



PA PQC Learning Session Transition to ESC

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Michelle Joseph RN, BSN, CPN, CPEN
Pediatric Clinical Lead

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Family Centered Care

Before ESC a change was taking place to focus on family centered care.

September 2017-NAS infants were transferred to Pediatric unit once mom discharged from post-partum unit

November 2018-transitioned from Finnegan to Modified Finnegan-Gomez scoring tool.

May 2019-Maternal Health team met to discuss transition to Eat, Sleep and Console (ESC)

Initial Goals with transition to ESC:

- Decrease Length of Stay
- Decrease the number of doses of Morphine
- Decrease the number of doses of Phenobarbital
- Increase non-pharmacologic interventions
- Promote family centered care

Multidisciplinary Team

- Nurses from ICN and Pediatrics
- Neonatologists and Pediatricians
- Education and Marketing Departments
- Nursing Informatics
- IT and Pharmacy
- Case Management and Children and Youth Advisor
- Dietary
- Staff Education
- Parent Involvement

WELCOME TO THE DELLA PENNA PEDIATRIC CENTER

Your infant has been transferred to the Pediatric Center for further observation and treatment for Neonatal Abstinence Syndrome (NAS).

MISSION:

It is our mission to provide a nurturing and supportive environment to you and your family. To continue to help with infant/parent bonding, parents are encouraged to stay with their infant as much as possible. We allow only 1 parent to sleep overnight. If you are to stay overnight with your infant, we ask that you do not leave the unit from 10 pm to 6 am. This is to give you time to be with your infant as much as possible while you are here. This includes diaper changes, feedings, consoling your infant, skin to skin, dressing, swaddling and bathing. We ask that the door to the patient room be left open at all times to allow us to properly monitor your infant. We understand that families have other commitments that may not allow them to be here for extended periods. We are here to support you and your family's needs during this time.

MEALS:

To help mom in her recovery, we will provide her with 3 meals a day. If dad wishes to buy meals, he can buy food in the cafeteria and bring it up to the room. He can also buy a meal voucher from the cafeteria and order a meal from the room. You are more than welcome to bring food from home. We do have complimentary coffee and continental breakfast in our Nourishment Center.

VISITORS:

We encourage family and other support people to visit. It is important to know who your support people are when you go home. By having them visit in the hospital, you can help teach them the best ways to help care for your infant. We request that one parent be at the bedside during these visits. If you would like someone to visit and a parent cannot be at the bedside, please talk with your nurse so a plan can be made. If your infant is asleep when visitors come, do not wake. It is important for your infant to sleep as long as needed.

List some of your support people:

_____	_____
_____	_____
_____	_____

INFECTION PREVENTION:

To help prevent infection, we ask all family/visitors to wash hands prior to handling your infant. Masks need to be worn at all times. For your infant's well-being, anyone who has signs of illness should not visit.

MONITORING:

We will monitor your infant closely while in the hospital. We will take vital signs and a NAS assessment using Eat, Sleep, Console approach with each feeding. We ask that you keep a log of your infant's feedings, their urine and stool output. If your infant is started on medicines to help ease symptoms of withdrawal, they will be placed on a cardiac-respiratory monitor with pulse oximetry. Please ask a nurse to help with monitors. Do not touch these monitors. Your infant will be weighed each morning to closely track your baby's growth.

SAFE SLEEP:

At the Della Penna Pediatric Center we practice and teach Safe Sleep Practices. The NAS baby can be more difficult to console or comfort. The goal in the care of a NAS infant is that they are able to eat, sleep and console. Your infant should always be placed "Back to Sleep". This practice has greatly reduced the incidence of SIDS (Sudden Infant Death Syndrome). "Back to Sleep" means that your infant is lightly swaddled and placed on their back in an empty crib/bassinet. "Back to Sleep" is done every time your infant is put down to sleep. For more information please read your handout in the NAS folder. You should also watch the video on the hospital Newborn Channel. Ask your nurse if you need help to view it. While in the hospital, there may be times during the withdrawal process that your infant will only be consoled and sleep by being placed in the Mamma Roo. Do not do this at home. We allow this in a hospital because we are able to monitor the heart rate, respiratory rate and oxygen levels.

Case Management and Children and Youth will be involved early on in your care and during your hospital stay.

Getting ready for discharge:

- Have a home care plan by Children and Youth
- Choose a pediatrician and make the first appointment prior to leaving the hospital
- Have information on Early Intervention, Healthy Beginnings, WIC, and other resources.
- Review symptoms that your infant may still have after discharge

Resources:

Educational Videos www.NewbornChannelNow.com
Password: 00903

Early Intervention

Can be arranged through Case Management
Refer to Handout in folder

Healthy Beginnings

WIC

Children and Youth Case Worker

Name: _____

Phone #: _____

Pediatrician

Name: _____

Phone: _____

Other Follow-Up _____

Signature of Parent: _____

Date: ____/____/____

Patient and Family Education Committee 8/2021

Neonatal Abstinence Syndrome (NAS)

Guide to Your Baby's Hospital Stay and Beyond

DoylestownHealth.org/Pediatrics

Welcome

This booklet will help you to:

- » Orient to the Pediatric Center and the hospital program.
- » Know how certain drugs can affect your baby during pregnancy and after being born.
- » Know about the Eat, Sleep, Console Method.
- » Learn ways to comfort your baby to help manage symptoms.
- » Learn how to care for your baby.

