

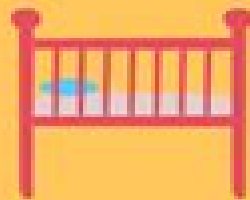
Managing Neonatal Opioid Withdrawal Syndrome

Non-Pharmacologic Treatment



Keep mom and baby together

Provide a quiet and non-stimulating environment



Encourage breastfeeding when possible

Pharmacotherapy

Morphine
Buprenorphine
Methadone

Discharge Planning:

1

Infant shows no significant signs of withdrawal for 24-48 hours

2

Parents counseled on signs of withdrawal, safe sleep practices, and the usual newborn discharge counseling

3

Follow up appointment in 24-48 hours with pediatrician and home health nurse

Neonatal Abstinence Syndrome Treatment Guidelines

Feb23

Thomas Griffiths



Neonatal Abstinence Syndrome Treatment Guidelines Feb23:

Cumulated Index Medicus, 1980 **Child and Adolescent Drug and Substance Abuse** Louis A. Pagliaro, Ann Marie Pagliaro, 2019-11-01 By offering unique analysis and synthesis of theory empirical research and clinical guidance in an up to date and unbiased context this book assists health and social care professionals in understanding the use of drugs and substances of abuse by children and adolescents A comprehensive reference for health and social care professionals the book identifies and corrects related false narratives and with the use of the authors combined experience of over 70 years of clinical and academic experience in drug and substance abuse provides current pharmacotherapeutic and psychotherapeutic approaches for the treatment of alcohol or other dependence or use disorders among children and adolescents The book also provides a useful reference for identifying brand trade and street names of the drugs and substances of abuse commonly used by children and adolescents Also included is a comprehensive cross referenced subject index Clear comprehensive accessible and fully referenced this book will be an invaluable resource for professionals and students who aim to treat children and adolescents Child and Adolescent Drug and Substance Abuse is the 19th clinical pharmacology and therapeutic text that the Pagliaros have written over the past 40 years and is the sixth that deals exclusively with drug and substance abuse Index Medicus, 2004 Vols for 1963 include as pt 2 of the Jan issue Medical subject headings CURRENT Medical Diagnosis and Treatment 2023 Maxine A. Papadakis, Stephen J. McPhee, Michael W. Rabow, Kenneth R. McQuaid, 2022-09-09 A Doody's Core Title for 2023 The 1 annual internal medicine guide extensively revised and updated The most popular annual guide of its kind this updated edition of the flagship title of the LANGE medical book brand presents the most important diagnostic and treatment recommendations as well as the most useful new clinical developments in every field of adult medicine For 60 years CURRENT Medical Diagnosis Treatment has been delivering the authoritative information that students residents and clinicians need to build their medical knowledge expertise and confidence Written by top experts in their fields this unmatched guide enables you to find the answers you need quickly and easily It provides Coverage of more than 1 000 diseases and disorders Comprehensive approach to patient care focusing on diagnostic tools for day to day practice Hundreds of drug treatment tables for quick access to indexed trade names and updated drug prices Diagnostic and treatment algorithms to present important information at a glance Carefully curated updated references to provide peer reviewed evidence based information and PMID numbers for quick online access Annual update on dynamic viral infections including SARS CoV 2 COVID 19 and HIV AIDS Hundreds of full color photographs illustrations and algorithms **Complementary Health for Women** Carolyn Chambers Clark, 2008-11-12 The volume features extensive references throughout to document evidence based practices For practitioners of complementary therapies this is a useful resource that provides more in depth understanding of each condition and therapy Summing up recommended Choice Carolyn provides a foundation for healthy sharing and decision making C Norman Shealy MD PhD Holos University Graduate

Seminary Complementary and alternative therapies have become increasingly popular in the West but to date no book has served as a practical how to guide for administering complementary therapies specifically for women This authoritative guidebook documents all the nonmedical approaches nurses will need when treating women with functional complaints diseases and disorders including depression breast cancer menopause pregnancy and more For each condition and disease Clark outlines expected responses cautions assessments tips for treatment and additional references Key Features Offers extensively detailed case studies Conveniently organized in alphabetical order by condition or disease Features tables comparing various complementary approaches to specific diseases Lists available products and training programs for each disease or condition Contains cutting edge research on nonmedical therapies and advice for counseling women Essential for all levels of nurses working with women this book provides an invaluable wealth of information on complementary health and treatment for women

