

NAS Scoring and Assessment Tools

All infants with in-utero opioid exposure should be assessed every 3-4 hours, timed around cares and feedings, for signs and symptoms of NAS. Key principles of scoring include:

1. The infant should be kept in the room with the mother for scoring if possible
2. The score encompasses the entire 3-4 hour period, not one point in time
3. The infant should be scored after feeding to ensure hunger is not contributing

The most commonly used NAS scoring tool is the **Finnegan Neonatal Abstinence Scoring Tool** (FNAST). The FNAST is a 21 item scoring system created in the 1970's, characterizing all possible withdrawal signs and symptoms an infant may exhibit, divided into neurologic, autonomic, gastrointestinal categories. It was demonstrated to have a high inter-rater reliability coefficient of 0.82 when first developed. (1, 2) Typically scores >8 are used to determine the need for pharmacotherapy. Using a standardized scoring method such as that available for the FNAST through **Neoadvances** (<http://neoadvances.com>) in which all providers are trained has been shown to improve NAS outcomes. (3)

Recently, some have come to question the Finnegan as leading to over medication due to overlap of symptoms with other normal infant behavior, and lack of validation for determining what cut off scores should be used to guide pharmacotherapy. A recent study found that the Finnegan had poor psychometric properties and poor internal consistency. (4) Careful provider score interpretation of the Finnegan with prioritization of the physiologic functioning of the infant (e.g., ability to **eat, sleep, and console**) to determine need for pharmacotherapy is an alternative approach that has been associated with a decreased use of medication in preliminary studies.(15-20)

References:

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