Accuracy of Finnegan Neonatal Abstinence Scoring.

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Neonatal Abstinence Syndrome (NAS) is a syndrome of drug withdrawal seen in newborns born to women who take opioids during pregnancy.

Finnegan Neonatal Abstinence Scoring Tool (FNAST) is used to assess clinical signs and symptoms of withdrawal.

Anyone caring for these newborns must be able to assess for NAS with accuracy as the treatment pathway is based on the scoring results.

LVHN NICU staff were concerned that the Finnegan scores of Neonatal Abstinence Syndrome (NAS) newborns differ greatly depending on the nurse caring for that patient.

Nurses who were given a pre and posttest that evaluated change in nursing knowledge about NAS and the use of Finnegan scoring with videos of infants who have NAS showed improvement in scores on the posttest.

Evidence-based clinical practice guidelines and education around NAS and Finnegan scoring equip caregivers with the necessary tools to consistently and accurately assess an infant with NAS using the Finnegan scoring tool.

Inter-rater reliability scores should be a minimum of 90%. Inter-rater reliability of the Finnegan scoring should be part of annual competencies and included in orientation for all new nurses. Consistent reliable assessments in Finnegan scoring allows for better management of care.

Inter-rater reliability was completed by having the RN assigned to the patient’s care complete their usual every three hour Finnegan scoring assessment. In addition another RN would assess the newborn at that same time without discussing the assessment except for clarification of information about the patient that they didn’t know (for example how long the patient slept between feedings). The two scores were compared and rated by deducting 5% for each assessed value that was not the same on both scores.

Using a convenience sample of newborns admitted to LVHN NICU during February and March 2017 with the diagnosis of NAS and the availability of a second RN to complete Finnegan Scoring, a two RN inter-rater reliability score was performed on 7 assessments.

Power point education was created using information from literature review, presentation at a national neonatal conference and focusing on the areas where our inter-rater reliability showed discrepancies. This education was assigned to and completed by all NICU and Women and Children’s Float RN staff via LVHN learning management system.

Post education inter-rater reliability scoring was completed in the same manner on 9 assessments during May and June 2017.

RESULTS showed improvement in inter-rater reliability of the scoring of newborns experiencing NAS after a focused education.

Focused education for all new staff on Finnegan scoring will be added to their orientation

Intermittent inter-rater reliability assessments to determine need for ongoing review of Finnegan scoring on patients with NAS

REFERENCES

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