

Quick Reference Guide to the Neonatal Abstinence Syndrome (NAS) Reporting System



Updated 11/28/2012

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Highlights:

NAS Reporting Requirement

- Requirement for reporting starts January 1, 2013 for:
 - Any baby who is:
 - Diagnosed with neonatal abstinence syndrome (NAS) **and**
 - Is resident of TN (mother resided in TN before birth) **and**
 - Was born on or after 1/1/2013

Highlights:

NAS Reporting Requirement

- Hospitals should report cases at time of diagnosis
- If diagnosis made in outpatient setting, then provider who makes diagnosis should report
- Link to online reporting portal available at: <http://health.tn.gov/MCH/NAS/index.shtml>

Highlights:

NAS Reporting Requirement

- Reporting form is for surveillance purposes only and does not constitute a referral to any other agency.
- Whenever any health care provider knows of or reasonably suspects a case of child abuse or neglect, the provider is required by law to report the case to the Department of Children's Services by calling 1-877-237-0004 or reporting online at: <https://reportabuse.state.tn.us/>.

Instructions for Reporting NAS Cases

- Access the reporting system through the online portal
 - Link available at:
<http://health.tn.gov/MCH/NAS/index.shtml>
- The following slides contain screen shots with instructions for each step of the reporting process

Instructions for Reporting NAS Cases

Neonatal Abstinence Syndrome--Reporting Portal

Neonatal Abstinence Syndrome (NAS)

Exposure to certain substances during the prenatal or immediate postnatal period may cause symptoms in the neonate consistent with withdrawal from the substance. In cases of NAS, there will generally be a history of exposure (maternal or infant) as well as evidence of effect (clinical signs or laboratory findings).

Elements of NAS diagnosis include:

1) Maternal history

- Documented medically supervised maternal replacement therapy (ex. Methadone)
- Documented medically supervised maternal pain treatment (ex. Opioid)
- Documented medically supervised treatment for psychiatric or neurologic condition (ex. SSRI, benzodiazepine)
- History of prescription drug use without prescription
- History of other (non-prescription) substance use

2) Clinical signs in infant

- Symptoms associated with drug withdrawal
- Semi-objective quantification of findings (ex. those identified via Finnegan or Lipsitz scales)

3) Infant screening/confirmatory tests

- Screening (Urine), Confirmatory testing (Hair, urine, meconium, umbilical cord)

Next

**The first page
of the survey
contains basic
information
about NAS.**

**Click "Next" on the Survey Tool after you
have read the information**

Instructions for Reporting NAS Cases

CASE INFORMATION

*** 1. Type of hospitalization: Please characterize this hospitalization.**

- Initial (birth) hospitalization—infant has never been discharged home from this hospital.
- Transfer from birth facility—infant was born at another facility and then transferred to this facility.
- Re-admission—infant had been discharged home and subsequently readmitted to this hospital.
- This baby was diagnosed with NAS in an outpatient (non-hospital) setting.

Question #1 asks about the type of hospitalization.

- If the baby was born at this hospital and has never been discharged home, select “Initial (birth) hospitalization.”
- If the baby was born at another hospital but transferred to your hospital (where the diagnosis was made), then select “Transfer from Birth Facility”
- If the baby was discharged home without a diagnosis of NAS and then readmitted (and the diagnosis was made at readmission), then select “Readmission.”
- If the baby was diagnosed with NAS in an outpatient setting rather than a hospital, select “This baby was diagnosed with NAS in an outpatient setting.”

Instructions for Reporting NAS Cases

* 2. Please select the name of the baby's BIRTH HOSPITAL.

* 3. Please select the name of the REPORTING HOSPITAL.

Questions #2 and #3 ask the name(s) of the birth and reporting hospital.

- Select the name of the hospital from the drop-down menu.
- If your hospital name is not listed in the drop-down menu, select “Other” and type in the hospital name in the space provided below.
- If the baby was born at home, select “Home Birth” in the “Birth Hospital” menu.
- If the diagnosis is made in an outpatient setting (rather than a hospital), select “Other” in the “Reporting Hospital” menu and type in the name of the clinic in the space provided below.

Instructions for Reporting NAS Cases

* 4. Please enter the LAST 4 DIGITS of the baby's hospital chart number (from the reporting hospital).

Question #4 asks for the last 4 digits of the baby's hospital chart number.

