

Effect of Finnegan scoring education on the care of neonates with NAS

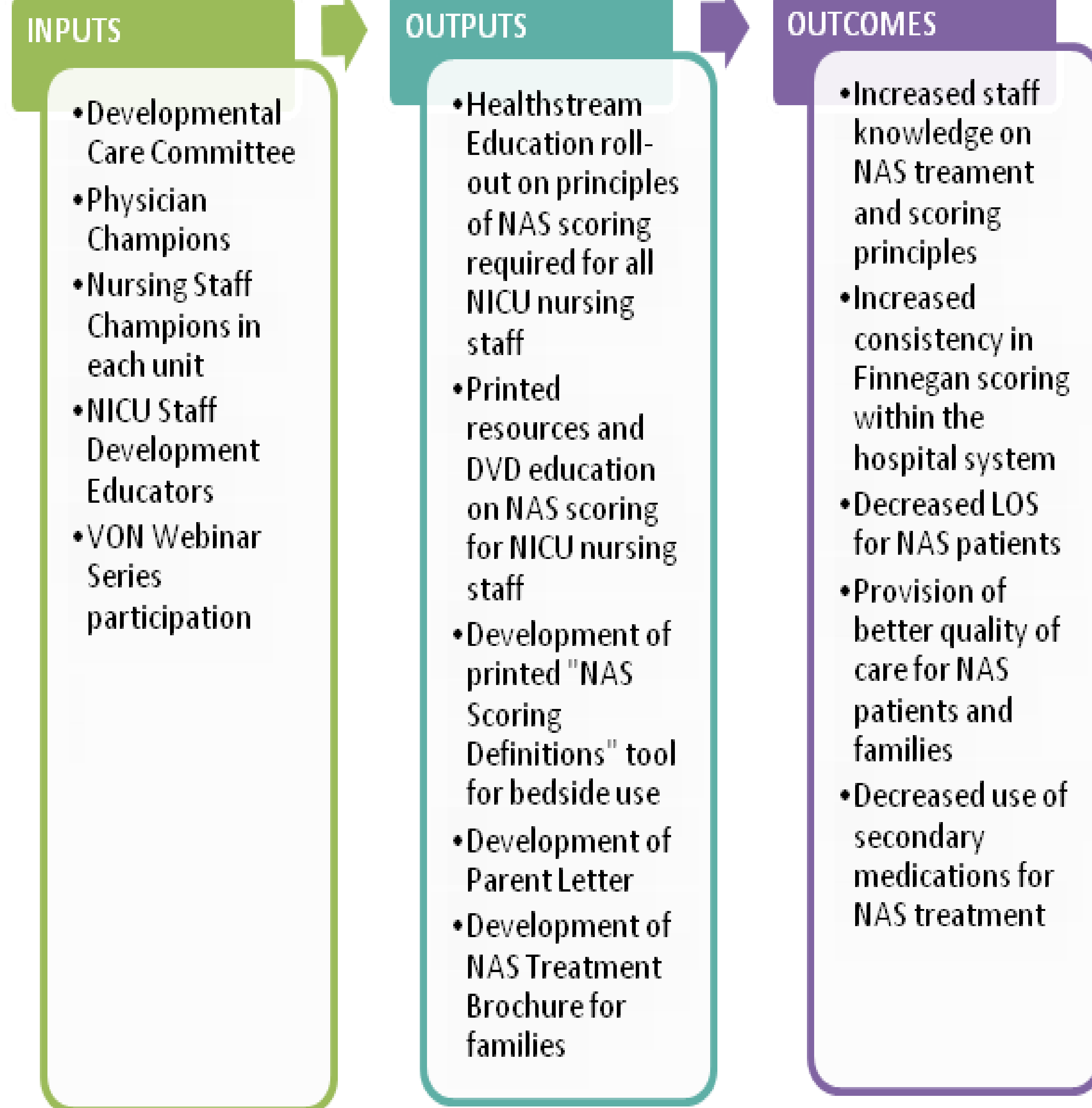
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Aim & Setting

The aim of this project was to assess the impact of accurate and consistent scoring using the Finnegan Scoring tool on the care of neonates diagnosed with Neonatal Abstinence Syndrome (NAS) in the Neonatal Intensive Care Unit (NICU) setting.

