



Neonatal Abstinence Syndrome Data Dictionary Phase II

The purpose of the Data Dictionary is to develop consistency in data entry. The Data Dictionary refers to elements visible when the reporting forms are printed.

Patients enrolled in the NAS data system will require provider input at enrollment, discharge and daily from admission to discharge.

Please enroll all infants that scoring is started on.

This Dictionary defines the basic elements of entries for all information forms.

Part I- Admission

1. **Chart Number:** Please do not enter the medical record number. Please enter a number that you determine internally.
2. **Date of birth:** Format: mm/dd/yyyy
3. **Date of admission:** The date the infant was admitted to your nursery: Format: mm/dd/yyyy
4. **Gestational age:** The number of whole weeks between 36 and 43 completed weeks (i.e.) if an infant is 37 2/7 weeks please enter as 37 weeks.
5. **Maternal drug use:** Information can be based on self-report from mom or toxicology report. Please select all that apply
6. **Date scoring began:** The date the initial score was completed. Format: mm/dd/yyyy
7. **Did parents receive Prenatal NAS education?** ___ Yes ___ No ___ Unknown
(Information can be based on chart review of maternal medical record, self report from parent. If unable to establish whether education was done please choose "Unknown")
- 7a. **Was PRENATAL education provided by:** Please choose the discipline indicated as providing the education about the potential impact of maternal drug use on the infant. Select all that apply.
8. **Was the mother asked about drug use during her prenatal education or prenatal visits?**
___ Yes ___ No



Part II- Daily: Answer 1 time in 24 hours but applies to the entire 24 hour period

Date: Self-explanatory

Chart Number: Please enter your unique assigned Chart Number (not the MRN)

1. **Was scoring completed in the last 24 hours? Yes/No**
Yes= Continue form; No= STOP here and enter the result.
2. **Location of care:** Choose the type of unit where the infant is receiving care currently or for the majority of time during the last 24 hours (NICU, Nursery, Peds, Mother/Baby) Intent is to determine if infant was hospitalized in a single room; the potentially quietest environment.
3. **Patient in single room: Yes/No**
4. **Parents/caregivers at the bedside today: Yes/No**
Yes if parents/caregivers at bedside during the 24 hour period. A caregiver is defined as: a family member or other appointed individual who will have responsibility for the baby at discharge.
- 4a. **If “Yes” to 4: Parents/caregivers performed (check all that apply)** (Skin to skin care, attempted to breastfeed, 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**
A cuddler is a dedicated volunteer or other hospital employee not directly providing care to the baby
6. **Type of feeding:**
 - **Exclusive Mothers Milk:** choose if exclusively fed breastmilk in the last 24 hours
 - **Exclusive Formula:** choose if exclusively fed formula in the last 24 hours;
 - **Combination:** Combination may include Donor Milk and/or Formula in the last 24 hours.
 - **NPO:** choose if NPO status in the last 24 hours
- 6a. **If not exclusive mother’s milk, did mother receive at least one lactation consultation (LC)? Yes/No.**
Please collect this data daily. It makes it easier to track LC. The intention is that mothers are asked daily if they need support in establishing and continuing breastfeeding. It is possible mom may have started feeding but now is having difficulty. The recommendation of the NAS Expert Team is that a lactation consult is considered at that time. The Expert Team also felt moms who elect not to breastfeed may still need a lactation consult regarding breast care, and may also be open to attempting to breastfeed if given more support and education from a lactation consultant.
7. **Peak score in last 24 hours:** _____ fill in the blank
8. **Primary Medication:** ___None ___Started ___Continued ___Escalated (Not a Rescue Dose)
*Escalation is defined as an increase in the regular dose of medication being administered.
- 8a. **If YES to medication, (Indicated as “Started, Continued, or Escalated”): Select:**
___Morphine___Methadone ___Clonidine___Phenobarbital
- 8b. **If Phenobarbital, was loading dose given? Yes/No**
- 8c. **Peak dose today in mg/kg:_____ Fill in the blank**
Methadone/Morphine Range: 0.01mg/kg to 0.2mg/kg to >0.2mg/kg
Clonidine Range: 0.5-2 mcg/kg, 2-8mg/kg/phenobarbital

8d. **Dosing interval:** ___q3h ___q4h ___q6h ___q8h ___q12h

9. **Any rescue doses of primary medication today?** Select Yes or NO

A rescue dose is a one-time dose given to the baby while the current daily dose is unchanged.

9a. **If rescue dose, was score checked by second provider? Yes/No**

10. **If escalation dose, was score checked by second provider? Yes/No**

11. **Was a secondary medication added or continued? Yes/No**

11a. If YES, which medication: (Select One)

___Phenobarbitol, ___Clonidine ___Morphine ___Methadone

12. **Was Primary Medication weaned/stopped today? Yes/No**

13. **Was Secondary medication weaned/stopped today? Yes/No**



Part III Discharge:

Chart Number: Please enter your unique assigned Chart Number (not the MRN)

Discharge Date: Self-explanatory Format: mm/dd/yyyy. If the patient is transferred to another facility or unit please use the date of the transfer as the discharge date

1. **Infant Drug Exposure:** Check ALL that apply based on drug screen and maternal history
2. **Was pharmacologic treatment started? YES/NO**

If Yes to 2:

2a. **Date pharmacologic treatment stopped.** Format= mm/dd/yyyy

2b. **Primary Medication Used:** Select ONE

2c. **Secondary medication used:** Select ONE

2d. **Discharged home on treatment medications? YES/NO**

3. **Type of feeding at discharge:** Select ONE (Exclusive Mother's Milk, Exclusive Formula, or Combination that may include Donor Milk and Formula)

4. **Discharge to:** Select ONE (Parents, Other Family/Caregiver(s), 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 education on NAS while in the hospital? YES/NO**