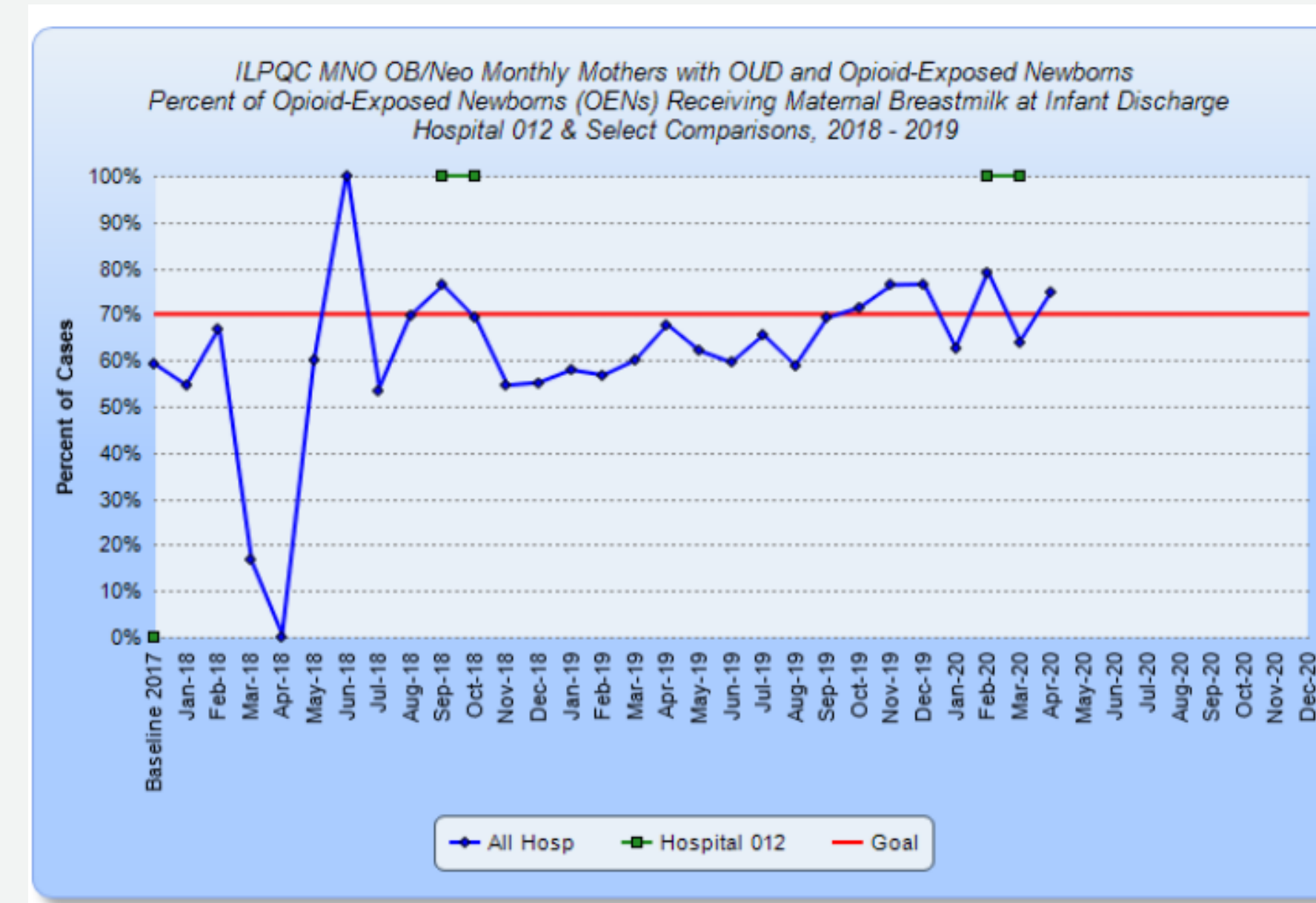


2. Hospital & QI Team Overview

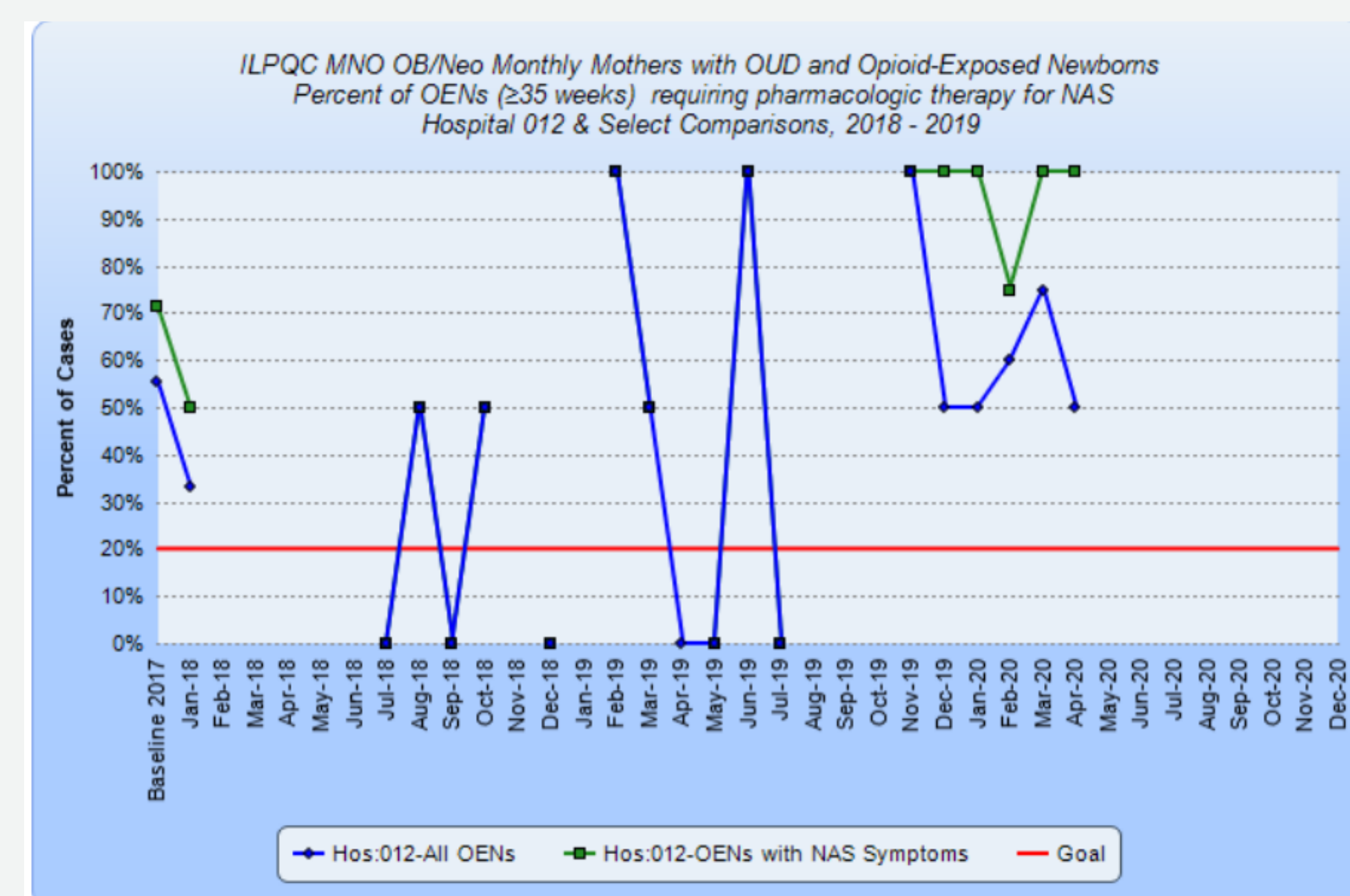
- Rebecca Hunt, NICU Clinical Nurse Specialist
- Emily Johnson, LMSW (Social Worker)
- Dr. Justin Josephsen, Medical Director of St. Mary's Hospital – St. Louis
- Barb Langston, RN (Discharge Planner)
- Audrey Leonard, LMSW (Social Worker)
- Debbie Neisch, RN (Discharge Planner)
- Dr. Kimberly Spence, Neonatal NAS Lead

