

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 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
- Review definitions of items prior to performing assessment of ESC behavior (back page)

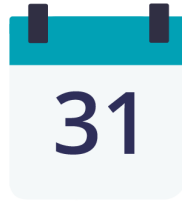


Date:	Birth Weight (grams):	Daily weight (grams):
Gestational Age:	Age in days:	Weight loss % since birth:
Corrected Gestational Age:	Weight loss more than 10%:	Gain/ Loss ↓:
		YES/NO
Time of assessment		
ESC ASSESSMENT	Y=Yes N=No	
EAT:		
Poor eating? <i>(If Yes, answer next question. If No go to Sleep)</i>		
Poor eating due to substance withdrawal?		
SLEEP:		
Sleep less than one hour? <i>(If Yes, answer next question. If No go to Console)</i>		
Sleep less than one hour due to substance withdrawal?		
CONSOLE:		
Unable to console within 10 min (or cannot stay consoled for longer than 10 min)? <i>(If Yes, answer next question. If No go to Consoling Support Needed)</i>		
Unable to console within 10 min (or cannot stay consoled for longer than 10 minutes) due to substance withdrawal?		
Support needed to console: (Use # to code)		
1. Able to self-console		
2. Able to console (and stay consoled) with caregiver support within 10 min		
3. Unable to console (or cannot stay consoled) with caregiver support within 10 min		
PARENT/CAREGIVER		
PARENT/CAREGIVER PRESENT FOR:		Use # to code
1. More than three hours	3. One - two hours	5. No parent/caregiver present
2. Two - three hours	4. Less than one hour	
WHO PROVIDED MOST OF INFANT CARE?		
1. Mother/Birth Parent	3. Family Member	5. RN
2. Partner	4. Support Person	6. Other (define):
PLAN OF CARE		
		Y=Yes N=No
Recommend Bedside RN and Parent/Caregiver Huddle?		
Recommend Full Care Team Huddle?		
Management Considerations (Use # to code)		
1. Continue/optimize non-pharm care	2. Medication treatment	4. Plan documented in narrative notes.
3. Continue medication		
NON-PHARMACOLOGICAL CARE INTERVENTIONS		
S = Start intervention I = Increase intervention R = Reinforce intervention		
Rooming – in		
Parent/caregiver presence		
Optimal feeding at early hunger cues		
Cue based newborn-centered care		
Skin-to-skin contact		
Baby held by parent/care giver		
Safe swaddling		
Quiet, low light environment		
Non-nutritive sucking/pacifier		
Rhythmic movement		
Additional help/support in room		
Parent/caregiver self-care and rest		
Other (Describe in Narrative Notes)		

Tool adapted with permission from Boston Medical, Yale-New Haven Children's Hospital and Children's Hospital at Dartmouth-Hitchcock



Date/age and Weight



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 feeding.
 If not able to achieve the baby's goal energy, attempt, or responding to their full substance withdrawal, include Yes and continue to monitor closely while substance withdrawal interventions.
 Numbers within this tool are NOT intended as a 'score' but as a coding key.
 Review definition of terms prior to performing assessment of ESC behavior. (See page 1)

Code	1 Birth Weight (grams)	2 Daily weight (grams)
Continental Age	3 Age in days	4 Weight loss % since birth
Continental Gestational Age	5 Weight loss since birth %	6 Weight loss since birth %

ESC ASSESSMENT

EAT

1. How eating? (1-3) Yes, 4-6 No, 7-9 Not clear

2. Unable to console within 10 min (or cannot stay consoled for longer than 10 min)?

3. Unable to console due to substance withdrawal?

SLEEP

1. Sleeps less than one hour?

2. Sleeps less than one hour due to substance withdrawal?

CONSOLE

1. Unable to console within 10 min (or cannot stay consoled for longer than 10 min)?

2. Unable to console due to substance withdrawal?

SUPPORT NEEDED TO CONSOLE (Use # to code)

1. Able to self console (or stay consoled with caregiver support) within 10 min

2. Unable to console (or cannot stay consoled) with caregiver support within 10 min

PARENT/CAREGIVER PRESENT FOR

1. None (0) 2. One (1) 3. Two (2) 4. Three (3) 5. Four (4) 6. Five (5) 7. Six (6) 8. Seven (7) 9. Eight (8) 10. Ten (10)

WHO PROVIDED MOST OF INFANT CARE?

1. Mother/Birth Parent 2. Family Member 3. Other (Specify)

PLAN OF CARE

1. Assessment (Review 802 and Review/Complete Huddle?)

2. Assessment Full Care Team Huddle?

3. Management Consultation (See # to code)

4. Pharmacist/Pharmacist

5. Medication management

6. Pharmacist/Pharmacist

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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.

