

VON Day Quality Audit - Neonatal Abstinence Syndrome

Policies, Guidelines, and Procedures

XX NICUs Participated
Sample Report (October 2016)

	Sample Group		
	Yes	Centers	(%)
Our hospital has a policy or guideline that defines indications and procedures for screening for maternal substance abuse.	x	XX	(xx.x)
Our hospital has a policy or guideline for the evaluation and comprehensive treatment of infants at risk for or showing signs of withdrawal.	x	XX	(xx.x)
Our hospital routinely uses a scoring system to evaluate signs and symptoms of drug withdrawal.	x	XX	(xx.x)
The following scoring tools are used at your hospital to evaluate signs and symptoms of drug withdrawal:			
Finnegan	x	XX	(xx.x)
Modified Finnegan	x	XX	(xx.x)
Lipsitz	x	XX	(x.x)
Fir Square checklist	x	XX	(x.x)
Locally Developed Instrument	x	XX	(x.x)
Other	x	XX	(x.x)
Our hospital has a formal education program that promotes standardization of NAS scoring among caregivers.	x	XX	(xx.x)
Our hospital has a policy or guideline for the non-pharmacological treatment of neonatal abstinence syndrome.	x	XX	(xx.x)
Our hospital has a policy or guideline for the pharmacological treatment of neonatal abstinence syndrome	x	XX	(xx.x)
Our hospital has a policy or guideline that encourages breastfeeding or the provision of expressed human milk in substance exposed infants.	x	XX	(xx.x)

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Demographics

XX NICUs Audited xx Infants
Sample Report (October 2016)

	Sample Group		
	Cases	N	(%)
Birth weight			
<1501g	x	XX	(x.x)
1501 to 2500g	x	XX	(xx.x)
>2500g	x	XX	(xx.x)
Gestational age			
<35 weeks	x	XX	(xx.x)
35 to 37 weeks	x	XX	(xx.x)
>37 weeks	x	XX	(xx.x)
Inborn	x	XX	(xx.x)
Was toxicological screening (including urine, meconium, hair, or cord) obtained on the infant to document substance exposure?	x	XX	(xx.x)
Was the infant scored for NAS at any time during hospitalization?	x	XX	(xx.x)

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At Discharge

XX NICUs Audited xx Infants
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	Sample Report		
	Cases	N	(%)
In the 24 hours preceding discharge from your hospital, did the infant receive any of his/her mother's own milk?	x	XX	(xx.x)
Where was the infant discharged to:			
Home	x	XX	(xx.x)
Home with a guardian or foster parent	x	XX	(xx.x)
Transferred to another hospital	x	XX	(xx.x)
Other	x	XX	(x.x)

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Pharmacologic Agents

XX NICUs Audited xx Infants
Sample Report (October 2016)

	Sample Report					
	In Hospital			At Discharge		
	Cases	N	(%)	Cases	N	(%)
Pharmacologic agents administered for the treatment of NAS						
Morphine	x	XX	(xx.x)	x	XX	(xx.x)
Methadone	x	XX	(x.x)	x	XX	(x.x)
Buprenorphine	x	XX	(x.x)	x	XX	(x.x)
Clonidine	x	XX	(xx.x)	x	XX	(xx.x)
Phenobarbital	x	XX	(xx.x)	x	XX	(xx.x)
Paregoric	x	XX	(x.x)	x	XX	(x.x)
Deodorized Diluted Tincture of Opium	x	XX	(x.x)	x	XX	(x.x)

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Duration of Treatment and Hospitalization

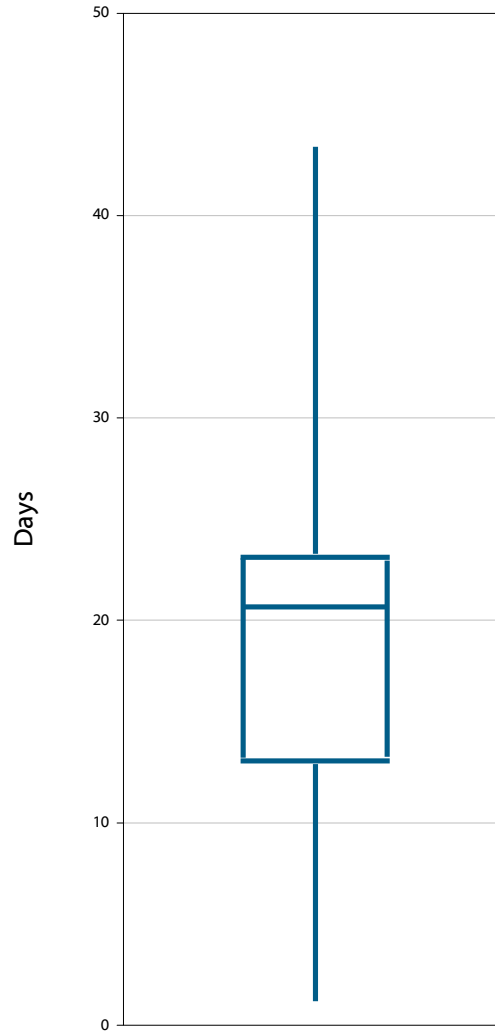
XX NICUs Audited xx Infants
Sample Report (October 2016)

