

Decreasing Length of Stay for NAS Infants Through Standardization of the Treatment Process

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Eventual Aims

Decrease length of stay and improve family experience for the NAS population

Preliminary Aims

- ◆ Develop multidisciplinary project team
- ◆ Develop NAS focused nursing team to care for NAS babies
- ◆ Identify neonatologists to manage NAS babies
- ◆ Create a developmentally appropriate area within the Intermediate Care Nursery for NAS babies

Specific Clinical Approaches

- ◆ RN to score and report scores consistently to MD
- ◆ Medicate per standardized approach
- ◆ Actively wean Morphine per new standard
- ◆ Scoring and management details at bedside on laminated card, to be shared with families

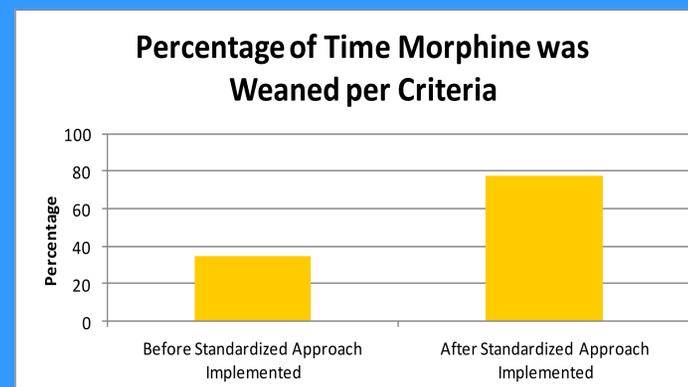


Preliminary Results

- ◆ Sample size inadequate to compare length of stay
- ◆ Proxy Measure: Weaning of Morphine

Was Morphine weaned when

- ◆ NAS average score <8 over previous 24 hours?
or when
- ◆ NAS average score <10 over previous 48 hours?



Unexpected Benefits of this Initiative

- ◆ Nurses on the NAS team leading this initiative at the bedside
 - ◆ Requested environmental changes to reduce noise in the new NAS area
 - ◆ Check on NAS babies, their families and the staff when not assigned
- ◆ Great for morale and professionalism in the intermediate care nursery
 - ◆ Most special teams are developed for the ICU areas



Anecdotes from the NAS nurses

"Families are more engaged with their babies."

"Families feel less judged by caregivers."

"Families have a more positive attitude toward the staff and their babies."

"Families really like having consistent caregivers."

"We love being part of a cohesive team."

"Other nurses taking care of NAS babies in the unit are already coming to us for information and guidance."

"The Management and Scoring Guide at the bedside is a great teaching tool for the parents. We are more likely to teach them because it is there. The parents pick it up and read it."

"Medication is definitely helpful for these babies, but developmental care is the key."