

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:		Gain↑/ Loss↓:	
Corrected Gestational Age:		Weight loss more than 10%: 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)							

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EAT, SLEEP, CONSOLE CARE TOOL DEFINITIONS	
WEIGHT LOSS	Weight loss based on daily weight assessment is calculated as more than 10% requires a full care team huddle
EATING	
Poor eating	Baby unable to coordinate feeding within 10 minutes of showing hunger cues AND/OR Baby unable to sustain feeding for age appropriate duration at breast OR Baby unable to take in age and weight appropriate volume by alternative feeding method
Poor eating due to substance withdrawal	Answer YES , if due to substance withdrawal symptoms (e.g. fussiness, tremors, uncoordinated suck, excessive rooting)
Poor eating due to reasons other than substance withdrawal	Do not answer Yes if poor eating is not due to substance withdrawal (e.g. prematurity, transitional sleepiness, excess mucus in first 24 hours, and inability to latch due to infant / maternal anatomical factors).
Not sure	If it is not clear if poor eating is due to substance withdrawal or not, answer Yes and continue to monitor.
SLEEPING	
Poor sleeping	Baby unable to sleep for at least one hour after feeding
Sleep less than 1 hour due to substance withdrawal	Answer YES if baby is unable to sleep for at least one hour after feeding due to substance withdrawal symptoms (e.g. fussiness, restlessness, increased startle, tremors).
Sleep less than 1 hour due to reasons other than substance withdrawal	Do not answer yes if sleep less than 1 hour is not due to substance withdrawal (e.g. physiologic cluster feeding in first few days of life, interruptions in sleep due to external noise, light and clinical care).
Not sure	If it is not clear if the baby's difficulties in sleeping is due to substance withdrawal or not, answer Yes and continue to monitor
CONSOLING	
Unable to console	Baby unable to console within 10 minutes and/or stay consoled for longer than 10 minutes
Unable to console due to substance withdrawal?	Answer Yes if baby unable to console due to substance withdrawal symptoms
Unable to console due to reasons other than substance withdrawal?	Do not answer yes if inconsolability is due to other factors (e.g. caregiver non-responsiveness to infant hunger cues, pain).
Not sure	If it is not clear if inconsolability is due to substance withdrawal or not, answer Yes and continue to monitor.
Consoling Support Needed:	
1. Able to self-console	Able to self-console without any caregiver support needed.
2. Able to console with support	Able to console with any level of caregiver/consoling support provided e.g. skin to skin, rocking, swaddling.
3. Unable to console	Unable to console with caregiver support within 10 minutes, or can't stay consoled for longer than 10 minutes.
PARENTAL/CAREGIVER	
Parental/Caregiver Presence	Time since last assessment that parent, or another caregiver, spent with baby. Caregiver can be parent, other family member, designated visitor, cuddler, or healthcare worker that can deliver cue-based care in a timely manner.
Who provided infant care	<ol style="list-style-type: none"> 1. Mother/birth parent refers to the biological or adoptive/foster mother/parent. 2. Partner as identified by the mother/birth parent or foster/adoptive parent 3. Support person: family, friends, support workers not associated with hospital 4. RN: Registered Nurse 5. Other: Any person not included in previous categories including volunteer cuddler
PLAN OF CARE	
Bedside RN and Parent/caregiver Huddle	Bedside RN and parent/caregiver meet if infant Score Yes for any ESC item to determine if non-pharmacological care interventions need to be implemented, or can be optimized further.
Full Care Team Huddle	Bedside RN, parent/caregiver and physician meet if infant has more than 10% weight loss and/or CONTINUED Yes for any ESC item , (or any other significant concerns) despite optimal non-pharmacological care.
NON-PHARMACOLOGICAL CARE INTERVENTIONS	
Start	Initiate intervention for the first time
Increase	Need more discussion and/or teaching on intervention
Reinforce	Encourage caregiver to continue intervention

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

