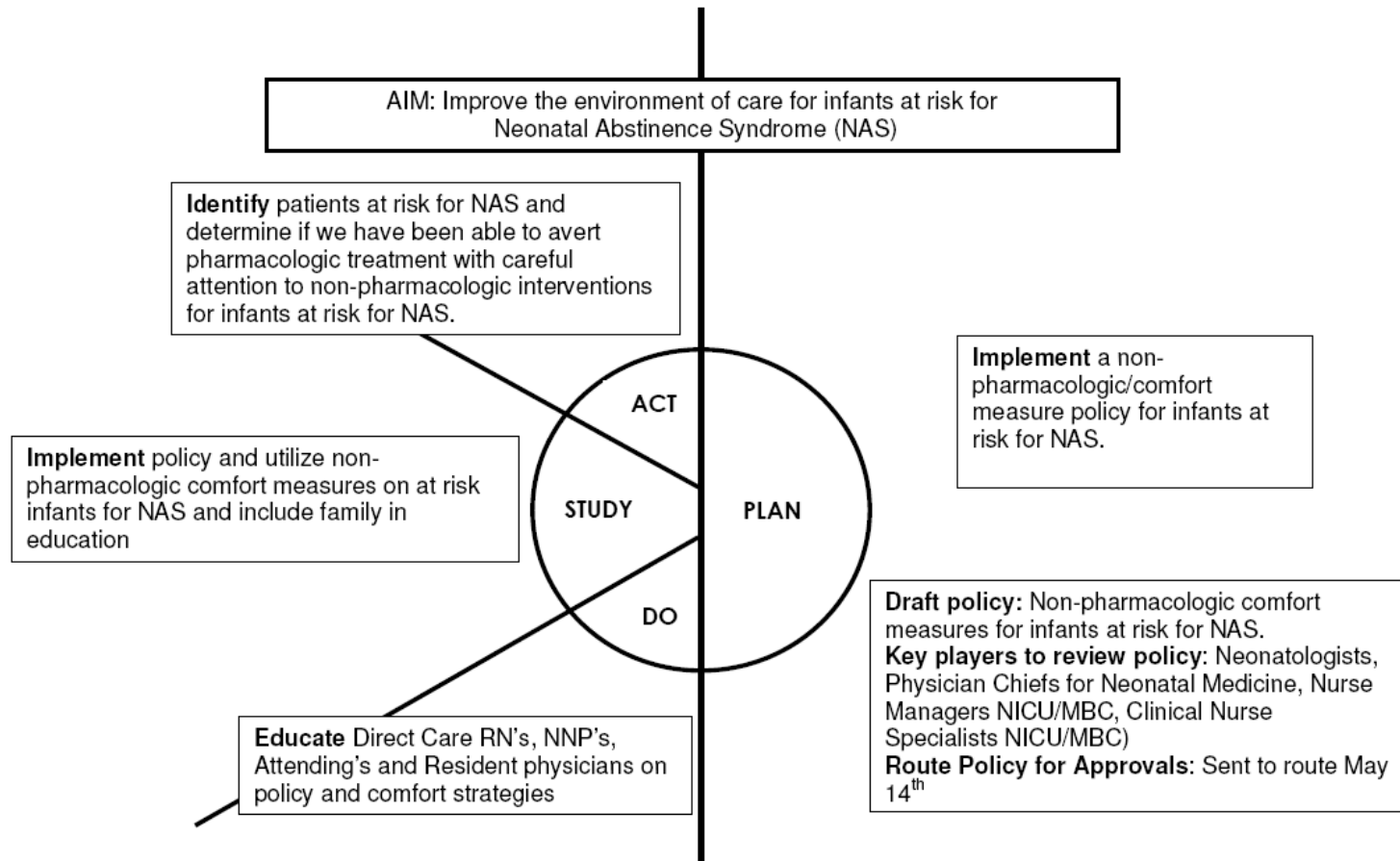


Beaumont Health System



Where we are starting from...

Date: _____ Time: _____ RN signature: _____

Neonatal Narcotic Withdrawal Index				
ITEM	0	1	2	Score
Respiratory Rate	<61	61-80	>80	
Crying	No crying w/o handling	<5 min. w/o handling	≥ 5 min. w/o handling	
Tremors	No tremors w/o handling	<5 min. w/o handling	≥ 5 min. w/o handling	
Muscle Tone	Head Lag	Traction pull to sitting	Traction pull to standing	
Axillary Temp. (Highest temp in past 24 hrs)	< 37.2	37.3-37.8	>37.8	
Vomiting	0 or 1/24 hrs.	2/24 hrs.	>2/24 hrs.	
Other signs (Observed or reported in past 24 hours) (Circle Item)	Sneezing Seizures Yawning Wt. Loss: term >10%, prem. >15%	Diarrhea Poor suck Stuffy nose	Skin Abrasion Salivation Hiccups Sweating	
	0-1	2-4	5 and over	
			TOTAL	

Notes for Table

If infant severely affected (score >5) complete score every 4hr (or as ordered by the physician). As the condition of the infant improves, may decrease frequency of index assessment as ordered by the physician.

Respiratory Rate

Count for 1 min; if necessary take measurement during a formula feeding of up to 2 min to control crying.

Muscle Tone

Execute traction response: grasp baby by hands and wrists and pull to upright position.

Score 0-Head lags behind plane of trunk as pulled to sitting position; in sitting position head may attain plane of trunk. Elbows flexed to angle of $\geq 90^\circ$.

Score 1-Head maintained in plane of trunk or lags as pulled to sitting position. If head lags, elbows flexed to angle of $< 90^\circ$.

Score 2-Head maintained in plane of trunk, pulled to standing position.

Other signs

Add number of items circled. 0-1, score 0; 2-4, score 1; ≥ 5 , score 2.

From Green M, Suffet F. *Am J Drug Alcohol Abuse* 1981;8:203-213

Treatment-As per physician order (from Neonatal Drug Formulary, 2002)

- If total score is 5 or more on at least 2 occasions in 24h, give Tincture of Opium (0.4mg/ml morphine equivalent) 0.2 ml q 3 h.
- Increase as needed by 0.05-0.1 ml q 3 h until symptoms are under control. Usual dose 0.2-0.5 ml q 3-4 h.
- Maximum 0.7 ml/dose.
- When symptoms are under control for 3-5 days, taper gradually over 2-4 weeks.

Where We Are Going...

Policy: Non-pharmacological comfort measures for infants at risk for Neonatal Abstinence Syndrome (NAS)

Purpose: To provide guidelines for nursing staff on the proper ways to comfort, support, and care for infants who are experiencing drug withdrawal as the result of exposure to drugs in utero or treatment in the neonatal intensive care unit.

Nursing Knowledge:

- Neonatal Abstinence Scoring should be used to assess the severity of withdrawal and assist in determining whether treatment is needed.
 - **Proposed tool available for use in EPIC 2012 is: Finnegan Neonatal Abstinence Scoring Tool (FNAST)**
 - **Proposed staff education will include the Assessing Signs & Symptoms of Neonatal Abstinence Using the Finnegan Scoring Tool An Inter-Observer Reliability Program by Karen D'Apolito, Phd, APRN, NNP-PC and Loretta Finnegan, MD**
- Nurses caring for infants with NAS should be aware of environmental and comfort techniques for infants at risk for NAS.
- Parent involvement is essential when caring for infants with NAS and continued parent presence should be encouraged and not limited.

Special Considerations:

Non-pharmacological comfort measures for infants at risk with NAS should continue to be utilized as an adjunct when pharmacological interventions have been deemed necessary based on the **overall clinical assessment of the patient.**