

NAS Initiative Data Collection Form

(Inclusion criteria: Data collection tool started when scoring is initiated)



NAS Data Collection

Part I-Admission

1. Chart Number: _____
2. Date of Birth: _____
3. Admission Date: _____
4. Gestational Age: (36 weeks and above) _____
5. Maternal drug use (click all that apply):
 - _____ Methadone
 - _____ Buprenorphine (Suboxone, Subutex)
 - _____ Morphine
 - _____ Heroin
 - _____ Other opiates (codeine, fentanyl, opium, oxycodone, meperidine, hydromorphone, hydrocodone, Propoxyphene)
 - _____ Cocaine
 - _____ SSRIs
 - _____ Alcohol
 - _____ Tobacco
 - _____ Other
6. Date scoring began: _____
7. Did parents receive PRENATAL NAS education?
 - _____ Yes
 - _____ No
 - _____ Unknown
- 7a. Was PRENATAL Education about the potential impact of maternal drug use on the baby provided by:
 - _____ RN
 - _____ OB or Midwife
 - _____ Pediatrician or PNP
 - _____ Neonatologist or NNP
 - _____ Social Work
8. Was the mother asked about drug use during her PRENATAL visits?
 - _____ Yes
 - _____ No



NAS Data Collection

Part II-Daily

Date: _____ Chart Number _____

1. Was scoring completed in the last 24 hours?
 Yes (continue form)
 No (stop here and enter result)
2. Location of Care:
 NICU
 Nursery
 Peds
 Mother/Baby
3. Patient in single room
 Yes
 No
4. Parents/caregivers present at bedside today
 Yes
 No
- 4a. If "Yes" to 4: Parents/caregivers performed (check all that apply):
 Skin to skin care
 Attempted any breastfeeding
 One feeding of any type
 Two feedings or more of any type
 Stayed overnight
 Participated in scoring
5. Did a designated cuddler hold the baby this shift (volunteer)?
 Yes
 No
6. Type of feeding:
 Exclusive Mothers Milk
 Exclusive Formula
 Combination that may include Donor Milk and/or Formula
 NPO
- 6a. If not exclusive breast milk, has mother had at least one lactation consult?
 Yes
 No
7. Peak score in last 24 hours: _____
8. Primary Medication:
 None
 Started
 Continued



NAS Data Collection

- 8a. If yes to medication:
 Morphine
 Methadone
 Clonidine
 Phenobarbital
- 8b. If phenobarbital was loading dose given
 Yes
 No
- 8c. Peak dose today in mg/kg _____
(0.01 mg/kg to 0.2 mg /kg or above morphine/methadone, 0.5-2.0 mcg/kg clonidine, 2-8 mg/kg/d phenobarbital)
- 8d. Dosing interval
 q3 hrs
 q4 hrs
 q6 hrs
 q8 hrs
 q12 hrs
9. Any rescue doses of primary medication today?
 Yes
 No
- 9a. If rescue dose was score checked by second provider?
 Yes
 No
10. Medication escalated today? (not a rescue dose)
 Yes
 No
- 10a. If escalation dose was score checked by second provider?
 Yes
 No
11. Was a secondary medication added or continued?
 Yes
 No
- 11a. If yes was medication:
 Phenobarbitol
 Clonidine
 Morphine
 Methadone
12. Primary medication weaned/stopped today?
 Yes
 No
13. Secondary medication weaned/stopped today?
 Yes
 No



Part III-Discharge

Chart Number _____

Discharge Date: _____

1. Infant Drug Exposure (click all that apply based on drug screen and maternal history):

- Methadone
- Buprenorphine (Suboxone, Subutex)
- Morphine
- Heroin
- Other opiates (codeine, fentanyl, opium, oxycodone, meperidine, hydromorphone, hydrocodone, Propoxyphene)
- Cocaine
- SSRIs
- Alcohol
- Tobacco
- Other

2. Was pharmacologic treatment started:

- Yes
- No

If yes to 2 then:

2a. Date pharmacologic treatment stopped: _____

2b. Primary medication used:

- Morphine
- Methadone
- Clonidine
- Phenobarbital

2c. Secondary medication used:

- Morphine
- Methadone
- Clonidine
- Phenobarbital

2d. Discharged home on treatment medications:

- Yes
- No

3. Type of feeding at discharge:

- Exclusive Mothers Milk
- Exclusive Formula
- Combination that may include Donor Milk and Formula



NAS Data Collection

4. Discharge to

- Parents
- Other Family/Caregiver
- Foster Care
- Transfer to another hospital

5. Did parents room in as preparation for discharge:

- Yes
- No

6. Did the physician provide a verbal handoff to the follow up medical care provider?

- Yes
- No

7. Did parents receive NAS Education while in the hospital?

- Yes
- No