Eating

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.

The image shows a portion of a clinical assessment form titled "EATING, SLEEPING, CONSOLING (ESC) CARE TOOL". The form includes a header with instructions and bullet points. Below the header, there are several sections for data entry, including "ESC ASSESSMENT", "PARENT/CAREGIVER PRESENT FOR", "NON-PHARMACOLOGICAL CARE INTERVENTIONS", and "PLAN OF CARE". Each section contains a grid of boxes for recording observations and interventions. The form is partially filled out with handwritten notes and checkmarks.

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.

EATING, SLEEPING, CONSOLING (ESC) CARE TOOL

• Initiate a new ESC Care Tool every day
 • Review ESC behaviors with parents/caregivers every 2-4 hours after feeding
 • If not clear whether the baby is poor sleeper, attempt to consoling to see if substance withdrawal, include Yes and continue to monitor closely while planning all non-pharmacological interventions
 • Numbers within this box are NOT intended as a "score" but as a coding key
 • Review behaviors of this care tool by performing assessment of ESC behavior (each step)

Gender	Developmental Age	Age in days	Birth Weight (grams)	Weight loss % since birth	Daily weight (grams)
Female	1	1	3500	5%	3500
Male	1	1	3500	5%	3500

ESC ASSESSMENT

Time of assessment	Yes	No
Hour feeding? (if not, please see question 2 on this tool)		
Hour asleep? (if not, please see question 2 on this tool)		
Hour awake due to substance withdrawal?		
Awake less than one hour due to substance withdrawal?		
Unable to console within 10 min (or cannot stay consoled for longer than 10 min)?		
Unable to console within 10 min (or cannot stay consoled for longer than 10 min) due to substance withdrawal?		
Support needed to console (Use # to code)		
Able to console (if not stay consoled with caregiver support within 10 min)		
Unable to console (or cannot stay consoled with caregiver support within 10 min)		

PARENT/CAREGIVER PRESENT FOR

Time # to code	Present	Not Present
1. Mother/Both Parent		
2. Father		
3. Family Member		
4. Grandparent		
5. Other (define)		

PLAN OF CARE

Intervention	Y/N/As	Notes
Non-pharmacological interventions		
Pharmacological interventions		
Parent/caregiver presence		
Cluster feeding or extra frequent feeds		
Cluster feeding or extra frequent feeds (if not documented in narrative notes)		
Cluster feeding or extra frequent feeds (if not documented in narrative notes)		
Cluster feeding or extra frequent feeds (if not documented in narrative notes)		
Cluster feeding or extra frequent feeds (if not documented in narrative notes)		
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 Prepared with assistance from Dr. Heather Taylor, Health Services, Children's Hospital and Clinics, a Hospital of the University of Toronto.



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.

EATING, SLEEPING, CONSOLING (ESC) CARE TOOL			
<ul style="list-style-type: none"> • Initiate a new ESC Care Tool record every day. • Administer ESC interventions with parents/caregivers every 2-4 hours after feeding. • If unable to console the baby's entire evening, morning, or morning-to-late-afternoon withdrawal, indicate "Yes" and continue to monitor closely while implementing all non-pharmacological interventions. • Administer interventions that are NOT intended as a "huddle" but as a ongoing day-to-day support. • Review definition of "huddle" prior to implementing assessment of ESC behavior. 			
Date: _____ Conductor (Professional): _____ Age in days: _____	Birth Weight (grams): _____ Weight loss % since birth: _____ Weight loss more than 10%: <input type="checkbox"/> YES <input type="checkbox"/> NO	Daily weight (grams): _____ Energy (kcal): _____ Weight loss more than 10%: <input type="checkbox"/> YES <input type="checkbox"/> NO	
ESC ASSESSMENT		Time of assessment	
		Y/N/NA	None
ESC			
Poor feeding (see also non-responsiveness to hunger cues)			
SLEEP			
Does not take 10 substance withdrawal?			
Sleeps less than one hour due to substance withdrawal?			
CONSOLE			
Unable to console within 10 min (or cannot stay consoled for longer than 10 min) (includes due to substance withdrawal)?			
Support needed to console (see # to code)			
1. Able to self-console			
2. Able to console only with caregiver support within 10 min			
3. Unable to console (or cannot stay consoled) with caregiver support within 10 min			
PARENT/CAREGIVER PRESENT FOR			
1. Yes (less than 1 hour)		2. Yes (1-2 hours)	
3. Yes (more than 2 hours)		4. No (more than one hour present)	
5. Family Member Present		6. Other (define)	
PLACE OF CARE		Y/N/NA	
Responsible (see also ESC and Parent/Caregiver Huddle?)			
1. Home (see also # to code)			
2. Outpatient (see also # to code)			
3. Inpatient (see also # to code)			
4. Other (define)			
NON-PHARMACOLOGICAL CARE INTERVENTIONS			
1. Breastfeeding			
2. Skin-to-skin contact			
3. Cuddling			
4. Other (define)			
PHARMACOLOGICAL CARE INTERVENTIONS			
1. Pain management			
2. Sedation			
3. Other (define)			

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.