Abridged Index Medicus ,1980 Biology Digest ,1994-03 **Cumulative Index to Nursing Literature** Cinahl Information Systems Staff,1999 *Hospital Literature Index* ,1993 **Cumulative Index of Hospital Literature** Library of the American Hospital Association, Asa S. Bacon Memorial,1984 *An Evidence-based Approach to Managing Neonatal Abstinence Syndrome* Kimberly Larsen Kusak,2008 Neonates born to mothers addicted to opiates may develop neonatal abstinence syndrome NAS An infant exposed to opiates in utero causes the neonate to withdraw from the substance after birth Neonates with NAS are at risk for adverse outcomes including seizures and death along with many adverse symptoms related to neurological excitability and gastrointestinal dysfunction as described by the American Academy of Pediatrics 1998 As mentioned by Hunt et al 2008 neonates exposed to opiates are at higher risk for prematurity low birth weight and adverse neurodevelopment These risk factors are directly related to increased death and adverse outcomes for this population Variability exists regarding the treatment of NAS The project intention is to propose an evidence based practice recommendation for the treatment of neonates with NAS thus providing consistency in care A thorough literature search was done using several search engines including Medline Pubmed Cochran Library CINAHL National Guidelines Clearinghouse Medline via First Search and individual journal searches The evidence was compiled and reviewed for strong research technique including type of randomization inclusion and exclusion criteria population representation bias confounding variables and loss to follow up Protocol recommendations include evidence based recommendations for the care of NAS including medication treatment protocols The protocol s focus is on increased positive patient outcomes and safety Specifically the goal is to avoid adverse outcomes such as seizures and death along with decreased duration of treatment hospital stay and nursing care Overall the practice recommendations raise multidisciplinary team awareness increases care consistency and provides a method for early intervention

Neonatal Abstinence Syndrome: Clinical Perspectives on Diagnosis, Treatment, and Outcomes Dr. Spineanu Eugenia,2025-02-19 Are you prepared to understand the complex and challenging condition of Neonatal Abstinence Syndrome NAS This essential guide delves into

the critical aspects of NAS offering healthcare providers researchers and students a thorough understanding of its causes symptoms and management With a focus on opioid exposure and other substances during pregnancy this book provides readers with the tools needed to address this increasing public health issue Key Features COMPREHENSIVE EXPLANATION OF NAS PATHOPHYSIOLOGY AND NEUROTRANSMITTER SYSTEMS IN DEPTH DISCUSSION OF RISK FACTORS AND MATERNAL CONSIDERATIONS STEP BY STEP GUIDE TO DIAGNOSIS AND CLINICAL ASSESSMENT USING TOOLS LIKE THE FINNEGAN SCORING SYSTEM EVIDENCE BASED TREATMENT STRATEGIES INCLUDING PHARMACOLOGICAL AND NON PHARMACOLOGICAL APPROACHES INTEGRATED CARE MODELS FOR IMPROVING OUTCOMES Gain expert insight into the epidemiology treatment and long term consequences of NAS With the rising prevalence of NAS cases this guide is essential for anyone involved in neonatal care

Neonatal Abstinence Syndrome Queensland Health. Queensland Maternity and Neonatal Clinical Guidelines Program,2010 This paper archived from the website of Queensland Maternity and Neonatal Clinical Guidelines Program has been prepared to promote and facilitate standardisation and consistency of practice using a multidisciplinary approach for the treatment and advice regarding neonatal drug withdrawal from any substance licit or illicit A supplement provides information regarding guideline development makes summary recommendations suggests measures to assist implementation

How to Create a Neonatal Withdrawal Center Mary Brown,Sara Murray,Rhonda Edmunds,Sean Loudin,2015-08-07 When a baby is born with neonatal abstinence syndrome NAS as a result of drug exposure while in the womb finding an appropriate setting for the newborn is essential to its survival Lily s Place a recovery center serving the Huntington West Virginia area focuses on working with both child and mother to help heal the family from chemical dependence Offering the highest level of care in a nurturing home like atmosphere Lily s Place also operates at a fraction of the cost of a hospital stay In *How to Create an NAS Center A New Model of Care for Neonatal Abstinence Syndrome* the cofounders of Lily s Place provide a comprehensive set of guidelines for creating a low stimulus medically appropriate environment for the care and treatment of infants born with NAS Including detailed information on setting up nonprofit status bylaws articles of incorporation and staffing this book details the entire process of creating a nurturing residential treatment facility for babies experiencing withdrawal Full of wisdom and insight from a team of specialists with over sixty years of experience in the NICU arena this book is an essential resource for anyone hoping to establish a thriving NAS center in their community

