DISCHARGE FROM NEONATAL UNIT

DECISION TO DISCHARGE

- Only consultant or ANNP (advanced neonatal nurse practitioner) may discharge: check local practice
- Medical and nursing staff to agree discharge date with parents or persons with parental responsibility
- Nursing team perform majority of discharge requirements

DISCHARGE CHECKLIST
Where appropriate, the following must be achieved before discharge:

Parental competencies
- Administration of medications when required
- Baby cares (e.g. nappy changes, top and tailing, bathing etc)
- Feeding
- Nasogastric tube feeding where necessary

Parent education (according to local practice)
- In addition to above, it is best practice to offer parents education on:
  - basic infant resuscitation (practical demonstration)
  - respiratory syncytial virus (give BLISS leaflet)
  - immunisations, if not already received (give national leaflet)

Parent communication
- Check home and discharge addresses and confirm name of GP with parents
- If local practice, complete red book (include immunisations given and dates) and give to parents
- Give parents copy of discharge summary and time to ask questions after they have read it
- Ensure breast pump returned

Procedures/investigations
- Newborn blood spot taken (6 days)
- Newborn blood spot repeated at 36 weeks corrected age or due date
- Inform community team of need to repeat newborn blood spot if required
- When immunisation (2, 3 and 4 month) not complete in preterm infants, inform GP and health visitor
- Arrange appointment for BCG vaccination if required (see BCG immunisation guideline)
- Complete audiology screening
- Where required, confirm ophthalmology appointment date (see Retinopathy of prematurity (ROP) screening guideline)

Professional communication
- Complete admission book entries
- Inform:
  - health visitor (HV) of discharge
  - community midwife if baby <10 days old
  - GP
  - community neonatal or paediatric team as required locally

Medical team
- Complete discharge summary by date of discharge
- Complete neonatal dataset by date of discharge
- Answer parents’ questions after they have read summary
- Ensure all follow-up appointments made (see below)
- Perform and record discharge examination
FOLLOW-UP
Follow-up appointments
• Ensure these are written on discharge summary and in red book
• Likely appointments could include:
  • neonatal/paediatric consultant out-patients
  • ophthalmology screening
  • audiology referral
  • cranial ultrasound
  • brain MR scan
  • physiotherapy
  • dietitian
  • community paediatrician
  • child development centre
  • BCG immunisation or palivizumab
  • open access to children’s wards
  • planned future admission (e.g. for immunisations)
  • planned future review for blood taking, wound review
  • tertiary consultant out-patients