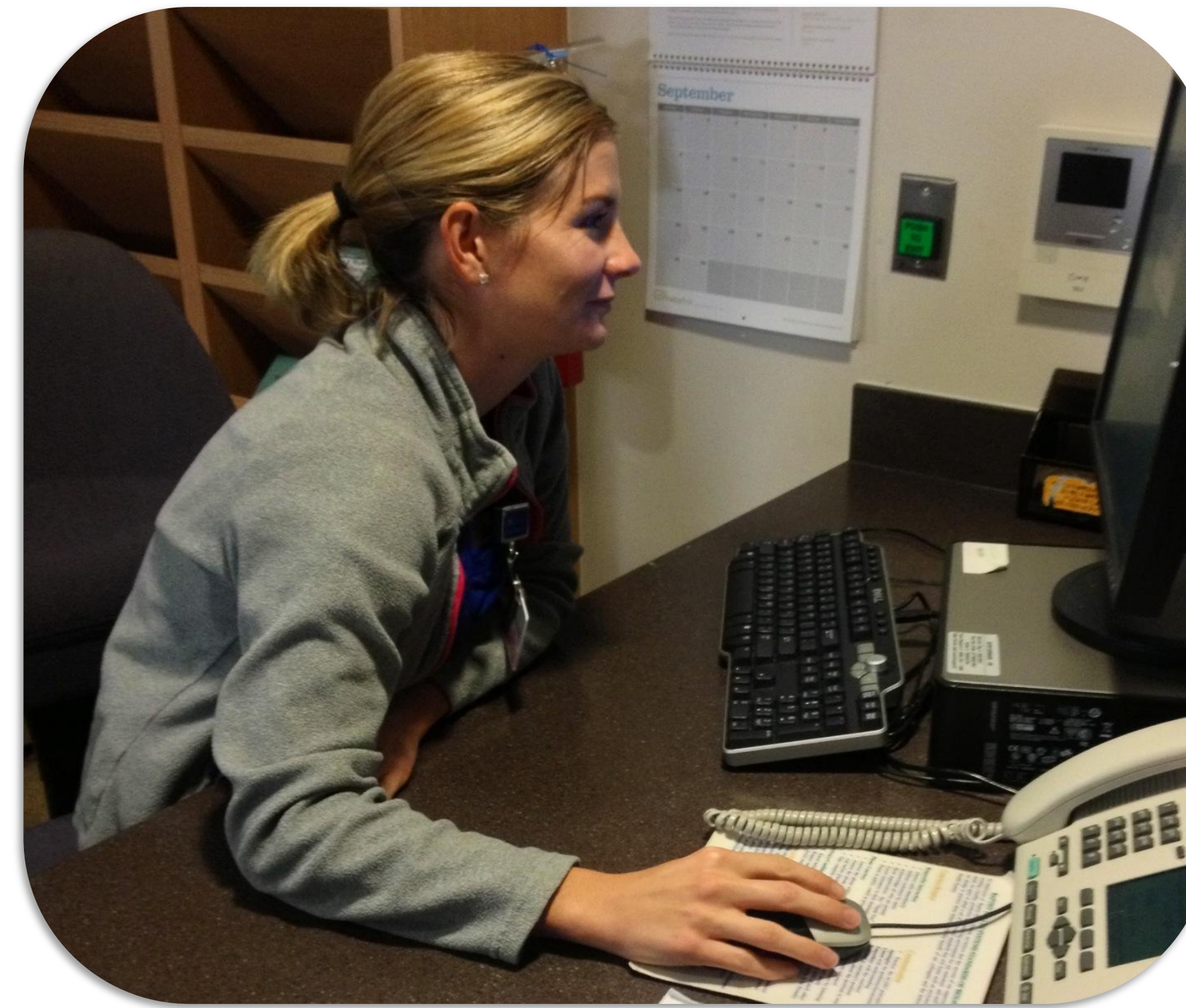
Mechanisms

We theorized that accurate scoring would lead to a decreased need for medication, as well as a decreased length of stay (LOS).



Methods

Utilizing various learning modalities which included online coursework, instructional videos, and printed materials, all NICU staff completed NAS scoring education during a period of eight weeks.



A printed bedside scoring resource was developed and put into use in the four units.

