



## Kentucky Department for Public Health Neonatal Abstinence Syndrome (NAS) Reportable Disease Form

**WHEN COMPLETED, FAX TO THE SECURE LINE AT DPH/MCH: 502-564-1510 ATTN: NAS COORDINATOR**

Date Report Submitted:	Report Submitted by:
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**\*NOTE: This reporting is for Public Health Surveillance. This does NOT replace a referral to CPS or other services.**

Diagnosis code (required):	ICD-9 779.5	ICD-10 P96.1	Supporting Information:
	ICD-9 760.70	ICD-9 760.71	Infant symptomatic
	ICD-9 760.73	ICD-9 760.75	ICD-9 760.72
		ICD-9 760.79	Positive maternal history of substance use

### Section 1: Demographics

Infant Name (Last)	(First)	(MI)	Gender	Date of Birth
			Male      Female	
Patient (Infant) Control Number		Infant's Medical Record #		Gestational Age at Birth
Mothers' Current Legal Name (Last)			(First) (MI) Mother's Maiden Name	
Mother's Address		City	State	Zip
		Mother's County of Residence		
Mother's Social Security Number		Mother's Medical Record #		Mother's Date of Birth
Mother's Patient Control #			Did Mother use tobacco during pregnancy	YES
			Did Mother use alcohol during pregnancy	YES

### Section 2: NAS Reporting

Name of Reporting Facility	Name of Facility of Infant's Birth		
Type of hospitalization for this report	Birthing Hospital report		Reporting Hospital received patient as transfer
	Outpatient Diagnosis of NAS		Readmission after newborn discharge
Infant with clinical signs consistent with NAS:	YES	NO	Drug test positive for infant: YES NO
Infant's Age (in hours) at onset of symptoms: _____ hours	Drug test positive for mother: YES NO		
Substance (Examples) Check YES for all that apply	Maternal History +	Maternal Test +	Infant Test +
Amphetamines (Adderall, Desoxyn, Dexedrine, Dextrostat)	YES	YES	YES
Barbiturates (Luminal, Phenobarbital, Seconal)	YES	YES	YES
Benzodiazepines (Alprazolam, Ativan, Valium, Xanax)	YES	YES	YES
Buprenorphine (Subutex or suboxone)	YES	YES	YES
Cannabinoid (Marijuana, THC)	YES	YES	YES
Cocaine	YES	YES	YES
Fentanyl	YES	YES	YES
Gabapentin (Neurontin)	YES	YES	YES
Heroin	YES	YES	YES
Methadone	YES	YES	YES
Methamphetamines (Meth, Crystal, Chalk, Ice)	YES	YES	YES
Oxycodone	YES	YES	YES
Opiates, other (Codeine, Hydrocodone, Lortab, Morphine, Meperidine, Percocet)	YES	YES	YES
SSRI's (Celexa, Paxil, Prozac, Zoloft)	YES	YES	YES
Tramadol (Ultram)	YES	YES	YES
Tricyclics (Elavil, Norpramin, Pamelor, Tofranil)	YES	YES	YES
Other: _____	YES	YES	YES

<b>Indicate below from history or documentation accordingly:</b>			<b>Mark any medications used to treat infant:</b>		
YES	NO	Maternal: Supervised replacement therapy (prescription drug obtained WITH prescription)	NONE		
YES	NO	Maternal: Supervised pain therapy (prescription drug obtained WITH a prescription)	YES	NO	Clonidine
YES	NO	Maternal: Tx for psychiatric or neurological condition (medication obtained WITH a prescription)	YES	NO	Methadone
YES	NO	Was infant breastfed before diagnosis	YES	NO	Morphine
YES	NO	Was Infant breastfed after diagnosis	YES	NO	Phenobarbital
YES	NO	Referred to child protective services	YES	NO	Other (List): _____
YES	NO	Accepted for investigation	Date first med started:		
			Time first med started:		

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