



# Neonatal Abstinence Syndrome Clinical Pathway

Clinical Pathways Team  
Healthcare Improvement Unit

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# 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.



# 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)



# Page 2

## Page 2 outlines the Finnegan Neonatal Abstinence Severity Score Description

**Finnegan Neonatal Abstinence Severity Score Description**

System	Sign	Description - should be scored if:
Central nervous system disturbances	Excessive high pitched cry	<ul style="list-style-type: none"> <li>Baby is unable to decrease crying within a 15 second period using self consoling measures.</li> <li>Cries intermittently or continuously for up to <b>5 minutes</b> despite caregiver intervention.</li> </ul>
	Continuous high pitched cry	<ul style="list-style-type: none"> <li>Baby cries intermittently or continuously for <b>greater than 5 minutes</b> despite caregiver intervention.</li> <li>NB: Since a baby's cry may vary in pitch, this <b>should not be scored</b> if high pitched crying is not accompanied by other signs described above.</li> </ul>
	Sleep	<ul style="list-style-type: none"> <li><b>Longest period</b> baby sleeps within the entire scoring interval including light and deep sleep.</li> <li><b>Light</b> - irregular breathing, brief opening of eyes at intervals, some sucking movements.</li> <li><b>Deep</b> - regular breathing, eyes closed, no spontaneous activity.</li> </ul>
	Hyperactive Moro reflex*	<ul style="list-style-type: none"> <li>Moro reflex: <i>Lift the baby slightly off the bed by the wrists or arms and allow the baby to fall back on the bed.</i></li> <li>Baby exhibits <b>pronounced jitteriness of the hands</b> during, or at the end, of the Moro reflex.</li> </ul>
	Markedly hyperactive Moro reflex*	<ul style="list-style-type: none"> <li>Baby exhibits jitteriness and repetitive jerks of the hands and arms during or at the end of the test for the Moro reflex.</li> </ul>
	Mild tremors when disturbed**	<ul style="list-style-type: none"> <li>Baby exhibits observable tremors of the <b>hands or feet</b> when being handled.</li> </ul>
	Moderate to severe tremors when disturbed**	<ul style="list-style-type: none"> <li>Baby exhibits observable tremors of the <b>arm(s) or leg(s)</b> with or without tremors of the hands or feet whilst being handled.</li> </ul>
	Mild tremors when undisturbed**	<ul style="list-style-type: none"> <li>Baby exhibits observable tremors of the <b>hands or feet</b> whilst undisturbed.</li> </ul>
	Moderate to severe tremors when undisturbed**	<ul style="list-style-type: none"> <li>Baby exhibits observable tremors of the <b>arm(s) or leg(s)</b> with or without tremors of the hands or feet whilst undisturbed.</li> </ul>
	Increased muscle tone when the baby is awake and not crying	<ul style="list-style-type: none"> <li>Baby has <b>tight flexion</b> of the arms and legs that is unable to slightly extend the arms or legs.</li> </ul>
	Excoriation	<ul style="list-style-type: none"> <li><b>First appearance or increase</b> on baby's chin, knees, cheeks, elbow, toes or nose due to friction burn not nappy area excoriation from loose stools.</li> </ul>
	Gastrointestinal disturbances	Myoclonic jerks
Generalised convulsions		<ul style="list-style-type: none"> <li>Baby has generalised activity involving tonic (rigid) extensions of all limbs (or may be limited to one limb only), or manifested by tonic flexion of all limbs; or generalised jitteriness of extremities that do not stop when the limbs are flexed or held.</li> <li>Features of <b>subtle seizures</b> may be present including eye staring, rapid eye movements, chewing, fist clenching, back arching and cycling motion of limbs with or without autonomic changes.</li> </ul>
Excessive sucking		<ul style="list-style-type: none"> <li>The baby shows increased (greater than 3 times) rooting (turns head to one side searching for food) while displaying <b>rapid swiping movements of hand across mouth prior to or after a feed</b>.</li> </ul>
Poor feeding		<ul style="list-style-type: none"> <li>The baby demonstrates <b>excessive sucking</b> prior to a feed, yet sucks infrequently during feeding, taking small amounts and / or demonstrates an <b>uncoordinated sucking reflex</b>.</li> <li>Also score if the baby <b>continuously gulps</b> the milk and stops frequently to breathe. (<i>Caution - this may be due to a fast teat</i>)</li> </ul>
Regurgitation		<ul style="list-style-type: none"> <li>Regurgitation <b>not associated with burping occurs 2 or more times</b> during a feed.</li> </ul>
Projectile vomiting		<ul style="list-style-type: none"> <li><b>1 or more</b> projectile vomiting episode occurring during or immediately after a feed.</li> </ul>
Loose stools		<ul style="list-style-type: none"> <li>Scored if stool which may or may not be explosive, is curdy or seedy in appearance.</li> <li>A liquid stool, without a <b>water ring on the nappy</b> should also be scored as loose.</li> </ul>
Watery stools		<ul style="list-style-type: none"> <li>The baby has soft, mushy, or hard stools that are accompanied by a <b>water ring on the nappy</b>.</li> </ul>
Sweating		<ul style="list-style-type: none"> <li>Score if perspiration is felt on forehead, upper lip or back of neck.</li> <li><b>Do not score</b> if sweating is due to overheating (i.e. cuddling, swaddling).</li> </ul>
Fever		<ul style="list-style-type: none"> <li>Score as per score sheet.</li> </ul>
Respiratory / vasomotor disturbances	Frequent yawning	<ul style="list-style-type: none"> <li>The baby yawns <b>greater than 3 times</b> within scoring interval.</li> </ul>
	Mottling	<ul style="list-style-type: none"> <li>Score if mottling is present on chest, trunk, arms or legs.</li> </ul>
	Nasal stuffiness	<ul style="list-style-type: none"> <li>The baby exhibits <b>noisy respirations</b> due to the presence of exudate with or without a runny nose.</li> </ul>
	Sneezing	<ul style="list-style-type: none"> <li>The baby sneezed <b>more than 3 times</b> within the scoring interval.</li> <li>May occur as individual episodes or may occur serially.</li> </ul>
	Nasal flaring	<ul style="list-style-type: none"> <li>Present at <b>any time</b> during the scoring interval.</li> <li>Score only if present without other evidence of lung or airway disease.</li> </ul>
	Respiratory rate	<ul style="list-style-type: none"> <li>Baby must <b>not be crying</b> when this is assessed.</li> </ul>

