Clinical Excellence Division



Neonatal Abstinence Syndrome Clinical Pathway



Clinical Pathways Team

Healthcare Improvement Unit

Enquiries to:

Clinical pathways program@health.qld.gov.au





Introduction

 This presentation provides an overview of the changes that have been made to the Neonatal Abstinence Syndrome Clinical Pathway

Background

The Clinical Pathway:

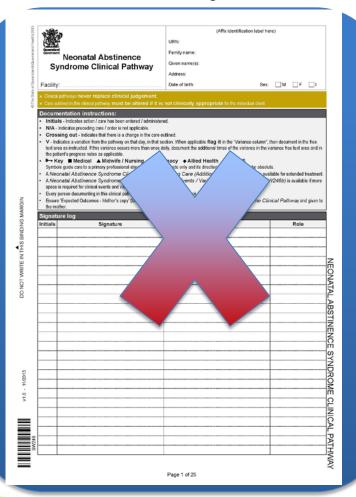
- Supports the management of neonatal abstinence syndrome.
- Supports continuity of care and promotes implementation of best practice for newborns that are known or suspected at risk of substance withdrawal.

2017 Review Process

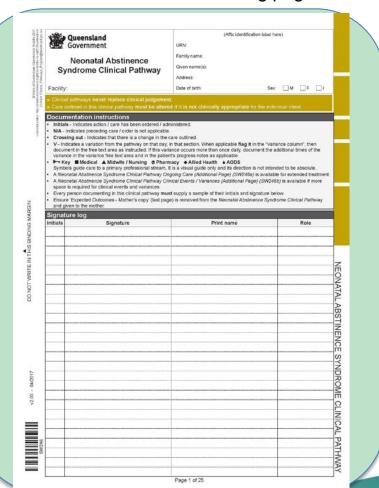
- The review of the Neonatal Abstinence Syndrome clinical pathway was undertaken to update clinical content to:
 - Reflect current evidence based guidelines.
 - Comply with Department of Health documentation Style Guidelines and Australian Standards for clinical records.
- In addition, the latest review process has undergone format changes to streamline clinical content into a more succinct and user-friendly document.
- The final version (version 2.00) was endorsed by the Statewide Maternity and Neonate Clinical Network on 26 April 2017.

Old vs New Version

This document no longer available



New Version 2.00 – showing page 1

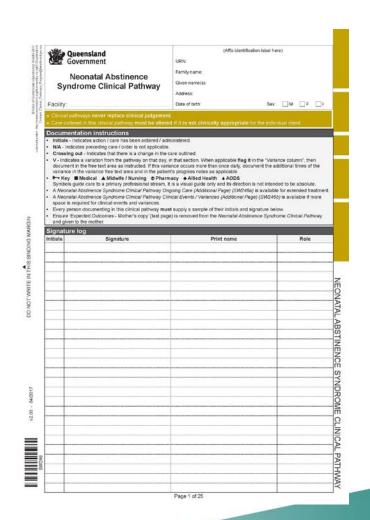


Major Changes

- Updated to reflect Finnegan Neonatal Abstinence Severity Score Description in the Queensland Clinical Guideline: Perinatal substance use: neonatal
- Flow chart removed and replaced with Clinical Guideline symbol and 'Refer to Queensland Clinical Guideline: Perinatal substance use: neonatal for Management of neonatal abstinence syndrome flow charts'
- 'Discharge Clinician' replaced with 'Discharge Medical Officer'
- Discharge Plan section updated to be more personal to the mother and baby.
- 'Hepatitis B immunoglobulin (HBIG) given (if required)' added to milestone table
- 'Neonatal physical examination completed, nil abnormalities noted' replaced with 'Routine newborn assessment'
- 'BCG ineligible' replaced with 'BCG if eligible'
- Inclusion of 'Refer to medication chart as baby may require HBIG and medications first day if withdrawing severely'
- Complementary feeding provided (extra calories required)' replaced with 'Supplementary feeds provided for adequate caloric intake and prescribed or ordered by a Medical Officer'
- Cluster care, rooming in and position and comfort measures added to Non-pharmacological supportive care
- Changes repeated on pages 10, 12, 14, 16, 18 and 20
- Frequent yawning (greater than 3–4 times)' replaced with 'Frequent yawning greater than 3-4 times in half hour' and 'Sneezing (greater than 3–4 times)' replaced with 'Sneezing >3–4 times in half hour'
- ATODS (Alcohol, Tobacco and Other Drugs) replaced with AODS (Alcohol and Other Drugs)

