

Newborn Abstinence Syndrome- Parent Scoring Tool

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| Date and Time |  |
| Excessive crying | Less than 5 minutes  More than 5 minutes  None |
| Sleepiness | Sleeps:  less than 1hr after feeding  less than 2hrs after feeding  less than 3hrs after feeding |
| Tremors/Jitteriness | Mild tremors when disturbed  Moderate/severe tremors when disturbed  Mild tremors when UNDISTURBED  Moderate/severe tremors when UNDISTURBED |
| Sweating | Present  Not present |
| Yawning | More than 3 times in the past 4 hours  0-3 in the past 4 hours |
| Sneezing | More than 3 times in the past 4 hours  0-3 times in the past 4 hours |
| Stuffy nose | Present  Not present |
| Poor Feeding (not feeding often or not sucking well) | Yes  No |
| Spit up | Yes, more than 2 times during or after a feeding  Yes, projectile vomiting  No, none or less than 2 times |
| Loose/Watery Stool  - More liquid than normal or any type of stool with a water ring on the diaper | Yes  No  (Save diapers for your nurse) |

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| Non- Medical Intervention | We encourage you to also try these non-medication interventions to decrease symptoms of withdrawal. |
| Sucking | * Yes * No |
| Swaddling | * Yes * No |
| Skin to Skin | * Yes * No |
| Low or Dim lights | * Yes * No |
| Small frequent feeding | * Yes * No |
| Decreased Noise | * Yes * No |

Questions:

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