\* Moro reflex - do not perform when the baby is crying or irritable  
 \*\* Mild tremors when undisturbed observe for at least 2 undisturbed periods of 60 seconds  
 Adapted from: D'apollito K. A scoring system for assessing neonatal abstinence syndrome. Instruction Manual. 1994  
 Page 2 of 25

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# Page 3

## Neonatal Abstinence Syndrome Assessment and Management

- 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 Abstinence Syndrome Assessment and Management

All babies from birthsuite going to the SCN or the ward with above are to use this clinical pathway

Do not administer naloxone to babies of known or suspected opioid dependent women during resuscitation or in the newborn period



Refer to the Queensland Clinical Guideline: *Perinatal substance use: neonatal* for further information on the management of neonatal abstinence syndrome, Morphine dosing weaning schedule, Phenobarbitone dosing and weaning schedule and management and follow up of baby of hepatitis C infected woman.

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# Page 5

## Discharge and Education Plan

This section outlines discharge requirements and the education plan for discussion with the mother.

 <b>Queensland Government</b>		(Affix identification label here)	
<b>Neonatal Abstinence Syndrome Clinical Pathway</b>		URN: _____ Family name: _____ Given name(s): _____ Address: _____ Date of birth: _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> I	
<b>Discharge plan</b>			
<b>Midwifery / Medical</b>		<b>Initial</b>	<b>Date</b>
Baby fit for discharge			
Healthy Hearing Screen consent obtained, performed and recorded in <i>Personal Health Record</i>			
<i>Personal Health Record</i> updated			
Newborn Screening Test (NBST) collected and documented in the <i>Personal Health Record</i>			
NBST not collected: card given to mother and documented in medical records or decline documented			
<b>Referrals</b>		<b>Initial</b>	<b>Date</b>
Mother advised to make own appointment with General Practitioner / Specialist / Treating Physician follow up in _____ days / weeks and to take baby's <i>Personal Health Record</i> to appointment.			
Child Health Nurse / Child Health Services, Newborn and Family Drop-in Clinic			
Contact 13 Health (13 432 594) and Breastfeeding Helpline 1800 666 266 for community supports			
Indigenous Healthcare Worker			
OPD appointment arranged			
Clinic: _____ Date: _____ Time: _____			
Other (please specify): _____			
<b>Special Care Nursery</b>		<b>Initial</b>	<b>Date</b>
Discharge plan completed for baby requiring medication			
Home morphine treatment program explained to mother			
Mother has baby's medication program arranged			
Discharge medication dose and regime provided, including storage and safety advice			
<b>Transfer to other hospital</b>	Time: _____	Facility name: _____	
<b>Further notes:</b>			
<b>Discharge Medical Officer</b>		Date: _____	Signature: _____
<b>Education plan</b>			
<b>Key</b> <input type="checkbox"/> Medical <input type="checkbox"/> Midwife / Nursing <input type="checkbox"/> Pharmacy <input type="checkbox"/> Allied Health <input type="checkbox"/> AODS			
<b>Category</b>	<b>Interpreter required</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Initial</b>	<b>Date</b>
<b>Post birth follow up</b>	Midwife / Medical Officer follow up in _____ days / weeks		
	Reinforce: Signs and symptoms requiring medical advice		
<b>Breastfeeding</b>	Consider benefits of breastfeeding		
	Refer to lactation consultant		
<b>Formula feeding</b>	Discuss increasing volumes, decontamination and storage		
<b>Baby care</b>	Happy change and care of baby genitals		
	Cord care		
	Jaundice		
	Growth spurts		
	Discharge weight _____ g		
<b>Safe sleeping</b>	Measures to reduce SIDS / SUDI discussed		
	Demonstrate safe sleeping techniques as wrapping, positioning and settling		
<b>Vaccination program</b>	Discuss specific immunisation requirements		
<b>The above education plan has been discussed with me</b>		Mother's name (please print): _____	Signature: _____


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# Page 6

## 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

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<b>Expected outcomes - CHART copy</b>																																																																																																						
