Algorithm regarding babies at risk for or being followed for Neonatal Abstinence Syndrome (NAS):

I. Patient identification and differentiation (Note: no data exists to definitively stratify risk for NAS based on specific maternal opiate use, i.e. hydrocodone vs. oxycontin vs. methadone. Individual differences must be considered)
   a. Patients at high risk
      i. Mothers on methadone
      ii. Mother on high dose chronic prescription meds for pain (dilaudid, oxycodone, hydrocodone) or on buprenorphine (Subutex)
      iii. Mothers with poly-substance use/abuse
      iv. Mother and baby UDS positive for opiates
      v. Mother who is acutely intoxicated
   b. Patients at moderate risk
      i. Mother on moderate dose chronic prescription meds for pain (hydrocodone, oxycodone)
      ii. Mothers with a criminal record for or history of substance abuse
   c. Patients at low risk
      i. Mother taking infrequent prn prescription pain meds

II. Patient assignment
   a. Babies born to mothers in the low or moderate risk groups may remain on the Pediatrician service for observation and NAS scoring on level 1 (NICU) status.
      i. If possible, baby should be allowed to room in with parent to encourage breastfeeding and bonding.
      ii. Nurses familiar with NAS scoring should be assigned to their care.
      iii. Discharge dependent on ability for close follow-up
   b. Babies born to mothers in the high risk group will be under the care of Neonatology and admitted to the NICU.
   c. Babies with NAS scores persistently > 8 (3 or more scores in a 24 period) will be transferred to Neonatology.
   d. Babies requiring pharmacologic intervention will be transferred to Neonatology.

III. Guideline for Length of Stay in NICU
   a. 5-7 days minimum NICU observation for high risk patients under NICU team's supervision
   b. Transfer to the Pediatric or Family Medicine services from Neonatology will be at the discretion of the attending Neonatologist