The Diagnosis and Treatment of Neonatal Abstinence Syndrome ,2017 *Essay on the Neonatal Abstinence Syndrome* Oliver Tumbo,2015-06-08 Essay from the year 2015 in the subject Medicine Other language English abstract Neonatal Abstinence Syndrome NAS can be described as a problem or condition prevalent in newborn children who have been exposed to addictive prescription or illegal drugs while they were developing in their mother s wombs Queensland Maternity and Neonatal Clinical 2010 The condition often results after the mother of an unborn child uses opiate or narcotic drugs for example heroin oxycodone methadone codeine or buprenorphine

The condition has many adverse effects on the newborn child The condition shares similar symptoms and may be confused easily with other diseases prevalent in children Matic 2008 However various tests help to diagnose the condition The diagnosis of the condition mainly depends on a study of the kind of drugs that the mother used and the same drug may be used in the treatment process MacMullen Dulski Blobaum 2014 More research on the NAS condition is vital in today's world where drug and substance abuse among expectant women is on the increase The number of cases reported with such conditions globally is on the rise Thus more research is needed to show the various factors that can lead to the condition

Nursing Care of Newborn Infants with Neonatal Abstinence Syndrome: Increasing Knowledge Through Education Jeanne Franza, 2015 Neonatal Abstinence Syndrome NAS is a multisystem disorder that occurs in newborns after birth when the mother has been taking addictive drugs usually opiates during pregnancy These infants experience withdrawal symptoms and require prolonged hospital stays When an infant with NAS requires treatment with medication the length of stay is greatly prolonged due to the need to slowly taper the medication before discharge Patrick et al 2012 found that the incidence of NAS increased from 1.2 per 1000 live births in 2000 to 3.39 per 1000 live births in 2009 and the mean hospital cost for an infant with NAS increased from 39,400 in 2000 to 53,400 in 2009 NAS has become a costly epidemic Nurses who care for these infants require specialized knowledge The RNs and APRNs in a community hospital expressed uncertainty regarding assigning Finnegan scores which indicate the level of withdrawal symptoms Many of these nurses were very experienced but had not had recent education focused on NAS or addiction or experience in addiction medicine or behavioral health The nurses required tools to be able to establish a therapeutic relationship with mothers who have addiction issues A recently updated clinical practice guideline was in place but education had not been provided to the RNs and APRNs regarding the updated guideline for the care of these infants achieving accuracy in Finnegan scoring or the establishment of a therapeutic relationship with the mother The purpose of this evidence based practice change was to increase nurses' knowledge in the care of these infants and their mothers The plan included an educational program consisting of three parts: a PPT presentation on NAS, an interactive DVD session to achieve reliability in Finnegan scoring, and journal club style discussions focused on establishing a therapeutic relationship with mothers who have addiction issues A pre-post test survey was done to measure increase in knowledge All participants showed an increase in knowledge with a change in score of 36.21% well over the 10% increase benchmark This change represents 71.92% growth This outcome is statistically significant The RNs and APRNs also overwhelmingly agreed in the program evaluations that they had increased confidence in their ability to care for infants and communicate effectively with their mothers as a result of the educational program The outcome of this project supports the provision of education focused on NAS for RNs and APRNs who care for these infants and their mothers

Abstract Nursery and NICU Nurses Early Recognition of Neonatal Abstinence Syndrome Dora E. Martin, 2015 Neonatal abstinence syndrome NAS is defined as the result of when a pregnant substance abusing woman gives birth to her

infant Once delivered the infant is abruptly removed from the source of the addictive substance s NAS is an increasing health problem among infants born to drug addicted mothers and in one year alone the United States had roughly 225 000 infants who were exposed to illicit substances The nursery nurses who care for the NAS infants require very specific and unique set of skills Therefore it is imperative for nursery nurses to become skilled in the use the Finnegan Neonatal Abstinence Scoring Tool FNAST to identify and direct treatment of NAS The target population included the nursery nurses at a Level I hospital located in Southeast Texas who had no formal assessment tools or guidelines to diagnose or treat infants with NAS The intervention involved a pre post test distribution of NAS FNAST educational materials and the implementation of standardized clinical guidelines in which to start the treatment process on the infants Post implementation the nurses rated FNAST as useful and it improved communication between nurses and doctors by using consistent identifying criteria from which to evaluate the infant with NAS The purpose of this project was to evaluate the effectiveness of implementing clinical practice guidelines to help increase the identification of infants with NAS by providing the nursery nurses with the FNAST as a proven instrument The outcome of this data exceeded the goal of 80% with an actual increase of 92% in the levels of NAS recognition by neonatal nurses and showed a gain of 100% compliance in using the new protocol Key Words Nursery nurses Neonatal Abstinence Syndrome NAS Substance abusing pregnant women Finnegan Neonatal Abstinence Scoring Tool FNAST Abstract

