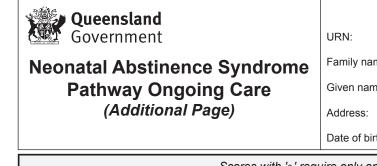
<b>Queensland</b> Government			(Affix identification label here)											
Gover	nme		URN: Family name: Given name(s):											
Neonatal A	Abs	stinence Syndrome 🏻 🖡												
Pathy	vay	Ongoing Care												
		itianal Dava)	Address:											
Facility:			Date of birth:	Sex:	М	F								
,							'							
		ver replace clinical judgement.	it is not clinically appropriate for t	he individu	al client									
			ly a sample of their initials in the signatur				ence							
			t be kept with the original Neonatal Abstract											
Instructions: Initials	s - care	e attended to, Rule out - not applicable, V	- variance (record and sign all variances or	n sheet prov	ided or pr	ogress r	otes)							
🖲 🖬 Key 🔳 Media	cal /	▲ Midwife / Nursing	/ ♦ Allied Health ♦ AODS											
Day	9 <del></del>	Date: / to	Date: / /		Initial	Time	v							
Consult / referral		Proceeding according to clinical pathwa	ау											
		Paediatric review daily	n consultant AODS											
Investigations		As per Paediatrician's / Medical Officer'	's instructions (if applicable)											
		Review maternal HCV status												
Enter shift that w	vill oc	ccur predominately within the nex	kt 8 hours			Time	V							
Observations		Observation of vital signs (temp, HR an within normal parameters												
		Assess for signs of withdrawal ½ to 1 h												
		Contact Paediatrician if Finnegan sc												
		Baby identification is checked and corre												
		Refer to statewide clinical guidelines for	r management (especially for SSRI)											
Medications (refer to statewide	Ø	Refer to medication chart for medical informed prior to commencement of me												
NAS guideline)		Medication: Increased Decreased												
Feeding		Feeding 2–5 hourly Supplementary feeds provided for adec ordered by a Medical Officer												
Non-		Settled between feeds												
pharmacological supportive care		Excess light and noise minimised arour												
		Skin-to-skin encouraged												
		Swaddling and cuddling encouraged												
		Pacified (non-nutritive sucking)												
		Cluster care												
		Rooming in encouraged												
		Provide position and comfort measures	(e.g. swaving and rocking)											
Elimination		Urine output 2–6 wet nappies in 24 hou												
		Green / vellow stool	-											
Hydration		Moist mucous membranes												
Physical		Skin - well perfused, jaundice nil or mild	d over face only		1									
assessment		Eyes / mouth - nil evidence of infection												
		Cord clean and dry												
Counsel / support	•	Parents counselled prior to commencer	ment of medication											
Education		Discuss: withdrawal symptoms, Finnega												
(NAS information)		supportive monitoring, cardio respirator												
Discharge		Baby has not progressed to NAS requiri												
		Discharge plan completed												
	ļ	Baby has progressed to NAS requiring Ask mother about the following			Initial	Time	v							
Expected							N N							

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v2.00 - 05/2017





Gastrointestinal disturbances

Neonatal Abstinence Syndrome Pathway Ongoing Care				Family name:													
				Given name(s):													
(Additional Page)					Address:												
					Date of birth:								Sex: M F I				
Scores with '*' require only one score to be recorded																	
Start date: End date:			Time													Comments	
			Score														
Excessive high pitched cry			* 2														
	Continuous high pitched cry		3														
	Sleeps less than 1 hour after feed		* 3														
ces	Sleeps less than 2 hours after feed		2														
-pau	Sleeps less than 3 hours after feed		1														
istur	Hyperactive Moro reflex		* 2														
D W	Markedly hyperactive Moro reflex		3														
yste	Mild tremors disturbed		* 1														
us S	Moderate-severe tremors disturbed		2														
ervo	Mild tremors undisturbed		3														
Centra	Moderate-severe tremors undisturbed		4														
	Increased muscle tone		2														
	Excoriation		1														
	Myoclonic jerks		* 3														
	Generalised convulsions		5														
	Excessive sucking		1														
inal es	Poor feeding		2														
Gastrointestinal disturbances	Regurgitation	Regurgitation															
troir	Projectile vomiting		3														
F	Loose stools		* 2														
	Watery stools		3														
Respiratory / Vasomotor Disturbance	Sweating		1														
	Fever (37.3°C–38.3°C)		* 1														
	Fever (38.4°C and above)		2														
	Frequent yawning >3–4 times in half hour		1														
	Mottling		1														
	Nasal stuffiness		1														
	Sneezing >3-4 times in half hour		1														
	Nasal flaring		2														
	Respiratory rate greater than 60 / mins Respiratory rate greater		* 1 2														
than 60 / mins and retractions																	

(Affix identification label here)