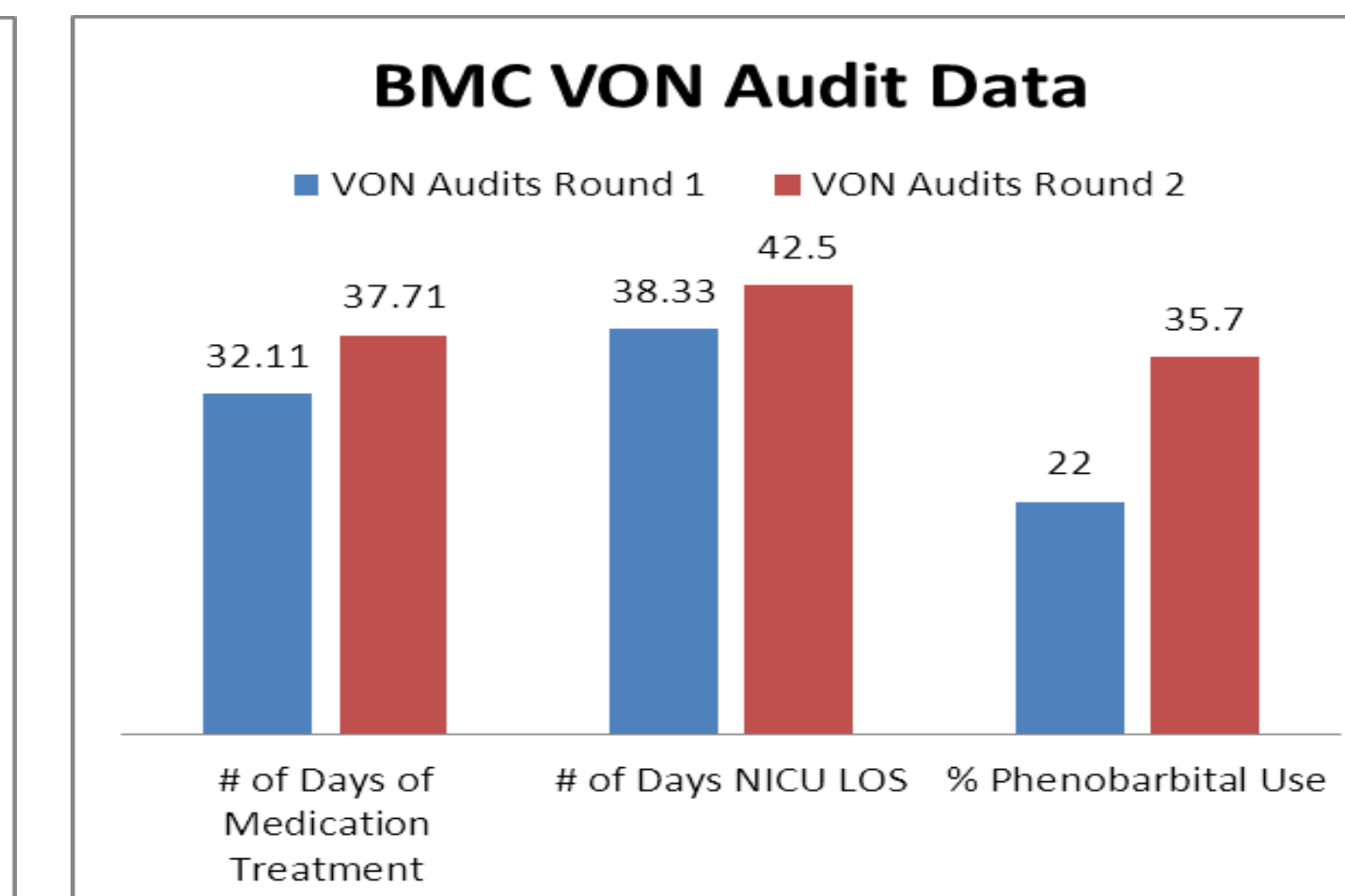
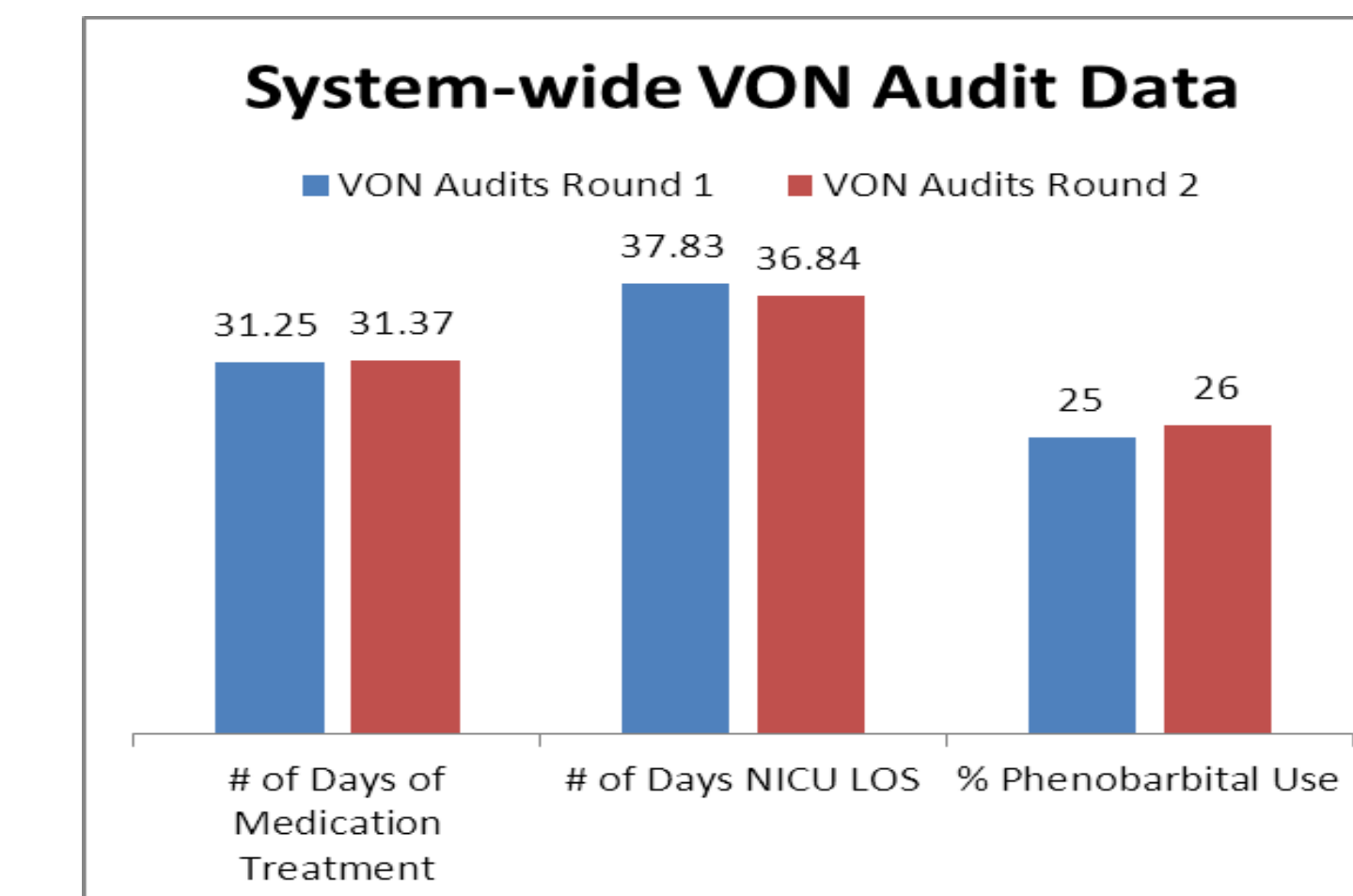
