

John H. Stroger Jr. Hospital

ILPQC 2020 Neo Storyboard

2. Hospital & Ql Team Overview

Mope Akintorin, MD
Rajesh Dudani, MD
Jacek Ubaka, MD
Phyllis Burgess
Rajeev Kumar, MD
Laura Cartwright
Sybil Howell
Omar LaBlanc



3. MNO-Neo Data

Optimize NON-Pharmacological Interventions

- Rooming-in with parent throughout the hospital stay
- Ensuring parental presence at the bedside as often as possible during the hospital stay
- Encouraging skin-to-skin contact
- Swaddling/flexed positioning
- Gently rocks baby

Valeria Diaz

- Talking softly and slow to calm baby down
- Keep talking calmly to infant and place hand firm but softly on baby's belly
- Ensuring optimal feeding quality including encouraging breastfeeding for mother without concerns for continued concerning substance use or other medical contraindication
- Non-nutritive sucking with pacifier or finger (ensuring baby is well fed first)
- Ensuring a quiet environment with low light stimulation in the room
- Limiting visitors to one at a time (and to those that will be quiet/supportive)
- Providing uninterrupted periods of sleep/clustering infant's care
- May use noise machine at infant bedside not within infant's crib.



Pharmacologic Therapy

- 1. Will continue Non-Pharmacologic interventions
- 2. Start with morphine 0.05mg/kg PO prn for failing ESC
- 3. After couple of doses of prn morphine still fails ESC, will optimize dose by 0.01mg/kg each time prn dose up to 0.1mg/kg
- 4. After 8 total doses of prn morphine still fails ESC, further management as per attending decision
- 5. Will Place on monitoring if requiring morphine
- Once on schedule medications will follow our unit NAS protocol for weaning
- 7. If mom/family members non-compliant and no cuddle support, will follow schedule NAS protocol and continue Non-pharmacologic interventions.

4. MNO-Neo Progress



- Can The Infant Eat Well?
- Breastfeed Well OR
- Take Aprrox. 1 Oz of Formula in 30 Minutes



- Can The Infant Sleep Well?
- Uninterrupted Sleep in Between Feeds or Episodes of Inconsolability for at least 1 hr



- Can The Infant Be Consoled within 10 Minutes
- When Infant Cries, Can she/he be Consoled Implementing Non-Pharmological Interventions



- Infant Successfully Managed.
- Continue optimizing Non-Pharmacological Therapy
- Evaluate for Discharge Criteria

- Continuing staff education
- Maternal Education
- Cerner optimization
- Grand rounds
- Webinars

All NAS/NOW cases are being reviewed by Drs. Dudani, Ubaka and Kumar

5. Coordinated Discharge

- Planning begins after admission to unit
- Meetings are held weekly
- Multidisciplinary Meetings (Physicians, Fellows, Residents, Nursing, SW, D/C Planner, Utilization and other sub specialists)
- Each Admission is discussed (medical and social needs)
- APORS eligible
- Equipment needs
- Follow-up appointments to be scheduled

6. BASIC

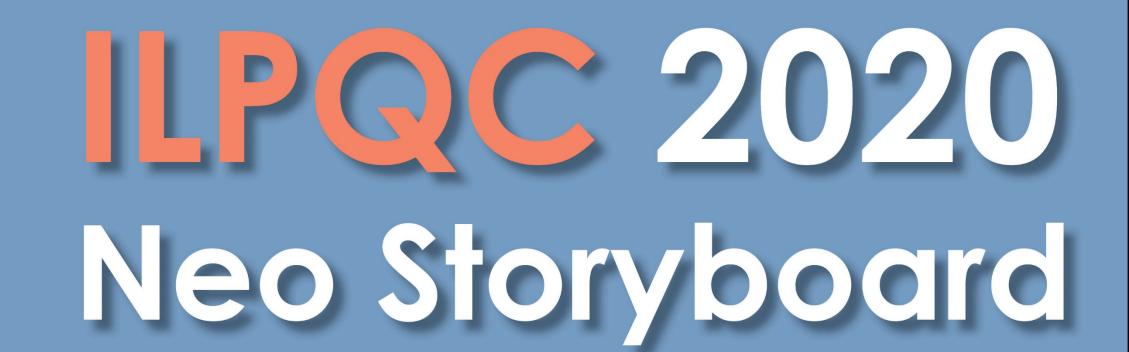
Rajeev Kumar, MD will be Team Leader

He has begun to discuss BASIC with all Attending's and Fellows





John H. Stroger Jr. Hospital



<u>Use this space for overflow and additional information your team would like to share.</u>