Overview

The following section will guide you through the updated version of the Neonatal Abstinence Syndrome



Page 2 outlines the Finnegan Neonatal Abstinence Severity Score Description

Finnegan	Neonatal	Abstinence	Severity	Score Description

System	Sign	Description - should be scored if:
	Excessive high	 Baby is unable to decrease crying within a 15 second period using self consoling measures.
	pitched cry	 Cries intermittently or continuously for up to 5 minutes despite caregiver intervention.
	Continuous	 Baby cries intermittently or continuously for greater than 5 minutes despite caregiver intervention
	high pitched cry	 NB: Since a baby's cry may vary in pitch, this should not be scored if high pitched crying is not
		accompanied by other signs described above.
	Sleep	 Longest period baby sleeps within the entire scoring interval including light and deep sleep.
		 Light - irregular breathing, brief opening of eyes at intervals, some sucking movements.
		Deep - regular breathing, eyes closed, no spontaneous activity.
	Hyperactive Moro reflex*	 Moro reflex: Lift the baby slightly off the bed by the wrists or arms and allow the baby to fall back on the bed.
	more remax	Baby exhibits pronounced litteriness of the hands during, or at the end, of the Moro reflex.
	Markedly	Baby exhibits litteriness and repetitive lerks of the hands and arms during or at the end of the test.
	hyperactive Moro	for the Moro reflex.
E	reflex*	
Central nervous system disturbances	Mild tremors when	 Baby exhibits observable tremors of the hands or feet when being handled.
al nervous sy disturbances	disturbed** Moderate to severe	Baby exhibits observable tremors of the arm(s) or leg(s) with or without tremors of the hands or
ano	tremors when	 Baby exhibits observable tremois or the arm(s) or leg(s) with or without tremois or the names or feet whilst being handled.
2 6	disturbed**	reet while being handled.
르토	Mild tremors when	 Baby exhibits observable tremors of the hands or feet whilst undisturbed.
o o	undisturbed**	
ë	Moderate to severe tremors when	 Baby exhibits observable tremors of the arm(s) or leg(s) with or without tremors of the hands or feet whilst undisturbed.
•	undisturbed**	reet whilst undisturbed.
	Increased muscle	Baby has tight flexion of the arms and legs that is unable to slightly extend the arms or legs.
	tone when the baby	
	is awake and not	
	crying Excoriation	First appearance or increase on baby's chin, knees, cheeks, elbow, toes or nose due to
	EXCONATION	friction burn not nappy area exceriation from loose stools.
	Myocionic jerks	The baby exhibits twitching movements of the muscles of the face or extremities or jerking
		movements of the arms or legs.
	Generalised	 Baby has generalised activity involving tonic (rigid) extensions of all limbs (or may be limited to or
	convulsions	limb only), or manifested by tonic flexion of all limbs; or generalised jitteriness of extremities that of
		not stop when the limbs are flexed or held.
		 Features of subtle selzures may be present including eye staring, rapid eye movements, chewin fist clenching, back arching and cycling motion of limbs with or without autonomic changes.
	Excessive sucking	 The baby shows increased (greater than 3 times) rooting (turns head to one side searching for
		food) while displaying rapid swiping movements of hand across mouth prior to or after a feed.
	Poor feeding	 The baby demonstrates excessive sucking prior to a feed, yet sucks infrequently during feeding,
e		taking small amounts and / or demonstrates an uncoordinated sucking reflex.
듩 š		 Also score if the baby continuously gulps the milk and stops frequently to breathe. (Caution - th.
an use		may be due to a fast teat).
Gastrointestinal disturbances	Regurgitation	 Regurgitation not associated with burping occurs 2 or more times during a feed.
ast	Projectile vomiting	 1 or more projectile vomitting episode occurring during or immediately after a feed.
0	Loose stools	 Scored if stool which may or may not be explosive, is curdy or seedy in appearance.
		 A liquid stool, without a water ring on the nappy should also be scored as loose.
	Watery stools	. The baby has soft, mushy, or hard stools that are accompanied by a water ring on the nappy.
	Sweating	Score if perspiration is felt on forehead, upper lip or back of neck.
		Do not score if sweating is due to overheating (i.e. cuddling, swaddling).
5	Fever	Score as per score sheet.
of o	Frequent yawning	The baby yawns greater than 3 times within scoring interval.
So.		
Respiratory / vasomotor disturbances	Mottling	Score if mottling is present on chest, trunk, arms or legs.
	Nasal stuffiness	 The baby exhibits noisy respirations due to the presence of exudate with or without a runny nos
	Sneezing	The baby sneezed more than 3 times within the scoring interval.
		 May occur as individual episodes or may occur serially.
	Nasal flaring	Present at any time during the scoring interval.
		 Score only if present without other evidence of lung or airway disease.
	Respiratory rate	Baby must not be crying when this is assessed.
More		when the baby is crying or irritable
Mild tr	emors when undisturbe	ed observe for at least 2 undisturbed periods of 60 seconds

