NEONATAL ABSTINENCE SCORING SYSTEM GUIDELINE

Ref: D'Apolito, K. (1994). A scoring system for assessing neonatal abstinence syndrome: Instruction manual. Seattle: University of Washington

SYSTEM	SYMPTOM	**DESCRIPTION** SHOULD BE SCORED IF:
CENTRAL NERVOUS SYSTEM DISTURBANCES	Excessive high pitched cry	♦ Cries intermittently or continuously for **up to 5mins** despite caregiver intervention. ♦ Infant is unable to decrease crying within a 15 sec Period using self-consoling measures.
	Continuous high pitched cry	♦ Infant cries intermittently or continuously for **greater than 5mins** despite caregiver intervention. ♦ **NB:** Since an infant's cry may vary in pitch, this **should not be scored** if high-pitched crying is not accompanied by other signs described above.
	Sleep	♦ Scores based on the **longest period of sleep** within the entire scoring interval. ♦ Include light **and** deep sleep (Deep- regular breathing, eyes closed, no spontaneous activity; Light – irregular breathing, brief opening of eyes at intervals, some sucking movements.
	Hyperactive Moro Reflex	(Moro Reflex: Lift the infant slightly off the bed by the wrists or arms and allow the infant to fall back on the bed. NB: should not be performed when infant is crying or irritable.) ♦ Infant exhibits pronounced jitteriness of the hands during, or at the end of, the Moro Reflex.
	Markedly hyperactive Moro Reflex	♦ Infant exhibits jitteriness and repetitive jerks of the hands and arms during, or at the end of, the Moro Reflex.
	Mild tremors when disturbed	♦ Infant exhibits observable tremors of the hands or feet whilst being handled.
	Moderate-severe tremors when disturbed	♦ Infant exhibits observable tremors of the arm/s or leg/s, with or without tremors of the hands or feet, whilst being handled.
	Mild tremors when undisturbed	(Undisturbed tremors should be assessed by observing the infant for at least 2 one-minute undisturbed periods) ♦ Infant exhibits observable tremors of the hands or feet whilst not being handled
	Moderate-severe tremors when undisturbed	♦ Infant exhibits observable tremors of the arm/s or leg/s, with or without tremors of the hands or feet, whilst not being handled.
	Increased Muscle Tone	♦ Should be assessed when infant awake but not crying. ♦ There is **tight flexion** of the infants arms and legs (unable to slightly extend the arms or legs)
	Excoriation	♦ If occurs on **chin, knees, cheeks, elbow, toes or nose.** ♦ Does not include excoriated nappy area cased by loose stools.
	Myoclonic jerks	♦ The infant exhibits **twitching movements** of the muscles of the face or extremities, or if jerking movements of the arms or legs are observed.
	Generalised convulsions	♦ Generalised activity involving tonic (rigid) extensions of all limbs (but may be limited to just one limb), or manifested by tonic flexion of all limbs. ♦ Generalised jitteriness of extremities is observed. Hold or flex the limbs, if the jitteriness does not stop, it is a seizure. ♦ If **subtle seizures** are present (eye staring, rapid eye movements, chewing, fist clenching, back arching, cycling motion of limbs +/-autonomic changes) then they **should be scored** in this category.
METABOLIC/ VASOMOTOR/ RESPIRATORY DISTURBANCES	Sweating	♦ If perspiration felt on forehead, upper lip or back of neck. ♦ **Do not score** if sweating due to overheating (ie, cuddling, swaddling)
	Fever	♦ Values as outlined on MR 495
	Frequent yawning	♦ The infant yawns **greater than 3 times** within scoring interval.
	Mottling	♦ Mottling is present on chest, trunk, arms or legs.
	Nasal stuffiness	♦ The infant exhibits **noisy respirations** due to presence of exudate +/-runny nose.
	Sneezing	♦ The infant sneezed **more than 3 times** in the scoring interval. ♦ May occur as individual episodes or may occur serially.
	Nasal Flaring	♦ Present **at any time** during the scoring interval.
	Respiration rate	♦ **NB:** Cannot be assessed while the infant is crying.
GASTROINTESTINAL DISTURBANCE	Excessive Sucking	♦ The infant shows increased (>3 times) rooting (turns head to one side searching for food) while displaying rapid swiping movements of hand across mouth prior to **or** after a feed.
	Poor feeding	♦ The infant demonstrates excessive sucking prior to a feed, yet sucks infrequently during feeding, taking small amounts, and/or demonstrates an uncoordinated sucking reflex. ♦ Also score if infant continuously gulps the milk, and stops frequently to breathe.
	Regurgitation	♦ Regurgitation, **not associated with burping,** occurs **2 or more** times during the feed.
	Projectile vomiting	♦ **1 or more** projectile vomiting episodes occurs either during or immediately after a feed
	Loose stools	♦ Scored if stool, which may or may not be explosive, is curdy or seedy in appearance. ♦ A liquid stool, **without a water ring on the nappy,** should also be scored as loose.
	Watery stools	♦ The infant has soft, mushy, liquid or hard stools that are accompanied by a **water ring** on the nappy.