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



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



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



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



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

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.

EATING, SLEEPING, CONSOLING (ESC) CARE TOOL

• Initiate a new ESC Care Tool record every day.
 • Review ESC behaviors with parent/caregiver every 2-4 hours after feeding.
 • Do not enter the baby's room every morning, or continue to enter the substance withdrawal, include Yes and continue to monitor closely while waiting for non-pharmacological interventions.
 • Administer medications as ordered and document in chart.
 • Review duration of time spent in performing assessment of ESC behavior each day.

Date	Birth Weight (grams)	Daily weight (grams)
Continental Age	Age in Weeks	Weight (lbs, oz) (1lb = 16oz)
Continental Age	Age in Weeks	Weight (lbs, oz) (1lb = 16oz)

ESC ASSESSMENT

FEEDING

SLEEP

CONSOLE

PARENT/CAREGIVER PRESENT FOR

WHO PROVIDED MOST OF INFANT CARE?

PLAN OF CARE

NON-PHARMACOLOGICAL CARE INTERVENTIONS

For information on newborn John Jacobus Medical, visit the website: www.jacobusmedical.com

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

EATING, SLEEPING, CONSOLING (ESC) CARE TOOL

• Initiate a new ESC Care Tool record every day.
 • Review ESC behaviors with parent/caregiver every 2-4 hours after feeding.
 • Do not enter the baby's room every morning, or continue to enter the substance withdrawal, include Yes and continue to monitor closely while waiting for non-pharmacological interventions.
 • Administer medications as ordered and document in chart.
 • Review duration of time spent in performing assessment of ESC behavior each day.

Date	Birth Weight (grams)	Daily weight (grams)
Continental Age	Age in Weeks	Weight (lbs, oz) (1lb = 16oz)
Continental Age	Age in Weeks	Weight (lbs, oz) (1lb = 16oz)

ESC ASSESSMENT

FEEDING

SLEEP

CONSOLE

PARENT/CAREGIVER PRESENT FOR

WHO PROVIDED MOST OF INFANT CARE?

PLAN OF CARE

NON-PHARMACOLOGICAL CARE INTERVENTIONS

For information on newborn John Jacobus Medical, visit the website: www.jacobusmedical.com

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.

EATING, SLEEPING, CONSOLING (ESC) CARE TOOL

Include a new ESC Care Tool record every 48 hours after:

- Review ESC behavior with parent/caregiver every 2 – 4 hours after
- If not clear whether the baby's poor eating, sleeping, or consoling is due to substance withdrawal, initiate the care protocol to resolve ongoing eating, sleeping or non-pharmacological interventions.
- Review when the last an ESC reported as "none", but as a coding key
- Review objectives of this plan to performing assessment of ESC behavior (each night)

Date	Child's Age	Age in days	Birth Weight (grams)	Birth Weight (pounds)
Completed Assessment	Day	Time of assessment	Weight (grams)	Weight (pounds)
ESC ASSESSMENT				
Escalating	Stable	Improving	None	Other
ESC BEHAVIOR				
Feeding	Drugs	Staying	Consoling	Other
CONSIDER				
Unable to console within 10 min (or cannot stay consoled for longer than 10 minutes due to substance withdrawal)?				
SUPPORT NEEDED TO CONSULE (Use # to code)				
1. None	2. Minimal	3. Moderate	4. Significant	5. Other
PARENT/CAREGIVER				
PARENT/CAREGIVER PRESENT FOR				
1. 1-3 hours	2. 4-6 hours	3. 7-12 hours	4. 13-24 hours	5. Not present
TYPE PROVIDED REST OF INFANT CARE				
1. Father/BIOP Parent	2. Family Member	3. Other (Specify)	4. None	5. Other (Specify)
PLAN OF CARE				
Recomended Behavior (S) and Parent/Caregiver Header?				
NON-PHARMACOLOGICAL CARE INTERVENTIONS				
S Start intervention	I Increase intervention	R Reinforce intervention		
1. Skin-to-skin contact				
2. Skin-to-skin contact				
3. Skin-to-skin contact				
4. Skin-to-skin contact				
5. Skin-to-skin contact				
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