WisPQC Opioid Project Work Sheet Infant's Name _____

MOTHER				
1. Mother's Medical Record Number			**2. Mother's DOB**	
3. Race ☐ Unknown ☐ White ☐ Black/African Am ☐ Latina	☐ American Indian or Alaska Native Specify first tribe _____ Specify second tribe _____ ☐ Asian Indian ☐ Chinese	☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Laotian ☐ Hmong	☐ Other Asian Specify other Asian race first _____ second _____ ☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan	☐ Other Pacific Islander Specify other Pacific Islander race first _____ second _____ ☐ Other Specify other race first _____ second _____
4. Disposition	☐ Home ☐ Death ☐ Transferred to another facility ☐ Unknown		**5. County**	
CURRENT PREGNANCY				
6. Date First Prenatal Visit		**8. Principal Source Payment**	☐ Medicaid/BadgerCare Plus ☐ Private Insurance	☐ Self Pay ☐ Indian Health Serv
7. Number Prenatal Visits			☐ CHAMPUS/TRICARE ☐ Other Gov't	☐ Other ☐ Unknown
INFANT				
9. Infant MRN		**10. Date of Birth**		**11. Time of Birth**
12. Inborn/Outborn	☐ Inborn ☐ Outborn	**13. Admission Date**		**14. Admission Time**
Infant's Birthplace (If a facility is entered using the drop-down menu, "Street", "City", and "County" will be autofilled.)				
15. Facility		**16. Street**		
17. City		**18. County**		
BIRTH OUTCOME				
19. OB Clinician's final estimate (weeks)				
ABNORMAL CONDITIONS OF THE NEWBORN (Neonatal Abstinence Syndrome/Neonatal Opioid Withdrawal Syndrome)				
20. Infant at Risk for NAS/NOWS	☐ Yes ☐ No	**21. Infant with NAS/NOWS**	☐ Yes ☐ No	
ABNORMAL CONDITIONS OF THE NEWBORN (Basis of NAS Diagnosis)				
22. Maternal history	☐ AODA screening ☐ PDMP ☐ Biological testing ☐ Unknown			
23. Source matern subst (Check all that apply)	☐ Supervised prescribed replacement therapy ☐ Supervised prescribed pain therapy	☐ Prescribed for psychiatric/neurological condition ☐ Prescribed substance obtained without prescription	☐ Non-prescription subst ☐ Unknown	

24. Infant clinical signs NAS/NOWS	☐ Yes ☐ No	**25. Screening tool used**	☐ Finnegan ☐ Lipsitz ☐ Other, specify _____
26. Screening tool completed	☐ Yes ☐ No	**27. Confirmatory test for opioids positive (including buprenorphine)**	☐ Yes ☐ No

ABNORMAL CONDITIONS OF THE NEWBORN (Treatment)

28. NAS/NOWS Tx	☐ Yes ☐ No	**29. Feeding type**	☐ Breastfeeding/breast milk ☐ Formula and breast milk ☐ Formula ☐ Specialty formula

30. Non-pharmacological	☐ Yes ☐ No	**31. Date Started**		**32. Time Started**	
33. Level of care within the facility at initiation	☐ Level I (mom/baby care) ☐ Level II (special care nursery) ☐ Level III (NICU) ☐ Level IV (NICU)				

34. Pharm manage	☐ Yes ☐ No	**35. Start Date**		**36. Start Time**		**37. End Date**		**38. End Time**	
39. Medications NAS tx (check all that apply)	☐ Morphine sulfate ☐ Methadone ☐ Phenobarbital ☐ Clonidine ☐ Other, specify _____								
40. Level of care within the facility	☐ Level I (mom/baby care) ☐ Level II (special care nursery) ☐ Level III (NICU) ☐ Level IV (NICU)								

ABNORMAL CONDITIONS OF THE NEWBORN (Protocol)

41. Standard. protocol used	☐ Yes ☐ No	**42. If No**	☐ Inf ineligible ☐ Prov pref ☐ No prot adopted ☐ Other, specify _____

ABNORMAL CONDITIONS OF THE NEWBORN (Iatrogenic)

43. Dx with potential for state dysregulation (check all that apply)	☐ No ☐ Sz disorder (on EEG) ☐ Stroke/intracranial hemorrhage ☐ Major CNS malformation ☐ Other		
44. Dx/procedures requiring protracted sedation and/or analgesia	☐ Yes ☐ No	**45. Total days prescribed sedation/analgesia**	

INFANT DISCHARGE

46. Destination	☐ Home ☐ Foster Care ☐ Acute care facility ☐ Other specify ☐ Unknown			**47. Develop follow-up**	☐ Yes ☐ No ☐ NA (unk-transfer)
48. Feeding at discharge	☐ Breastfeeding/br milk ☐ Formula/br milk ☐ Formula ☐ Specialty formula	**49. Meds for withdrawal** (check all that apply)	☐ None ☐ Morph sulfate ☐ Phenobarbital ☐ Clonidine ☐ Methadone ☐ Other, specify _____		
50. Discharge date		**51. Discharge time**			

Comments: