

Warren General Hospital

Measures

1. Identify SENs along with NAS and FASD
2. Identify LOS moving forward for NAS
3. Implement ESC instead of Finnegan Scoring
4. Encourage breastfeeding and education for parents with stoplight colors for when to breastfeed and not
5. Provide patients identified with Plans of Safe Care prior to discharge

Problem Statement

To provide an updated plan of care, in hospital through discharge, for SEN/NAS.

The benefits would include proper identification of NAS/SEN, provide staff and parents with updated education and support a safe discharge plan.

Results

- Educated staff on ESC and how to document.
- Compared 2 newborns with NAS scoring with Finnegan and ESC
- Implemented ESC documentation
- Working with family on ESC
- Reviewed with staff breastfeeding stoplight
- Tried to contact CYS to discuss and see how we can work together for Plan of Safe Care – unable to connect

Key interventions

- Educate staff on substances used by pregnant patient for NAS and SEN
- Average LOS
- Educate staff on Eat Sleep Console
- Create documentation in EHR
- Educate staff on substances that can be used during breastfeeding and which ones cannot
- Notify CYS for Plan of Safe Care

FOCUS

1. Increase identification of SENs and diagnosed NAS and FASD
2. Decrease hospital LOS for NAS
3. Increase percentage of NAS who receive non-pharmacologic treatment
4. Increase breastmilk feeding among parents with SUD if not contraindicated and caregivers
5. Increase referrals to and engagement in outpatient family care services, including physical, behavioral, and social services

Status

- Eat Sleep Console care and documentation implemented
- Created poster board and displayed in hallway for staff and patients/families to see
- Wanting to create better Plan of Safe Care

Assessments

ESC Scoring

Eat Sleep Console

Breastfeeding well or taking >10mL/feed Yes No

S- sleep >1 hour between feedings? Yes No

C-Can baby be consoled within 10 minutes? Yes No

ESC Total Score 2

Parental/caregiver presence

Parent/caregiver presence no parent present <1 hour 1-2 hours 2-3 hours 4 hours or more

Interventions

Non-Pharm Interventions Rooming in Skin-to-skin contact Swaddling/Vertical rockin Non-nutritive sucking Limit visitors Baby carrier Other/comments

Parental presence Holding by caregiver Optimal feeding Manage environment Clustering of care Infant massage

Medication

ESC Medications Morphine Other/comment

On this topic our team would like to learn from our peers.... What all is used to set up plan of safe care. Do you have a form that is used while in hospital? Do you work with CYS before discharge? What do you do regarding newborns born to maternal cannabis use?