Explained the procedure to the family (if they were present at the bedside) and ensured that they agreed to treatment.

Step

JAME

U NP

S

Comments ASSO 4 ATEN

Reviewed maternal prescribed opioids, including dosing, schedule, and last dose taken; alcohol use; and illicit drug use, including the route used, time of last exposure, and amount used.

Discussed with the practitioner the need for a urine and meconium toxicology screen at birth along with the consent process, if applicable. Was aware that neonatal urine toxicology might result in a false-negative.

Discussed feeding options with a multidisciplinary team, including the nurse, practitioner, lactation consultant, social worker, and family. Dissuaded a mother who had had inadequate or no prenatal care or who had not sought treatment for her substance abuse from breastfeeding or feeding expressed breast milk.

Assessed for increased metabolic rate, energy expenditure, and fluid and nutritional losses from vomiting or diarrhea. Increased calorie content of feeding as needed, per the practitioner's order.

Assessed the neonate's sleep and wake states, CNS hyperirritability, consolability, feeding difficulty, autonomic instability, vital signs, percent of oxygen delivered, and oxygen saturation.

NA

SEE ATTACHED FINNEGAN SCORING TOSC

Date:

Step NAME		S	U 	NP_	Comments ASSOCIATE NUMBER
Assessed withdrawal ur reliable neonatal abstir instrument.	_				
Provided nonpharmac for withdrawal. Provid feedings.	_				
Provided pharmacologic interventions for withdrawal as prescribed. Did not use naloxone in the delivery room in a depressed neonate whose mother was known to be opioid dependent.					Nimonny
Assessed, treated, and reassessed pain.					
Discarded supplies, removed gloves, and performed hand hygiene.					
Documented the procedure in the neonate's record.					
Learner:			Sig	nature:	
Evaluator:			Sig	nature:	