- Enter the last 4 digits in the space provided.
- If the diagnosis is made in an outpatient setting, enter the last 4 digits of the outpatient chart.
- The digits can be alphabetical or numeric.
- Only 4 digits can be accepted.

Instructions for Reporting NAS Cases

* 5. Please enter the **BABY'S DATE OF BIRTH**.

(Is the baby's date of birth is unknown because the baby was delivered to the hospital through the Safe Haven Act, enter 12/31/2099 as the date of birth).

Question #5 asks for the baby's date of birth.

- Enter the date of birth in the **MM/DD/YYYY** format.
- If the baby's date of birth is unknown because the baby was delivered to the hospital through the "Safe Haven Act," enter 12/31/2099 as the date of birth.
- Remember that reporting is required only for babies born **on or after** January 1, 2013.

Instructions for Reporting NAS Cases

*6. Please select the **BABY'S SEX**.

*7. Please indicate the **MATERNAL COUNTY OF RESIDENCE**.

Questions #6 and #7 ask for information about the baby's sex and the maternal county of residence.

- Select the baby's sex from the drop-down menu. If the baby's sex is unknown at the time of diagnosis, select "Unknown at this time."
- Select the maternal county of residence from the drop-down menu. Only babies born to mothers who resided in TN before the baby's birth should be reported.

Instructions for Reporting NAS Cases

* 8. Please identify which CONFIRMATORY TEST(S) have been ordered for this baby.

- Hair--Pending
- Hair--Completed
- Urine--Pending
- Urine--Completed
- Meconium--Pending
- Meconium--Completed
- Umbilical cord--Pending
- Umbilical cord--Completed
- Other (please specify)

Question #8 asks about confirmatory tests that have been ordered for the baby.

- Select which confirmatory test(s) has/have been ordered.
- If a test has been ordered and the results are not yet available, select the option labeled “Pending.”
- If a test has been ordered and the results are now available, select the option labeled “Completed.”

Instructions for Reporting NAS Cases

***9. Does this baby have CLINICAL SIGNS CONSISTENT WITH NAS?**

- Yes
 No

10. Are any OTHER SUPPORTIVE ELEMENTS FOR DIAGNOSIS present? (Check all that apply)

- Maternal history of substance known to cause NAS
 Positive MATERNAL screening test for substances known to cause NAS
 Positive NEONATAL screening test for substances known to cause NAS

Questions #9 and #10 ask about the circumstances surrounding the diagnosis of NAS.

- For each question, select the appropriate answer(s) based on the baby's clinical exam.
- You may select more than one answer for question #10.

Instructions for Reporting NAS Cases

11. What is the SOURCE OF THE SUBSTANCE CAUSING NAS, if known? (Check all that apply)

- Maternal: Supervised replacement therapy (prescription drug obtained WITH a prescription)
- Maternal: Supervised pain therapy (prescription drug obtained WITH a prescription)
- Maternal: Therapy for psychiatric or neurological condition (prescription drug obtained WITH a prescription)
- Maternal: Prescription substance obtained WITHOUT a prescription
- Maternal: Non-prescription substance
- No known exposure but clinical signs consistent with NAS (select this option ONLY if you did not select any other options)

Question #11 asks about the source of the substance causing NAS (if known).

- Select the appropriate answer based on the case history.
- Select multiple answers if appropriate.
- **Only select the last option (No known exposure but clinical signs consistent with NAS) if no other options are selected.**

Instructions for Reporting NAS Cases

IMPORTANT NOTE: This reporting form is for surveillance purposes only. Reporting on this form does not constitute a referral to any agency other than the Tennessee Department of Health. Whenever any health care provider knows of or reasonably suspects a case of child abuse or neglect, the provider is required by law to report the case to the Department of Children's Services by calling 1-877-237-0004 or reporting online at: <https://reportabuse.state.tn.us/>.

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Done

Click "Done" to submit the report.

*****IMPORTANT:** Remember that this reporting form is for surveillance purposes only.

*******Whenever any health care provider knows of or reasonably suspects a case of child abuse or neglect, the provider is required by law to report the case to the Department of Children's Services.

For Additional Information

- For additional information, visit the Department of Health's NAS website:
 - <http://health.tn.gov/MCH/NAS/index.shtml>
- Contact the Division of Family Health and Wellness
 - Dr. Michael Warren
 - Phone: 615-741-7353
 - Email: MCH_Health@tn.gov