 Department of Children & Family Services <i>Building a Stronger Louisiana</i>	Division/Section	Child Welfare
	Chapter No./Name	25 - Forms Manual
	Part No./Name	1 – 1000
	Section No./Name	102 Physician Notification of Substance Exposed Newborn No Prenatal Neglect Suspected
	Document No./Name	102 Physician Notification of Substance Exposed Newborn No Prenatal Neglect Suspected Instruction (Form 102)
	Effective Date	October 1, 2017

PURPOSE:

The purpose of the Form 102 is to provide a form for physicians to report to DCFS newborns who exhibit symptoms of withdrawal or other observable and harmful effects in his physical appearance or functioning that a physician believes is due to the use of a controlled dangerous substance, as defined by [R.S. 40:961](#) et. seq., in a lawfully prescribed manner, by the mother during pregnancy.

PREPARATION:

The form is obtained from the DCFS website. Two versions are available. One is a PDF format and the other is a fillable format in Word.

An individual form is completed for each substance exposed newborn.

Child's Information: Enter the newborn's last name, first name and date of birth. The applicable check box is completed to identify the newborn's gender and race.


Identify the substances the newborn was exposed to if that information is known. Complete the applicable check box for whether the Neonatal Abstinence Syndrome screen was completed. When it was completed provide, the results in the space provided. If the newborn experienced withdrawal, complete with the observed symptoms.

Mother's Information: Enter the mother's last name, first name and date of birth. The applicable check box is completed to identify the mother's race and marital status. Enter the mother's address upon discharge, parish of residence and phone number.

Provider Information: Information of the individual who is completing the notification is documented in this section. Enter the name of the treating hospital, the notification completion date, the hospitals address, and the treating physician's name. Also identify other medical staff with information included in the notification.

Plan of Care: Check yes or no in reference to the mother's statement about receiving prenatal care, safe housing and safe sleep. Check the available baby supplies identified by the mother.

Referrals: Check all provider referrals for the mother and affected newborn. In the other information section, enter other services and/or referrals provided to the mother and newborn not listed.

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Education materials: Complete the applicable check boxes for materials provided to the mother. In “Other Educational materials provided”, complete with additional materials provided. If no additional materials were provided, enter “None”.

Additional discharge care: Check whether any additional discharge care instruction related to the substance exposure of the newborn was provided. When Yes is checked, briefly describe.

DISPOSTION

The completed form is faxed to **DCFS Centralized Intake at (225) 342-7768**.

Upon receipt of the form, designated DCFS staff is responsible for entering the required non-identifying information into the tracking reporting database.

NOTE: If an infant is exhibiting withdrawal symptoms that are believed to be the result of unlawful use of a controlled dangerous substance, in a manner not lawfully prescribed or if you suspect abuse and/or neglect including a suspicion of prenatal neglect, please contact the DCFS Hotline at 1-855-4LA-KIDS to make a report.