Interprofessional Healthcare Provider Education on Neonatal Abstinence Syndrome Mary L. Puchalski, 2014 The rapidly increasing incidence of Neonatal Abstinence Syndrome NAS in the U S has been identified as a national healthcare crisis An evidence based practice change project Interprofessional Healthcare Provider Education on NAS IHPEN was designed to implement a protocol to increase consistency in treatment for infants with NAS and provision of healthcare provider education to increase knowledge regarding NAS as well as sensitivity to the signs and symptoms of withdrawal The target population included all healthcare providers in the Neonatal Intensive Care Unit and Mother Baby Unit of a large urban not for profit perinatal center The project was developed in response to a need for an organized structured systematic and collaborative approach to assessment and treatment This need was based on the following observations a increasing numbers of patients admitted to the NICU who were diagnosed with NAS b long lengths of stay for infants with NAS c an inconsistent approach to the pharmacologic treatment and weaning of medications because of a lack of a protocol for infants with NAS d frustration expressed by all neonatal healthcare providers as how to best handle infants with NAS and e a need for staff education on the topic of NAS 141 healthcare providers participated in the educational intervention 32% of the participants reached the benchmarked level of improvement of 10% from pretest to posttest and 53% percent of the participants improved their pretest to posttest score A paired sample t test was conducted to compare the differences in pretest and posttest score and found to be significant pretest p 0 000164 Thus the outcomes of this evidence based educational intervention supported the importance of providing comprehensive interprofessional training on the

assessment and treatment of infants with NAS in order to enhance healthcare provider knowledge Abstract **Rooming-in and Neonatal Abstinence Syndrome** Tamara Jacobs-Byrne, 2018 Aim The purpose of this systematic review was to critically examine the literature about the effectiveness of rooming in compared to traditional care settings such as the Neonatal Intensive Care Unit NICU for newborns with Neonatal Abstinence Syndrome NAS Background NAS is a multi system disorder observed in newborns experiencing withdrawal following in utero opioid exposure Rooming in may be beneficial to newborns with NAS as outcomes may reduce the need for pharmacologic treatment the duration of pharmacologic treatment and shorten length of stay LOS Although the studies support rooming in information in this area of research is limited Based on the little evidence known rooming in may provide beneficial outcomes for newborns with NAS symptoms Therefore examining the outcomes of NAS and rooming in may be insightful to the contribution of research in this area of NAS Method A systematic search exploring the effects of rooming in and NAS in newborns was conducted using the following electronic databases Pubmed Proquest PsychoInfo OVID Joanna Briggs Institute of systematic reviews CINAHL Nursing and Allied Health Evidence Based Medicine Web of Science Cochrane Database of Systematic Review DARE and Medline EMBASE Studies were eligible for inclusion in the review if they fulfilled the following criteria 1 reported outcome data for newborns with NAS and rooming in care 2 primary studies 3 quantitative studies with a comparison group 4 peer reviewed and 5 were published in English Selected studies were assessed by two appraisers using the JBI Standardized critical appraisal checklist for cohort studies Findings The search identified two hundred sixteen n 216 studies An additional two studies were retrieved through a forward citation search Following removal of studies that did not meet the inclusion criteria six studies remained for the systematic review The results from this review suggest that rooming in has the potential to improve NAS outcomes including a decreased need for pharmacologic treatment a shorter duration of pharmacologic treatment a reduction in hospital stay and healthcare cost savings These findings support the need for rooming in to care for newborn with NAS symptoms Conclusion The findings from this systematic review suggest that rooming in for newborns with NAS was effective in reducing the duration of pharmacologic treatment need for pharmacologic treatment and length of hospital stay compared to traditional care settings Rooming in should be explored as a care model for select newborns however further investigation is required with larger sample sizes and a more detailed description of rooming in in order to gain further insight

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