# How to use the ESC Care Tool



#### EATING, SLEEPING, CONSOLING (ESC) CARE TOOL

- Initiate a new ESC Care Tool record every day.
   Review ESC behaviors with parents/caregivers every 2 4 hours after feedings.
   If not clear whether the baby's poor eating, sleeping, or consoling is due to
- If not clear whether the baby's poor eating, sleeping, or consoling is due to substance withdrawal, indicate Yes and continue to monitor closely while optimizing all non-pharmacological interventions.
  Numbers within this tool are NOT intended as a "score" but as a coding key
- Numbers within this tool are NOT intended as a "score" but as a coding key
   Review definitions of items prior to performing assessment of ESC behavior (back page)

Date:		Birth Weight (grams):		aily we			ns):	
Gestational Age:	Age in days:	Weight loss % since birth		ain†/ L	_ossl	:		
Corrected Gestational Age:		Weight loss more than 10	0%: YE\$	S/NO				
		Time of assessment						Г
ESC ASSESSMENT		Y=Yes N=No		-			-	 _
EAT:								
Poor eating? (If Yes, answer n	next question: if No ao to Sleep)							Г
Poor eating due to substanc								1
SLEEP:								-
Sleep less than one hour 2 (#	<sup>r</sup> Yes, answer next question, if No go	to Console)						Г
Sleep less than one hour du								$\vdash$
CONSOLE:					-			
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3. Unable to console (or can	not stay consoled) with care	giver support within 10 min						
PARENT/CAREGIVER								
PARENT/CAREGIVER PRE	SENT FOR:	Use # to code						
1. More than three hours	3. One - two hours	5. No parent/caregiver						Г
2. Two - three hours	4. Less than one hour	present						
WHO PROVIDED MOST OF								1
1. Mother/Birth Parent	3. Family Member	5. RN						1
2. Partner	4. Support Person	6. Other (define):						
PLAN OF CARE	· · · ·	Y=Yes N=No						
Recommend Bedside RN ar	nd Parent/Caregiver Huddle?							Г
Recommend Full Care Tean								
Management Considerations								
1.Continue/optimize non-	2. Medication treatment	4. Plan documented in						
pharm care	3.Continue medication	narrative notes.						
NON-PHARMACOLOGICA		-		_	-			 -
	ease intervention R = Reinfor	rce intervention						
Rooming – in					1			
Parent/caregiver presence				-				⊢
Optimal feeding at early hun	ner cues							⊢
Cue based newborn-centere				-				⊢
Skin-to-skin contact				-				+
Baby held by parent/care giv	/er							⊢
Safe swaddling								⊢
				-	+			+
Whet low light environment				-	1			+
					+	<u> </u>	1	+
Non-nutritive sucking/pacifie								
Non-nutritive sucking/pacifie Rhythmic movement				-				
Quiet, low light environment Non-nutritive sucking/pacifie Rhythmic movement Additional help/support in ro Parent/caregiver self-care at	om			+	-			-
Non-nutritive sucking/pacifie Rhythmic movement	om nd rest							

Produced by BC Women's Hospital + Health Centre, and Perinatal Service of BC. August 5, 2020. Visit **ubccpd.ca/course/perinatal-substance-use** for more information.

## Date/age and Weight



	Tool record every day.						
	with parents/caregivers every 2 -	- 4 hours after					
feedings.							
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#### Date/age information

- A new ESC Care Tool will be initiated each day.
- Document gestational age, corrected age, and actual age in days for each 24-hour period.
- Eating and sleeping behaviour similar to withdrawal can be due to gestational and/or corrected age.
- Accommodate for natural age-related changes in sleep wake pattern.

#### Weight

- Monitor excessive weight loss and slow weight gain due to higher energy requirements, poor feeding, loose stools and hyperphagia.
- Document birth weight, daily weight, and weight changes.
- Weight loss more than 10% requires a full care team huddle regardless of ESC assessment.

Assess eating behaviour.

Poor eating is defined as follows:

- Newborn is unable to coordinate feeding within 10 minutes of showing hunger cues AND/OR
- Newborn is unable to sustain feeding for age appropriate duration at breast OR
- Newborn is unable to take in age and weight appropriate volume by alternative feeding method

If the newborn is eating well answer **NO** and move to section that assess sleeping. If the newborn is eating poorly answer **YES** and answer the next question to determine if poor eating is due to substance withdrawal or not.

- Substance withdrawal symptoms such as fussiness, tremors, uncoordinated suck, and excessive rooting can affect the newborn's ability to eat and gain weight effectively. If poor eating is due to symptoms of substance withdrawal answer **YES**.
- If poor eating is clearly due to reasons other than symptoms of withdrawal such as prematurity, transitional sleepiness, excess mucus in the first 24 hours, and inability to latch due to infant / maternal anatomical factors, answer NO. Implement appropriate treatment strategies (e.g., NG feeds for preterm infants), optimize non-pharmacological interventions, and monitor closely.
- If it is unclear whether substance withdrawal symptoms are responsible for poor eating, answer **YES** and continue to monitor closely as this may be an indication of escalating withdrawal symptoms. Review optimal feeding recommendations with the parent/caregiver and continue to optimize nonpharmacological strategies.

If the newborn is eating poorly a Parent/caregiver - RN huddle is recommended to review optimal feeding recommendations with parent/caregiver. If eating has not improved on subsequent assessment, despite interventions, a full care team huddle is indicated.





## Sleeping



Assess sleeping behaviour.

If the newborn sleeps for more than one hour after feeding answer **NO** and move to the section that assess consoling.

If the newborn is unable to sleep for at least one hour after feeding answer **YES** for poor sleeping and answer the next question to determine if poor sleeping is due to substance withdrawal or not.