<b>Phase 1: After the Birth</b> <ul style="list-style-type: none"> <li>• At birth, your baby will be placed skin-to-skin with you for the first hour.</li> <li>• During this time, your baby will be offered their first feed.</li> <li>• Physical measurements such as weight, length and head circumference, will be recorded.</li> <li>• Vitamin K administration and Hep B Vaccination will be offered.</li> <li>• Identification will be placed on your baby and checked with you.</li> </ul>																																																																																																						
<b>Phase 2 Postnatal period</b> <ul style="list-style-type: none"> <li>• Your midwife will check on you and your baby.</li> <li>• Your midwife will assess your baby for signs of withdrawal.</li> <li>• Your Midwife will assist you with feeding and caring for your baby.</li> <li>• Your baby may feed between 6–8 times in 24 hours.</li> <li>• Your baby will room in with you unless they need additional care.</li> <li>• Your baby's identification is to remain on at all times. Please tell the staff if it falls off.</li> <li>• Your baby's stools will change in colour, from black through green to yellow over the next few days.</li> <li>• A routine hearing screen for your baby will be offered.</li> </ul>																																																																																																						
<b>Phase 3 Discharge</b> <ul style="list-style-type: none"> <li>• Once your midwife has gone through your discharge information, and your baby has been seen and discharged by a Medical Officer, you may go home.</li> </ul>																																																																																																						
<b>Phase 4 After Discharge</b> <ul style="list-style-type: none"> <li>• A midwife may visit you in your home to provide ongoing support.</li> <li>• You will be offered referral to community health services for ongoing support, i.e. Child Health, Australian Breastfeeding Association.</li> <li>• You will receive ongoing care from your local doctor / General Practitioner (GP) / Specialist / Treating Physician. When you visit your doctor please take along the hospital discharge summary and baby's <i>Personal Health Record</i>.</li> </ul>																																																																																																						
<table border="1"> <thead> <tr> <th rowspan="2">Key milestones</th> <th colspan="3">0-24 hours</th> <th colspan="3">24-48 hours</th> <th colspan="3">48-72 hours</th> </tr> <tr> <th></th><th></th><th></th> <th></th><th></th><th></th> <th></th><th></th><th></th> </tr> </thead> <tbody> <tr> <td>1. Baby placed skin-to-skin and offered a feed within one hour after birth</td> <td>✓</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>2. Physical measurements recorded</td> <td>✓</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>3. Vitamin K administered</td> <td>✓</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>4. Hepatitis B vaccination given</td> <td>✓</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>5. Hepatitis B immunoglobulin (HBIG) given (if required)</td> <td>✓</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>6. Passes urine and meconium (first stool)</td> <td>✓</td><td>✓</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>7. Healthy Hearing Screen performed</td> <td>✓</td><td>✓</td><td>✓</td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>8. Newborn Screening Test collected</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>✓</td><td></td> </tr> </tbody> </table>				Key milestones	0-24 hours			24-48 hours			48-72 hours												1. Baby placed skin-to-skin and offered a feed within one hour after birth	✓									2. Physical measurements recorded	✓									3. Vitamin K administered	✓									4. Hepatitis B vaccination given	✓									5. Hepatitis B immunoglobulin (HBIG) given (if required)	✓									6. Passes urine and meconium (first stool)	✓	✓								7. Healthy Hearing Screen performed	✓	✓	✓							8. Newborn Screening Test collected								✓	
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# Pages 8,10,12,14,16,18 and 20