Prenatal care is important for you and your baby's health.

Make sure to:

- » Have regular check-ups during pregnancy.
- » Meet with your healthcare provider to make plans for the birth of your baby.
- » Talk openly with your healthcare providers about the medicines, drugs and other substances you are taking or have taken during your pregnancy.

In this book, you will find blue boxes labeled **Newborn Channel**.
Visit thenewbornchannelnow.com and use access code 00903 to access the topics listed.



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Neonatal Abstinence Syndrome (NAS): Guide to Your Baby's Hospital Stay and Beyond | 3

Documentation

Interventions	
PEDS - Neonatal Abstinence Syndrome P	
Assessments	
<input checked="" type="checkbox"/> Neonatal Abstinence Syndrome (ESC-Eat-Sleep-Console Scoring System)	
<input checked="" type="checkbox"/> Neonatal Abstinence Score (ESC-Eat-Sleep-Console Scoring System)	
Eats age appropriate volume breast milk/formula or breastfed well?	<input type="radio"/> Yes <input type="radio"/> No Breast feeds well = >10 mins Volume minimums per feeding for day of life = Day 1: 10 ml Day 2: 15 ml Day 3: 30 ml Day 4 or greater: >30 ml
Sleeps undisturbed greater than or equal to 1 hour	<input type="radio"/> Yes <input type="radio"/> No
Consoled if crying in less than or equal to 10 minutes	<input type="radio"/> Yes <input type="radio"/> No
Provider notified	<input type="radio"/> Yes <input type="radio"/> No Comment:
<input checked="" type="checkbox"/> Comfort Interventions	
Neonate comfort measures provided	<input type="checkbox"/> Decreased noise <input type="checkbox"/> Held/rocked <input type="checkbox"/> Pacifier <input type="checkbox"/> Relaxation techniques <input type="checkbox"/> Swaddled <input type="checkbox"/> Facilitated tucking <input type="checkbox"/> Mama roo <input type="checkbox"/> Position change <input type="checkbox"/> Skin to skin <input type="checkbox"/> Touch/containment <input type="checkbox"/> Fed <input type="checkbox"/> Non-nutritive sucking <input type="checkbox"/> Reduced lighting <input type="checkbox"/> Stimuli decreased <input type="checkbox"/> Warm blankets
Approximate time spent providing skin to skin by parent/family	<input type="radio"/> 5 minutes <input type="radio"/> 15 minutes <input type="radio"/> 25 minutes <input type="radio"/> 35 minutes <input type="radio"/> 45 minutes <input type="radio"/> 55 minutes <input type="radio"/> 1.5 hours <input type="radio"/> 2.5 hours <input type="radio"/> 10 minutes <input type="radio"/> 20 minutes <input type="radio"/> 30 minutes <input type="radio"/> 40 minutes <input type="radio"/> 50 minutes <input type="radio"/> 60 minutes <input type="radio"/> 2 hours <input type="radio"/> 3 hours
Approximate time spent providing relaxation techniques	<input type="radio"/> 5 minutes <input type="radio"/> 15 minutes <input type="radio"/> 25 minutes <input type="radio"/> 35 minutes <input type="radio"/> 45 minutes <input type="radio"/> 55 minutes <input type="radio"/> 10 minutes <input type="radio"/> 20 minutes <input type="radio"/> 30 minutes <input type="radio"/> 40 minutes <input type="radio"/> 50 minutes <input type="radio"/> 60 minutes
Performed by	<input type="radio"/> Parent/Guardian <input type="radio"/> RN
<input checked="" type="checkbox"/> Non-Pharmacological Interventions	
Parental/Caregiver presence from last assessment	<input type="radio"/> No parent/caregiver present <input type="radio"/> Less than 1 hour <input type="radio"/> 1-2 hours <input type="radio"/> 2-3 hours <input type="radio"/> Greater than or equal to 3 hours
Parent/Caregiver presence	<input type="radio"/> Increase <input type="radio"/> Continue <input type="radio"/> Non-applicable
Rooming-in	<input type="radio"/> Increase <input type="radio"/> Continue <input type="radio"/> Non-applicable
Skin-to-skin contact	<input type="radio"/> Increase <input type="radio"/> Continue <input type="radio"/> Non-applicable
Holding by caregiver/cuddler	<input type="radio"/> Increase <input type="radio"/> Continue <input type="radio"/> Non-applicable
Safe swaddling	<input type="radio"/> Increase <input type="radio"/> Continue <input type="radio"/> Non-applicable
Optimal feeding at early hunger cues	<input type="radio"/> Increase <input type="radio"/> Continue <input type="radio"/> Non-applicable
Quiet, low light environment	<input type="radio"/> Increase <input type="radio"/> Continue <input type="radio"/> Non-applicable
Nonnutritive sucking/pacifier	<input type="radio"/> Increase <input type="radio"/> Continue <input type="radio"/> Non-applicable
Additional help/support in the room	<input type="radio"/> Increase <input type="radio"/> Continue <input type="radio"/> Non-applicable
Limiting # of visitors	<input type="radio"/> Increase <input type="radio"/> Continue <input type="radio"/> Non-applicable
Clustering care	<input type="radio"/> Increase <input type="radio"/> Continue <input type="radio"/> Non-applicable
Comment	

