

Neonatal Abstinence Scoring Tip Sheet (examination period encompasses the period of time from the last exam to the time of the current exam)

Signs/Symptom	Description
Cry	<ul style="list-style-type: none"> Should be scored whether infants cry is high pitched or not Infant unable to decrease crying within a 15 second period using self-consoling measures AND <p>High Pitched Cry - Infant continues to cry intermittently or continuously for up to 5 minutes despite caregiver interventions during examination period Continuous High Pitched Cry - Infant continues to cry intermittently or continuously for greater than 5 minutes despite caregiver interventions during examination period</p>
Sleep	<ul style="list-style-type: none"> Score based on the longest period of sleep displayed by the infant, within the entire scoring interval. Should be scored whether the baby is exhibiting light or deep sleep
Moro Reflex	<ul style="list-style-type: none"> Infant should be quieted; no irritability or crying when Moro reflex elicited <p>Hyperactive Moro Reflex – Pronounced jitteriness of hands during or at the end of Moro reflex Markedly Hyperactive Moro Reflex – Jitteriness of the hands&/or arms are present during or at the end of Moro reflex. Can see clonus of the hands &/or feet</p>
Tremors	<p>Observable tremors (quivering) when the infants is asleep, drowsy, awake, active or alert</p> <ul style="list-style-type: none"> Disturbed – while being handled Undisturbed – not being handled (should be observed for at least two one-minute intervals of undisturbed periods during exam) Mild – tremors of the hand or foot Moderate to severe – arms (one or both) or legs (one or both), with or without observable tremors of the hands or feet
Increased muscle tone	<ul style="list-style-type: none"> Infant should be quieted; no irritability or crying Note degree of resistance when attempting to straighten infant’s arms and legs, infant should resist slightly but examiner should be able to move infant’s arms and legs against resistance; inability to do so indicates increased muscle tone
Excoriation	<ul style="list-style-type: none"> Present on the chin, knees, cheeks, elbows, toes, or nose. Reddened diaper area should NOT be scored as excoriation if it is the result of loose or watery stools which will be scored separately
Myoclonic Jerks	<ul style="list-style-type: none"> Infant expresses twitching movements of the muscles of the face or extremities or if jerking movements of the arms or legs are observed. Jerking movements are different from tremors and are associated with short quick contractions for the muscles or extremities
Generalized convulsions	<ul style="list-style-type: none"> If generalized jitteriness of the extremities is observed, touch, or flex the involved limbs. If the jitteriness stops during these maneuvers, it is not due to a seizure. If it does not stop by touching or flexing it is the result of a seizure. Observe for subtle seizures and score using this category
Sweating	<ul style="list-style-type: none"> Wetness is felt on the infant’s forehead, upper lip, or back of the neck. Do not score if sweating is due to overheating as a result of nursing measures such as swaddling
Fever	<ul style="list-style-type: none"> Use axillary temperature
Frequent Yawning	<ul style="list-style-type: none"> Yawns more than 3 times in the examination period
Mottling	<ul style="list-style-type: none"> Score if mottling (marbled appearance of pink and pale or white areas) present on infant’s chest, trunk, arms or legs.
Nasal stuffiness	<ul style="list-style-type: none"> Nares are partially blocked due to a presence of exudates, which makes respirations noisy. Rhinorrhea may or may not be present
Sneezing	<ul style="list-style-type: none"> Sneezes more than 3 times within the examination period. May occur as individual episodes or may occur serially
Nasal flaring	<ul style="list-style-type: none"> Score if present at any time during the examination period
Respiratory Rate	<ul style="list-style-type: none"> Respirations must be counted for a full minute to determine infants respiratory rate
Excessive sucking	<ul style="list-style-type: none"> Infant displays frantic rooting (more than 3 times) and sucking on fists, hands, pacifier or clothing when awake.
Poor feeding	<p>Score if one or more of the following are present:</p> <ul style="list-style-type: none"> Excessive sucking prior to a feeding, yet sucks infrequently while feeding taking a small amount of formula Demonstrates an uncoordinated sucking reflex. Continuously gulps the formula while eating and stops frequently to breathe Inability to close mouth around bottle
Regurgitation	<ul style="list-style-type: none"> Frequent regurgitation (2 or more times) and is not associated with burping
Projectile vomiting	<ul style="list-style-type: none"> Score if one or more projectile vomiting episodes occurs either during or immediately after a feeding
Loose stools	<ul style="list-style-type: none"> Stool that may or may not be explosive that is curdy, mushy or seedy
Watery stools	<ul style="list-style-type: none"> Stool is accompanied by a water ring on the diaper