

	Agency Name	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	January 3, 2018

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 newborn at the time of discharge.

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.

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

Identify the substances the newborn was exposed to if that information is known, listing any legal substances not included in checkbox listing. Complete the applicable check box for whether the Neonatal Abstinence Syndrome screen was completed

Mother’s Information: Enter the mother’s last name, first name and date of birth. The applicable check box(es) is completed to identify the mother’s race and marital status. Enter the mother’s address upon discharge, 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 hospital's address, and the treating physician’s name. Also identify other staff with information included in the notification.

Pertinent Discharge Referral(s) and Education:

Referrals: Check applicable provider referrals for the mother and affected newborn. In the other referrals section, enter other services and/or referrals provided to the mother and newborn not listed. If no referrals made, enter "None" in the Other Referrals section.

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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 materials were provided, enter "None".

Additional comments: Indicate here, if applicable, any additional comments regarding the needs of the newborn and family. If no additional comments, enter "None"

DISPOSTION

All sections of the form are mandatory.

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 information into the tracking reporting database.