

## EATING, SLEEPING, CONSOLING (ESC) CARE TOOL

- Review ESC behaviors with parents since last assessment 3-4 hours ago using Newborn Care Diary.
- If infant with **Yes** for any ESC item or **3** for **Consoling Support Needed**: Perform a **Formal Parent/Caregiver Huddle** to determine **Non-Pharm Care Interventions to be optimized further** and **continue to monitor closely**.
  - *If not clear if infant's difficulties eating, sleeping or consoling are due to NAS, indicate **Yes** and continue to monitor closely while optimizing all Non-Pharm Care Interventions.*
- If infant **continues with Yes** for any ESC item or **3** for **Consoling Support Needed** (or other significant concerns are present) **despite maximal non-pharm care**: Perform a **Full Care Team Huddle** to **determine if medication treatment is needed**. Continue to follow infant closely, maximizing all Non-Pharm Care Interventions.

\*See back of sheet for definition of items prior to performing assessment\*

ESC Care Tool 2.25.18

TIME							
<b>EATING</b>							
Poor eating due to NAS? Yes / No							
<b>SLEEPING</b>							
Sleep < 1 hr due to NAS? Yes / No							
<b>CONSOLING</b>							
Unable to console within 10 min due to NAS? Yes / No							
<b>Consoling Support Needed</b> 1: Able to console on own 2: Able to console with caregiver support within 10 min 3: Unable to console with caregiver support within 10 min							
<b>PLAN OF CARE</b>							
Recommend Formal Parent/Caregiver Huddle? Yes / No							
Recommend Full Care Team Huddle? Yes / No							
<b>Management Decision</b> 1: Continue/Optimize Non-pharm Care 2: Initiate Medication Treatment 3: Continue Medication Treatment 4: Other (please describe)							
<b>PARENTAL / CAREGIVER PRESENCE</b>							
0: No parent present 1: < 1 hour 2: 1-2 hours 3: 2-3 hours 4: ≥ 3 hours							
<b>NON-PHARM CARE INTERVENTIONS</b>							
Rooming-in: Increase / Reinforce							
Parent/caregiver presence: Increase / Reinforce							
Skin-to-skin contact: Increase / Reinforce							
Holding by caregiver / cuddler: Increase / Reinforce							
Safe swaddling: Increase / Reinforce							
Optimal feeding at early hunger cues: Increase / Reinforce							
Quiet, low light environment: Increase / Reinforce							
Non-nutritive sucking / pacifier: Increase / Reinforce / Not Needed							
Additional help / support in room: Increase / Reinforce							
Limiting # of visitors: Increase / Reinforce							
Clustering care: Increase / Reinforce							
Safe sleep / fall prevention: Increase / Reinforce							
Parent/caregiver self-care & rest: Increase / Reinforce							
Optional Comments:							

## DEFINITIONS

### EATING

- **Poor eating due to 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

- **Sleep < 1 hour due to NAS:** Baby **unable to sleep for *at least one hour after feeding 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

- **Unable to console within 10 minutes due to NAS:** Baby **unable to console *within 10 minutes (due to opioid withdrawal symptoms) despite infant caregiver/provider effectively providing any/all of the Consoling Support Interventions*** below.
- **Special Note: Do not indicate Yes** if infant's inconsolability is clearly **due to non-opioid related factors** (e.g., caregiver non-responsiveness to infant hunger cues, circumcision pain).

#### Consoling Support Interventions (CSIs)

1. Caregiver begins softly and slowly talking to infant, using voice to calm infant.
2. Caregiver looks for hand-to-mouth movements and facilitates by gently bringing infant's hand to mouth.
3. Caregiver continues talking to infant and places caregiver's hand firmly but gently on infant's abdomen.
4. Caregiver continues softly talking to infant bringing baby's arms and legs to the center of body.
5. Caregiver picks up infant, holds skin-to-skin or swaddled in blanket, and gently rocks or sways infant.
6. Caregiver offers a finger or pacifier for infant to suck, or a feeding if infant showing hunger cues.
  - *Parent/caregiver should offer CSIs to infant in manner that they feel is best at the time (e.g., feeding if infant showing hunger cues, picking baby up if crying). Providers should consider introducing CSIs, in the order above, to assess the level of support needed to console the infant over time.*

### CONSOLING SUPPORT NEEDED

1. **Able to console on own:** Able to console on own without any caregiver support needed.
2. **Able to console with caregiver support within 10 min:** Able to console within 10 minutes with any level of consoling support provided by infant caregiver/provider.
3. **Unable to console with caregiver support within 10 min:** Unable to console within 10 minutes despite caregiver or provider's effective implementation of all levels of consoling support.

### PLAN OF CARE

- **Formal Parent/Caregiver Huddle:** RN bedside huddle with parent/caregiver to determine Non-Pharm Care Interventions to optimize ("Increase") further.
- **Full Care Team Huddle:** Bedside huddle with parent/caregiver, infant RN and physician or associate provider.

### PARENTAL / CAREGIVER PRESENCE

- Time since last assessment that parent, or other caregiver, spent with infant in own room (or in Nursery for procedures).

### OPTIMAL FEEDING:

- **Baby feeding when showing early hunger cues and until content,** on demand, without any limit placed on duration or volume of feeding. Baby should be offered feedings whenever showing the desire to suck.
- **Breastfeeding:** Baby latching deeply with comfortable latch for mother, and sustained active suckling for baby with only brief pauses noted. Staff assist directly with breastfeeding to achieve more optimal latch/position. Express colostrum and have baby feed on an adult finger first to organize suck prior to latching, as needed. Withhold pacifier use, as able.
- **Bottle feeding:** Baby effectively coordinating suck and swallow without gagging or excessive spitting up. Instruct parent to provide chin support, or modify position of bottle or flow of nipple if any feeding difficulties present.
- Consult lactation or feeding specialist if feeding difficulties continue despite above optimal feeding measures.

