

NAS/NOWS Initiative Checklist for Infant Discharge

(This is a suggested template that can be modified as needed to serve site needs. If you have an existing checklist, components from this checklist can be incorporated).

Ranking system:

1. Essential (Strongly recommended to be done prior to discharge)
2. Optimal (It would be best practice to do this)
3. Optional (If possible, it would be good to do this)

| Priority RANK (1, 2, or 3) | Item | Content | Comments |
|----------------------------|--|---|--|
| | Satisfaction survey | | |
| 1 | Feeding | Breastfeeding (lactation support name, phone) Bottle feeding (WIC) | |
| 1 | Pediatric provider | Name Phone Appt date Verbal handoff (Yes/No) | Consider virtual visits. |
| 1 | Summary of hospitalization | Completed Sent to provider Copy for family | Including copy of this checklist, sw summary, any PT/OT/ST/dev evaluations, and developmental home program |
| 1 | Prescriptions | Multivitamin Morphine sulfate Phenobarbital Clonidine Others | If discharged on meds for withdrawal, include information sheet on relevant side effects. |
| 1 | County social services (Referral placed) | Name Phone Appt date N/A | |
| 1 | Information | Signs of withdrawal Soothing strategies Reasons for consulting ped provider Child safety (e.g., med storage, etc.) Depression/mental health | |
| 1 | Maternal safety plan | | This plan would address who the infant could be with in the event of maternal relapse. It should be specific and there should be acknowledgement that the people identified are aware of it. |
| 1 | Maternal follow-up for substance use | Name Appt date | |
| 1 | Social support for mom | Name/Relationship | |

| | | Name/Relationship Name/Relationship | |
|----------|---|---|---|
| 1 | Maternal obstetric care follow-up | Name Phone Appt date | |
| 1 | Depression screening with standardized screener (e.g. Edinburgh or other) | Name of screener used Date Score F/u recommendations | |
| 2 | Developmental follow-up clinic | Name Phone Appt date | These clinics may be able to provide diagnoses. |
| 2 | Birth to Three | Name Phone Appt date N/A | |
| 2 | Physical therapy | Name Phone Appt date N/A | If needed. |
| 2 | Occupational therapy | Name Phone Appt date N/A | If needed. |
| 2 | Speech therapy | Name Phone Appt date N/A | If needed. |
| 2 | Other follow-up: WIC, Public Health | Service Name Phone Appt date | Specify. |
| 2 | Well-woman care | Name Phone Appt date | |
| 3 | Home nursing | Name Phone Appt date N/A | |
| 3 | Home visitor | Name Phone Appt date N/A | |

Questions for discussions:

1. *Could this checklist be sent to others on this list, e.g., county social services, without a specific release from infant's mother? What does HIPAA cover/require?*
 - I believe we would need a release from the mother. Some may look at this as a continuum of care so that we would be covered without a specific release. I will discuss further with our HIPPA privacy officer.
 - Mother must consent to release of information
2. *Can mother's follow-up be released to the pediatric provider? Mother is a significant part of the infant's immediate environment.*
 - Yes
 - Mother must consent to release of information
 - The Peds can put in their note at discharge if mom has the appointment made. If the baby provider talks with the mom and asks her when her appointment is.

References:

Goyal NK, McAllister J. Hospital Care of Opioid-Exposed Newborns: Clinical and Psychosocial Challenges. *J Hosp Med.* 2020 Feb 11;15(2):e1–6.

Merhar SL, McAllister JM, Wedig-Stevie KE, Klein AC, Meinzen-Derr J, Poindexter BB. Retrospective review of neurodevelopmental outcomes in infants treated for neonatal abstinence syndrome. *Journal of Perinatology.* 2018 May;38(5):587–92.

Syvertsen J, Toneff H, Madden D, Clapp J. Conceptualizing Neonatal Abstinence Syndrome as a Cascade of Care: A Qualitative Study With Healthcare Providers in Ohio. *Advances in Neonatal Care.* 2018 Dec;18(6):488–99.