



Benchmark: Neonatal Abstinence Syndrome

Score relates to practice in (unit):	
Scored by:	Date scored:
<p>Statement: Neonatal Abstinence Syndrome (NAS) is an array of signs and Neuro-behaviours experienced by the newborn that occur after an abrupt discontinuation of pregnancy exposure to substances taken by the mother ^(12, 18, 19, 21, 26, 29, 30, 33, 35 and 44)</p> <p>The term NAS has been principally used to describe neonatal symptoms and signs after pro-longed exposure to opioids and use or misuse of prescription opioid containing medication.</p>	
<p>Standards: To standardise and outline good practice, using best evidence, in the postnatal management of babies on the Neonatal Unit, whose mothers were known or suspected to have misused drugs during pregnancy or were on medications during pregnancy that may lead to withdrawal features in their baby.</p>	
<p>Patient Group: Any infant admitted to the Neonatal Unit displaying symptoms of NAS</p>	
<p>Drivers for the development of the benchmark: Professional concerns within the EOE Benchmarking group regarding the consistency of assessment and care of infants with symptoms of NAS and their families</p>	
<p>Criteria for scoring: Review the notes of up to six babies admitted to the neonatal unit within the last year for symptoms of NAS, and/or discuss with staff and parents/carers on the unit where required. If no babies on the unit with NAS within last year, question six members of staff individually on each criteria and score using their responses.</p>	

Key Factors		Individual scores	Possible total
F1	There is a current evidence based guideline to support and guide clinical practice		3
F2	Care		8
F3	Staff Education		3
F4	Parental/Carer Education and Involvement		5
	Overall Score		19

Factor 1: There is an evidence based practice guideline which ensures that the care delivered to the infant is of the highest standard. Clinical Guidelines are systematically developed statements which assist practitioners with decision making, regarding patient care ⁽³⁹⁾.

Factor 2: Care. A recognised tool is in place which assesses CNS disturbances, metabolic/vasomotor/respiratory disturbances and GI disturbances and provides a score. The use of a standardised NAS scoring system is associated with a shorter length of stay and length of treatment. Individualised care is provided for each aspect of the tool to minimise the effects of NAS on the infant.

Factor 3: Staff Education. Staff can recognise, assess and provide support for the infant with NAS, and their carer.

Factor 4: Parental/Carer Education & Involvement. Parents/carers are involved with, educated on and supported with caring for their infant with NAS within the hospital setting and in preparation for discharge home.

Benchmarking Score Sheet: NAS

Key factors & criteria	Notes 1	Notes 2	Notes 3	Notes 4	Notes 5	Notes 6
<p>There is an Evidence-based guideline to support clinical practice</p> <ul style="list-style-type: none"> a) There is a Neonatal Abstinence Guideline that is evidence based and referenced b) The guideline is reviewed and updated regularly by the East Of England ODN c) Compliance with the guideline is regularly audited by the East of England Benchmarking Group 						
<p>Care</p> <ul style="list-style-type: none"> a) There is a recognised and evidence-based scoring tool in use, which includes assessment of CNS disturbances, metabolic/vasomotor/respiratory disturbances and GI disturbances b) The NAS score is documented within the scoring chart at the required frequency c) There is documentation of developmental care measures utilized, if needed. If not required, staff are aware that this is an aspect of the care of a baby with NAS d) There is documented evidence of Pharmacological management of symptoms, if needed. If not required, staff are aware that this is an aspect of the care of a baby with NAS e) There is an individual feeding plan, if needed. If not required, staff are aware that this is an aspect of the care of a baby with NAS f) There is individual adaptation of thermal support measures, if needed. If not, staff are aware that this is an aspect of the care of a baby with NAS g) The local skin integrity tool has been used, and actions taken appropriately 						

<p>h) There is a named Neonatal team member coordinating contact between the neonatal unit and Midwifery Safeguarding Team, Social Services/ Social Worker, any identified keyworker, Drug liaison midwife, the Health Visitor and the GP</p>						
<p>Staff Education</p> <p>a) All staff can describe signs & symptoms of opioid and other drug withdrawal</p> <p>b) All staff are educated to use the NAS scoring tool and have received and update within the locally agreed time scale</p> <p>c) All staff can discuss the rationale of the individual aspects of care for an infant with NAS, e.g. pharmacological symptom management, nutritional, thermal, developmental care, skin integrity</p>						
<p>Parental/Carer Education & Involvement</p> <p>a) Parents/carers are encouraged to be involved with the multi-disciplinary safeguarding team, where applicable. If not applicable (e.g. absent parents), the reason why is documented</p> <p>b) Parents/carers are aware of, and understand the need for continual assessment of the infant. This should be documented. If not applicable (e.g. absent parents), the reason why is documented</p> <p>c) There has been a discussion with parents/carers regarding withdrawal cues that their infant may exhibit. This should be documented. If not applicable (e.g. absent parents), the reason why is documented</p> <p>d) Parents/carers have been given guidance on coping with their infant's withdrawal cues. If not applicable (e.g. absent parents), the reason why is documented</p> <p>e) Parents/carers have been given guidance on the nutritional needs of their infant. If not applicable (e.g. absent parents), the reason why is documented</p>						

Statements to justify scores/local action plans:

References

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