Infant Name: _____

DOB: _____

The purpose of this form is to standardize care and expectations for all substance exposed newborns. These newborns are at increased risk for poor weight gain, failure to thrive and problems with their development, vision and behavior throughout childhood. Families affected by substance use are also at risk for numerous social complications, including maternal depression, housing instability, domestic violence exposure, and hunger.

These newborns are at increased risk for missed pediatric care opportunities. Please ensure that each newborn has a follow-up pediatric provider identified and first newborn appointment scheduled.

□ Cord drug screen results received

□ ICD 10 Code: _____

□ Cord drug screen pending with follow-up plan

Person responsible for following up pending cord drug test and communicating results with DCS and pediatric provider: Name: Contact:

DCS notified if positive drug screen for illicit substance

□ Safe home environment/discharge disposition assured by DCS (if necessary)

□ Home visitation follow-up arranged

Agency name: _____

□ If eligible for Medicaid, an order for home health nursing visit (30 allowed without prior authorization) has been written prior to discharge and included in the discharge documentation

□ Referral made to Managed Care Entity (MCE) case management

First Steps referral completed if concern for abnormal tone or immediate
developmental needs are present (e.g. feeding or attachment issues). Please note that First
Steps is not necessary for all perinatally substance exposed newborns.

□ Primary care provider identified

Primary Care Provider: _____ Phone Number: _____

□ First newborn appointment scheduled within 2-3 days of discharge

Date/time of first newborn appointment: _____

Perinatally substance exposed letter sent to primary care provider and scanned into medical record

Primary Care Provider fax number: _____

□ Releases have been signed allowing communication between care providers and DCS representatives. Releases have been faxed to all included providers and representatives.

□ If the newborn has been diagnosed with NAS or with significant medical concerns, the primary care provider has been called for a warm hand-off

□ Feeding plan has been developed (with family demonstrating ability to feed baby adequately)

□ Family has been trained on:

- o Baby's care plan
- o Baby's feeding plan
- Soothing baby safely
- Safe sleep practices

• Ongoing symptoms of withdrawal and when to call medical provider (if necessary)

□ Caregiver education materials (insert weblink) provided including a letter explaining the DCS process that will be followed