

**--- TIPQC "OPIOID USE DISORDER: OPTIMIZING OBSTETRIC AND NEONATAL CARE" PROJECT ---**  
**NEWBORN CLINICAL CARE CHECKLIST**

**Inclusion criteria:** All newborns that (1) are  $\geq 35$  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.

Date of birth (MM/DD/YYYY) \_\_\_\_\_

Gestational Age (completed weeks) \_\_\_\_\_

Mother's race (NOTE: "Other" includes unspecified and bi-/multi-racial)  White  Black or AA  Other

Mother's ethnicity – Hispanic or Latino?  No  Yes  Unknown

TennCare/Medicaid recipient?  No  Yes  Unknown

Transfer in from outside facility?  No  Yes

If Yes –

→ Date of admission (MM/DD/YYYY) \_\_\_\_\_

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

Location(s) of care  Nursery ONLY  NICU ONLY  
 Nursery & NICU mix or NAS/NOWS specific units or Peds floors

Clinically diagnosed as "Opioid exposed newborn" (OEN)?  No  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)

Ever assessed/scored for NAS/NOWS?  No  Yes

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)  No  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

Yes  Declined/Did not utilize  Not eligible  Not available

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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

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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

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4. Physical, Occupational, and/or Massage Therapy

Yes  Declined/Did not utilize  Not available

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5. Use of volunteer services (cuddlers, etc)

Yes  Declined/Did not utilize  Not available

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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

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*If Yes –*

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→ 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 \_\_\_\_\_

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→ Length of rooming-in?  Entire stay (until infant discharge)  Partial (only until maternal discharge)

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*If No –*

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→ Why not?  Rooming-in not available  
 Biological mother not eligible  Biological mother eligible but declined  
 Other – specify \_\_\_\_\_

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

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

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*If Yes –*

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→ Pharmacologic agents used (check all that apply)

Morphine  Methadone  Clonidine  Phenobarbital  Other – specify \_\_\_\_\_

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→ Length of treatment (total days; starting dose to final dose including restarts and PRNs/rescue doses) \_\_\_\_\_

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

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

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Date of newborn's discharge (MM/DD/YYYY) \_\_\_\_\_

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

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

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

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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

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

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

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

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

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

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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

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