Substance Affected Infant Reporting Information

Hospital:

Person Reporting:

Date Reported:

Test Results:

Mother

Date of Preliminary Test:

Date of Confirmatory Test:

Specimen tested:

List Positive Results:

Was this medication prescribed? Y N

Is Mom in Medication Assisted Treatment for opiate use? Y N

Comments:

Infant

Date of Preliminary Test:

Date of Confirmatory Test:

Specimen tested:

List Positive Results:

Comments:

Additional information:

Please answer yes or no to each of the following.

Mom had behavioral signs of substance use or symptoms of withdrawal at time of delivery.

Mom had a documented history of substance use.

Mom had a previous delivery of a substance-exposed infant.

Mom had no prenatal care or entered prenatal care late (4 months or later).

Mom had a previous or current placental abruption or unexplained vaginal bleeding.

Are there signs of neonatal abstinence syndrome in the infant such as irritability, high-pitched cry,

feeding issues, excessive sucking, vomiting, diarrhea, runny nose, sweating.

Comments: