

Eat, sleep and console tool decreases length of stay and post natal use of opiates

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A new quality improvement tool called Eat, Sleep and Console (ESC) shows consistent signs of improved care of opioid-exposed newborns in neonatal intensive care units (NICUs). Findings from the study will be presented during the Pediatric Academic Societies (PAS) 2019 Meeting, taking place on April 24—May 1 in Baltimore.

"The [opioid epidemic](#) has had an enormous impact on newborn care and our goal in this project was to improve the care of opioid-exposed newborns at our hospital using [quality improvement](#) methods to adapt previously demonstrated successful approaches that focused on three things; simplified assessment of newborns experiencing opioid withdrawal, engaging and educating families in [best practices](#) to support their babies through drug withdrawal symptoms, and minimizing exposures of babies to medications," said Susan Townsend, MD, one of the authors of the study. "Our philosophy is to 'use hugs, not drugs' in treating newborn opioid withdrawal symptoms. This approach was effective in rapidly reducing [hospital stay](#) for this large group of patients."

To conduct this study, a quality improvement (QI) process was initiated using an ESC tool in a NICU. It included all opioid exposed newborns admitted to this NICU. A multidisciplinary team met monthly to direct process change using plan-do-study-act (PDSA) cycles, change from Finnegan Score (FS) to ESC, emphasize non-pharmacologic care, increase family involvement, and use morphine on an as-needed basis instead of tapered methadone for medication treatment when needed.

Clinical practice change was supported with education and charting tools, "just in time" teaching moments on bedside rounds and during morning unit huddles. As part of a statewide perinatal QI collaborative, it used a REDCap de-identified patient database to track length of birth hospitalization (LOS) and use of medication.

During the pre-intervention period in 2017, 635 infants were admitted to the NICU. Among these admissions, 71 infants (11.2%) had fetal opioid exposure, and 46 of these 71 infants (64.7%) were treated with methadone for neonatal abstinence (NAS) with an average LOS of 22.7 days. Between January 1 and October 31, 2018, there were 50 NICU admissions with fetal opioid exposure. Of these, 43 were greater than or equal to 34 weeks gestation and discharged home from the NICU. LOS decreased from a median 21 days in the first quarter (Q1) (n=12), to 5.5 days in the third quarter (Q3) (n=18). Use of medication to treat NAS decreased from 75% in Q1 to 27.8% in Q3, with median length of exposure to medication decreasing from 16 to two days.

Implementing a care path for newborns with fetal [opioid](#) exposure that relies on non-pharmacologic interventions and uses the ESC evaluation tool can substantially shorten hospital stays and decrease [exposure](#) to pharmacologic treatment for symptoms of NAS.

More information: Dr. Townsend will present findings from "Rapid Decrease in Length of Stay and Postnatal Use of Opiate Medication Using 'Eat, Sleep and Console' in a Single Center" on Monday, April 29 at 1 p.m. EDT.

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