## Days 1-7

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

**Queensland Government**  
**Neonatal Abstinence Syndrome Clinical Pathway**  
**Day 1 (0-24 hours)**

Instructions: Initials - care attended to. Rule out - not applicable. V - variance record and age. If variance on sheet provided in progress notes.

Key:  Medical  Midwife / Nursing  Pharmacy  Allied Health  ACOG

Consult / referral:  Paediatric review daily  Lactation consultant  ACOG

Investigations:  NBSIT 48-72 hours after birth

Enter shift that will occur predominantly within the next 8 hours

Observations:  Observation of vital signs (temp, HR and SpO2) obtained with feeds and when normal parameters

Access for signs of withdrawal 3 to 1 hour after each feed (Finnegan score)

Contract: Pacifier/soothe if Finnegan scores 4 or above

Baby identification is checked and correct

Refer to statewide clinical guidelines for management (see page 10)

Refer to medication chart for medication information prior to commencement of medication.  Increased  Decreased  Unchanged

Feeding:  Feeding 2-3 hourly  
 Supplementary feeds provided for adequate caloric intake and prescribed or ordered by a Medical Officer

Non-pharmacological supportive care:  Swaddling and cuddling encouraged  
 Pacifier care  
 Rooming in encouraged  
 Provide position and comfort measures (e.g. swaddling and rocking)

Elimination:  Urine output 2-8 wet nappies in 24 hours  
 Meconium - dark green stool

Hydration:  Moist mucous membranes  
 Skin - well perfused, purple or red or white  
 Eyes - moist - no evidence of infection  
 Cool, clear and dry

Counsel / support:  Parents counselled prior to commencement of medication  
 Discuss withdrawal symptoms, Finnegan response monitoring, cardiac respiratory

Education (NBS information):  Discuss withdrawal symptoms, Finnegan score, treatment options, supportive care, monitoring, medications

Expected outcomes:  Staff to assess A - Achieved V - Variance  
 1.1 Mother attending baby feeds and providing care with minimal assistance  
 1.2 Mother supported if baby on medication  
 1.3 Mother shown comfort measures for baby

**Queensland Government**  
**Neonatal Abstinence Syndrome Clinical Pathway**  
**Day 2**

Instructions: Initials - care attended to. Rule out - not applicable. V - variance record and age. If variance on sheet provided in progress notes.

Key:  Medical  Midwife / Nursing  Pharmacy  Allied Health  ACOG

Consult / referral:  Paediatric review daily  Lactation consultant  ACOG

Investigations:  NBSIT 48-72 hours after birth

Enter shift that will occur predominantly within the next 8 hours

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**Queensland Government**  
**Neonatal Abstinence Syndrome Clinical Pathway**  
**Day 4**

Instructions: Initials - care attended to. Rule out - not applicable. V - variance record and age. If variance on sheet provided in progress notes.

