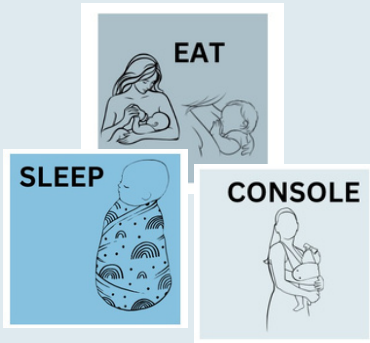


Functional Assessments of Eat, Sleep, Console



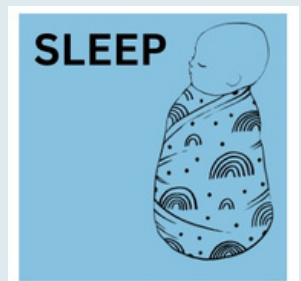
- Assessing the newborn for withdrawal should begin **4–6 hours** following birth.
- Assessment should occur every **3–4 hours**, clustered with other care while the newborn is awake.
- The assessment is reflective of the time period since the last assessment.



- Neonatal withdrawal symptoms can have drastic impacts on the ability of the newborn to feed effectively.
- Breast(chest)milk, of any amount offered in any way, has been shown to improve withdrawal symptoms in newborns diagnosed with Nows.
- Additional neonatal withdrawal symptoms such as vomiting or loose stools can contribute to ineffective weight gain.

Assessment:

- Assess the newborn's ability to eat. Poor eating is defined as the newborn being:
 - Unable to coordinate feeding within **10 minutes** of showing hunger cues **AND/OR**
 - Unable to sustain feeding for an age-appropriate duration at the breast(chest) **OR**
 - newborns cannot handle volumes by alternate feeding methods appropriate for weight and age.
- Assessing the newborn's sleeping pattern reflects the newborn's ability to settle for adequate periods of sleep and awake cycles.
- A newborn who consistently demonstrates poor sleep may need additional support (non-pharmacological or pharmacological) to support functional needs.



Assessment:

- Assess the newborn's functional ability to sleep. Poor sleep is defined as:
 - The newborn's inability to sleep at least one hour of duration after a feed



- Assessing the newborn's ability to console helps to understand the impacts of neonatal withdrawal.
- A newborn who is unable to be consoled within **10 minutes**, or is unable to remain consoled for longer than **10 minutes** is potentially demonstrating signs of inadequately managed withdrawal.

Assessment:

- Assess the newborn's functional ability to be consoled. Unconsoled is defined as:
 - The newborn is unable to be consoled within **10 minutes** OR
 - The newborn is unable to stay consoled for longer than **10 minutes**.



- **Question One:**

- Poor eating? If yes, answer the next question. If no, go to the next section ("Sleep").

- **Question Two:**

- Poor eating due to substance withdrawal? Answer **"Y" YES** if due to substance withdrawal symptoms (e.g. fussiness, tremors, uncoordinated suck, excessive rooting)
- Answer **"N" NO** if poor eating is not due to substance withdrawal (e.g. prematurity, transitional sleepiness, excess mucus – first 24 hours– inability to latch due to maternal/newborn anatomical factors)
- Unsure? Answer **"Y" YES** and continue to monitor

- **Question One:**

- Sleep less than one hour? If yes, answer the next question; if no go to the next section ("Console").

- **Question Two:**

- Sleep less than one hour due to substance withdrawal? Answer **"Y" YES** if due to substance withdrawal symptoms (i.e. fussiness, restlessness, increased startle, tremors)
- **Answer "N" NO** if poor sleeping is not due to substance withdrawal (e.g. physiologic cluster feeding in the first few days of life, interruptions in sleep due to external noise, light and clinical care)
- Unsure? Answer **"Y" YES** and continue to monitor



CONSOLE



- **Question One:**

- Unable to console within 10 minutes (or cannot stay consoled for longer than 10 minutes)? If yes, answer the next question, if no, go to the next section ("Support Needed to Console").

- **Question Two:**

- Unable to console due to substance withdrawal? Answer **"Y" YES** if the newborn is unable to be consoled due to substance withdrawal symptoms
- Answer **"N" NO** if the inability to be consoled is not due to substance withdrawal (e.g. caregiver non-responsiveness, hunger cues, pain)
- Unsure? Answer **"Y" YES** and continue to monitor

Subsection Console Support:

- If the answer is "NO" to question one
 - #1 (Able to self-console) or #2 (Able to console and stay consoled with caregiver support such as swaddling, skin-to-skin, etc.) can be used.
- If the answer is "YES" to question one, #3 (unable to console with caregiver support) is the only code appropriate for this scenario