	READINESS	

Infant Name:	DOB:
The purpose of this form is to standardize care and expectation	ns for all substance exposed newborns.
$These\ newborns\ are\ at\ increased\ risk\ for\ poor\ weight\ gain,\ fail$	lure to thrive and problems with their
development, vision and behavior throughout childhood. Family	ilies affected by substance use are also
at risk for numerous social complications, including maternal	depression, housing instability, domestic
violence exposure, and hunger. These newborns are at increase	ed risk for missed pediatric care
opportunities. Please ensure that each newborn has a follow-u	up pediatric provider identified and first
newborn appointment scheduled.	
☐ Cord drug screen results received	
☐ ICD 10 Code:	
<b>—</b> 100 10 dode.	
☐ Cord drug screen pending with follow-up plan	
Person responsible for following up pending	cord drug test and
communicating results with DCS and pediatri	c provider:
Name:	Contact:
☐ DCS notified if positive drug screen for illicit substar	ıce
☐ Safe home environment/discharge disposition assur	red by DCS (if necessary)
☐ Home visitation follow-up arranged	
Agency name:	
☐ If eligible for Medicaid, an order for home health nur	rsing visit (30 allowed without prior
authorization) has been written prior to discharge and i	
documentation	S
☐ Referral made to Managed Care Entity (MCE) case m	nanagement
Referral made to Managed Gare Entity (MGL) case in	lanagement
☐ First Steps referral completed if concern for abnormal	al tone or immediate
developmental needs are present (e.g. feeding or attach	ment issues). Please note that First
Steps is not necessary for all perinatally substance expo	sed newborns.

representatives. Releases have been faxed to all included providers and representatives.  If the newborn has been diagnosed with NAS or with significant medical concerns, the primary care provider has been called for a warm hand-off  Feeding plan has been developed (with family demonstrating ability to feed baby adequately)  Family has been trained on:  Baby's care plan  Baby's feeding plan  Soothing baby safely  Safe sleep practices  Ongoing symptoms of withdrawal and when to call medical provider (if necessary)	☐ Primary care provider identified
□ First newborn appointment scheduled within 2-3 days of discharge  Date/time of first newborn appointment: □ Perinatally substance exposed letter sent to primary care provider and scanned into medical record  Primary Care Provider fax number: □ Releases have been signed allowing communication between care providers and DCS representatives. Releases have been faxed to all included providers and representatives. □ If the newborn has been diagnosed with NAS or with significant medical concerns, the primary care provider has been called for a warm hand-off □ Feeding plan has been developed (with family demonstrating ability to feed baby adequately) □ Family has been trained on: □ Baby's care plan □ Baby's feeding plan □ Soothing baby safely □ Safe sleep practices □ Ongoing symptoms of withdrawal and when to call medical provider (if necessary) □ Caregiver education materials (insert weblink) provided including a letter explaining	Primary Care Provider:
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the DCC process that will be followed	☐ Caregiver education materials (insert weblink) provided including a letter explaining the DCS process that will be followed