Key:  Medical  Midwife / Nursing  Pharmacy  Allied Health  ACOG

Consult / referral:  Paediatric review daily  Lactation consultant  ACOG

Investigations:  NBSIT 48-72 hours after birth

Enter shift that will occur predominantly within the next 8 hours

Observations:  Observation of vital signs (temp, HR and SpO2) obtained with feeds and when normal parameters

Access for signs of withdrawal 3 to 1 hour after each feed (Finnegan score)

Contract: Pacifier/soothe if Finnegan scores 4 or above

Baby identification is checked and correct

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Refer to medication chart for medication information prior to commencement of medication.  Increased  Decreased  Unchanged

Feeding:  Feeding 2-3 hourly  
 Supplementary feeds provided for adequate caloric intake and prescribed or ordered by a Medical Officer

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Elimination:  Urine output 2-8 wet nappies in 24 hours  
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Hydration:  Moist mucous membranes  
 Skin - well perfused, purple or red or white from only  
 Eyes - moist - no evidence of infection  
 Cool, clear and dry

Counsel / support:  Parents counselled prior to commencement of medication  
 Discuss withdrawal symptoms, Finnegan score, treatment options, supportive care, monitoring, medications

Education (NBS information):  Discuss withdrawal symptoms, Finnegan score, treatment options, supportive care, monitoring, medications

Expected outcomes:  Staff to assess A - Achieved V - Variance  
 1.1 Mother attending baby feeds and providing care with minimal assistance  
 1.2 Mother supported if baby on medication  
 1.3 Mother shown comfort measures for baby

# Pages 9,11,13,17,19 and 21

## 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

Queensland Government  
Neonatal Abstinence Syndrome Clinical Pathway  
1 Day (0-24 hours)

URN: (Affix identification label here)  
Family name:  
Given name(s):  
Address:  
Date of birth:

Scores with \* require only one score to be recorded

Start date:	End date:	Time	Score	Comments
			2	Excessive high pitched cry
			3	Continuous high pitched cry
			3	Sleeps less than 1 hour after feed
			2	Sleeps less than 2 hours after feed
				Sleeps less than 3 hours after feed
				Hyperactive Moro reflex
				Markedly hyperactive Moro reflex
				Mild tremors disturbed
				Moderate-severe tremors disturbed
				Mild tremors undisturbed
				Moderate-severe tremors undisturbed
				Increased muscle tone
				Excitation
				Myoclonic jerks
				Generalised convulsions
				Excessive sucking
				Poor feeding
				Regurgitation
				Projectile vomiting
				Loose stools
				Watery stools
				Sweating
				Fever (37.3°C-38.3°C)
				Fever (38.4°C and above)
				Frequent yawning >3-4 times in half hour
				Mottling
				Nasal stuffiness
				Sneezing >3-4 times in half hour
				Nasal flaring
				Respiratory rate greater than 60 / mins
				Respiratory rate greater than 60 / mins and retractions
			<b>S</b>	

Finnegan Score reference: Adapted B

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Queensland Government  
Neonatal Abstinence Syndrome Clinical Pathway  
Day 2

URN: (Affix identification label here)  
Family name:  
Given name(s):  
Address:  
Date of birth:

Scores with \* require only one score to be recorded

Start date:	End date:	Time	Score	Comments
			2	Excessive high pitched cry
			3	Continuous high pitched cry
			3	Sleeps less than 1 hour after feed
			2	Sleeps less than 2 hours after feed
				Sleeps less than 3 hours after feed
				Hyperactive Moro reflex
				Markedly hyperactive Moro reflex
				Mild tremors disturbed
				Moderate-severe tremors disturbed
				Mild tremors undisturbed
				Moderate-severe tremors undisturbed
				Increased muscle tone
				Excitation
				Myoclonic jerks
				Generalised convulsions
				Excessive sucking
				Poor feeding
				Regurgitation
				Projectile vomiting
				Loose stools
				Watery stools
				Sweating
				Fever (37.3°C-38.3°C)
				Fever (38.4°C and above)
				Frequent yawning >3-4 times in half hour
				Mottling
				Nasal stuffiness
				Sneezing >3-4 times in half hour
				Nasal flaring
				Respiratory rate greater than 60 / mins
				Respiratory rate greater than 60 / mins and retractions
			<b>S</b>	