3. MNO-Neo Data

Breastfeeding



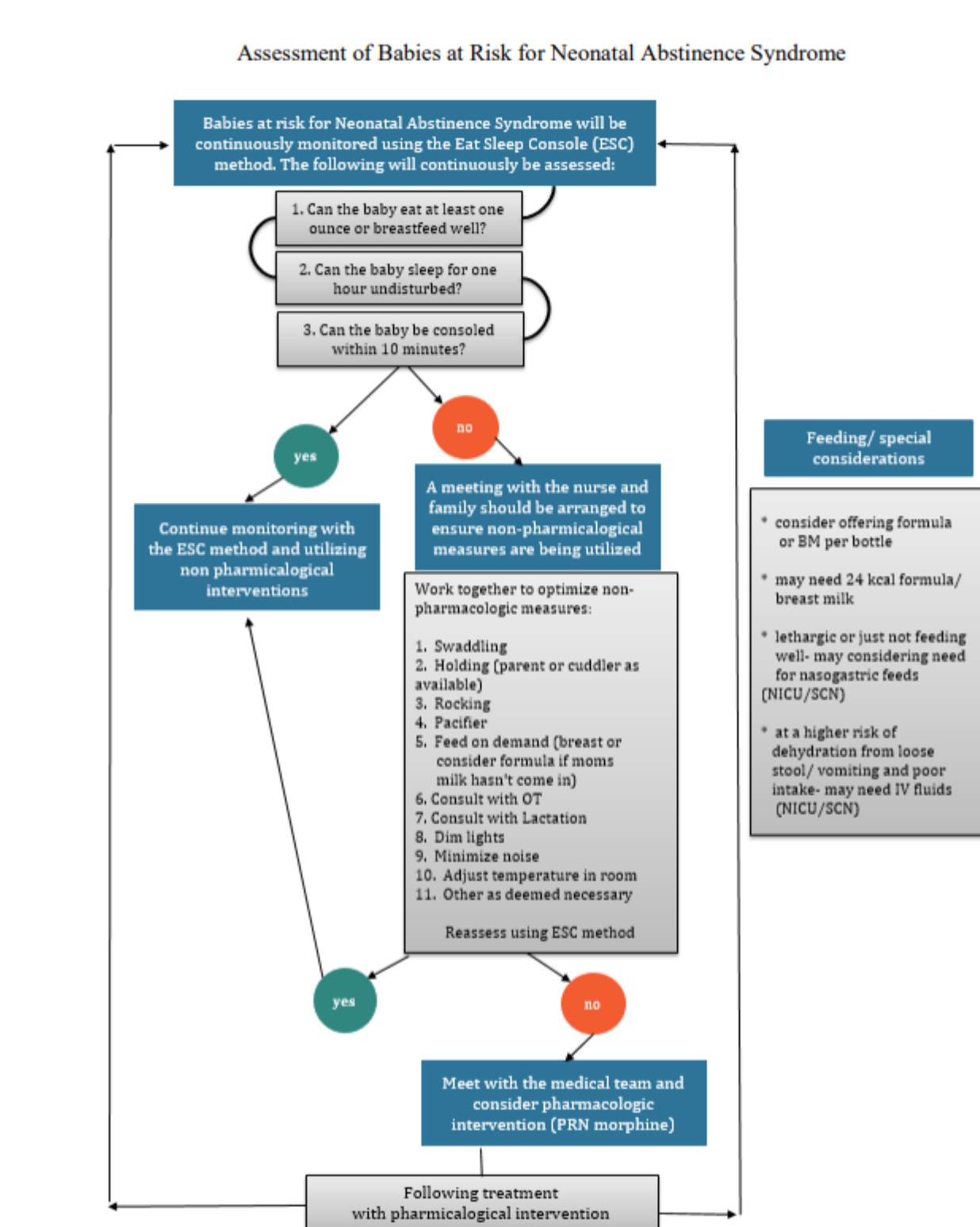
Pharm/Non-Pharm Treatments



4. MNO-Neo Progress

NAS Assessment Tools

Attachment A – Decision Tree Flowchart



Attachment F – Screening Indications Managing Neonatal Abstinence Syndrome (NAS)

- Identification of Neonates at Risk:
 - In-Utero Exposure:
 - Indications for Drug Screening: if any of the following are found, the physician/APRN/PA should be notified to determine if a drug screen is indicated for the neonate.
 - Maternal history that may suggest need for drug screen of neonate:
 - Absent, late, or inadequate prenatal care (less than 3 months)
 - Previously documented/admitted history of drug abuse or history of positive drug screen
 - Previous unexplained late fetal demise
 - Unexplained repeated spontaneous abortions
 - Unexplained preterm labor, preterm delivery, and/or premature rupture of membranes
 - Precipitous labor
 - Abruption placentae
 - Hypertensive episodes
 - Unexplained maternal behavior: e.g. severe mood swings, anxiety, psychosis, hallucinations, panic
 - Cerebrovascular accidents
 - Myocardial infarctions
 - Multiple STD's (sexually transmitted diseases) or hepatitis
 - Gum or periodontal disease: e.g. broken teeth, severe decay, infections
 - Significant weight loss, malnourished, low BMI (body mass index)
 - Teenage pregnancy (less than 19 years of age)
 - Neonate history:
 - SGA neonate (<10% or IUGR (intrauterine growth restriction) with an unknown etiology
