

<b>Vermont Oxford Network</b>	<b>VON Day Quality Audit / NAS</b>	<b>Patient Data Worksheet</b>	<b>CASE # 11</b>
Audit Number: _____	Vermont Oxford Network Center Number: _____		
Patient ID: _____ (optional for local use only – this will not be submitted to Vermont Oxford Network)			

*Please note: All data on this portion of the worksheet will be transmitted to the Vermont Oxford Network.*

1. Birth weight \_\_\_\_\_ grams
2. Gestational age at birth: \_\_\_\_\_ weeks \_\_\_\_\_ days
3. Location of birth: Inborn  Outborn
4. Was toxicological screening (including urine, meconium, hair or cord) obtained on the infant to document substance exposure? Yes  No
5. Was the infant scored for NAS at any time during hospitalization? Yes  No
6. Which pharmacologic agents were administered for the treatment of NAS? Check all that apply:
 

a) Morphine?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	d) Clonidine?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	g) Deodorized Diluted Tincture
b) Methadone?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	e) Phenobarbital?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	of Opium (DDTO)? Yes <input type="checkbox"/> No <input type="checkbox"/>
c) Buprenorphine?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	f) Paregoric?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

*Note: More than one agent may be used in an individual patient.*

7. What was the total duration of pharmacologic treatment for NAS? \_\_\_\_\_ days  
*Calculate the total number of hospital days that the infant received pharmacologic treatment for NAS. Count any day that the infant received any dose(s) of a pharmacologic agent (morphine, methadone, buprenorphine, clonidine, phenobarbital, paregoric or DDTO) prescribed for NAS.*
8. What was the interval between receiving the last dose of a pharmacologic agent for NAS and discharge? \_\_\_\_\_ days  
*Calculate the interval in days between the date of the last dose of a NAS agent and the date of discharge. Include the first full day the infant was off treatment up until and including the day of discharge.*
9. At the time of discharge from your hospital, was the infant receiving medications for NAS (morphine, methadone, buprenorphine, clonidine, phenobarbital, paregoric or DDTO)? Yes  No  (if no, skip to #11)
10. At the time of discharge from your hospital, which pharmacologic agents were still being administered for the treatment of NAS? Check all that apply:
 

a) Morphine?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	d) Clonidine?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	g) Deodorized Diluted Tincture
b) Methadone?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	e) Phenobarbital?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	of Opium (DDTO)? Yes <input type="checkbox"/> No <input type="checkbox"/>
c) Buprenorphine?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	f) Paregoric?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

*Note: More than one agent may be used in an individual patient.*

11. In the 24 hours preceding discharge from your hospital, did the infant receive any of his/her mother's own milk? Yes  No  Unknown
12. Where was the infant discharged to: (check only one)
 

<input type="checkbox"/> Home	<input type="checkbox"/> Transferred to another hospital
<input type="checkbox"/> Home with a guardian or foster parent	<input type="checkbox"/> Other Describe: _____
13. What was the infant's total length of NICU stay? \_\_\_\_\_ days  
*Calculate the total number of days that the infant stayed in the NICU. The first day of NICU admission counts as Day 1. Include the day of discharge as a full day.*
14. What was the infant's total length of hospital stay? \_\_\_\_\_ days  
*Calculate the number of days the infant stayed at any hospital. The first day of admission to any hospital counts as Day 1. If the infant was transferred to another hospital, please contact that hospital regarding total hospital length of stay. Include the day of discharge as a full day.*

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1. Birth weight \_\_\_\_\_ grams
2. Gestational age at birth: \_\_\_\_\_ weeks \_\_\_\_\_ days
3. Location of birth: Inborn  Outborn
4. Was toxicological screening (including urine, meconium, hair or cord) obtained on the infant to document substance exposure? Yes  No
5. Was the infant scored for NAS at any time during hospitalization? Yes  No

6. Which pharmacologic agents were administered for the treatment of NAS? Check all that apply:

a) Morphine? Yes  No  d) Clonidine? Yes  No  g) Deodorized Diluted Tincture  
 b) Methadone? Yes  No  e) Phenobarbital? Yes  No  of Opium (DDTO)? Yes  No   
 c) Buprenorphine? Yes  No  f) Paregoric? Yes  No

