



## NOWS Toolkit: Withdrawal Scoring

*This information is being provided to help hospitals improve care to babies identified with Neonatal Opioid Withdrawal Syndrome (NOWS), formerly known as Neonatal Abstinence Syndrome (NAS). The information should be helpful in exploring various resources and best practices to develop practices best suited to your hospital and its patients. Nothing herein is meant to be legal advice or advice on a standard of care.*

### **Withdrawal Scoring for NOWS:**

All infants with in-utero substance exposure should be assessed for signs and symptoms of withdrawal every 3-4 hours beginning within the first 2-6 hours after birth. Scoring should be timed around vital signs, diapering, and feedings.

Key principles of scoring include:

1. The infant should be kept in the room with the mother for scoring, if possible
2. The score encompasses the entire 3-4 hour period, not one point in time
3. The infant should be scored after feeding to ensure hunger is not contributing.

Nationwide, there are two main methods that are being utilized for assessing withdrawal in infants - The Modified Finnegan Scoring System and the Eat, Sleep, Console method. Historically, nurseries and NICUs used the Finnegan system, but recently experts are questioning whether infants are being started on pharmacologic management prematurely and kept on medication for longer than needed.

The Finnegan Scoring Tool lists 21 symptoms that are most frequently observed in substance exposed infants. Each symptom and its associated degree of severity are assigned a score and the total withdrawal score is determined by totaling the score assigned to each symptom over the scoring period. Generally, if an infant scores  $\geq 8$  three times or  $\geq 12$  two times, pharmacologic treatment should be considered.

The Eat, Sleep, Console scoring method looks at whether the infant can eat  $\geq 1$  ounce or breastfeed well, can sleep  $\geq 1$  hour, and can be consoled within 10 minutes. If these three items are being met, there is no need for pharmacologic management.

Important to note: Whichever scoring tool is being utilized at each facility, proper training of health care professionals is imperative to accurate, consistent, and reliable scores. Neo Advances has materials that can be purchased for training on the Finnegan Scoring system with video demonstrations as well as the capability of doing onsite demonstrations and workshops. More information can be obtained at [www.neoadvances.com](http://www.neoadvances.com)



**Evidence to support this practice:**

Finnegan, L. P., Connaughton, J. J., Kron, R. E., & Emich, J. P. (1975). Neonatal abstinence syndrome: assessment and management. *Addictive diseases*, 2(1-2), 141-158.

Grossman, M. R., Lipshaw, M. J., Osborn, R. R., & Berkwitz, A. K. (2018). A novel approach to assessing infants with neonatal abstinence syndrome. *Hospital pediatrics*, 8(1), 1-6.

**People to involve in this effort:**

- Well Baby Nursing / Postpartum Nursing
- Staff NICU Nursing Staff
- Pediatricians / Neonatologists Family Practice Physicians
- Physical and Occupational Therapists (if available) Parents
- Volunteer “Cuddlers”

**Gap analysis & resources:**

1. Identify space for rooming-in, as Eat, Sleep, Console is based on keeping the infant with the mother as much as possible
2. Education of nurses/staff regarding scoring tools/methods
3. Assess resources: On-site training workshop, training materials
4. Initiate volunteer cuddler program to help with consoling when parents unavailable

**Best practices from other hospitals:**

Of the sixteen hospitals that responded to the survey, 11 used the Finnegan Tool; 1 used Eat, Sleep, Console; and 1 used both Finnegan and Eat, Sleep, Console combined.