# Written Case 3 Rating Sheet

- 40-week healthy baby boy born by c-section after failure to progress.
- Mom is 31 years old, in buprenorphine treatment for 3 years, doing well in recovery. Mom on Zoloft for depression. No other medication or substance exposure present.
- All assessments being performed every 3 hours.

### Day of Life (DOL) 1

- Baby has problems staying latched. Does not seem interested in feeding much and has been spitty with clear fluid. Mom doing skin-to-skin (STS) contact. Baby has increased tone and difficulty sleeping for more than one hour due to tremors when disturbed.
- Since last assessment, taking ~15 minutes to calm with swaddling and holding. Being passed around between both grandparents (very excited about baby's birth today). They talk a little loudly due to hearing problems. One family member holding baby at all times; baby swaddled in blanket.

### DOL 2

- Mom on her own keeping baby with her in a calm and quiet room. Dad now at work and grandparents left per staff recommendations. Baby no longer spitting up.
- RN performed vital signs, ESC assessment, and exam 4 hours after last assessment. Vital signs and exam within normal limits, including tone and reflexes.
- Baby awoke approximately 3 hours after last assessment and was very fussy but able to calm down after a few minutes of STS contact. He was able to latch within a few minutes and breastfed well for 20 minutes. Mom swaddled baby using RN tips from DOL 1.
- Baby slept for approx. 3 hours in bassinet after feeding. Mom able to get a nap in also.

### DOL 3

- Mom waking baby every 2 hours after placing baby STS and doing breast massage/hand expression as recommended.
- On last assessment 3 hours ago, baby took approximately 5-7 min to latch on but then able to bf well x 10 min. Baby noted to have tremors when disturbed, increased tone, and difficulties sleeping for more than 30 min due to increased startle with any noise or movement. Taking 15-20 min to console despite parents' and LNA's best efforts.
- Parents calm but a little stressed about how baby is feeling. Baby now having undisturbed tremors, crying lots, and having a harder time consoling.
- Continuously rooming-in, in a calm room. No visitors, holding baby STS all the time, except when swaddled effectively and safely for sleep in bassinet. Using gentle jiggling movements. Parents taking turns napping/going for walks while other parent cares for baby but still getting tired. No one else present to cuddle baby (including staff/cuddler).
- On this assessment, baby taking 20 minutes to calm despite parents' (and lactation consultant's) best efforts. Baby unable to latch within 30 minutes of mom trying. Only able to stay latched on for 5 min due to excessive rooting and tremors. Mom STS with baby for last few hours, offering a breastfeed every 1.5-2 hours to avoid him getting too hungry. Lactation consultant using colostrum on finger to help calm baby and organize suck prior to helping mom latch baby. Baby did not sleep in last 3 hours – startling lots.

| *Perform assessment of ESC behaviors, signs of withdrawal, and NPIs for time period since last ESC assessment* | Day 1 | Day 2 | Day 3 |
|---|---|---|---|
| **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 *or* breastfeeds < 10 min *or* 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**<br>**1:** Able to console on own<br>**2:** Able to console within (and stay consoled for) 10 min with caregiver support<br>**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**<br>**a: Continue/Optimize NPIs**<br>**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<br>**c: Continue NOWS/NAS Medication Treatment**<br>**d: Other** (please describe – e.g., Start 2nd 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) | | | |

# Definitions

## 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?:** Baby **unable to coordinate feeding *within* 10 minutes of showing hunger** *OR* **sustain feeding for *at least* 10 minutes at breast** *OR* **with 10 mL by alternate feeding method** (*or other age-appropriate duration/volume)* **due to opioid withdrawal symptoms** (e.g., fussiness, tremors, uncoordinated suck, excessive rooting).
- ***Special Note:* Do not indicate Yes** if poor eating is **clearly due to non-opioid related factors** (e.g., prematurity, transitional sleepiness or spittiness in first 24 hours, inability to latch due to infant/maternal anatomical factors).

## SLEEPING

- **Sleeps < 1 hour due to NOWS/NAS:** Baby **unable to sleep for *at least* one hour**, after feeding well, **due to opioid withdrawal symptoms** (e.g., fussiness, restlessness, increased startle, tremors).
- ***Special Note:* Do not indicate Yes** if sleep < 1 hour is **clearly due to non-opioid related factors** (e.g., symptoms in first day likely due to nicotine or SSRI withdrawal, physiologic cluster feeding in first few days of life, interruptions in sleep for routine newborn testing).