	MPSC		
	Median	(Q1, Q3)	(Min, Max)
Total duration of pharmacologic treatment for NAS	x	(x, xx)	(x, xx)
Interval between receiving the last dose of a pharmacologic agent for NAS and discharge.	x	(x, x)	(x, xx)
Total length of NICU stay	x	(x, xx)	(x, xx)
Total length of hospital stay	x	(xx, xx)	(x, xx)

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Total Duration of Pharmacologic Treatment for NAS

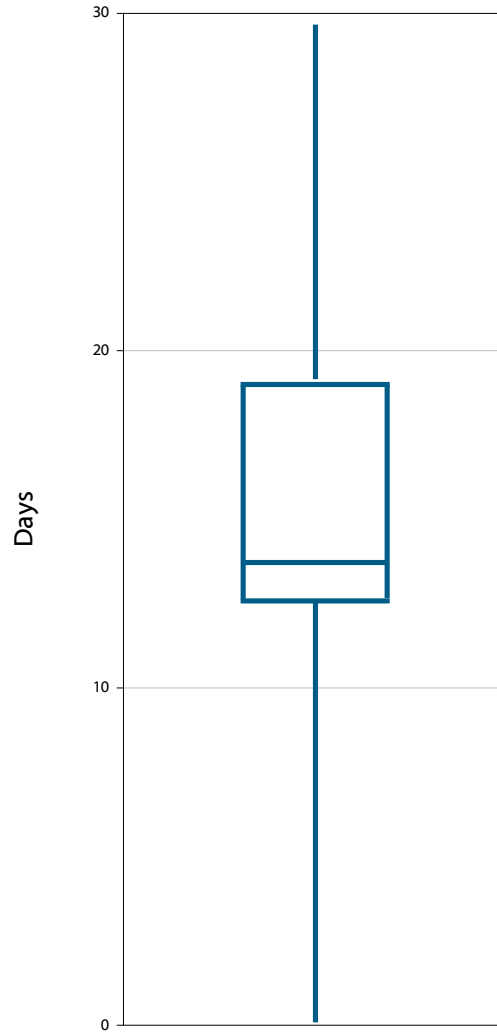
XX NICUs Audited xx Infants
Sample Report (October 2016)



The box and whisker plot displays rates for centers. The top vertical line reaches to the maximum value. The top of the box represents the upper quartile - 25% of centers have a rate higher than this value. The line within the box represents the median - 50% of centers have a rate higher than this value. The bottom of the box represents the lower quartiles - 25% of centers have a rate less than this value. The lower vertical line reaches to the minimum value.

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Total Length of NICU Stay
XX NICUs Audited xx Infants
Sample Report (October 2016)

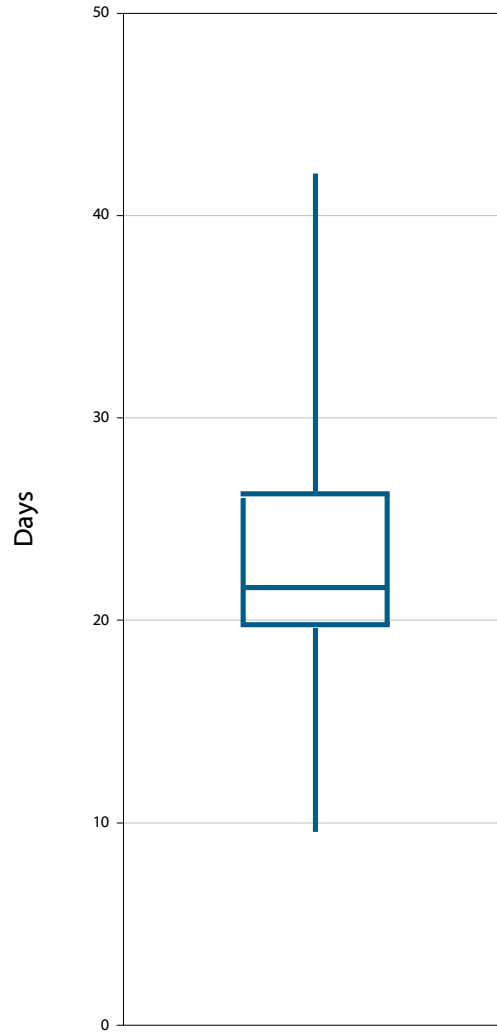


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Total Length of Hospital Stay

XX NICUs Audited xx Infants
Sample Report (October 2016)



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