

Newborn Abstinence Syndrome- Parent Scoring Tool

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| Date and Time  |  |
| Excessive crying  | Less than 5 minutesMore than 5 minutesNone |
| Sleepiness | Sleeps:less than 1hr after feedingless than 2hrs after feedingless than 3hrs after feeding |
| Tremors/Jitteriness | Mild tremors when disturbedModerate/severe tremors when disturbedMild tremors when UNDISTURBEDModerate/severe tremors when UNDISTURBED |
| Sweating | PresentNot present |
| Yawning | More than 3 times in the past 4 hours0-3 in the past 4 hours |
| Sneezing | More than 3 times in the past 4 hours0-3 times in the past 4 hours |
| Stuffy nose | PresentNot present |
| Poor Feeding (not feeding often or not sucking well) | YesNo |
| Spit up | Yes, more than 2 times during or after a feedingYes, projectile vomitingNo, 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 | YesNo(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
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| Swaddling | * Yes
* No
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| Skin to Skin | * Yes
* No
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| Low or Dim lights | * Yes
* No
 |
| Small frequent feeding | * Yes
* No
 |
| Decreased Noise | * Yes
* No
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Questions:

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| 1.  |
| 2.  |
| 3.  |
| 4.  |
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Notes:

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