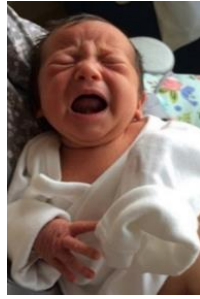


Using the Eating, Sleeping, Consoling (ESC) Care Tool to Care for Opioid-Exposed Newborns

What is ESC?

A patient and family centered approach to monitor for clinically significant neonatal abstinence syndrome (NAS) due to in-utero opioid exposure.



Principles of ESC:

1. Optimize the newborn's functioning through non-pharmacologic treatment provided by parent(s) or caregiver(s).
2. Reserve medication treatment for those newborns who are unable to eat, sleep, or console despite maximal non-pharmacologic care.

Non-pharmacologic treatment: parents/caregivers are the best therapy for the infant.

- Rooming-in: be with the baby as much as possible
- Skin-to-skin: maximize when caregivers are awake and alert
- Swaddle/Cuddle infant
- Calm room: lights low, volume quiet
- Encourage breastfeeding unless contraindicated
- Feed at early hunger cues
- Sucking: offer finger or pacifier if infant still needs to suck after a feed
- Limit visitors: no more than 1-2 at a time



Eating: Does the infant have poor eating due to NAS?

Yes

- Infant takes more than 10min to coordinate feeding OR cannot sustain breastfeeding for 10min/ take age appropriate volume bottle feeding due to opioid withdrawal symptoms.
- Unclear if poor feeding related to NAS

No

- Poor feeding due to prematurity, sleepiness or spittiness in first day of life, or anatomical factors preventing good latch.
- Age appropriate feeding pattern

Sleeping: Did the infant sleep less than 1 hour after feeding due to NAS?

Yes

- Poor sleep is related to opioid withdrawal symptoms (fussiness, restlessness, increased startle, or tremors).
- Unclear if poor sleep is related to NAS

No

- Poor sleep due to withdrawal from other substances, physiologic cluster feeding, or interruptions for newborn assessments.
- Infant sleeps more than 1hr after feeds.

Consoling: Is the infant unable to be consoled within 10 minutes due to NAS?

Yes

- Unable to console within 10 minutes due to opioid withdrawal symptoms despite use of Consoling Support Interventions.
- Unclear if consoling difficulties related to NAS

No

- Lack of consoling due to other factors including missed hunger cues and circumcision pain.
- Infant consoles on own or within 10 minutes.



How does the ESC Care tool compare to the Modified Finnegan (NASS, MOTHER tool)?

- ESC focuses on the infant's overall state using a function-based assessment rather than scoring each symptom of NAS using a numerical score-based approach.
- The duration and frequency of monitoring (after feeds every 3-4 hours) remains the same.
- Infant assessments are reported as yes/no on the ESC care tool instead of a numerical score.
- Infants are still monitored for clinical signs of withdrawal, but medication decisions will be made based on the infant's ability to eat, sleep and console rather than their "score".
- Full team huddles (NICU evaluation) will be called when symptoms of NAS impair eating, sleeping or consoling despite maximizing non-pharmacologic measures.
- Pharmacologic initiation, stabilization, and weaning will continue to be managed by the NICU.