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# **THE EFFECTIVENESS OF NON-PHARMACOLOGICAL INTERVENTIONS ON CARE AND LENGTH OF STAY IN BABIES WITH NEONATAL ABSTIENCE SYNDROME**

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## **Abstract**

**Background:** The number of babies born with Neonatal Abstinence Syndrome (NAS) has had a dramatic increase nationally as substance use is becoming more prevalent, both prescribed and non-prescribed. This syndrome is defined by symptoms of withdrawal developed when born and require admission for the baby to begin treatment. Treatments are predominantly pharmacological, however there are studies that explore non-pharmacological interventions to decrease the usage of Morphine. There are scoring tools that determine the usage, dosage, and frequency of Morphine, however these can be flawed with subjective scoring.

**Brief Literature Review:** Quality improvement methods have shown that moving away from the Finnegan Scoring System and transitioning to the “Eat, Sleep, and Console” method for withdrawal assessment has decreased the usage of scheduled Morphine. When using scheduled Morphine, the neonate must stay admitted until weaned off, or symptoms persist. If, instead, Morphine is used on an as needed basis, there is an increase of non-pharmacological intervention that can shorten the length of stay. Although supportive care is a first-line treatment for NAS, it is not established as to what non-pharmacological interventions practices should be used. Unveiling clear guidance for clinical practice of these interventions can assist identifying the gaps of knowledge in nurses caring for NAS babies.

**Method:** To answer this question, I will compare the length of stay of 12 neonates who received as needed Morphine using the Eat, Sleep and Console method to 12 neonates who is on scheduled Morphine using Finnegan scoring. Two nurses are going to be using the Eat, Sleep, and Console method and the other two nurses will be using the Finnegan scoring system for a total of 6 patients each.

**Evaluation:** Prior to the implementation of my method, I will observe how 4 different nurses score using the Finnegan scoring system. Doing this will show the flaws with using that scoring system and how some neonates are put on scheduled Morphine when not needed. On the same neonates, I will observe the same nurses using the Eat, Sleep, and Console method to notice if these scores are more consistent. Using the Eat, Sleep, and Console method should reduce the amount of Morphine used and increase the amount of non-pharmacological interventions used. At the end of the study, I will compare the length of stay for the neonates that received intervention based off the two scoring systems. I am also going to evaluate what non-pharmacological interventions were used and how those effected length of stay.