## CONSOLING

- **Takes > 10 min to console (*or* cannot stay consoled for *at least* 10 min) due to NOWS/NAS:** Baby **takes longer than 10 minutes to console** *OR* **cannot stay consoled for *at least* 10 minutes (due to opioid withdrawal symptoms) despite** infant caregiver/provider's **best efforts to implement NPIs** (e.g., skin-to-skin contact, non-nutritive sucking when baby not hungry).
- ***Special Note:* Do not indicate Yes** if infant's difficulties consoling are clearly **due to non-opioid related factors** (e.g., caregiver non-responsiveness to infant hunger cues, circumcision pain).

## CONSOLING SUPPORT NEEDED

1. **Able to console on own:** Able to console on own without any caregiver support needed.
2. **Able to console within (and stay consoled for) 10 min with caregiver support:** Baby with absence of crying, grimacing, or other signs of distress while being held (or otherwise consoled) by a caregiver.
3. **Takes > 10 min to console (*or* cannot stay consoled for *at least* 10 min) despite caregiver's best efforts:** Baby with presence of crying, grimacing, squirming/tensing, or other signs of distress despite a caregiver's best efforts to implement recommended NPIs (e.g., parent/caregiver presence, skin-to-skin, holding, safe swaddling, optimal feeding, non-nutritive sucking when not hungry).

## CARE PLAN

- **Formal Parent/Caregiver Huddle**: **RN bedside huddle** with **parent/caregiver** to ***formally* review NPIs that can be optimized** ("Increased") **further to help with infant's current eating, sleeping, and/or consoling difficulties**. To be performed if infant receives **Yes** for any **ESC** item ***or* 3** for **Consoling Support Needed**.
- **Full Care Team Huddle: Formal huddle** with **parent/caregiver**, **infant RN** *and* **physician or associate provider** to 1) **consider all potential etiologies** for symptoms, 2) **re-assess if NPIs** are **maximized** to fullest extent possible in infant's clinical setting, and 3) **determine if NOWS medication treatment is needed**. To be performed if infant **receives 2nd Yes in a row** for **any single ESC** item **(*or* 2nd "3"** for **Consoling Support Needed)** despite **maximal non-pharm care** *OR* ***other significant concerns*** are present**.**

**PARENT/CAREGIVER PRESENCE SINCE LAST ASSESSMENT:** Time (in hours) since last assessment that parent (or other caregiver) spent together with infant in own room *or* in Nursery.

## OPTIMAL FEEDING:

- **Baby feeding at early hunger cues** and **until content** without any limit placed on duration or volume of feeding. Feedings are encouraged **at least every 3 hours, optimally 8-12 times per day**, to ensure baby does not become too hungry or disorganized with feeding and to optimize nutritional intake. A baby may remain sleeping for more than 3 hours *for therapeutic rest* if feeding difficulties or excessive weight loss are *not* present. If a pacifier is used, it should be introduced only after a baby has been fed or offered a feeding. As infants with NOWS/NAS may have poor feeding, have excessive/watery stools, or be hypermetabolic, **closely follow daily weights** and **provide increased volume and/or caloric density** of feedings, as needed, **for more than expected weight loss** *and/or* **poor weight gain for age.**
- **Breastfeeding:** Baby latching deeply with comfortable latch for mother, and sustained active suckling for baby with only brief pauses noted. **If feeding difficulties present**: a) **assist directly with breastfeeding** to help achieve more optimal latch and position, b) **demonstrate hand expression** and have mother **express colostrum prior to and/or during feedings**, and/or c) have baby feed on a clean or gloved adult finger first to **organize suck prior to latching**. As able based on infant's symptoms, consider withholding pacifiers until babies are breastfeeding well due to the potential to interfere with a good latch/suck. Consider use of nipple shield to facilitate palatal stimulation, or supplementation at the breast (as tolerated by mother), if infant requires assistance to maintain latch/suck.
- **Bottle feeding:** Baby effectively coordinating suck and swallow without gagging or excessive spitting up. **If feeding difficulties are present:** a) **assess need for altered nipple shape/flow rate**, b) instruct parent to **provide chin support during feedings**, *and/or* c) **modify position of bottle and flow of milk** to assist baby with feeding (e.g., modified side-lying position).
- **Consult a feeding specialist** (e.g., lactation, speech therapy, feeding team) when **feeding difficulties are present**.