



NOWS COLLABORATIVE DISCHARGE PLAN

Place patient sticker here

This discharge plan should be filled out and discussed collaboratively with the mother or caregiver for EVERY newborn affected by opioids, prenatally (if possible) and completed by infant discharge. This plan may be shared with the infant's and the mother's providers and supports with maternal consent.

Mother's Name:		Infant's Name:	
Phone Number:		Medicaid Number:	
Medicaid Number:			

Parent signature: _____ Date: _____
 Completed by: _____ Date: _____

Current Supports

Use this section to identify current supports e.g. partner/spouse, family/friends, Medications for Opioid Use Disorder (MOUD/MAT) program, behavioral health counseling/recovery services, spiritual faith/community, recovery community, etc.

Strengths and Goals

Use this section to identify existing strengths and possible needs in each of these areas.

Breastfeeding:	
Family/Household:	
Parenting:	
Housing:	
Smoking Cessation:	
Opioid Use Disorder Treatment and Recovery:	
Other:	

Additional Questions About Neonatal Opioid Withdrawal Syndrome

What can I expect at home:	
Strategies to soothe my baby:	
What to do if I am stressed or need a break:	



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Services, Supports, and New Referrals

Community Obstetrician Appointment	
My Obstetrician's Name:	
Office Phone and Address:	
Appointment Date and time:	

Community Pediatrician Identification & Referral		
<input type="checkbox"/> Newborn has follow-up appointment scheduled with a pediatrician (within 24-48 hours after discharge)	My Pediatrician's Name:	
	Office Phone and Address:	
	Appointment Date and time:	

Peer Recovery Support Specialist (Referral Completed Before Discharge)	
Recovery support can be invaluable to mothers with substance use disorders. Peer Specialists are individuals in recovery available to help you enter treatment, find self-help groups, or simply talk. 24/7 Hotline: 844-307-1760 https://ross4u.org	Name and Contact Information:

Substance Use Assessment/Treatment (Referral Completed Before Discharge)		
<input type="checkbox"/> Patient is actively engaged in treatment/ recovery program. No referral necessary.	Program Name:	
	Office Phone and Address:	
	Appointment Date and time:	

Early Intervention Identification and Referral	
The Early Intervention program (EI) aims to ensure families with infants and toddlers with diagnosed disabilities, developmental delays or are at risk for delays receive necessary resources to support them and help optimize their child's development. EI provides services in the comfort and ease of your living arrangement.	If you have questions about your infant's Early Intervention eligibility, benefits, or services in your area please contact: <ul style="list-style-type: none"> ▪ Alabama Early Intervention System Help Line: 800-543-3098 ▪ www.rehab.alabama.gov/services/ei

Additional Appointment (As Applicable)	
Provider Name:	
Office Phone and Address:	
Appointment Date and time:	

Notes / Additional Support Needed

* For further information on resources in your local community, scan QR code above or see alpqc.org/resources and click on *ALPQC Perinatal Resources Directory**