



Eat, Sleep, Console (ESC): Roll-Out and Next Steps

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ESC NAS Care Tool Training Workshop

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Workshops and Webinars

- <https://www.neoqicma.org/eat-sleep-console>
- Attend ESC training workshop
- Monthly ESC webinars – Fridays starting in January
 - MA collaborative
 - Joint webinars with NH/VT collaborative
- In-person as needed

NAS QI Committee and Stakeholders

- **Monthly meetings**
- **Representatives from each unit**
- **Nursing and MD representation**
- **OB presentation**
- **Key stakeholder conversations**
 - **Medical directors**
 - **Nursing leaders**
 - **Department chairs**

Educate Staff on ESC Approach

- **Content:**
 - **Rationale behind the change**
 - **Data to support the change**
 - **The ESC approach**
 - **Non-pharmacologic care**
 - **Address concerns and common questions**
- **All RN and MD staff caring for this population on the initiative**
 - **Division and staff meetings**
 - **Healthstream**
 - **Resident education**

ESC Materials

- ESC Training Manual on all units
- ESC EPIC Flowsheet or Paper Flowsheet for nursing documentation

Mode: **Accordion** Expanded View All

1m 5m 10m 15m 30m **1h** 2h 4h 8h 24h Based On: 0700 | Reset Now

Admission (Current...)
5/5/17
1000

Eating

Poor feeding due to NAS

Sleeping

<1 hr after feeding due to NAS

Consolability

Infant's consolability rating

Unable to console within 10 minutes

Caregiver(s) providing the consolability

Parental Presence

Parental presence since last assessment

Cuddler Present

Cuddler present

Team Huddle

Team huddle

05/05/17 1000

Poor feeding due to NAS ↑ ↓

Select Single Option: (F5)

Yes

No

Comment (F6)

Row Information

Adequate feeding depends on the GA and postnatal age of the infant. Poor eating due to NAS is defined as the baby being unable to coordinate feeding within 10 minutes of showing hunger AND/OR unable to sustain feeding for 10-15 minutes at breast or 10-15 cc of bottle feeding due to NAS symptoms.

Do not indicate "YES" for poor eating if this is clearly due to non-NAS related factors such as prematurity, transitional sleepiness or spittiness in the first 24 hours life, or inability to latch due to maternal or infant anatomical factors. If it is not clear if the poor eating is due to NAS, please indicate "YES" and continue to monitor closely.

ESC Care Tool

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 great support: 3			
PARENTAL PRESENCE			
Parental 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			
HUDDLE			
Team Huddle called? Yes / No			
Team Huddle treatment decision: Optimize non-pharm care further: 1 Initiate medication treatment: 2			
NON-PHARM CARE 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 quality: Increased / Reinforced			
Quiet environment: Increased / Reinforced			
Limit visitors: Increased / Reinforced			
Optional Comments:			

DEFINITIONS

EATING

- **Poor eating due to NAS:** Baby unable to coordinate feeding within 10 minutes of showing hunger *AND/OR* unable to sustain feeding for 10-15 minutes at breast or with 10-15 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 spitting in the first 24 hours of life, or inability to latch due to ankyloglossia or other infant / maternal anatomical factors). If it is not clear if the poor eating is due to NAS, please indicate “Yes” on the flowsheet and continue to monitor the infant closely

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). If it is not clear if sleep < 1 hour is due to NAS, please indicate “Yes” on the flowsheet and continue to monitor the infant closely

CONSOLABILITY

- **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

Consoling Support Interventions (CSIs)

- Caregiver begins talking to infant and uses his/her face voice to calm infant
- Caregiver continues talking to infant and places hand on infant’s abdomen
- Caregiver continues talking to infant and holds infant’s arms and legs toward center
- 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 (i.e., with one of first 3 CSIs above)
2. **Soothes with some support:** Soothes 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:** Has difficulty responding to all support efforts listed above; never self-soothes

PARENTAL PRESENCE

- Time since last assessment that biological parent or foster parent has spent in room with infant

OPTIMAL FEEDING QUALITY:

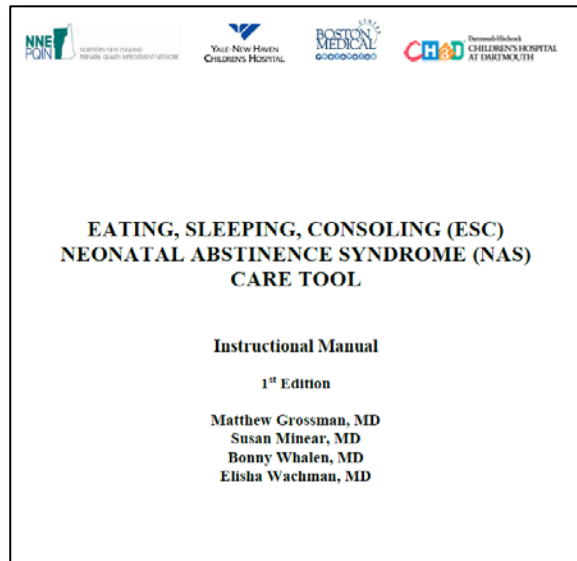
- **Baby feeding at early feeding cues until content** without any limit placed on duration or volume of feeding.
- **Breastfeeding:** Baby latching deeply with comfortable latch for mother, and sustained active suckling for baby with only brief pauses noted. Assist directly with breastfeeding to achieve 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.

Data Collection

- **Baseline data collection**
 - **Demographics (opioid exposure, GA, etc)**
 - **Medication treatment**
 - **Length of medication treatment**
 - **Length of hospitalization**
- **Register for neoQIC REDCap data collection**
- **Determine who will collect your data**

ESC Training Materials

- ESC Tool
- IRR Tool
- Quiz with 3 cases
- Training Manual



The Eating, Sleeping, Consoling (ESC) NAS Care Tool

[Home](#) | [Resources](#) | [Acknowledgements](#)



1 Overview

2 Eat

3 Sleep

4 Console

5 Huddle

ESC Tool Training for Nursing

- **Required: All view the video**
- **Recommended:**
 - **Case example quiz completion documenting 80% accuracy for assessments**
- **Documentation: Healthstream; completed paper quiz**

NAS Guidelines / Handbooks

- **Update NAS guidelines to reflect ESC**
- **Update any parent handbooks to reflect ESC approach**

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