

BMC Neonatal Abstinence Syndrome (NAS) Flowsheet

This is what the flowsheet looks like to end users:

| | |
|--|---|
| | 10/25/17 |
| | 0900 |
| Eating | |
| Poor feeding | Yes |
| Sleeping | |
| <1 hr after feeding | Yes |
| Consolability | |
| Infant's consolability rating | Soothes with little support |
| Unable to console within 10 minutes | Yes |
| Caregiver(s) providing the consolability | Mother;Father |
| Parental Presence | |
| Parental presence since last assessment | 0-1 hour |
| Cuddler Present | |
| Cuddler present | Yes |
| Team Huddle | |
| Team huddle | Yes <input type="checkbox"/> <input type="checkbox"/> |

Each row is listed below with the custom choice options as well as the row information:

Eating

1. Poor feeding

- a. Custom Choices: Yes/No
- b. 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."

Sleeping

2. <1 hr after feeding

- a. Custom Choices: Yes/No
- b. Row Information: "Normal sleep patterns for GA and postnatal age should be taken into account. Sleep < 1 hour may be normal in the first few days after birth."

Indicate "YES" for sleep < 1 hour due to NAS if the baby is unable to sleep for more than 1 hour due to NAS symptoms.

Do not indicate "YES" if this is clearly due to non-NAS related factors such as physiologic cluster feeding, and interruptions in sleep for routine newborn testing.

If it is unclear if the poor sleep is due to NAS, please indicate "YES" and continue to monitor the infant closely."

Consolability

3. Infant's consolability rating

- a. Custom Choices: Soothers with little support/Soothes with some support/Soothes with great support
- b. Row Information:
 - "1) Soothers with little support – Easily soothed and/ or consistently self-soothers
 - 2) Soothers with some support – Can be soothed with caregiver support and can settle after rocking, placing skin to skin, swaddling, pacifier, or feeding
 - 3) Soothers with much support – Has difficulty responding to caregiver's efforts to help infant stop crying or settle; never self-soothers

Consolability Support Interventions

- Caregiver begins talking to infant and uses his/her face voice to calm the infant
- Caregiver continues talking to infant and places hand on the infant's abdomen
- Caregiver continues talking to infant and holds the infant's arms and legs toward center
- Picks up infant, holds skin to skin or swaddled, and rocks the infant
- Offers a pacifier or feeding"

4. Unable to console within 10 minutes

- a. Custom Choices: Yes/No
- b. Row Information: "Do not indicate "Yes" if infant's inconsolability is due to infant hunger or other non-NAS source of discomfort (e.g., circumcision pain).

If it is unclear if the inability to console is due to NAS, please indicate "Yes" and continue to monitor the infant closely."

5. Caregiver(s) providing the consolability

- a. Custom Choices: Mother/Father/Other support person/Clinician/Cuddler
- b. Multi-select choices
- c. Row Information: NA

Parental Presence

6. Parental presence since last assessment

- a. Custom Choices: None/0-1 hour/1-2 hours/2-3 hours/3-4 hours
- b. Row Information: NA

Cuddler Present

7. Cuddler present

- a. Custom Choices: Yes/No
- b. Row Information: NA

Team Huddle

8. Team huddle

- a. Custom Choices: Yes/No
- b. Row Information:

“Team Huddle should occur if:

1. Poor feeding due to NAS
2. Infant sleeps < 1 hour due to NAS
3. Infant unable to console within 10 minutes

The team huddle to include optimization of non-pharmacologic measures including ensuring the presence of a caregiver, assessment of consolability, efforts to improve feeding, and assessment of the infant’s environment. If non-pharmacologic care has been optimized and infant continues to have poor eating/sleeping/consolability, consider starting methadone.”