Neonatal Abstinence Syndrome Clinical Pathway

Clinical Pathways Team
Healthcare Improvement Unit
Enquiries to:
Clinical_pathways_program@health.qld.gov.au
Introduction

• This presentation provides an overview of the changes that have been made to the Neonatal Abstinence Syndrome Clinical Pathway
Background

The Clinical Pathway:

– Supports the management of neonatal abstinence syndrome.
– Supports continuity of care and promotes implementation of best practice for newborns that are known or suspected at risk of substance withdrawal.
2017 Review Process

• The review of the Neonatal Abstinence Syndrome clinical pathway was undertaken to update clinical content to:
  – Reflect current evidence based guidelines.
  – Comply with Department of Health documentation Style Guidelines and Australian Standards for clinical records.
• In addition, the latest review process has undergone format changes to streamline clinical content into a more succinct and user-friendly document.
• The final version (version 2.00) was endorsed by the Statewide Maternity and Neonate Clinical Network on 26 April 2017.
This document no longer available

New Version 2.00 – showing page 1
Major Changes

- Updated to reflect Finnegan Neonatal Abstinence Severity Score Description in the Queensland Clinical Guideline: *Perinatal substance use: neonatal*
- Flow chart removed and replaced with Clinical Guideline symbol and ‘Refer to Queensland Clinical Guideline: Perinatal substance use: neonatal for Management of neonatal abstinence syndrome flow charts’
- ‘Discharge Clinician’ replaced with ‘Discharge Medical Officer’
- Discharge Plan section updated to be more personal to the mother and baby.
- ‘Hepatitis B immunoglobulin (HBIG) given (if required)’ added to milestone table
- ‘Neonatal physical examination completed, nil abnormalities noted’ replaced with ‘Routine newborn assessment’
- ‘BCG – ineligible’ replaced with ‘BCG if eligible’
- Inclusion of 'Refer to medication chart as baby may require HBIG and medications first day if withdrawing severely'
- Complementary feeding provided (extra calories required)’ replaced with ‘Supplementary feeds provided for adequate caloric intake and prescribed or ordered by a Medical Officer’
- Cluster care, rooming in and position and comfort measures added to Non-pharmacological supportive care
- Changes repeated on pages 10, 12, 14, 16, 18 and 20
- Frequent yawning (greater than 3–4 times)’ replaced with ‘Frequent yawning greater than 3-4 times in half hour’ and ‘Sneezing (greater than 3–4 times)’ replaced with ‘Sneezing >3–4 times in half hour’
- ATODS (Alcohol, Tobacco and Other Drugs) replaced with AODS (Alcohol and Other Drugs)
Overview

The following section will guide you through the updated version of the Neonatal Abstinence Syndrome
Page 2 outlines the Finnegan Neonatal Abstinence Severity Score Description.

