**Inclusion criteria:** All newborns that (1) are ≥35 weeks gestation; (2) are suspected or proven to be opioid-exposed; and (3) have **no** medical comorbidities or have medical comorbidities that do **NOT** lengthen their hospital stay longer than opioid exposure/NAS/NOWS care.

**IMPORTANT:** Do **NOT** capture a record in REDCap for a newborn **until** they are proven to be opioid-exposed.

<table>
<thead>
<tr>
<th>Date of birth (MM/DD/YYYY)</th>
<th>Gestational Age (completed weeks)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mother’s race (NOTE: “Other” includes unspecified and bi-/multi-racial)</th>
<th>O White</th>
<th>O Black or AA</th>
<th>O Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother’s ethnicity – Hispanic or Latino</td>
<td>O No</td>
<td>O Yes</td>
<td>O Unknown</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TennCare/Medicaid recipient?</th>
<th>O No</th>
<th>O Yes</th>
<th>O Unknown</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Transfer in from outside facility?</th>
<th>O No</th>
<th>O Yes</th>
</tr>
</thead>
</table>

**If Yes –**

→ **Date of admission (MM/DD/YYYY)__________**

→ **Reason for transfer related to management of NAS/NOWS?** O No O Yes

<table>
<thead>
<tr>
<th>Location(s) of care</th>
<th>O Nursery ONLY</th>
<th>O NICU ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>O Nursery &amp; NICU mix or NAS/NOWS specific units or Peds floors</td>
<td></td>
</tr>
</tbody>
</table>

Clinically diagnosed as “Opioid exposed newborn” (OEN)? O No O Yes

**If No – ! STOP DATA COLLECTION !

! DO NOT CAPTURE A RECORD FOR THIS NEWBORN IN REDCap & SHRED THIS CHECKLIST !**

**If Yes – ! CONTINUE DATA COLLECTION & CAPTURE A RECORD FOR THIS NEWBORN IN REDCap !

→ **How was OEN diagnosis determined? (check all that apply)**
  - Maternal validated substance use screening tool
  - Maternal non-validated screening question
  - Maternal urine toxicology screen
  - Maternal reported (outside of screening tools)
  - TN Controlled Substance Monitoring Database (CSMD; i.e. Prescription Monitoring Program, PMP) lookup
  - Neonatal toxicology screen (urine, meconium, cord, and/or other tissue)

→ **What were the maternal-fetal **opioid** exposures? (check all that apply)**
  - Buprenorphine (includes Subutex and Suboxone)
  - Heroin
  - Methadone
  - Other Opiates (*Codeine, Hydrocodone, Hydromorphone (Dilaudid), Morphine, Oxycodone, Oxymorphone, Propoxyphene*)

<table>
<thead>
<tr>
<th>Ever assessed/scored for NAS/NOWS?</th>
<th>O No</th>
<th>O Yes</th>
</tr>
</thead>
</table>

**If Yes –**

→ **Method of assessment/scoring used (check all that apply)**
  - Modified Finnegan
  - Eat, Sleep, Console (ESC) Method
  - Other (e.g. Neonatal Withdrawal Index (NWI), Finnegan, institution specific modification of Finnegan, etc)
  – specify ________________________________________________________________________

→ **Clinically diagnosed with NAS/NOWS (i.e. based on signs and symptoms of NAS/NOWS; not treatment dependent)** O No O Yes

**Ever received any of the following non-pharmacologic care?**

1. Feeding promotion – Includes lactation support & breastfeeding for eligible mothers, feeding on demand, and speech/feeding therapy
   - O Yes
   - O Declined/Did not utilize
   - O Not eligible
   - O Not available
2. Consoling measures – Includes skin-to-skin contact, infant holding / gentle rocking / swaying, swaddling, pacifiers, and rocker beds/seats
   - Yes
   - Declined/Did not utilize
   - Not available

3. Decreasing environmental stimuli to noise and light – Includes noise lessening measures and light modification, as well as clustering of infant care / allowing for uninterrupted periods of sleep, and not waking newborn for scoring
   - Yes
   - Declined/Did not utilize
   - Not available

4. Physical, Occupational, and/or Massage Therapy
   - Yes
   - Declined/Did not utilize
   - Not available

5. Use of volunteer services (cuddlers, etc)
   - Yes
   - Declined/Did not utilize
   - Not available

6. Rooming-in – Defined as OEN stays in a private room (on postpartum ward, NICU, or pediatric inpatient ward) with one or more caregivers for at least a portion of the infant’s admission.
   - Yes
   - No
   - If Yes –
     - With who? (check all that apply)
       - Biological mother
       - Biological father
       - Other biological caregiver(s) (e.g. biological grandparent(s))
       - Foster caregiver(s)
       - Adoptive caregiver(s)
       - Other – specify
   - Length of rooming-in? □ Entire stay (until infant discharge)
     □ Partial (only until maternal discharge)
   - If No –
     - Why not? □ Rooming-in not available
     □ Biological mother not eligible
     □ Biological mother eligible but declined
     □ Other – specify

Ever received any pharmacologic agents for the treatment of NAS? □ No □ Yes

NOTE: Only consider pharm treatment the newborn received at your hospital

If Yes –
- Pharmacologic agents used (check all that apply)
  - Morphine
  - Methadone
  - Clonidine
  - Phenobarbital
  - Other – specify
- Length of treatment (total days; starting dose to final dose including restarts and PRNs/rescue doses)

DCS report made during mother’s and/or newborn’s hospitalization? □ No □ Yes □ Unknown

Hospital social services involved in the newborn’s care? □ No □ Yes □ Not Available

Date of newborn’s discharge (MM/DD/YYYY) ____________

Final disposition □ Discharge to home □ Transfer to outside facility □ Foster care □ Adoption □ Died □ Other – specify

If "Discharge to home", discharged to biological mother? □ No □ Yes

If "Transfer to outside facility", reason for transfer related to management of NAS/NOWS? □ No □ Yes

Was newborn receiving their mother’s milk at the time of the newborn’s discharge (breastfeeding and/or Expressed Breast Milk (EBM))? □ No □ Yes □ Mother not eligible

Which were "completed" by the time the newborn was discharged?

1. Follow-up appointment scheduled with Primary Care Provider (PCP) □ No □ Yes

2. Referral to home visiting services (e.g. Hugs, Nurses for Newborns (NFP), Child Health and Development (CHAD) Program) □ No □ Yes

3. Referral to early intervention services (e.g. TEIS) □ No □ Yes

4. Referral to Pediatric development clinic/specialists (if diagnosed with NAS) □ No □ Yes □ Not Applicable

5. Referral for follow-up with Pediatric Gastroenterology or Infectious Disease clinic for testing of Hepatitis C Virus (HCV; if exposed) NOTE: This includes communicating with primary provider regarding follow-up at a later time □ No □ Yes □ Not Applicable