

Supplemental Information

EATING: Poor eating due to NAS? Yes/No				
SLEEPING: Sleep <1 hr. due to NAS? Yes/No				
CONSOLING: Unable to console within 10 min due to NAS? Yes/No				
Soothing support used to console infant: Soothes with little support: 1 Soothes with some support: 2 Soothes with much support or does not soothe in 10 min: 3				
Parental or caregiver presence: (since last assessment): No parent present: 0 1–59 minutes: 1 1hr – 1hr. 59 min: 2 2 hr. – 2 hr. 59 min: 3 3hr+: 4				
Recommend a team huddle: Yes/No				
Management decision: Optimize nonpharmacologic care: 1 Initiate medication treatment: 2 Other (please describe):				
Nonpharmacologic Interventions:				
Rooming in:				
Parental presence:				
Skin-to-skin contact:				
Holding by caregiver or cuddler				
Swaddling and/or sleep sack:				
Optimal feeding:				
Non-nutritive sucking:				
Quiet environment:				
Limit visitors:				
Clustering care:				

Comments:

SUPPLEMENTAL FIGURE 3 ESC documentation for nursing. Hr, hour; min, minutes; non-pharm, nonpharmacologic. Copyright 2017, Boston Medical Center Corporation, Dr. Matthew Grossman, and Children’s Hospital at Dartmouth-Hitchcock.

PARENT HANDOUT FOR NAS EDUCATION

What to expect when your infant is in the pediatrics unit for NAS:

1. Parent and medical team roles: we will be partnering with you to care for your infant. The medical team's role is to help treat your infant for withdrawal. Your role is to support your infant during the withdrawal process. Your role includes:
 - a. Rooming-in and providing care for your infant
 - Feeding your infant
 - Changing your infant's diaper and applying diaper cream
 - Alerting your infant's nurse when your infant is awake and needs a score
 - b. Consoling your infant with swaddling, holding, and providing skin-to-skin care.
 - c. Maintaining a quiet and dark room.
 - d. Promoting sleep between care times.

Parents and the medical team support your infant with nonmedicine care during this phase

2. NAS score: the medical team expects signs of withdrawal during

your infant's hospitalization and will monitor your infant for signs of withdrawal. Monitoring for withdrawal includes a withdrawal score. The score includes the ability of your infant to:

- a. Feed (breast or bottle) well every 3 hours
- b. Sleep (≥ 1 hour between feedings)
- c. Be consoled (within 10 minutes)

The score is calculated every 3 to 4 hours. Your infant can score from 0 to 3 points. The team will use these scores to inform care decisions for your infant.

3. If your infant needs morphine: If your infant's withdrawal is keeping your infant from eating, sleeping, and consoling (consistent with low scores), then your infant may need morphine.
 - a. Initially, we may give your infant a 1-time dose of morphine to see if that can help your infant to eat, sleep, and be consoled.
 - b. If your infant needs >3 (1-time) doses of morphine in 24 hours, then your infant needs morphine

regularly. Your infant will start receiving morphine every 3 hours for withdrawal.

- c. The medical team will continue to score your infant while on morphine. As your infant demonstrates being able to eat, sleep, and be consoled, the medical team will wean (decrease) the morphine dose. This may happen once a day or more than once a day, depending on how your infant is doing.

Nonmedicine care provided by parents and the medical team will help decrease your infant's withdrawal and help your infant to wean off morphine

4. Morphine awnd monitors: when your infant needs morphine, heart and breathing monitors will be started. The monitor detects possible heart and breathing changes when morphine is started. If your infant does not have heart or breathing changes, the heart monitor will be discontinued. The breathing monitor will continue while your infant is on morphine. When morphine is stopped, all monitors will be stopped.