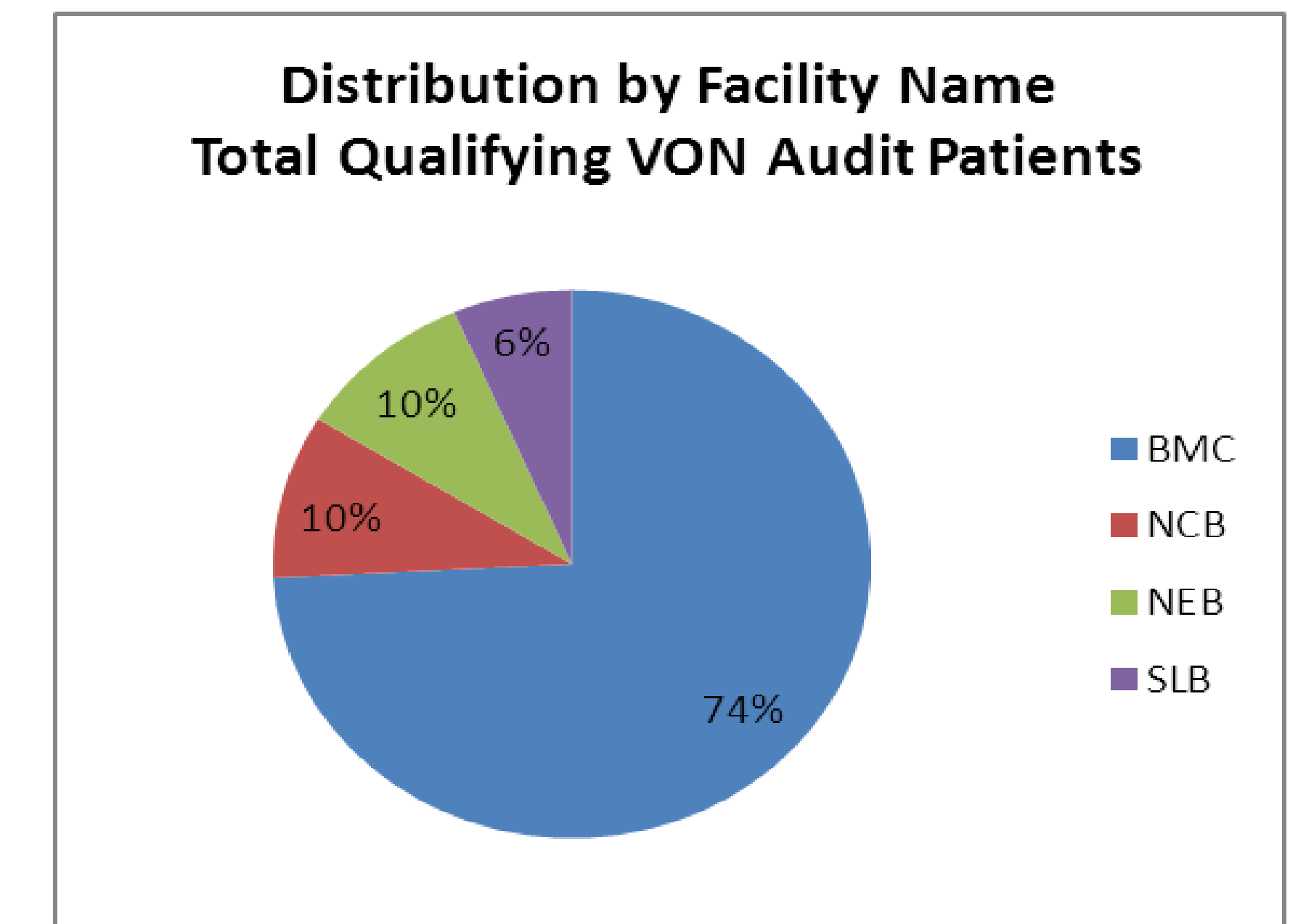