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extensive high pitch cry</td>
<td>Baby is unable to cease crying within a 15-second period using soft soothing measures.</td>
</tr>
<tr>
<td>Continuous high pitch cry</td>
<td>Cries intermittently or continuously for greater than 5 minutes during crying interval.</td>
</tr>
<tr>
<td>Shallow breathing</td>
<td>Baby shows signs of respiratory distress: shallow breathing, grunting, or intercostal recession.</td>
</tr>
<tr>
<td>Tachypnea</td>
<td>Respiratory rate: respiratory rate is increased (more than 60 breaths per minute).</td>
</tr>
<tr>
<td>Tachycardia</td>
<td>Heart rate: heart rate is increased (more than 180 beats per minute).</td>
</tr>
<tr>
<td>Skin color</td>
<td>Skin color: skin color is pale or cyanotic.</td>
</tr>
<tr>
<td>Associative respiration</td>
<td>Baby demonstrates respiratory distress in response to associative stimuli, such as sucking or tactile stimulation.</td>
</tr>
<tr>
<td>Associative moans</td>
<td>Baby emits moans in response to associative stimuli, such as sucking or tactile stimulation.</td>
</tr>
<tr>
<td>Crying норм</td>
<td>Crying норм</td>
</tr>
<tr>
<td>Nostril flaring</td>
<td>Nostril flaring: baby flares their nostrils in response to associative stimuli.</td>
</tr>
<tr>
<td>Nasal flaring</td>
<td>Nasal flaring: baby flares their nostrils in response to associative stimuli.</td>
</tr>
<tr>
<td>Eyelid flaring</td>
<td>Eyelid flaring: baby flares their eyelids in response to associative stimuli.</td>
</tr>
<tr>
<td>Pupillary constriction</td>
<td>Baby shows p unilateral or bilateral pupillary constriction in response to associative stimuli.</td>
</tr>
<tr>
<td>Seasonal breathing</td>
<td>Baby shows signs of respiratory distress: shallow breathing, grunting, or intercostal recession.</td>
</tr>
<tr>
<td>Respiratory rate</td>
<td>Respiratory rate: respiratory rate is increased (more than 60 breaths per minute).</td>
</tr>
<tr>
<td>Heart rate</td>
<td>Heart rate: heart rate is increased (more than 180 beats per minute).</td>
</tr>
</tbody>
</table>

• For Neonatal Abstinence Syndrome Assessment and Management refer to the Queensland Clinical Guideline: *Perinatal substance use: neonatal* for further information

• Queensland Clinical Guidelines are located at https://www.health.qld.gov.au/qcg/publications
Neonatal Report

This section is for the recording of:

• Apgar score
• Neonatal report including: significant maternal antenatal history, birthing type, resuscitation and maternal serology
• Neonatal instructions
• Review/follow up
Discharge and Education Plan

This section outlines discharge requirements and the education plan for discussion with the mother.
Expected Outcomes-Chart copy

The section provides an outline of the following four phases and the key milestones. The four phases include:

- After birth
- Postnatal period
- Discharge
- After discharge
Days 1-7

- This section is for documenting the baby’s observations, investigations, medications, consults, referrals, feeding, non-pharmacological supportive care, counsel/support, education, discharge plan and expected outcomes.
Days 1-7 Finnegan Score

- This section is for documenting the Finnegan Score.
- The areas for scoring include:
  - Central Nervous System Disturbances
  - Gastrointestinal disturbances
  - Respiratory / Vasomotor Disturbances
Clinical events/variance

This section is for the documentation of variances, action and outcome.
Expected Outcomes-Mother’s copy

The section provides an outline of the following four phases and the key milestones. The four phases include:

- After birth
- Postnatal period
- Discharge
- After discharge
How to Order

<table>
<thead>
<tr>
<th>OM Code</th>
<th>FAMMIS Number</th>
<th>Form ID</th>
<th>Version</th>
<th>Form Title</th>
<th>Availability</th>
</tr>
</thead>
<tbody>
<tr>
<td>4348109</td>
<td>10352946</td>
<td>SW246</td>
<td>v2.00-04/2017</td>
<td>Neonatal Abstinence Syndrome Clinical Pathway</td>
<td>OfficeMax</td>
</tr>
<tr>
<td>4348117</td>
<td>n/a</td>
<td>SW246a</td>
<td>v2.00-05/2017</td>
<td>Neonatal Abstinence Syndrome Pathway Ongoing Care</td>
<td>Download</td>
</tr>
<tr>
<td>4348125</td>
<td>n/a</td>
<td>SW246b</td>
<td>V1.00-11/2013</td>
<td>Neonatal Abstinence Syndrome Clinical Pathway Clinical</td>
<td>Download</td>
</tr>
</tbody>
</table>


- For further information and enquiries regarding Clinical Pathways, contact: [Clinical_Pathways_Program@health.qld.gov.au](mailto:Clinical_Pathways_Program@health.qld.gov.au)