Reporter Information	
Reporter name:	Reporter phone:
Reporting facility name:	Reporting date:

Birthing Parent General Information	
First name:	**Last name:**
Date of birth:	**Phone:**
Address:	**County of residence:**

Race: *(Select all that apply)*
☐ White ☐ Black/African American ☐ Asian ☐ Native Hawaiian/Other Pacific Islander ☐ American Indian/Alaskan Native ☐ Other/Unknown

Ethnicity: ☐ Hispanic/Latino ☐ Not Hispanic/Latino ☐ Unknown

Highest level of education:

Primary/First listed payer for hospitalization:

Trimester of 1st prenatal visit:

Birthing Parent Opioid History	Y	N	U
Was birthing parent taking opioids, benzodiazepines, or barbiturates as long-term treatment for a chronic condition during current pregnancy?	☐	☐	☐
Did birthing parent have a substance use disorder clinical diagnosis at time of birth?	☐	☐	☐
Did birthing parent receive Medications for Opioid Use Disorder (MOUD) during pregnancy?	☐	☐	☐

MOUD substances administered during pregnancy: *(Select all that apply)*
☐ Buprenorphine ☐ Methadone ☐ Naltrexone

Please list other substances administered for MOUD:

Substances taken during pregnancy, both prescribed and not prescribed: *(Select all that apply)*

☐	Adderall	☐	Benzodiazepines	☐	Codeine	☐	Gabapentin	☐	Methamphetamine	☐	Oxycodone
☐	Alcohol	☐	Buprenorphine	☐	Fentanyl	☐	Marijuana	☐	Morphine	☐	Phencyclidine (PCP)
☐	Amphetamine	☐	Cigarettes, tobacco, Nicotine	☐	Heroin	☐	Meperidine	☐	Naltrexone	☐	Selective-Serotonin Reuptake Inhibitors (SSRI's)
☐	Barbiturates	☐	Cocaine	☐	Hydrocodone	☐	Methadone	☐	Narcan/Naloxone	☐	Xylazine

Please list any other substances that the birthing parent used prior to birth, both prescribed and non-prescribed.
(e.g., Kratom, Bupropion, Synthetic Cannabinoids)

Infant Information	
First name:	**Last name:**
Sex: ☐ Female ☐ Male ☐ Other	
Date of birth:	**Gestational age at birth:** weeks days
Birth weight: *(grams)*	**Birth height:**
Head circumference: *(cm)*	**Birth head circumference taken at least 24 hours after delivery**

Infant Clinical Information	Y	N	U
Did infant exhibit at least 2 signs of NAS that are not directly attributed to another diagnosis before 28 days of age?	☐	☐	☐
Did infant have a diagnosis or chief complaint of NAS before 28 days of age?	☐	☐	☐
Did infant's medical record include the 96.1 ICD-10-CM code?	☐	☐	☐
Was the infant hospitalized or admitted to a residential pediatric recovery center at the time of clinical signs, chief complaint, or diagnosis?	☐	☐	☐

Infant Clinical Information (cont'd)

NAS assessment method/system:

If relevant, what was the highest NAS Score recorded? | **Date of highest score:**

Signs/Symptoms	Y	N	U		Y	N	U
Cutaneous mottling	☐	☐	☐	Tachypnea or respiratory rate >60 beats/minute	☐	☐	☐
Hypertonia (increased muscle tone)	☐	☐	☐	Fever	☐	☐	☐
Respiratory distress or nasal flaring	☐	☐	☐	Nasal congestion/stuffiness	☐	☐	☐
Excessive sneezing	☐	☐	☐	Tremors	☐	☐	☐
Irritability or inability to console (e.g. excessive crying)	☐	☐	☐	High-pitched cry	☐	☐	☐
Seizures	☐	☐	☐	Alterations in feeding (e.g. hyperphagia)	☐	☐	☐
Excessive sucking	☐	☐	☐	Feeding intolerance (e.g. excessive regurgitation)	☐	☐	☐
Loose or watery stools	☐	☐	☐	Hyperactive moro	☐	☐	☐
Sweating	☐	☐	☐	Poor sleep	☐	☐	☐
Excoriation	☐	☐	☐	Frequent yawning	☐	☐	☐
Myoclonus	☐	☐	☐				
Did infant exhibit any congenital abnormalities such as cleft palate, rocker bottom feet, hypospadias, chordee/hypospadias, syndactyly, etc.?					☐	☐	☐
Was infant exposed to Hepatitis C during pregnancy or birth?					☐	☐	☐

NAS Treatment

Did the infant receive medication for treatment of NAS?

Medication name	Start date	End date	Medication name	Start date	End date
Buprenorphine			Morphine		
Clonidine			Phenobarbital		
Methadone			Other (please name):		

Please list any non-pharmacological treatments that the infant received for NAS:

Hospitalization

Name of facility (include birthing hospital)	Admit date	Discharge date	Type of discharge	Readmit date	Readmit discharge date	Admitted to ICU?

Vital status of infant at date of last discharge?

Infant/Family Follow-up	Y	N	U
Was a Plan of Safe Care documented prior to infant's discharge?	☐	☐	☐
Did parent/guardian accept a Plan of Safe Care before infant's discharge?	☐	☐	☐
Was infant referred to early intervention services as part of their discharge?	☐	☐	☐
Was a social worker consulted for the infant while hospitalized?	☐	☐	☐

Into whose care was infant discharged to?

Laboratory Information

Patient name: Patient date of birth:

Specimen type: ☐ Blood ☐ Hair ☐ Urine ☐ Meconium ☐ Umbilical Cord Tissue ☐ Umbilical Cord Blood ☐ Unknown

Specimen collection date:

Substances specimen was positive for: *(Select all that apply)*

☐	Adderall	☐	Benzodiazepines	☐	Codeine	☐	Gabapentin	☐	Methamphetamine	☐	Oxycodone
☐	Alcohol	☐	Buprenorphine	☐	Fentanyl	☐	Marijuana	☐	Morphine	☐	Phencyclidine (PCP)
☐	Amphetamine	☐	Cigarettes, tobacco, Nicotine	☐	Heroin	☐	Meperidine	☐	Naltrexone	☐	Selective-Serotonin Reuptake Inhibitors (SSRI's)
☐	Barbiturates	☐	Cocaine	☐	Hydrocodone	☐	Methadone	☐	Narcan/Naloxone	☐	Xylazine

List any other substances specimen was positive for:

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