STUDY ID : ____ ____ ___

FPQC Neonatal Abstinence Syndrome (NAS) Initiative Data Collection Sheet

INCLUSION CRITERIA

NAS ☐ Infant w/NAS signs ☐ Infant req. treatment in the hospital beyond observation period

Admit type ☐ Inborn ☐ Transfer in

ON INFANT ADMISSION

DOB MM/DD/YY **DOA** MM/DD/YY

BW grams **GA** weeks days

Sex ☐ Male ☐ Female

Type of insurance ☐ Medicaid ☐ Private ☐ Uninsured ☐ Unknown

Enrolled in MAT at delivery ☐ Yes ☐ No ☐ Unknown

Mother's Race ☐ White ☐ Black ☐ Asian ☐ Other _____ ☐ Unknown

Mother's Ethnicity ☐ Hispanic ☐ Non-Hispanic ☐ Unknown

Barriers to visitation
☐ Incarcerated
☐ Inpatient MAT
☐ Adoption
☐ Foster care
☐ Supervised visits required
☐ None
☐ Other:

DRUG EXPOSURE

☐ Mom / Infant +ve lab confirmation of opioid ☐ Mom +ve opioid history

Select *any* of the following if there is a maternal history OR positive maternal lab confirmation OR positive infant lab confirmation

☐ Methadone
☐ Subutex (Buprenorphine)
☐ Suboxone (Buprenorphine/Naloxone)
☐ Other opioid
☐ Benzodiazepine
☐ Barbiturates
☐ PCP
☐ Amphetamines
☐ Cocaine
Other:
☐ SSRI
☐ Tobacco
☐ Marijuana
☐ Alcohol

DURING INFANT ADMISSION

INFANT NUTRITION

MOM contraindicated ☐ Yes ☐ No

MOM DOL 3 ☐ Yes ☐ Transferred ≥DOL 3 ☐ No ☐ Not documented

MOM initial disposition ☐ Yes ☐ No ☐ Not documented

PHARMACOLOGIC TREATMENT

Pharmacologic treatment received ☐ Yes ☐ No

	1st line	2nd line	3rd line	Start date	Stop date
Morphine	☐	☐	☐		
Methadone	☐	☐	☐		
Phenobarbital	☐	☐	☐		
Clonidine	☐	☐	☐		
Other:	☐	☐	☐		

Initiation correct ☐ Yes ☐ No ☐ Prior to admit

First dose correct ☐ Yes ☐ No ☐ Prior to admit

EACH weaning opportunity correct ☐ Yes ☐ No ☐ Documentation inconclusive ☐ No wean before initial disposition

Rooming-in (# of days where a caregiver was present for at least 6 hours per day): _____days

ON INITIAL DISPOSITION

Date initial disposition MM/DD/YY

Initial disposition
☐ Mother
☐ Father/family member
☐ Foster
☐ Adoption
☐ Transfer to another hospital

Discharged outside FL ☐ Yes ☐ No

Outpt. NAS medication ☐ Yes ☐ No

Safe discharge plan

Caregiver education provided ☐ Safe sleep ☐ Shaken baby syndrome ☐ Postpartum depression ☐ Expectations of hospital stay ☐ NAS signs and nonpharmacologic management

DCF report filed ☐ Yes ☐ No

Discharge clearance determined ☐ Yes ☐ No

Pediatrician appointment ☐ Scheduled ☐ Instructed

Early Steps Referral ☐ Not offered ☐ Caregiver declined ☐ Referral made

Healthy Start Referral ☐ Not offered ☐ Caregiver declined ☐ Referral made

All data collected in this document strictly is for quality improvement purposes only and is not part of the infant's medical record.

FPQC Neonatal Abstinence Syndrome (NAS) Initiative Data Collection Definitions

Collect data on all infants with: 1) NAS signs AND 2) Infant requires treatment (nonpharmacologic or pharmacologic) > observation period

INCLUSION CRITERIA

NAS: Select all options that apply (Mom +ve history, Mom +ve drugs, Infant w/NAS signs, Infant req. treatment)

- **Infant w/NAS signs:** Infant has clinical signs not explained by another etiology (e.g., sepsis, intracranial hemorrhage, hypoglycemia). For details of symptoms, see FPQC NAS Definition algorithm located in the FPQC NAS toolkit.
- **Infant req. treatment:** Infant's severity of signs requires treatment for withdrawal with initial hospitalization for palliative non-pharmacologic care and/or pharmacologic treatment that extends beyond the facility's recommended observation period.

Admit type: Select one option that applies: **Inborn** (NAS infant is born in the hospital completing this data form) or **Transfer in** (NAS infant is transferred to the hospital completing this data form).

ON INFANT ADMISSION

DOB: Infant's date of birth. Collect in MM/DD/YY format.

DOA: Infant's date of admission to the unit managing NAS signs. Collect in MM/DD/YY format.

BW: Infant's birth weight. Collect in grams.

GA: Infant's birth gestational age. Collect in weeks and days. Infants must be ≥37 0/7 weeks to be included.

Type of insurance: Mother's insurance type as documented in the medical record.

MAT: Mother is enrolled in medication-assisted treatment (MAT) at the time of infant's birth.

Race & Ethnicity: Mother's race and ethnicity as documented in the medical record.

Barriers to visitation: Select any barrier that applies at any point in the infant's hospitalization. Mother is **incarcerated,** receiving **inpatient MAT**, **adoption, foster care** placement, or **supervised visits required**. Select and describe any other barriers to visitation that mother may have.

DRUG EXPOSURE

Mom / Infant +ve lab confirmation of opioid: Mom or infant have positive laboratory confirmation of opioid-containing drug(s).

Mom +ve opioid history: Mom has a positive history of recent use of opioid-containing drugs (prescription or illicit).

Select any that apply for the listed drugs (illicit or prescribed) based on maternal report or drug screen (mother, infant).

DURING INFANT ADMISSION

MOM contraindicated: Based on your hospital's policy or guideline, breastfeeding or mother's own milk (MOM) is contraindicated.

MOM DOL 3: Infant received any mother's own milk (MOM) on day of life (DOL) 3. Day of birth is counted as DOL 0. MOM can be provided as expressed breast milk or breastfeeding. Skip this measure if breastfeeding or MOM is contraindicated, mother is incarerated or inpatient MAT, infant is to be adopted or placed in foster care.

MOM initial disposition: Infant received any mother's own milk (MOM) on initial disposition. Skip this measure if breastfeeding or MOM is contraindicated, mother is incarerated or inpatient MAT, infant is to be adopted or placed in foster care.

Pharmacologic treatment: If no medication was administered for NAS management, skip this section.

- Check the box if any of the listed medications were administered to the infant for NAS management. Note if the medication was administered as a 1st, 2nd, or 3rd line medication, as well as the start and stop date(s) for each medication. If the infant is discharged on any of the listed medications, the stop date is the discharge date.
- **Initiation correct:** Infant was started on 1st line medication when treatment threshold was met, per your hospital's guideline. If infant was already started on medication prior to transfer to your hospital, select **prior to admit**.
- **1st dose correct:** Infant was started on 1st line medication at the correct dose, per your hospital's guideline. If infant was already started on medication prior to transfer to your hospital, select **prior to admit**.
- **EACH weaning opportunity correct:** Infant met ALL opportunities to be weaned per your hospital's guideline from "capture" to medication discontinuation or initial disposition (whichever comes first). Capture is defined as the time from peak dose of the the last added medication to 1st wean. Skip this measure if initial disposition happens before medication weaning occurs.

Rooming-in: Number of days during infant's hospitalization, when a parent, other caregiver, or hospital "cuddler" visits with the infant for greater than or equal to 6 hours per day. This may occur at the infant's bedside and does not require a private room.

ON INITIAL DISPOSITION

Date of initial disposition: Date of infant's initial disposition. Collect in MM/DD/YY format.

Initial disposition: This is the infant's initial disposition from the hospital completing this form. Select the option that applies.

Discharged outside FL: the infant is being discharged outside the state of Florida.

Outpatient NAS med: An outpatient medication for NAS was prescribed at hospital discharge.

Safe discharge care plan: Select all options that apply: **Education provided** to the caregiver on safe sleep, shaken baby syndrome, postpartum depression, NAS signs and nonpharmacologic techniques, and expectations of hospital stay; **DCF report filed**; DCF **discharge clearance determined**; **Pediatrician appointment made** within 3 business days of infant discharge prior to hospital discharge. **Early Steps referral status** made prior to hospital discharge; **Healthy Start referral status** made prior to hospital discharge.