- Substance withdrawal symptoms such as fussiness, restlessness, increased startle, and tremors can affect sleeping behaviour. If the newborn is unable to sleep for at least one hour after feeding due to substance withdrawal symptoms answer **YES**.
- If the baby sleep less than 1 hour due to reasons other than substance withdrawal such as physiologic cluster feeding in first few days of life, interruptions in sleep due to external noise and ambient light, and interruption of sleep due to clinical care answer NO.

If it is unclear whether substance withdrawal symptoms are responsible for poor sleeping or not answer **YES** and continue to monitor.

A Parent/caregiver - RN huddle is recommended to review non-pharmacological strategies to promote sleeping. If, on subsequent assessment, baby is still sleeping less than one hour after feeding due to symptoms of withdrawal, despite interventions, a full care team huddle is indicated.



#### Console



Assess consoling behaviour.

If the newborn consoles easily within 10 minutes and remains consoled for longer than 10 minutes answer **NO** to indicate that the newborn does not experience any difficulty in consoling and move to the section that assess parental/caregiver presence.

If the newborn is unable to console within 10 minutes or remain consoled for longer than 10 minutes answer **YES** for difficulty in consoling and answer the next question to determine if difficulty in consoling is due to substance withdrawal or not.

- Altered neurotransmitter release due to substance withdrawal increase agitation and difficulty in consoling. If the newborn is unable to console easily within 10 minutes, and remains consoled for longer than 10 minutes due to substance withdrawal symptoms answer YES.
- Answer **NO** if the newborn's inconsolability is clearly due to other factors such as caregiver non-responsiveness to infant hunger cues.
- If it is unclear whether substance withdrawal symptoms are responsible for poor sleeping or not answer **YES** and continue to monitor.



If newborn has difficulty in consoling regardless of reason a Parent/caregiver - RN Huddle is recommended to review appropriate care interventions and Consoling Support Interventions. Monitor the newborn closely and continue to optimize non-pharmacological strategies. If newborn is still unable to console at subsequent assessment, despite effective implementation of all levels of consoling support, a full care team huddle is indicated.

Document consoling support needed using the numerical codes 1, 2 or 3:

- 1. Newborn is able to self-console
- 2. Newborn can console (and stay consoled) with caregiver support within 10 min
- 3. Newborn is unable to console with caregiver support within, or cannot stay consoled for 10 minutes

Please note the numbers are NOT intended as a "score" but to indicate an escalation of withdrawal symptoms and identify a need for increased intervention.

## Console cont.

Consoling support interventions that can be used when baby is difficult to console: *Based on the Brazelton Newborn Behaviour Scale.* 



1. Talk softly and slowly to newborn, using voice to calm newborn.



*3. Continue talking and place hand firmly but gently on newborn's abdomen.* 



5. Pick up newborn, hold skin-to-skin or swaddled in blanket, and gently rock or sway.



2. Look for hand-to-mouth movements and facilitate by gently bringing newborn's hand to mouth.



4. Continue soft talking and bring newborn's arms and legs to the center of body.



6. If a fed newborn is showing hunger cues, offer a finger or pacifier after a feed for newborn to suck.

Visit **ubccpd.ca/course/perinatal-substance-use** for more information.

#### **Parent/Caregiver**

- Document the time, since last assessment, that parent, or another caregiver, spent with the infant.
- Caregiver can be a parent, other family member, designated visitor, cuddler, or healthcare worker that can deliver responsive care in a timely manner.
- Document the caregiver who provided the most care.
- Numbers above are NOT intended as a "score" but used for ease of documentation and to identify parental/caregiver involvement in the care of the baby.
- A parent/caregiver RN huddle is recommended if parent/caregiver is not spending enough time at the bedside, and/or not delivering newborn care in a responsive and timely manner. During the huddle, the parent/bedside RN will review options to assist the parent/caregiver to provide responsive and timely care.



### Plan of Care

#### Parent/caregiver and Bedside RN huddle:

- Parent/caregiver and Bedside RN should meet if infant receives a **YES** for any ESC item, to determine if non-pharmacological care interventions can be optimized further.
- During the huddle, the parent/caregiver and RN review and discuss:
- How to improve feeding
  - Newborn's environment and how to decrease sensory stimulation to promote sleeping
  - The newborn's response to consoling support interventions
  - · How to further optimize non-pharmacological care interventions

#### Full care team huddle:

Bedside meeting of entire team (parents/caregiver, bedside RN, nurse leadership if applicable, and provider) is indicated if the newborn:

- Has more than 10% weight loss
- Continued YES for any ESC items despite optimal non-pharmacological care
- Is unable to console despite effective implementation of all levels of consoling support
- Has any other significant concerns

#### The full care team will:

- Review non-pharmacological strategies and parental presence
  - If non-pharmacological care interventions are maximized to the fullest and the newborn continues to have poor eating, sleeping, or consoling (or other significant concerns are present) and symptoms are felt to be due to substance withdrawal, pharmacological management may be indicated.
- Continue to follow the infant closely, optimizing all non-pharmacological interventions regardless of management decision



## Non-pharmacological Care Interventions

The ESC Care Tool promotes the use of non-pharmacological strategies to support the newborn during the acute phase of substance withdrawal. Use this section to indicate the use of these strategies using the following codes:

- S = Start when the parent/caregiver starts the strategy for the first time
- I = Increase when the parent/caregiver needs to increase use if this strategy
- R = Reinforce when the parent/caregiver is using the strategy effectively

Note: Document only interventions related to current assessment, you do not have to complete each non-pharmacological intervention field at every assessment.

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