Measures

Length of stay and duration of medication (Morphine Sulfate) use were measured before and after the focused education. In addition, the need for secondary medication (Phenobarbital) was also evaluated.

Results

As a multi-hospital system (four NICUs), our NICU LOS decreased by approximately one (1) day; however, NICU LOS actually increased by 4.17 days in our primary NAS Care Center (Baptist Medical Center [BMC]). This accounts for 74% of our audited patients. System-wide our total medication days increased by 0.12 days and by 5.6 days at BMC. Additionally, our secondary medication use (Phenobarbital) increased by 1% system-wide and by 13.7% at BMC.



Discussion

We were successful in the standardization of the NAS scoring process amongst our NICU RN staff. The use of the bedside scoring resource and the mandatory education component were the most significant contributing factors for this success. Challenges for this project included the fact that we are a multi-hospital system in a large metropolitan area. Our four NICUs serve a diverse population with the majority of Infants of Substance Abusing Mothers (ISAMs) being treated at our BMC location. Each of these units has a different layout and design. We believe that the open-bay design and close proximity of mixed acuity patients in the BMC location may be a contributing factor in the increased LOS and secondary medication use in this unit. Further research is needed to determine if environmental modification alone would affect LOS, number of medication days, and secondary medication use. For future projects, we would like to explore modified scoring options for both premature infants and infants > one month of age.

Contact information

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