

Care of the Opioid-Exposed Infant Guideline Checklist

NNEPQIN Recommendations: *Each nursery that cares for neonates with in-utero opioid exposure should develop and adhere to a standardized approach to evaluation and comprehensive management including screening for maternal substance use, systematically assessing for signs of withdrawal, optimizing non-pharmacologic care including promoting and supporting parental engagement in care, rooming-in, skin-to-skin, and breastfeeding when no medical contraindications are present. Special consideration should also be given to referring families to community supports and promoting safe sleep environments for a safe transition to home.*

Guideline Checklist Items	Yes	No	N/A	Comments
Maternal drug and alcohol use screening in pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Indications for maternal toxicology testing on admission to the birthing unit (including confirmation of testing if performed and found to be positive)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Indications for newborn toxicology testing including one or more of the following (check box(es) below if utilized and can leave boxes to right blank) <input type="checkbox"/> Urine (including indications for confirmation if performed and found to be positive) <input type="checkbox"/> Meconium <input type="checkbox"/> Umbilical cord	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Objective scoring or assessment tool used in systematic assessment for NAS (please comment on assessment method used – e.g., Finnegan, Lipsitz, ESC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Frequency of NAS assessments listed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Indications for increased frequency of assessment or evaluation by Infant Provider noted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Minimum recommended monitoring times for different opiates / opioids listed, including duration of observation after stopping pharmacologic treatment, if initiated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Family involvement in NAS monitoring encouraged (e.g., with symptom diary or if other method, <i>please describe</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Family's observation incorporated into NAS scoring / assessments and score / assessment shared with family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<p>Non-pharmacologic care methods encouraged</p> <ul style="list-style-type: none"> <input type="checkbox"/> Rooming-in <input type="checkbox"/> Parental presence <input type="checkbox"/> Skin-to-skin contact <input type="checkbox"/> Holding/gentle rocking/swaying <input type="checkbox"/> Swaddling / flexed positioning <input type="checkbox"/> Optimal feeding including breastfeeding (as able) <input type="checkbox"/> Non-nutritive sucking (pacifier, finger) <input type="checkbox"/> Limiting visitors <input type="checkbox"/> Providing uninterrupted periods of sleep / clustering care 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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Guideline Checklist Items	Yes	No	N/A	Comments
Parents taught to identify & appropriately respond to infant's early feeding & stress cues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Family encouraged to hold infant skin-to-skin, including prior to and during scoring / assessments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Family encouraged to (breast)feed infant prior to scoring / assessments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Criteria for mandated reporting listed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Indications for initiating pharmacological treatment or transfer to another facility for treatment (if required by hospital) listed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Schedule / dosing recommended for first line pharmacological agent (e.g., morphine) noted for each of following phases: <input type="checkbox"/> Initiation / "Capture" <input type="checkbox"/> Maintenance <input type="checkbox"/> Weaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Indications for adjunct treatment (e.g., phenobarbital, clonidine) noted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Schedule / dosing recommended for adjunct pharmacological agent noted for each of following phases: <input type="checkbox"/> Initiation / Loading <input type="checkbox"/> Maintenance <input type="checkbox"/> Discontinuation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cardiorespiratory monitoring recommended while on pharmacological treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Social worker consult to: <input type="checkbox"/> Perform initial assessment of mother and newborn <input type="checkbox"/> Assist in identifying and arranging postnatal supports <input type="checkbox"/> Perform mandated report to state agency, when clinically indicated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safe sleep recommendations listed or separate Safe Sleep Guideline/Procedure referred to within guideline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Discharge readiness criteria listed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Newborn visits arranged prior to discharge for 1-2 day in-home VNA follow-up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Newborn visits arranged prior to discharge for 1-2 day PCP follow-up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	