

Appendix A

EATING, SLEEPING, CONSOLING (ESC) CARE TOOL

Assess infant after feedings, preferably while skin-to-skin with mother or held swaddled by a caregiver. Only assess infant in bassinet if placed there already. Assessments should reflect entire 3-4 hour interval since last assessment.

Perform Team Huddle if infant has a “Yes” for any ESC item (or if the infant is consistently receiving “3s” for “Soothing Support Used to Console Infant”) AND determine interventions needed. Team Huddle to include at minimum mother / parent and bedside nurse. Consider initiating pharmacologic treatment only after non-pharm care interventions have been optimized to greatest extent AND full Team Huddle has occurred with mother/parent, bedside nurse, and Infant Provider.

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 never soothes: 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				
MANAGEMENT DECISION				
Team Huddle recommended? Yes / No				
Management decision: Optimize non-pharm care further: 1 Initiate medication treatment: 2 Other (please describe):				
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 is unable to coordinate feeding within 10 minutes of showing hunger *AND/OR* is 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 spittiness 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, 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, 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.

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.

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 never soothes:** Has difficulty responding to all caregiver efforts to help infant stop crying *OR* does not soothe within 10 minutes; never self-soothes.

PARENTAL PRESENCE

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

Appendix B

EATING, SLEEPING, CONSOLING (ESC) IRR TOOL

Assess infant after feedings, preferably while skin-to-skin with mother or held swaddled by a caregiver. Only assess infant in bassinet if placed there already. Assessments should reflect entire 3-4 hour interval since last assessment.

Perform Team Huddle if infant has a “Yes” for any ESC item (or if the infant is consistently receiving “3s” for “Soothing Support Used to Console Infant”) AND determine interventions needed. Team Huddle to include at minimum mother / parent and bedside nurse. Consider initiating pharmacologic treatment only after non-pharm care interventions have been optimized to greatest extent AND full Team Huddle has occurred with mother/parent, bedside nurse, and Infant Provider.

See back of sheet for definition of items.

DATE/TIME:	RN	“Gold Star” Rater
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 never soothes: 3		
MANAGEMENT DECISION		
Team Huddle recommended? Yes / No		
RELIABILITY PERCENTAGE	_____	

Determining Inter-rater Reliability Percentage: Calculate the percent agreement between the RN and the Gold Star rater on the 5 items above. For example, if 5 out of the 5 items are in agreement = 100% reliability, and if 4 out of the 5 items are in agreement = 80% reliability.