



## 2. Hospital & QI Team Overview

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



## 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
- 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
6. 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

**YES**

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

**YES**

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

**YES**

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

**YES**

- **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







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