 - Perinatal depression
 - Neonate clinical signs and symptoms:
 - Onset of symptoms based on type of drug (see Appendix A)
 - Neurological symptoms: irritability, increased wakefulness, high pitched cry, tremors, increased muscle tone, hyperactive deep tendon reflexes, frequent yawning and sneezing, seizures.
 - Gastrointestinal symptoms: vomiting and/or diarrhea, dehydration, poor weight gain, poor feeding, uncoordinated and constant sucking
 - Autonomic symptoms: diaphoresis, nasal stuffiness, fever, mottling, temperature instability, mild elevations in respiratory rate or blood pressure.
 - Atypical neonate behavior- includes vomiting, poor feeding, sweating, tachypnea, restlessness, tremors, sleep disturbances, high pitched cry, increasing crying, and hypertension.

MNO-Neo Folder Topics

- Breastfeeding When Taking Methadone or Buprenorphine
- Neonatal Abstinence Syndrome – Introduction for the Family

Review of all NAS cases

- The SSM NAS Taskforce Team was created as a result of this initiative. This is a multidisciplinary group of team members that meet monthly to review all current data and discuss sustainability and future plans for the program

5. Coordinated Discharge



Neonatal Abstinence Syndrome (NAS): Methods to Help Calm your Infant

Listed below are methods to help you and your baby work through his/her withdrawal. Please circle the tips that work best for your baby:

