

# DISCHARGE FROM NEONATAL UNIT

## DECISION TO DISCHARGE

- Only consultant, middle grade or ANNP acting at middle grade to decide readiness for discharge
- Medical and nursing staff to agree discharge date with parents or persons with parental responsibility
- Nursing team and outreach team perform majority of discharge requirements

## DISCHARGE CHECKLIST

Where appropriate, the following must be achieved before discharge:

### Parental competencies

- Administration of any medications when required
- give parents information on how to get repeat prescriptions and expected duration of medications/prescription formula
- Baby care (e.g. nappy changes, top and tailing, bathing etc.)
- Feeding (including how to make up formula if appropriate)
- Nasogastric tube feeding where necessary
- Stoma care
- Home oxygen where necessary

### Parent education

- In addition to above, it is best practice to offer parents education on:
- basic neonatal resuscitation (practical demonstration or leaflet/DVD etc.)
- common infectious illnesses (see <https://www.bliss.org.uk/parents/about-your-baby/common-infectious-illnesses>)
- immunisations, if not already received (give national leaflet)
- safer sleeping

### Parent communication

- Check home and discharge addresses and confirm name of GP with parents
- 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
- Follow local policy for breast pump loan and/or return
- Ensure parents have information regarding local breastfeeding groups for ongoing support, and BLISS support group meeting
- Ensure parents have up-to-date safety information
- If transporting in a car, use suitable car seat
- If transferring to another unit, ensure parents understand reason for transfer. Provide information about receiving unit
- Ensure remaining mother's breast milk in hospital fridge/freezer given to take home

### Parent information

Local unit discharge pack

### Procedures/investigations

- Newborn bloodspot (see **Bloodspot screening** guideline)
- for babies <32 weeks' gestation, repeat on day 28 or day of discharge if sooner
- When immunisation (2, 3 and 4 month) not complete in preterm babies, inform GP and health visitor
- Give (or arrange) BCG immunisation if required (see **BCG immunisation** guideline) and/or Hepatitis B (see **Hepatitis B and C guideline**)
- Complete audiology screening (see **Hearing screening** guideline)
- Where required, confirm ophthalmology appointment date [see **Retinopathy of prematurity (ROP) screening** guideline]
- If going home on oxygen, follow **Oxygen on discharge guideline**

- Cranial ultrasound scans completed before discharge or plan in place for out-patient appointment scan
- Arrange outpatient hip ultrasound scan, if indicated

#### **Professional communication**

- Complete admission book entries
- Inform:
  - health visitor of discharge
  - **community midwife** if baby aged <10 days
  - if safeguarding concerns and baby aged <28 days, notify **community midwife and social worker**
  - GP
  - **Outreach neonatal or paediatric team as required locally**

#### **Multidisciplinary (MDT) review/discharge planning meeting**

- Babies with safeguarding concerns (to formulate child protection plan)
- Babies with complex needs (e.g. home oxygen therapy or nasogastric tube feeding)
- Babies with antenatal palliative care plans require MDT (obstetrics, neonatal and community paediatrics/palliative care) meeting/discharge planning before and soon after delivery considering parental wishes towards palliative care following birth
- Other babies as appropriate

#### **Medical team**

- Complete discharge summary by date of discharge
- Complete **BadgerNet** dataset by date of discharge (**complete 'final neonatal outcome'**)
- Answer parents' questions after they have read discharge summary
- Ensure all follow-up appointments made (see **Follow-up**)
- Perform and record discharge examination

## **FOLLOW-UP**

### **Appointments**

- Parents to have single point of contact following discharge
- Ensure appointments are written on discharge summary and in Red Book. Likely appointments could include:
  - **neonatal/paediatric consultant** outpatient clinic
  - ophthalmology screening
  - audiology referral
  - cranial ultrasound
  - MRI scan
  - physiotherapy
  - hip or renal ultrasound
  - dietitian
  - **community paediatrician**
  - child development centre
  - palivizumab
  - planned future admission (e.g. for immunisations)
  - planned future review for blood taking, wound review
  - tertiary consultant outpatients
- Open access to children's wards where available and appropriate
- See also **Follow-up of babies discharged from the neonatal unit** guideline