



Neonatal Abstinence Syndrome Data Dictionary

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.

Chart Number: Please do not enter medical record number. Please enter a number that you determine internally.

Admission:

1. Date of birth: Self-explanatory Format: mm/dd/yyyy
2. Date of admission: The date the infant was admitted to your nursery Format: mm/dd/yyyy
3. Gestational age: The number of whole weeks between 0 and 43 completed ie if an infant is 37 2/7 weeks please enter as 37 weeks.
4. Maternal narcotic use: Information can be based on self-report from mom or toxicology report. Please select all that apply
5. Date scoring began: The date the initial score was completed. Format: mm/dd/yyyy
6. Did parents receive NAS education: 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"
 - 6a. Education provided by: please choose the discipline indicated as providing the education
 - 6b. Choose the specific type of education. If both written and verbal education done please choose "both"

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

7. Location of care: Choose the type of unit the pt. is receiving care currently or for the majority of time during the last 24 hours
8. Parents visits: Yes if parents visited during the 24 hour period.
9. Non-pharmacologic treatment used: Choose all that apply:
 - **Swaddling:** if pt has been swaddled as a means of treatment.
 - **Quiet Room:** if patient has roomed-in or has been placed in a private room.
 - **Skin-to-skin:** if patient has been placed skin-to-skin with parent in the last 24 hours.
 - **Other:** if another method of non-pharmacologic treatment has been used in the last 24 hours
10. Type of feeding:
 - **BM:** choose if exclusively fed BM in the last 24 hours
 - **Formula:** choose if exclusively fed formula in the last 24 hours;
 - **Combination:** choose if fed BM and Formula in the last 24 hours.
 - **NPO:** choose if NPO status in the last 24 hours
11. Medication Wean today:
 - Answer “**yes**” if medication decreased in the last 24 hours.
 - Answer “**no**” if not receiving any medications or if medication was not decreased in the last 24 hours.
- 11a. Highest score the infant received in the last 24 hours
12. Medication escalated today:
 - Answer “**yes**” if medication increased in the last 24 hours or if prn medication was given in addition to regular dose
 - Answer “**no**” if not receiving medication or if medication was not increased in the last 24 hours.
- 12a. Score leading to escalation: The score when medication was increased

Discharge:

13. 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

14. Pharmacologic treatment started:

- Answer “**yes**” if at any time during the hospitalization the patient was started on medication for the treatment of withdrawal.
- Answer “**no**” if the patient never received medication for the treatment of withdrawal

14a. Initial date medication began for the treatment of withdrawal Format: mm/dd/yyyy. If the patient was transferred to your unit already on medications please enter the date the patient was admitted to your unit as the start date for medications.

14b. Score when pharmacologic treatment started: the score given to the patient that prompted starting medication treatment for withdrawal

14c. Date medication stopped for the treatment of withdrawal: Format: mm/dd/yyyy. Enter the date medication was stopped. If the patient is going home on medications or being transferred on medications enter discharge date.

14d. Primary medication used: Choose the medication that the patient was initially started on to treat withdrawal symptoms

14e. If a secondary medication had to be added at any time during the hospitalization to the treatment regimen choose the typed of medication used. If no secondary medication was needed choose “none”

14f. When the medication was initially started how was the order written? Choose weight based if medication was ordered based on weight of infant.

14g. Weaning: When weaning medications choose weight based if order is written based on weight of infant. Choose percentage if wean is based on decreasing by a certain amount.

14h. Discharged home on treatment medications: Answer “**yes**” if infant is discharged or transferred on any of the medications used to treat withdrawal

15. Type of feeding at discharge:

- Choose BM if infant discharged on exclusive BM.
- Choose Formula if infant discharged exclusively on formula.

- Choose Combination if infant discharged on a combination of breast milk and formula.
- Choose NPO status if NPO for transfer to another facility

16. Did parents room in: Answer “yes” if parents were allowed to room in with the infant during admission. Do not answer “yes” if only roomed in as part of discharge teaching.

17. CPS referral made: answer “yes” if infant was referred to CPS at anytime during hospitalization