*Note: More than one agent may be used in an individual patient.*

7. What was the total duration of pharmacologic treatment for NAS? \_\_\_\_\_ days

*Calculate the total number of hospital days that the infant received pharmacologic treatment for NAS. Count any day that the infant received any dose(s) of a pharmacologic agent (morphine, methadone, buprenorphine, clonidine, phenobarbital, paregoric or DDTO) prescribed for NAS.*

8. What was the interval between receiving the last dose of a pharmacologic agent for NAS and discharge? \_\_\_\_\_ days

*Calculate the interval in days between the date of the last dose of a NAS agent and the date of discharge. Include the first full day the infant was off treatment up until and including the day of discharge.*

9. At the time of discharge from your hospital, was the infant receiving medications for NAS (morphine, methadone, buprenorphine, clonidine, phenobarbital, paregoric or DDTO)? Yes  No  (if no, skip to #11)

10. At the time of discharge from your hospital, which pharmacologic agents were still being administered for the treatment of NAS? Check all that apply:

a) Morphine? Yes  No  d) Clonidine? Yes  No  g) Deodorized Diluted Tincture  
 b) Methadone? Yes  No  e) Phenobarbital? Yes  No  of Opium (DDTO)? Yes  No   
 c) Buprenorphine? Yes  No  f) Paregoric? Yes  No

*Note: More than one agent may be used in an individual patient.*

11. In the 24 hours preceding discharge from your hospital, did the infant receive any of his/her mother's own milk? Yes  No  Unknown

12. Where was the infant discharged to: (check only one)

Home  Transferred to another hospital  
 Home with a guardian or foster parent  Other Describe: \_\_\_\_\_

13. What was the infant's total length of NICU stay? \_\_\_\_\_ days

*Calculate the total number of days that the infant stayed in the NICU. The first day of NICU admission counts as Day 1. Include the day of discharge as a full day.*

14. What was the infant's total length of hospital stay? \_\_\_\_\_ days

*Calculate the number of days the infant stayed at any hospital. The first day of admission to any hospital counts as Day 1. If the infant was transferred to another hospital, please contact that hospital regarding total hospital length of stay. Include the day of discharge as a full day.*

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1. Birth weight \_\_\_\_\_ grams
2. Gestational age at birth: \_\_\_\_\_ weeks \_\_\_\_\_ days
3. Location of birth: Inborn  Outborn
4. Was toxicological screening (including urine, meconium, hair or cord) obtained on the infant to document substance exposure? Yes  No
5. Was the infant scored for NAS at any time during hospitalization? Yes  No

6. Which pharmacologic agents were administered for the treatment of NAS? Check all that apply:

a) Morphine? Yes  No  d) Clonidine? Yes  No  g) Deodorized Diluted Tincture  
 b) Methadone? Yes  No  e) Phenobarbital? Yes  No  of Opium (DDTO)? Yes  No   
 c) Buprenorphine? Yes  No  f) Paregoric? Yes  No

*Note: More than one agent may be used in an individual patient.*

7. What was the total duration of pharmacologic treatment for NAS? \_\_\_\_\_ days

*Calculate the total number of hospital days that the infant received pharmacologic treatment for NAS. Count any day that the infant received any dose(s) of a pharmacologic agent (morphine, methadone, buprenorphine, clonidine, phenobarbital, paregoric or DDTO) prescribed for NAS.*

8. What was the interval between receiving the last dose of a pharmacologic agent for NAS and discharge?  
\_\_\_\_\_ days

*Calculate the interval in days between the date of the last dose of a NAS agent and the date of discharge. Include the first full day the infant was off treatment up until and including the day of discharge.*

9. At the time of discharge from your hospital, was the infant receiving medications for NAS (morphine, methadone, buprenorphine, clonidine, phenobarbital, paregoric or DDTO)? Yes  No  (if no, skip to #11)
10. At the time of discharge from your hospital, which pharmacologic agents were still being administered for the treatment of NAS? Check all that apply:

a) Morphine? Yes  No  d) Clonidine? Yes  No  g) Deodorized Diluted Tincture  
 b) Methadone? Yes  No  e) Phenobarbital? Yes  No  of Opium (DDTO)? Yes  No   
 c) Buprenorphine? Yes  No  f) Paregoric? Yes  No

*Note: More than one agent may be used in an individual patient.*

11. In the 24 hours preceding discharge from your hospital, did the infant receive any of his/her mother's own milk?  
Yes  No  Unknown

