

EATING, SLEEPING, CONSOLING (ESC) CARE TOOL

- Assess infant **after feedings**, preferably while **skin-to-skin** or **held swaddled** by mother/caregiver.
- Review baby's **ESC behaviors since last assessment 3-4 hours ago** using **Newborn Care Diary** with parents.
- If infant with **"Yes"** for any **ESC** item or receiving **"3s"** for **"Soothing Support Used to Console Infant"**, perform **team huddle** with mother/parent & RN to **determine non-pharm interventions that can be optimized** further.
- If infant **continues with "Yes"** for any **ESC** item or **"3s"** for **"Soothing Support"** despite **optimal non-pharm care** and **symptoms felt likely due to NAS**, perform **full team huddle** with mother/parent, RN, and Infant Provider to determine if medication treatment is needed.

See back of sheet for definition of items.

TIME				
EATING				
Poor eating due to NAS? Yes / No				
SLEEPING				
Sleep < 1 hr due to NAS? Yes / No				
CONSOLING				
Unable to console within 10 min due to NAS? Yes / No				
Soothing support used to console infant: Soothes with little support: 1 Soothes with some support: 2 Soothes with much support or does not soothe in 10 min: 3				
PARENTAL / CAREGIVER PRESENCE				
Parental / caregiver presence since last assessment: No parent present: 0 1 - 59 minutes: 1 1 hr – 1 hr 59 min: 2 2 hr – 2 hr 59 min: 3 3 hr+: 4				
MANAGEMENT DECISION				
Recommend a Team Huddle? Yes / No				
Management decision: Optimize non-pharm care: 1 Initiate medication treatment: 2 Other (please describe):				
NON-PHARM INTERVENTIONS				
Rooming-in: Increased / Reinforced				
Parental presence: Increased / Reinforced				
Skin-to-skin contact: Increased / Reinforced				
Holding by caregiver/cuddler: Increased / Reinforced				
Swaddling: Increased / Reinforced				
Optimal feeding: Increased / Reinforced				
Quiet, low light environment: Increased / Reinforced				
Non-nutritive sucking: Increased / Reinforced				
Limit visitors: Increased / Reinforced				
Clustering care: Increased / Reinforced				
Optional Comments:				

DEFINITIONS

EATING

- **Poor eating due to NAS:** Baby is unable to coordinate feeding within 10 minutes of showing hunger *AND/OR* is unable to sustain feeding for 10 minutes at breast or with 10 cc of finger- or bottle-feeding due to NAS symptoms (e.g., fussiness, tremors, uncoordinated or excessive suck).
- **Special Note: Do not** indicate “Yes” for poor eating if it is clearly due to non-NAS related factors (e.g., prematurity, transitional sleepiness or spittiness in the first 24 hours of life, or inability to latch due to infant / maternal anatomical factors). If it is not clear if the poor eating is due to NAS, indicate “Yes” on the flowsheet and continue to monitor the infant closely while optimizing all non-pharm interventions.

SLEEPING

- **Sleep < 1 hour due to NAS:** Baby unable to sleep for more than a one hour stretch after feeding due to NAS symptoms (e.g., fussiness, restlessness, increased startle, tremors).
- **Special Note: Do not** indicate “Yes” if sleep < 1 hour is clearly due to non-NAS related factors (e.g., physiologic cluster feeding, interruptions in sleep for routine newborn testing, symptoms in first day likely due to nicotine or SSRI withdrawal). If it is not clear if sleep < 1 hour is due to NAS, indicate “Yes” on the flowsheet and continue to monitor the infant closely while optimizing all non-pharm interventions.

CONSOLING

- **Unable to console within 10 minutes due to NAS:** Baby unable to be consoled within 10 minutes by infant caregiver effectively providing recommended Consoling Support Interventions.
- **Special Note: Do not** indicate “Yes” if infant’s inconsolability is due to infant hunger, difficulty feeding or other non-NAS source of discomfort (e.g., circumcision pain). If it is not clear if the inability to console within 10 minutes is due to NAS, please indicate “Yes” and continue to monitor the infant closely while optimizing all non-pharm interventions.

Consoling Support Interventions (CSIs)

- Caregiver begins softly and slowly talking to infant and uses his/her voice to calm infant.
- Caregiver looks for hand-to-mouth movements and facilitates by gently bringing infant’s hand to mouth.
- Caregiver continues talking to infant and places caregiver’s hand firmly but gently on infant’s abdomen.
- Caregiver continues softly talking to infant bringing baby’s arms and legs to the center of body.
- Picks up infant, holds skin-to-skin or swaddled in blanket, and gently rocks or sways infant.
- Offers a finger or pacifier for infant to suck, or a feeding if infant showing hunger cues.

SOOTHING SUPPORT USED TO CONSOLE INFANT

1. **Soothes with little support:** Consistently self-soothes or is easily soothed with one of first 4 CSIs above.
2. **Soothes with some support:** Soothes fairly easily with skin-to-skin contact, being held clothed or swaddled, rocking or swaying, sucking on finger or pacifier, or feeding.
3. **Soothes with much support or does not soothe in 10 minutes:** Has difficulty responding to all caregiver efforts to help infant stop crying *OR* does not soothe within 10 minutes; never self-soothes.

PARENTAL / CAREGIVER PRESENCE

- Time since last assessment that parent (or other caregiver) has spent in room with infant.

OPTIMAL FEEDING:

- **Baby feeding at early feeding cues until content** without any limit placed on duration or volume of feeding.
- **Breastfeeding:** Baby latching deeply with comfortable latch for mother, and sustained active suckling for baby with only brief pauses noted. Assist directly with breastfeeding to achieve more optimal latch/position and request lactation consultation if any concerns present.
- **Bottle feeding:** Baby effectively coordinating suck and swallow without gagging or excessive spitting up; modify position of bottle or flow of nipple if any concerns present. Consult feeding specialist if feeding difficulties continue.