

FORSYTH MEDICAL CENTER

NEONATAL ABSTINENCE SYNDROME ASSESSMENT & TREATMENT

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| | | | TIME | | | | | | | | | | DATE: _____ | | |
|---|---|---|------|-----------------------|------|-----------------------|--------|-----------------------|------|-----------------------|------|-----------------------|---------------------|--|--|
| SYSTEM | SIGNS & SYMPTOMS | SCORE | | | | | | | | | | | COMMENTS | | |
| CENTRAL NERVOUS SYSTEM DISTURBANCES | Excessive High-pitched (OR Other) Cry | 2 | | | | | | | | | | | Daily Weight: _____ | | |
| | Continuous High-pitched (OR Other) Cry | 3 | | | | | | | | | | | | | |
| | Sleeps < 1 Hour After Feeding | 3 | | | | | | | | | | | | | |
| | Sleeps < 2 Hours After Feeding | 2 | | | | | | | | | | | | | |
| | Sleeps < 3 Hours After Feeding | 1 | | | | | | | | | | | | | |
| | Hyperactive Moro Reflex | 2 | | | | | | | | | | | | | |
| | Markedly Hyperactive Moro Reflex | 3 | | | | | | | | | | | | | |
| | Mild Tremors Disturbed | 1 | | | | | | | | | | | | | |
| | Moderate-Severe Tremors Disturbed | 2 | | | | | | | | | | | | | |
| | Mild Tremors Undisturbed | 3 | | | | | | | | | | | | | |
| | Moderate-Severe Tremors Undisturbed | 4 | | | | | | | | | | | | | |
| | Increased Muscle Tone | 2 | | | | | | | | | | | | | |
| METABOLIC / VASOMOTOR / RESPIRATORY DISTURBANCES | Excoriation (Specify Area): _____ | 1 | | | | | | | | | | | | | |
| | Myoclonic Jerks | 3 | | | | | | | | | | | | | |
| | Generalized Convulsions | 5 | | | | | | | | | | | | | |
| | Sweating | 1 | | | | | | | | | | | | | |
| | Fever < 101°F (99 100.8°F / 37.2 38.2°C) | 1 | | | | | | | | | | | | | |
| | Fever > 101°F (38.4°C and Higher) | 2 | | | | | | | | | | | | | |
| | Frequent Yawning (> 3 4 times/interval) | 1 | | | | | | | | | | | | | |
| | Mottling | 1 | | | | | | | | | | | | | |
| | Nasal Stuffiness | 1 | | | | | | | | | | | | | |
| | Sneezing (> 3 4 times/interval) | 1 | | | | | | | | | | | | | |
| GASTROINTESTINAL DISTURBANCES | Nasal Flaring | 2 | | | | | | | | | | | | | |
| | Respiratory Rate > 60/Min. | 1 | | | | | | | | | | | | | |
| | Respiratory Rate > 50/Min. with Retractions | 2 | | | | | | | | | | | | | |
| | Excessive Sucking | 1 | | | | | | | | | | | | | |
| | Poor Feeding | 2 | | | | | | | | | | | | | |
| | Regurgitation | 2 | | | | | | | | | | | | | |
| Projectile Vomiting | 3 | | | | | | | | | | | | | | |
| Loose Stools | 2 | | | | | | | | | | | | | | |
| Watery Stools | 3 | | | | | | | | | | | | | | |
| TOTAL SCORE | | | | | | | | | | | | | | | |
| INITIALS OF SCORER | | | | | | | | | | | | | | | |
| NO. | PHARMACOTHERAPY REGIMEN | STATUS OF PHARMACOTHERAPY | RX | Status | Dose | Time | Status | Dose | Time | Status | Dose | Time | | | |
| 1 | TITRATION REGIMENS | Indicate <u>coded dosing status</u> , <u>exact dose</u> , & <u>time</u> of administration in the following blocks <u>Dosing Code</u> Initiation (+) Maintenance (m) Increase (↑) Decrease (↓) Discontinuation () | #1 | | | | | | | | | | | | |
| | | | #2 | | | | | | | | | | | | |
| | | | #3 | | | | | | | | | | | | |
| | | | #4 | | | | | | | | | | | | |
| Drug Administered: SEROLOGIC QUANTITATION OF PHARMACOLOGIC AGENTS | | | | | | | AM | AM | AM | AM | AM | AM | | | |
| | | | | | | | PM | PM | PM | PM | PM | PM | | | |
| (+) BEFORE BIRTH | METHADONE | | | | | | | | | | | | | | |
| () AFTER BIRTH | BENZODIAZEPINES (Specify): | | | | | | | | | | | | | | |
| | BARBITURATES (Specify): | | | | | | | | | | | | | | |
| | OTHERS (Specify): | | | | | | | | | | | | | | |
| Initials Signature | | Initials Signature | | Initials Signature | | Initials Signature | | Initials Signature | | Initials Signature | | Initials Signature | | | |