This helps us to evaluate if we are maximizing our use on non-pharmacologic interventions

Eat Sleep Console- Baby Care Worksheet

Date	Time	Eat			Sleep		Console		Diaper Changes		Comments/ Care Provided
		Feeding Type Br=breast BM= breastmilk F=formula	Amount Breast: minutes Bottle: amount	Fed well? (Y/N)	Time started to Sleep	Time woke up	Time to Console Infant (minutes)	Skin to skin (minutes)	Wet ✓	Poop color Black Green Brown Yellow	
7/9	10:30	Example BM	30	Y	1100	12:15	5	65	✓	black	mom
Date	Time	Eat			Sleep		Console		Diaper Changes		Comments/

S intranet project/LDRP/forms 7.2019

Worksheet only - not a permanent record

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Committee Approvals

ICN Department Committee

Nursing Practice Council

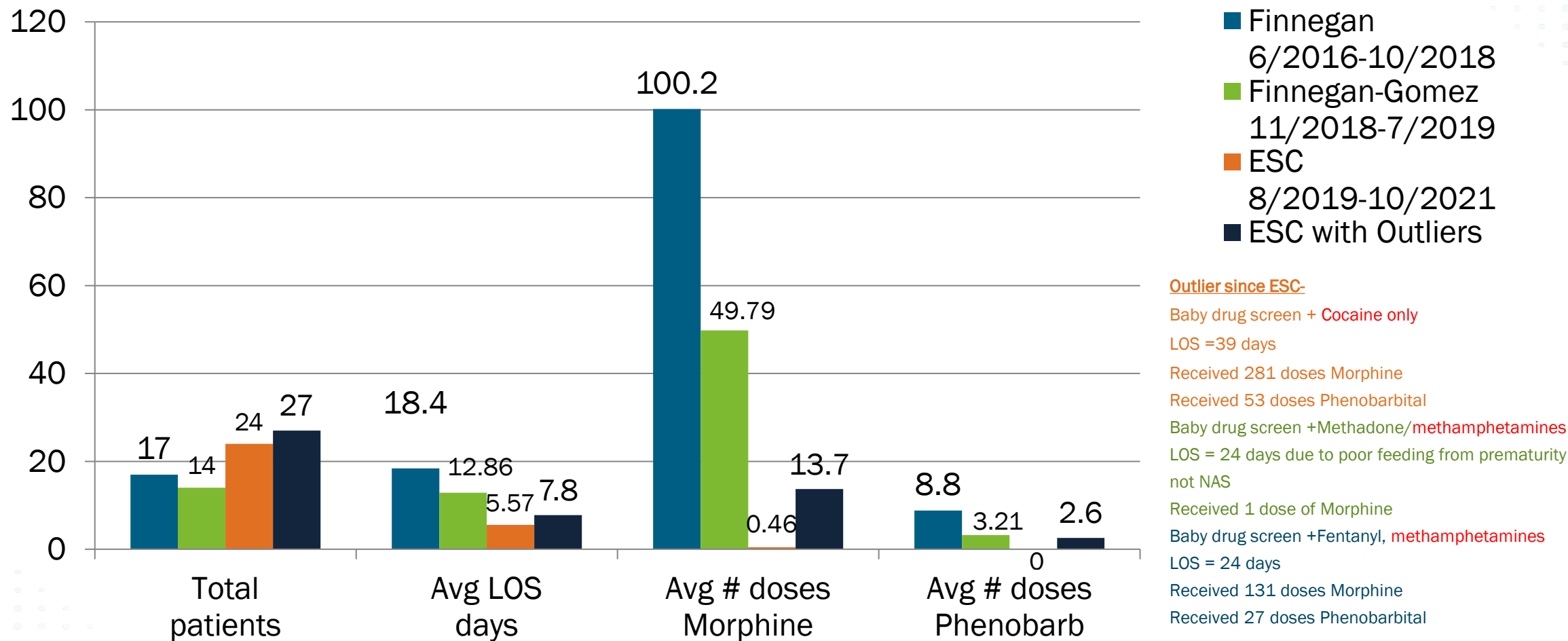
Order Set Committee

Women and Family Health Committee

OB/GYN Committee

Pediatric Department Committee

Goals Met



Moving forward

- Neonatal Consults
- Questionnaires- Pre-consult and time of discharge
- Follow up phone calls 1 month after discharge
 - Follow up with pediatrician/weight
 - Mom follow up with OB
 - If breastfeeding at time of discharge, are they still?
 - Utilization of resources provided to them (ie: WIC, Early Intervention)
 - Did information/support provided in hospital help to prepare you to care for infant at home?