FOLLOW UP OF INFANTS DISCHARGED FROM THE NEONATAL UNIT

INDICATIONS

• Birth weight ≤ 1500 g
• Gestation < 32 weeks
• Requiring IPPV or CPAP for more than a few hours
• Significant cranial ultrasound abnormality
  - cystic PVL or IVH with significant ventricular dilatation defined by consultant following final scan on NICU
• Acute neonatal encephalopathy grade 2 or 3
• Seizures (of whatever cause)
• Neonatal meningitis
• Exchange transfusion for any reason
• Major congenital anomalies (arrange early referral to general paediatrician)
• Consultant discretion

PROCEDURE

Refer to neonatal (NICU) clinic

*Follow up timetable (adjust to individual needs):

- EDD + 6 weeks neurological examination Ht, Wt, OFC
- EDD + 4 months developmental examination Ht, Wt, OFC
- EDD + 8 months developmental examination Ht, Wt, OFC
- EDD + 12 months developmental examination Ht, Wt, OFC
- EDD + 18 months developmental examination Ht, Wt, OFC
- EDD + 2 years developmental examination Ht, Wt, OFC

FURTHER MANAGEMENT AT CLINIC

Neurodevelopmental problems identified

• Refer to child development centre
• Refer to patch consultant community paediatrician
• referral may be made at time problem identified or later if this is more appropriate for the family
• arrange back-up appointment for NICU clinic for parents to cancel if they have received community appointment
• If child > 18 months old, refer also to pre-school forum
• copy of most recent neonatal clinic letter and brief covering letter are sufficient
• Consider referral for social work advice about benefits, etc

Babies with problems identifiable early

• For babies with Down's syndrome, severe hypoxic ischaemic encephalopathy or at consultant discretion, involve patch consultant community paediatrician and preschool therapy team early, before discharge if appropriate
• For babies with concurrent medical problems (e.g. cardiac problem, chronic lung disease), arrange joint follow up with neonatal consultant (decided on individual basis following discussions between community and neonatal consultants)
• Refer children with impaired vision and/or hearing to consultant community paediatrician

High-risk patients reaching 2 years without an identified neurodevelopmental problem

• If ≤ 32 weeks gestation or ≤ 1250 g birth weight, and/or significant cranial ultrasound abnormality, refer to patch consultant community paediatrician for Griffith’s or Bayley’s developmental assessment, if available