

E. Reilly Helm, L2¹

Mentors

Brian Tran, D.O.², Cydney Fondel, D.O.², Mikki Bouquet, M.D.², J. Hunter Collins, Ph.D.²

¹LSU Health Sciences Center, New Orleans, LA, ²Our Lady of the Lake Children's Hospital

Enhancing Care for Nows/NAS Patients: A Comparative Analysis of Eat/Sleep/Console vs. Modified Finnegan Neonatal Abstinence Scoring System and its Impact on Hospital Length of Stay

Neonatal Opioid Withdrawal Syndrome/Neonatal Abstinence Syndrome (Nows/NAS), resulting from in-utero drug and substance abuse exposure, affects 7 newborns per 1000 live births in the United States. The Modified Finnegan Neonatal Abstinence Scoring System (M-FNASS) has conventionally been employed to monitor and treat Nows/NAS patients. However, the emerging assessment method known as Eat/Sleep/Console (ESC) has shown promising results in various hospital systems. Recent studies indicate a significant reduction in hospital stays when using the ESC model compared to M-FNASS, accompanied by improvements in other clinically significant outcomes. This study aims to retrospectively gather data from hospitals in the FMOLHS system to investigate whether ESC leads to a significant reduction in hospital stays compared to M-FNASS or other comparable methods.

A retrospective chart review was conducted to collect data on the length of stay (LOS) of Nows/NAS patients within the FMOLHS hospital system from 2019 to 2022. LOS data from patients assessed using either M-FNASS or ESC were compared, and all statistical analyses were performed using SPSS (version 28). The study included LOS data from a total of 41 patients (21 ESC, 20 M-FNASS). Patients assessed using the ESC method exhibited a substantially lower average LOS of 14.14 days, in contrast to M-FNASS, which had an average LOS of 21.3 days. Further analysis revealed a statistically significant difference between ESC and M-FNASS ($p < .001$).

The ESC method demonstrated a statistically significant reduction in the average length of stay when compared to M-FNASS for Nows/NAS patients. These findings align with other studies comparing ESC and M-FNASS and should be considered by healthcare providers when formulating care strategies for Nows/NAS patients in the future. Adopting the ESC approach has the potential to optimize patient outcomes, mitigate hospitalization costs, and alleviate the burdens faced by affected families.