- A quiet room with dim lighting. Lights and noise may upset your baby.
- Soft lullabies or other calming music. Some babies like to hear your voice. Avoid loud noises, high pitch sounds, or quick volume/pitch changes may upset a baby. Talk quietly.
- Use firm pressure and slow movements. Avoid light touches and quick movements. A light weight blanket can be used to swaddle. Pat slow with a gently but firm pressure.
- Hold infant skin to skin. This is comforting for both you and your baby. Containment holding may be done when you are unable to hold your baby.
- Gently rocking. This can be done when holding your baby or when using a swing.
- Let your baby sleep if your baby is sleeping. Some babies are very cranky when woken up. Once your baby wakes up, change his/her diaper before feeding. Some babies may need a diaper cream on their bottom to protect the skin.
- Breastfeeding in best. Your baby will be comforted when breastfeeding and being held close to you. Sometimes it takes time for your baby to learn how to latch on and breastfeed.
- Babies that are bottle fed may need to use a special slow flow nipple and be held gently but firmly during a feeding. You may need to burp your baby frequently, give smaller feeds, and avoid rocking motions to keep your baby from spitting.
- Babies that are withdrawing like to suck. When your baby is not breastfeeding or taking a bottle, give your baby a pacifier.
- Avoid perfume, cologne and other strong smells such as cigarette smoke.
- Try infant massage. Massage helps your baby to relax and decrease the stiffness in his/her arms and legs.
- Limit activities. It is difficult for babies to have several things happening at one time. For example: rocking and singing at the same time may be too much for your baby.

Working together as a team will help your baby learn to eat, sleep, grow, and interact with you.



St. Louis Resources

- Better Family Life**
Career training, first time home buyer, mortgage assistance, family counseling, and youth programs. Call (314) 367-3440 or (314) 454-0622
- Birthing Counseling**
Mother must become a client prior to delivery. Primarily a counseling service. Once a client, they may help with baby items. 24 hour hotline: 1-800-550-4900
- 2525 Brentwood Blvd (314) 962-5300
 - 625 N. Euclid Ave, Suite 210 (314) 961-0124
 - 12660 Leunglighter Square, Suite 11, 63128 (314) 962-3653
 - 3435 Bridgeland, Bridgeton, MO 63044 (314) 298-0945
 - Tri County in Eureka (636) 938-4221
- Community Action Agency (STEP): CAATLCC**
2709 Woodson Rd. (314) 863-0015
Counseling (drugs/alcohol, family, individual), emergency services, energy assistance (LIEEAP), employee-development program, housing assistance, life skills, food pantry, money management, and special programs.
- Crisis Nursery**
Crisis line *24 hour (314) 953-8030 for emergency childcare assistance, emergency food, clothing, and diapers. Family Empowerment Program—call (314) 533-6902 to learn more.
- 1928 Gravois, St. Louis, MO 63104 (314) 768-3201
 - 11057 Breezy Point Lane, St. Louis, MO 63136 (314) 953-8030
 - 315 First Capital Drive, St. Charles, MO 63031 (636)947-0600
 - 700 Medical Drive, Wentzville, MO (636) 887-3070
 - 330 S. Fourth Street, St. Charles, MO 6301 (636) 940-2504
- Guardian Angel Settlement Association:** <http://guardianangelsettlement.org>
Food pantry (63118 and 63104) and thrift store
- 2625 Gravois Ave., St. Louis, MO (314) 773-9027
 - Vandeventer (pre-least start and head start) (314) 231-3188
- Hand 'n Hand Pregnancy Health Center:** (636) 464-3400
Free pregnancy testing, maternity and baby clothing (for clients), support groups, and community referrals.

