

Discharge Planning Checklist for Late Premature Infants (34 0/7 – 36 6/7 weeks completed gestational age)

Feeding & Nutrition

- The infant should be feeding 8-12 times per day.
- The infant has established a successful feeding regimen (breast milk or formula) as demonstrated by 6-8 wet diapers/day, established stooling pattern and the absence of cardiorespiratory compromise during the feeding experience.
- Twenty-four hours of successful feeding; ability to coordinate sucking, swallowing and breathing while feeding.
- If weight loss greater than 7% in 48 hours, consider further assessment before discharge.
- Passage of one stool spontaneously. Adequate urine output, recommended should equal 6-8 wet diapers/day.

Jaundice

- Pre-discharge bilirubin measurement with use of a percentile based nomogram to predict the risk of hyperbilirubinemia in newborns and to guide follow-up. <http://www.bilitool.org>
- Procedures for follow-up of all newborns within 24 to 48 hours by a physician or pediatric nurse. If this cannot be achieved, decisions regarding timing of discharge or other follow-up must be based on risk assessment.
- Provide adequate equipment, such as bilirubin lights and blankets, and non-invasive TcB measurement device or lab services for timely TSB test.
- * If infant is discharged < 72 hours of age, s/he should be examined within 2-3 days of discharge. Pre-term infants' bilirubin levels will peak later than full-term infants.**

Thermoregulation

- The infant is physiologically stable; Axillary temperature: 36.5-37.4°C (97.7-99.3°F)
- The infant has demonstrated adequate maintenance of normal body temperature fully clothed in an open bed with normal ambient temperature (20-25°C).

Respiratory

- The infant maintains oxygen saturation on room air. Free of respiratory distress – RR <60 no grunting, flaring or retractions or cyanosis.

Vital Signs

- Vital signs should be within normal range for 12 hours preceding discharge.
- Heart Rate 100-160 beats per minute.
- Free of apnea and/or bradycardia for greater than 5 days whether or not the child is on medication.

Immunizations, RSV & Screenings

- Critical congenital heart disease screening (CCHD); Oxygen saturation should be obtained in the right hand and one foot. Screening that has a pulse oximetry reading of $\geq 95\%$ in either extremity with a $\leq 3\%$ absolute difference between the upper and lower extremity would be considered a pass. (Pediatrics 2012;129;190)
- Appropriate immunizations, RSV prophylaxis if indicated, and state metabolic screening tests are completed.
- Risk Assessment for Severe RSV Disease: High Risk for Severe RSV Disease: Yes No
- RSV Qualification: Prematurity CLD CHD Other Screening: Yes No Date: _____
- Hearing screening completed; appropriate pass/fail follow-up report completed.
- Conduct an observation period in a car safety seat, preferably their own, before hospital discharge. This should be performed with the infant carefully positioned for optimal restraint and the car safety seat placed at an angle that is approved for use in the vehicle. It should last a minimum of 90 to 120 minutes or the duration of travel, whichever is longer. (PEDIATRICS 2009;123;5,6,11,26)
- If the infant fails the car seat evaluation, follow appropriate pass/fail recommendations.

<http://preemies.about.com/od/takingyourpreemiehome/f/CarSeatTest.htm>

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Potential Referrals and Appointments Needed Before Discharge

Primary health care follow up appointment within 2-3 days of discharge, or 5-7 days if seen by PHN within 2-3 days after discharge. Encourage health care providers to provide an opportunity for caregivers to stop in and weigh their infant on the clinic scale on their way home after being discharged.

Lactation Specialist

Home Visiting Nurse

PHN Referral

WIC. Assure the caregiver receives prescription for special formula if necessary.

<http://www.health.state.mn.us/divs/fh/wic/adirectory.html>

Early Intervention Services, Part C (Help Me Grow) MN's Infant and Toddler Intervention System, 866-693-GROW

<http://www.health.state.mn.us/divs/fh/mcshn/ecip.htm>

Family Voices of MN Parent to Parent Network, 866-334-8444

<http://www.familyvoicesofminnesota.org/parent-to-parent/>

Caregiver Education

The infant's caregivers have received information, training, or have demonstrated competency in the following areas:

Feeding is the first priority

Expected pattern of urine and stool frequency for the breastfeeding or formula-fed neonate (verbal and written instruction is recommended). Assure a voiding chart is provided for parents to track frequency.

Assessment for jaundice/jaundice symptoms http://www.marchofdimes.com/baby/sickbabycare_jaundice.html

Meticulous and frequent hand washing and minimize exposure to crowded places.

Identification of common signs and symptoms of illness, such as hyperbilirubinemia, sepsis and dehydration

<http://www.preemievoices.com/pdfs/9018%20%20Reasons%20Handout%20MECH.pdf>

Special Needs of a Late Preterm Baby http://www.preemievoices.com/pdfs/11110_Late_Preterm_Baby.pdf

Infant's hospital course and current condition

Medication administration

Appropriate responses and contact information for complications or an emergency

RSV prophylaxis and immunizations http://www.preemievoices.com/pdfs/11110_RSV_MECH.pdf

Car seat safety (other newborn safety issues include the need for smoke/fire alarms, and hazards of secondhand tobacco smoke and environmental pollutants) <http://www.odnhtsa.dot.gov/recalls/childseat.cfm>

Provision of a safe sleep environment, including Back to Sleep information.

<http://www.healthychildcare.org/PDF/SIDSparentsafesleep.pdf>

Use of a thermometer to assess an infant's axillary temperature

Assessment and provision of appropriate layers of clothing

Umbilical cord, skin and newborn genital care

Shaken baby <http://www.health.state.mn.us/divs/fh/mch/fhv/strategies/sbs/edprotocolbirth.html>

CPR <http://depts.washington.edu/learnpr/infantcpr.html>

Postpartum Depression Assessment and Education

Newborn/infant developmental milestones and what to do if there are concerns

<http://helpmegrowmn.org/HMG/index.htm>

Tummy Time <http://www.healthychildcare.org/pdf/SIDStummytime.pdf>

Cues, stress, states (including home environment sensitivity to lights and sounds)

Discuss recommendations for progesterone therapy (17-P) for future pregnancies

Comments/Issues _____

Comments and suggestions regarding this checklist are welcome. Please send commentary to info@minnesotaperinatal.org.