* **cannot stay consoled for** ***at least*** **10 min) due to NOWS/NAS?** Yes / No	N
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	3
CARE PLAN	
Formal Parent/Caregiver Huddle Performed to formally review NPIs to be increased further? Yes / No	Y
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	N
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 *and* 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 2nd Pharmacologic Agent (indicate name); Wean or Discontinue Medication Treatment)	a
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)	2-3
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)	R/I
Parent/caregiver presence to help calm and care for infant	R/I
Skin-to-skin contact when caregiver fully awake/alert to help organize infant feeding behaviors, calming & sleep	I
Holding by parent/caregiver/cuddler to help calm infant & aid in sleep (with caregiver fully awake/alert)	I
Safe & effective swaddling (e.g., extremities swaddled in flexed position, blanket snug, no extra blanket around baby's face)	R/E
Optimal feeding (e.g., baby offered feedings when showing hunger cues & fed till content)	I
Non-nutritive sucking with infant's hand, pacifier, adult caregiver's washed or gloved finger	E
Quiet, low light environment to help limit overstimulation of infant (e.g., tv volume down, quiet "white noise" machine or phone app)	R
Rhythmic movement provided by parent/caregiver or infant calming device (e.g., "jiggling" or infant swing in presence of alert adult)	R/E
Additional help/support in room (e.g., other parent, family member, friend, cuddler, staff member, recovery coach, DCYF worker)	R/E
Limiting # of visitors & duration of visit(s) to minimize disruptions in infant's care environment & sleep	R/E
Clustering care & assessments with infant's awake times (e.g., RN & infant provider perform assessment together after infant feedings)	E
Safe sleep/fall prevention (e.g., infant sleeps on back, safely swaddled, in own sleep space)	R/E
Parent/caregiver self-care & rest (e.g., identifying another adult to care for infant so parent can rest or take a walk/break)	R/E

Written Case 6 Decision Making