DISCHARGE FROM NEONATAL UNIT

DECISION TO DISCHARGE

- Preparing for discharge parent leaflet to be given at beginning of process
- Explore individual parent/carer/family unit needs as intrinsic part of discharge planning
- Neonatal Consultant to give final decision of readiness for discharge
- Medical and nursing staff to regularly review discharge plan with parents/carer
- Agree discharge date between parents, Neonatal consultant and Neonatal Outreach Team

DISCHARGE PLANNING

Where appropriate, the following must be achieved before discharge:

Parental competencies

- Administration of any medications (does not include multivitamins or iron supplementation
- 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 safe sterilising and how to make up formula)
- Nasogastric tube feeding where necessary
- Stoma care
- Home oxygen
- Home phototherapy for >35 weeks AND >2.5kg for NNU or TCU patients only (see guideline)
- Neonatal Abstinence Syndrome on reducing doses of oral morphine sulphate (see guideline)
- Thermoregulation – Tempadots offered pre discharge with competencies

Parent education

- In addition to above, it is best practice to offer parents education on:
- basic neonatal resuscitation (Leaflet/DVD and practical demonstration)
- 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
- thermoregulation for summer and winter (Lullaby Trust Parent Leaflets)
- Car seat safety (see parent communication below)

Parent communication

- Check home and discharge addresses and confirm GP details with parents
- For foster care: Change discharge address and GP details on badger letter and NIPE
- 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, parent groups and BLISS support
- Ensure parents have up-to-date information on sleeping position, car seats and avoidance of co-sleeping
- 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. Offer 3D tour link for receiving unit.
- Ensure remaining mother's breast milk in hospital fridge/freezer checked out by 2 staff members and given to take home.

Professional communication

Inform:

- Neonatal Community Outreach Team if appropriate (see guideline)
- health visitor of discharge
- community midwife if baby aged <10 days
- if safeguarding concerns, notify community midwife and social worker
- GP
- Tertiary Centre Consultant if specialist follow up is required

Multidisciplinary (MDT) review/discharge planning meeting

- Allied Health Professionals (Physio/OT/Dietician/SLT) to review pre discharge as required
- Babies with safeguarding concerns (social work to formulate child protection plan)
- Babies with complex needs (e.g. issues related to extreme preterm birth)
- Babies with life limiting conditions require MDT (neonatal/midwifery/paediatrics/local, tertiary and community palliative care teams and services) meeting/discharge planning with parents/caregivers
- Other babies as per individual assessment and/or medical/nursing referral

Medical and Nursing Team

- Use and complete discharge checklist to coordinate discharge planning
- Document Consultant/Nursing/Outreach/Parent decision of readiness for discharge
- Complete badger discharge letter and proofread on day of discharge (see discharge folder)
- Answer parents' questions after they have read discharge summary
- Ensure all follow-up appointments made (see **Follow-up section**)

Pre-Discharge Procedures/investigations

- Newborn bloodspot (see **Bloodspot screening** guideline) for babies <32 weeks' gestation, repeat on day 28 or day of discharge if sooner
- Complete audiology screening (see **Hearing screening** guideline)
- If going home on oxygen, follow **Oxygen on discharge** guideline
- Ensure cranial ultrasound scans completed pre discharge (see guideline)

FOLLOW-UP

- Parents to be given contact information following discharge including health visitor, GP, neonatal community outreach team
- Ensure appointments are written on discharge summary.

INDICATIONS FOR CONSULTANT FOLLOW UP

- Gestation ≤ 32 weeks
- BW <1.5kg
- HIE grade 2 or 3
- Significant cranial ultrasound anomaly e.g. cystic PVL
- More than 48hours of intubated ventilation including Nitric Oxide, ECMO
- Proven sepsis / meningitis or proven HSV or CMV infection (discuss with consultant)
- Abnormal neurological examination at discharge
- Confirmed seizures with any cause
- Exchange transfusion for any reason including in-utero transfusion
- Cardiac follow up to be determined by local consultants with cardiac interest
- Consultant discretion

PROCEDURE

- Add follow up plan to discharge Badger requesting appointment with consultant in 6-8weeks unless consultant specifies different time frame
- Ward clerks will contact consultant secretaries to arrange appointments

Other Follow up as Required

- Confirm Retinopathy of Prematurity appointment date
- audiology referral

- physiotherapy (see guideline)
- hip or renal ultrasound requested
- BCG if required: Ensure need for BCG is ticked on NIPE to ensure local clinic appointment
- Nirsevimab appointment pre RSV season if applicable
- clinic appointments for blood tests
- Tertiary centre specialty to coordinate outpatient follow up when notified of discharge
- Inform GP and Health Visitor when routine immunisation are next due on Badger letter