Finnegan Score reference: Adapted B

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Queensland Government  
Neonatal Abstinence Syndrome Clinical Pathway  
Day 5

URN: (Affix identification label here)  
Family name:  
Given name(s):  
Address:  
Date of birth:

Scores with \* require only one score to be recorded

Start date:	End date:	Time	Score	Comments
			2	Excessive high pitched cry
			3	Continuous high pitched cry
			3	Sleeps less than 1 hour after feed
			2	Sleeps less than 2 hours after feed
			1	Sleeps less than 3 hours after feed
			2	Hyperactive Moro reflex
			3	Markedly hyperactive Moro reflex
			1	Mild tremors disturbed
			2	Moderate-severe tremors disturbed
			3	Mild tremors undisturbed
			4	Moderate-severe tremors undisturbed
			2	Increased muscle tone
			1	Excitation
			3	Myoclonic jerks
			5	Generalised convulsions
			1	Excessive sucking
			2	Poor feeding
			2	Regurgitation
			3	Projectile vomiting
			2	Loose stools
			3	Watery stools
			1	Sweating
			2	Fever (37.3°C-38.3°C)
			2	Fever (38.4°C and above)
			1	Frequent yawning >3-4 times in half hour
			1	Mottling
			1	Nasal stuffiness
			1	Sneezing >3-4 times in half hour
			2	Nasal flaring
			1	Respiratory rate greater than 60 / mins
			2	Respiratory rate greater than 60 / mins and retractions
			<b>S</b>	

Finnegan Score reference: Adapted B

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# Page 25

## 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

 <b>Queensland Government</b>  <b>Neonatal Abstinence Syndrome Clinical Pathway</b>	(Affix identification label here)																																																																																																					
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<b>Expected outcomes - CHART copy</b>																																																																																																						
<b>Phase 1: After the Birth</b> <ul style="list-style-type: none"> <li>• At birth, your baby will be placed skin-to-skin with you for the first hour.</li> <li>• During this time, your baby will be offered their first feed.</li> <li>• Physical measurements such as weight, length and head circumference, will be recorded.</li> <li>• Vitamin K administration and Hep B Vaccination will be offered.</li> <li>• Identification will be placed on your baby and checked with you.</li> </ul>																																																																																																						
<b>Phase 2 Postnatal period</b> <ul style="list-style-type: none"> <li>• Your midwife will check on you and your baby.</li> <li>• Your midwife will assess your baby for signs of withdrawal.</li> <li>• Your Midwife will assist you with feeding and caring for your baby.</li> <li>• Your baby may feed between 8-8 times in 24 hours.</li> <li>• Your baby will room in with you unless they need additional care.</li> <li>• Your baby's identification is to remain on at all times. Please tell the staff if it falls off.</li> <li>• Your baby's stools will change in colour, from black through green to yellow over the next few days.</li> <li>• A routine hearing screen for your baby will be offered.</li> </ul>																																																																																																						
<b>Phase 3 Discharge</b> <ul style="list-style-type: none"> <li>• Once your midwife has gone through your discharge information, and your baby has been seen and discharged by a Medical Officer, you may go home.</li> </ul>																																																																																																						
<b>Phase 4 After Discharge</b> <ul style="list-style-type: none"> <li>• A midwife may visit you in your home to provide ongoing support.</li> <li>• You will be offered referral to community health services for ongoing support, i.e. Child Health, Australian Breastfeeding Association.</li> <li>• You will receive ongoing care from your local doctor / General Practitioner (GP) / Specialist / Treating Physician. When you visit your doctor please take along the hospital discharge summary and baby's Personal Health Record.</li> </ul>																																																																																																						
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- Clinical Pathways website:  
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[Clinical\\_Pathways\\_Program@health.qld.gov.au](mailto:Clinical_Pathways_Program@health.qld.gov.au)