Reporter Information								
Reporter name:				Re	porter phone:			
Reporting facility name:				Re	porting date:			
				·	-			
Birthing Parent General Information								
First name:			Last name:					
Date of birth:			Phone:					
Address:			County of residence	e:				
Race: (Select all that apply)								
,		aiian/Other Pacific Islan	der American Indi	ian/Alaskan Native O	ther/Unknown			
	anic/Latino Unk	nown						
Highest level of education:								
Primary/First listed payer for hospitalization	ion:		•					
Trimester of 1st prenatal visit:								
Birthing Parent Opioid History						Y	N	U
Was birthing parent taking opioids, benzo				ic condition during curre	ent pregnancy?			
Did birthing parent have a substance use	disorder clinical dia	gnosis at time of birth?						
Did birthing parent receive Medications f	or Opioid Use Disor	der (MOUD) during pre	gnancy?					
MOUD substances administered during p	regnancy: (Select al	ll that apply)						
Buprenorphine Methadone Nal	trexone							
Please list other substances administered	for MOUD:							
Substances taken during pregnancy, both	nrescribed and not	nrescribed: (Select all t	hat annly)					
	azepines	Codeine	Gabapentin	Methamphetamine	e Oxycodor	16		
Alcohol Bupreno		Fentanyl	Marijuana	· · · · · · · · · · · · · · · · · · ·				
	es, tobacco,	Heroin	Meperidine	Naltrexone	Selective-			ake
Nicotine	·				Inhibitors			
Barbiturates Cocaine		Hydrocodone	Methadone	Narcan/Naloxone	Xylazine	(
Please list any other substances that the	birthing parent used	prior to birth, both pre	escribed and non-pre	escribed.	, ,			
(e.g., Kratom, Bupropion, Synthetic Cannai		, ,	·					
	•							

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		Υ	N	U
Did infant exhibit at least 2 signs of NAS that are not directly attributed to a	nother 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 co	enter at the time of clinical signs, chief complaint, or diagnosis?			

NAS assessment method/system: If relevant, what was the highest NAS Score recorded? Signs/Symptoms										
Signs/Symptoms					Dat	e of highest score	:			
	Υ	N	U					Υ	N	U
Cutaneous mottling				Tachypn	nea or respir	atory rate >60 bea	ats/minute			
Hypertonia (increased muscle tone)				Fever						
Respiratory distress or nasal flaring				Nasal co	ongestion/st	uffiness				
Excessive sneezing				Tremors	S					
Irritability or inability to console (e.g. excessive crying)				High-pit	ched cry					
Seizures				Alteratio	ons in feedi	ng (e.g. hyperphag	ia)			
Excessive sucking				Feeding	intolerance	(e.g. excessive re	gurgitation)			
Loose or watery stools				Hyperac	ctive moro					
Sweating				Poor sle	ер					
Excoriation				Frequen	nt yawning					
Myoclonus										
Did infant exhibit any congenital abnormalities such as cleft palate, rocker bo	ottor	n feet,	, hypo	spadias, c	chordee/hy	pospadias, syndac	tyly, 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	N	∕ledica	ition n	ame			Start date	End date		
Buprenorphine	Ν	Логрhi	ine							
Clonidine	Р	henob	arbita	I						
Methadone	C	Other (please	name):						
Please list any non-pharmacological treatments that the infant received for NA	AS:									
Hospitalization										
Name of facility (include birthing hospital) Admit date Discharge da	ate	e Type o		of discharge	Readmit	date Readmit d	Readmit discharge date		l to ICU	?
Vital status of infant at date of last discharge?										
Infant/Family Follow-up								Υ	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?								1 1		

Patient name:						Patient date of birth:	
	ood Ha	ir Urine	Meconium	Umbilical Cord Tissue	Umbilical Cord Blood		
pecimen collection of		iii Office	Wiccomani	Ombined Cord 1133dC	Ombinear cora blood	CHRIOWII	
		ive for: /Sala	st all that ann	1/1/			
Substances specimen	i was posi	Benzodiazep		Codeine	Cahanantin	Methamphetamine	Owendone
Adderall Alcohol		Buprenorphi		Fentanyl	Gabapentin Marijuana	Morphine	Oxycodone Phencyclidine (PCP)
Amphetamine		Cigarettes, to		Heroin	Meperidine	Naltrexone	Selective-Serotonin Reuptake
Amphetamine		Nicotine	obacco,	Heroin	Wependine	Nattiexone	Inhibitors (SSRI's)
Barbiturates		Cocaine		Hydrocodone	Methadone	Narcan/Naloxone	Xylazine
List any other substa	nces sneci		itive for:	Trydrocodone	Wethadone	Transant Transaction	Ayidzine
List any other substan	nees spee	men was posi	tive ioi.				
Laboratory Informati	on						
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	and He	ir Hrino	Massaium	Umbiliaal Card Tissus	Umbilical Card Dlaga		
	ood Ha	ir Urine	Meconium	Umbilical Cord Tissue	Umbilical Cord Blood	Unknown	
Specimen collection o							
Substances specimen	was posit				1	T	T T
Adderall		Benzodiazep		Codeine	Gabapentin	Methamphetamine	Oxycodone
Alcohol		Buprenorphi		Fentanyl	Marijuana	Morphine	Phencyclidine (PCP)
Amphetamine		Cigarettes, to	obacco,	Heroin	Meperidine	Naltrexone	Selective-Serotonin Reuptake Inhibitors (SSRI's)
		Nicotine					
Laboratory Informati		Cocaine	itive for:	Hydrocodone	Methadone	Narcan/Naloxone	Xylazine
List any other substa Laboratory Informati		Cocaine	itive for:	Hydrocodone	Methadone	Narcan/Naloxone Patient date of birth:	
List any other substant Laboratory Informati Patient name:		Cocaine men was posi	itive for: Meconium	Hydrocodone Umbilical Cord Tissue	Methadone Umbilical Cord Blooc	Patient date of birth:	
List any other substant Laboratory Informati Patient name: Specimen type: Bl	on ood Ha	Cocaine men was posi				Patient date of birth:	
List any other substant Laboratory Informati Patient name:	on ood Ha	Cocaine men was posi ir Urine	Meconium	Umbilical Cord Tissue		Patient date of birth:	
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