12. Where was the infant discharged to: (check only one)

Home  Transferred to another hospital  
 Home with a guardian or foster parent  Other Describe: \_\_\_\_\_

13. What was the infant's total length of NICU stay? \_\_\_\_\_ days

*Calculate the total number of days that the infant stayed in the NICU. The first day of NICU admission counts as Day 1. Include the day of discharge as a full day.*

14. What was the infant's total length of hospital stay? \_\_\_\_\_ days

*Calculate the number of days the infant stayed at any hospital. The first day of admission to any hospital counts as Day 1. If the infant was transferred to another hospital, please contact that hospital regarding total hospital length of stay. Include the day of discharge as a full day.*

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4. Was toxicological screening (including urine, meconium, hair or cord) obtained on the infant to document substance exposure? Yes  No
5. Was the infant scored for NAS at any time during hospitalization? Yes  No

6. Which pharmacologic agents were administered for the treatment of NAS? Check all that apply:

- a) Morphine? Yes  No  d) Clonidine? Yes  No  g) Deodorized Diluted Tincture  
 b) Methadone? Yes  No  e) Phenobarbital? Yes  No  of Opium (DDTO)? Yes  No   
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8. What was the interval between receiving the last dose of a pharmacologic agent for NAS and discharge?  
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*Calculate the interval in days between the date of the last dose of a NAS agent and the date of discharge. Include the first full day the infant was off treatment up until and including the day of discharge.*

9. At the time of discharge from your hospital, was the infant receiving medications for NAS (morphine, methadone, buprenorphine, clonidine, phenobarbital, paregoric or DDTO)? Yes  No  (if no, skip to #11)

10. At the time of discharge from your hospital, which pharmacologic agents were still being administered for the treatment of NAS? Check all that apply:

- a) Morphine? Yes  No  d) Clonidine? Yes  No  g) Deodorized Diluted Tincture  
 b) Methadone? Yes  No  e) Phenobarbital? Yes  No  of Opium (DDTO)? Yes  No   
 c) Buprenorphine? Yes  No  f) Paregoric? Yes  No

*Note: More than one agent may be used in an individual patient.*

11. In the 24 hours preceding discharge from your hospital, did the infant receive any of his/her mother's own milk?  
Yes  No  Unknown

12. Where was the infant discharged to: (check only one)

- Home  Transferred to another hospital  
 Home with a guardian or foster parent  Other Describe: \_\_\_\_\_

13. What was the infant's total length of NICU stay? \_\_\_\_\_ days

*Calculate the total number of days that the infant stayed in the NICU. The first day of NICU admission counts as Day 1. Include the day of discharge as a full day.*

14. What was the infant's total length of hospital stay? \_\_\_\_\_ days

*Calculate the number of days the infant stayed at any hospital. The first day of admission to any hospital counts as Day 1. If the infant was transferred to another hospital, please contact that hospital regarding total hospital length of stay. Include the day of discharge as a full day.*

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4. Was toxicological screening (including urine, meconium, hair or cord) obtained on the infant to document substance exposure? Yes  No
5. Was the infant scored for NAS at any time during hospitalization? Yes  No

6. Which pharmacologic agents were administered for the treatment of NAS? Check all that apply:

a) Morphine? Yes  No  d) Clonidine? Yes  No  g) Deodorized Diluted Tincture  
 b) Methadone? Yes  No  e) Phenobarbital? Yes  No  of Opium (DDTO)? Yes  No   
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8. What was the interval between receiving the last dose of a pharmacologic agent for NAS and discharge?  
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*Calculate the interval in days between the date of the last dose of a NAS agent and the date of discharge. Include the first full day the infant was off treatment up until and including the day of discharge.*

9. At the time of discharge from your hospital, was the infant receiving medications for NAS (morphine, methadone, buprenorphine, clonidine, phenobarbital, paregoric or DDTO)? Yes  No  (if no, skip to #11)
10. At the time of discharge from your hospital, which pharmacologic agents were still being administered for the treatment of NAS? Check all that apply:

a) Morphine? Yes  No  d) Clonidine? Yes  No  g) Deodorized Diluted Tincture  
 b) Methadone? Yes  No  e) Phenobarbital? Yes  No  of Opium (DDTO)? Yes  No   
 c) Buprenorphine? Yes  No  f) Paregoric? Yes  No

*Note: More than one agent may be used in an individual patient.*

11. In the 24 hours preceding discharge from your hospital, did the infant receive any of his/her mother's own milk?  
Yes  No  Unknown

12. Where was the infant discharged to: (check only one)

Home  Transferred to another hospital  
 Home with a guardian or foster parent  Other Describe: \_\_\_\_\_

13. What was the infant's total length of NICU stay? \_\_\_\_\_ days

*Calculate the total number of days that the infant stayed in the NICU. The first day of NICU admission counts as Day 1. Include the day of discharge as a full day.*

14. What was the infant's total length of hospital stay? \_\_\_\_\_ days

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3. Location of birth: Inborn  Outborn
4. Was toxicological screening (including urine, meconium, hair or cord) obtained on the infant to document substance exposure? Yes  No
5. Was the infant scored for NAS at any time during hospitalization? Yes  No

6. Which pharmacologic agents were administered for the treatment of NAS? Check all that apply:

- a) Morphine? Yes  No  d) Clonidine? Yes  No  g) Deodorized Diluted Tincture  
 b) Methadone? Yes  No  e) Phenobarbital? Yes  No  of Opium (DDTO)? Yes  No   
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10. At the time of discharge from your hospital, which pharmacologic agents were still being administered for the treatment of NAS? Check all that apply:

- a) Morphine? Yes  No  d) Clonidine? Yes  No  g) Deodorized Diluted Tincture  
 b) Methadone? Yes  No  e) Phenobarbital? Yes  No  of Opium (DDTO)? Yes  No   
 c) Buprenorphine? Yes  No  f) Paregoric? Yes  No

*Note: More than one agent may be used in an individual patient.*11. In the 24 hours preceding discharge from your hospital, did the infant receive any of his/her mother's own milk?  
Yes  No  Unknown 

12. Where was the infant discharged to: (check only one)

- Home  Transferred to another hospital  
 Home with a guardian or foster parent  Other Describe: \_\_\_\_\_

13. What was the infant's total length of NICU stay? \_\_\_\_\_ days

*Calculate the total number of days that the infant stayed in the NICU. The first day of NICU admission counts as Day 1. Include the day of discharge as a full day.*

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4. Was toxicological screening (including urine, meconium, hair or cord) obtained on the infant to document substance exposure? Yes  No
5. Was the infant scored for NAS at any time during hospitalization? Yes  No

6. Which pharmacologic agents were administered for the treatment of NAS? Check all that apply:

- |                   |                              |                             |                   |                              |                             |   |
|-------------------|------------------------------|-----------------------------|-------------------|------------------------------|-----------------------------|---|
| a) Morphine?      | Yes <input type="checkbox"/> | No <input type="checkbox"/> | d) Clonidine?     | Yes <input type="checkbox"/> | No <input type="checkbox"/> | g) Deodorized Diluted Tincture  |
| b) Methadone?     | Yes <input type="checkbox"/> | No <input type="checkbox"/> | e) Phenobarbital? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | of Opium (DDTO)? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c) Buprenorphine? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | f) Paregoric?     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |   |

*Note: More than one agent may be used in an individual patient.*

7. What was the total duration of pharmacologic treatment for NAS? \_\_\_\_\_ days

*Calculate the total number of hospital days that the infant received pharmacologic treatment for NAS. Count any day that the infant received any dose(s) of a pharmacologic agent (morphine, methadone, buprenorphine, clonidine, phenobarbital, paregoric or DDTO) prescribed for NAS.*8. What was the interval between receiving the last dose of a pharmacologic agent for NAS and discharge?  
\_\_\_\_\_ days*Calculate the interval in days between the date of the last dose of a NAS agent and the date of discharge. Include the first full day the infant was off treatment up until and including the day of discharge.*9. At the time of discharge from your hospital, was the infant receiving medications for NAS (morphine, methadone, buprenorphine, clonidine, phenobarbital, paregoric or DDTO)? Yes  No  (if no, skip to #11)

10. At the time of discharge from your hospital, which pharmacologic agents were still being administered for the treatment of NAS? Check all that apply:

- |                   |                              |                             |                   |                              |                             |   |
|-------------------|------------------------------|-----------------------------|-------------------|------------------------------|-----------------------------|---|
| a) Morphine?      | Yes <input type="checkbox"/> | No <input type="checkbox"/> | d) Clonidine?     | Yes <input type="checkbox"/> | No <input type="checkbox"/> | g) Deodorized Diluted Tincture  |
| b) Methadone?     | Yes <input type="checkbox"/> | No <input type="checkbox"/> | e) Phenobarbital? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | of Opium (DDTO)? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c) Buprenorphine? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | f) Paregoric?     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |   |

*Note: More than one agent may be used in an individual patient.*11. In the 24 hours preceding discharge from your hospital, did the infant receive any of his/her mother's own milk?  
Yes  No  Unknown 

12. Where was the infant discharged to: (check only one)

- |  |  |
|--|--|
| <input type="checkbox"/> Home                                  | <input type="checkbox"/> Transferred to another hospital |
| <input type="checkbox"/> Home with a guardian or foster parent | <input type="checkbox"/> Other Describe: _____           |

13. What was the infant's total length of NICU stay? \_\_\_\_\_ days

*Calculate the total number of days that the infant stayed in the NICU. The first day of NICU admission counts as Day 1. Include the day of discharge as a full day.*

14. What was the infant's total length of hospital stay? \_\_\_\_\_ days

*Calculate the number of days the infant stayed at any hospital. The first day of admission to any hospital counts as Day 1. If the infant was transferred to another hospital, please contact that hospital regarding total hospital length of stay. Include the day of discharge as a full day.*

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4. Was toxicological screening (including urine, meconium, hair or cord) obtained on the infant to document substance exposure? Yes  No
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6. Which pharmacologic agents were administered for the treatment of NAS? Check all that apply:

- a) Morphine? Yes  No  d) Clonidine? Yes  No  g) Deodorized Diluted Tincture  
 b) Methadone? Yes  No  e) Phenobarbital? Yes  No  of Opium (DDTO)? Yes  No   
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*Note: More than one agent may be used in an individual patient.*

7. What was the total duration of pharmacologic treatment for NAS? \_\_\_\_\_ days

*Calculate the total number of hospital days that the infant received pharmacologic treatment for NAS. Count any day that the infant received any dose(s) of a pharmacologic agent (morphine, methadone, buprenorphine, clonidine, phenobarbital, paregoric or DDTO) prescribed for NAS.*

8. What was the interval between receiving the last dose of a pharmacologic agent for NAS and discharge?  
\_\_\_\_\_ days

*Calculate the interval in days between the date of the last dose of a NAS agent and the date of discharge. Include the first full day the infant was off treatment up until and including the day of discharge.*

9. At the time of discharge from your hospital, was the infant receiving medications for NAS (morphine, methadone, buprenorphine, clonidine, phenobarbital, paregoric or DDTO)? Yes  No  (if no, skip to #11)

10. At the time of discharge from your hospital, which pharmacologic agents were still being administered for the treatment of NAS? Check all that apply:

- a) Morphine? Yes  No  d) Clonidine? Yes  No  g) Deodorized Diluted Tincture  
 b) Methadone? Yes  No  e) Phenobarbital? Yes  No  of Opium (DDTO)? Yes  No   
 c) Buprenorphine? Yes  No  f) Paregoric? Yes  No

*Note: More than one agent may be used in an individual patient.*

11. In the 24 hours preceding discharge from your hospital, did the infant receive any of his/her mother's own milk?  
Yes  No  Unknown

12. Where was the infant discharged to: (check only one)

- Home  Transferred to another hospital  
 Home with a guardian or foster parent  Other Describe: \_\_\_\_\_

13. What was the infant's total length of NICU stay? \_\_\_\_\_ days

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8. What was the interval between receiving the last dose of a pharmacologic agent for NAS and discharge?  
\_\_\_\_\_ days

*Calculate the interval in days between the date of the last dose of a NAS agent and the date of discharge. Include the first full day the infant was off treatment up until and including the day of discharge.*

9. At the time of discharge from your hospital, was the infant receiving medications for NAS (morphine, methadone, buprenorphine, clonidine, phenobarbital, paregoric or DDTO)? Yes  No  (if no, skip to #11)

10. At the time of discharge from your hospital, which pharmacologic agents were still being administered for the treatment of NAS? Check all that apply:

- a) Morphine? Yes  No  d) Clonidine? Yes  No  g) Deodorized Diluted Tincture  
 b) Methadone? Yes  No  e) Phenobarbital? Yes  No  of Opium (DDTO)? Yes  No   
 c) Buprenorphine? Yes  No  f) Paregoric? Yes  No

*Note: More than one agent may be used in an individual patient.*

11. In the 24 hours preceding discharge from your hospital, did the infant receive any of his/her mother's own milk?  
Yes  No  Unknown

12. Where was the infant discharged to: (check only one)

- Home  Transferred to another hospital  
 Home with a guardian or foster parent  Other Describe: \_\_\_\_\_

13. What was the infant's total length of NICU stay? \_\_\_\_\_ days

*Calculate the total number of days that the infant stayed in the NICU. The first day of NICU admission counts as Day 1. Include the day of discharge as a full day.*

14. What was the infant's total length of hospital stay? \_\_\_\_\_ days

*Calculate the number of days the infant stayed at any hospital. The first day of admission to any hospital counts as Day 1. If the infant was transferred to another hospital, please contact that hospital regarding total hospital length of stay. Include the day of discharge as a full day.*

Audit Number: \_\_\_\_\_ Vermont Oxford Network Center Number: \_\_\_\_\_

Patient ID: \_\_\_\_\_  
(optional for local use only – this will not be submitted to Vermont Oxford Network)

*Please note:* All data on this portion of the worksheet will be transmitted to the Vermont Oxford Network.

1. Birth weight \_\_\_\_\_ grams
2. Gestational age at birth: \_\_\_\_\_ weeks \_\_\_\_\_ days
3. Location of birth: Inborn  Outborn
4. Was toxicological screening (including urine, meconium, hair or cord) obtained on the infant to document substance exposure? Yes  No
5. Was the infant scored for NAS at any time during hospitalization? Yes  No

6. Which pharmacologic agents were administered for the treatment of NAS? Check all that apply:

a) Morphine? Yes  No  d) Clonidine? Yes  No  g) Deodorized Diluted Tincture  
 b) Methadone? Yes  No  e) Phenobarbital? Yes  No  of Opium (DDTO)? Yes  No   
 c) Buprenorphine? Yes  No  f) Paregoric? Yes  No

*Note: More than one agent may be used in an individual patient.*

7. What was the total duration of pharmacologic treatment for NAS? \_\_\_\_\_ days

*Calculate the total number of hospital days that the infant received pharmacologic treatment for NAS. Count any day that the infant received any dose(s) of a pharmacologic agent (morphine, methadone, buprenorphine, clonidine, phenobarbital, paregoric or DDTO) prescribed for NAS.*

8. What was the interval between receiving the last dose of a pharmacologic agent for NAS and discharge?  
\_\_\_\_\_ days

*Calculate the interval in days between the date of the last dose of a NAS agent and the date of discharge. Include the first full day the infant was off treatment up until and including the day of discharge.*

9. At the time of discharge from your hospital, was the infant receiving medications for NAS (morphine, methadone, buprenorphine, clonidine, phenobarbital, paregoric or DDTO)? Yes  No  (if no, skip to #11)

10. At the time of discharge from your hospital, which pharmacologic agents were still being administered for the treatment of NAS? Check all that apply:

a) Morphine? Yes  No  d) Clonidine? Yes  No  g) Deodorized Diluted Tincture  
 b) Methadone? Yes  No  e) Phenobarbital? Yes  No  of Opium (DDTO)? Yes  No   
 c) Buprenorphine? Yes  No  f) Paregoric? Yes  No

*Note: More than one agent may be used in an individual patient.*

11. In the 24 hours preceding discharge from your hospital, did the infant receive any of his/her mother's own milk?  
Yes  No  Unknown

12. Where was the infant discharged to: (check only one)

Home  Transferred to another hospital  
 Home with a guardian or foster parent  Other Describe: \_\_\_\_\_

13. What was the infant's total length of NICU stay? \_\_\_\_\_ days

*Calculate the total number of days that the infant stayed in the NICU. The first day of NICU admission counts as Day 1. Include the day of discharge as a full day.*

14. What was the infant's total length of hospital stay? \_\_\_\_\_ days

*Calculate the number of days the infant stayed at any hospital. The first day of admission to any hospital counts as Day 1. If the infant was transferred to another hospital, please contact that hospital regarding total hospital length of stay. Include the day of discharge as a full day.*