Adapted from: D'apolito K, A scoring system for assessing neonatal abstinence syndrome. Instruction Manual. 1994 Page 2 of 25

Neonatal Abstinence Syndrome Assessment and Management

- For Neonatal Abstinence
 Syndrome Assessment and
 Management refer to the
 Queensland Clinical
 Guideline: Perinatal
 substance use: neonatal for
 further information
- Queensland Clinical
 Guidelines are located at
 https://www.health.qld.gov.au/qcg/publications

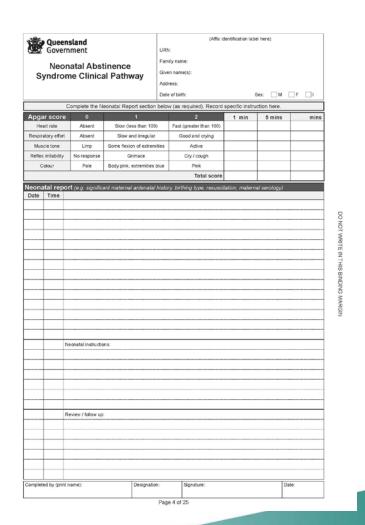


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Neonatal Report

This section is for the recording of:

- Apgar score
- Neonatal report including: significant maternal antenatal history, birthing type, resuscitation and maternal serology
- Neonatal instructions
- Review/follow up



Discharge and Education Plan

This section outlines discharge requirements and the education plan for discussion with the mother.

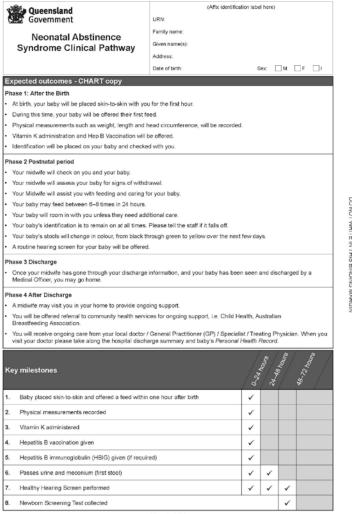


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Expected Outcomes-Chart copy

The section provides an outline of the following four phases and the key milestones. The four phases include:

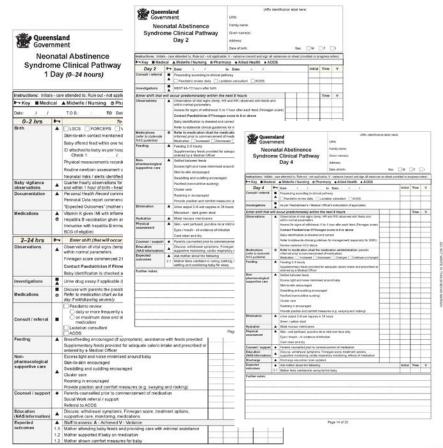
- After birth
- Postnatal period
- Discharge
- After discharge



Pages 8,10,12,14,16,18 and 20

Days 1-7

 This section is for documenting the baby's observations, investigations, medications, consults, referrals, feeding, non-pharmacological supportive care, counsel/support, education, discharge plan and expected outcomes.

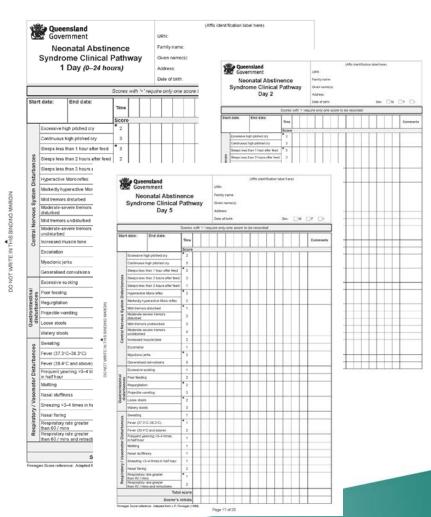


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Pages 9,11,13,17,19 and 21

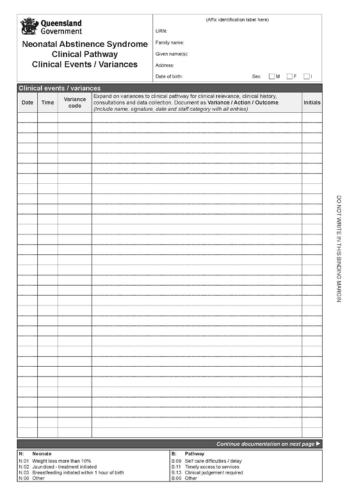
Days 1-7 Finnegan Score

- This section is for documenting the Finnegan Score.
- The areas for scoring include:
 - Central Nervous System
 Disturbances
 - Gastrointestinal disturbances
 - Respiratory / VasomotorDisturbances



Clinical events/variance

This section is for the documentation of variances, action and outcome.

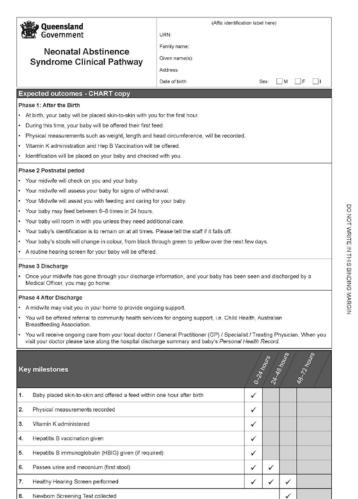


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Expected Outcomes-Mother's copy

The section provides an outline of the following four phases and the key milestones. The four phases include:

- After birth
- Postnatal period
- Discharge
- After discharge



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How to Order

OM Code	FAMMIS Number	Form ID	Version	Form Title	Availability
4348109	10352946	SW246	v2.00- 04/2017	Neonatal Abstinence Syndrome Clinical Pathway	OfficeMax
4348117	n/a	SW246a	v2.00- 05/2017	Neonatal Abstinence Syndrome Pathway Ongoing Care (Additional Page)	Download
4348125	n/a	SW246b	V1.00- 11/2013	Neonatal Abstinence Syndrome Clinical Pathway Clinical Events/Variances (Additional Page)	Download

- Clinical Pathways website:
 http://qheps.health.qld.gov.au/caru/clinical-pathways/default.htm
- For further information and enquiries regarding Clinical Pathways, contact: <u>Clinical Pathways Program@health.qld.gov.au</u>