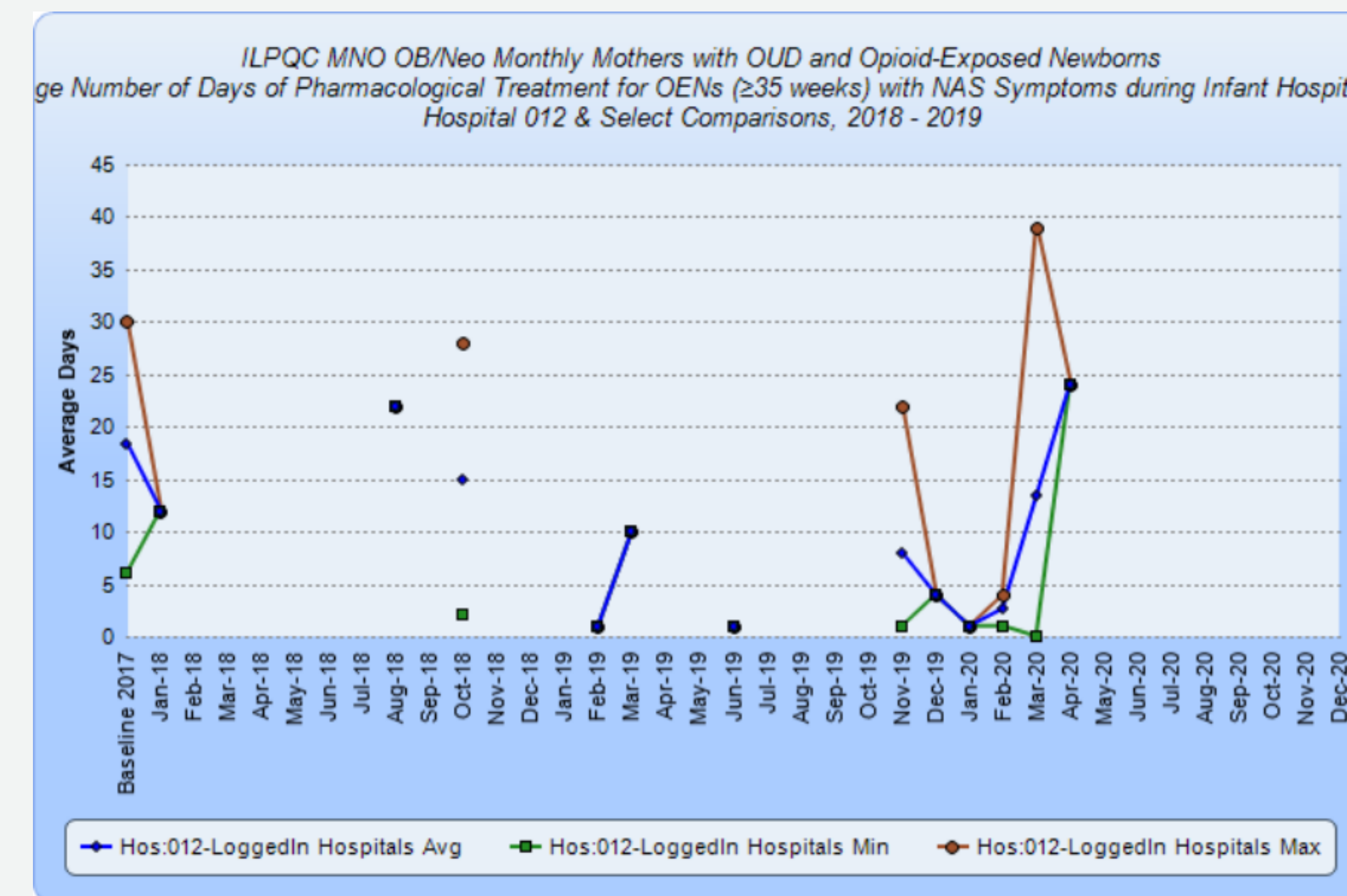
6. BASIC

Anticipated Team:

- Nikki Burleyson, Pharm.D., BCPS
- Rebecca Hunt, NICU CNS
- Dr. Shakir Mohamed
- Katie Robbins, APRN-CNP
- We have achieved the Vermont Oxford Network (VON) Center of Excellence in Education and Training for Antibiotic Stewardship in Newborn Care.

Use this space for overflow and additional information your team would like to share.

Average Number of Days of Pharmacological Treatment for OENs with NAS Symptoms During Infant Hospitalizations



Coordinated Discharge Plans

