

# Care beyond NICU

Discharge and post discharge planning  
of the NICU graduates



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# Care beyond NICU

## (Discharge planning in NICU)

Discharge planning should be started as soon as the infant is clinically stable.

### Quick Discharge Checklist: (Room-in, Care by parents)

- ✓ Wean to crib, maintaining temperature
- ✓ Feeding mostly orally (preferably breast) and gaining weight
- ✓ Completed newborn screen, hearing screen, car seat test
- ✓ Completed vaccinations
- ✓ Discharge follow up physician and discharge summary/card

# Care beyond NICU

Baby Bird is being seen in Dr. Cox Clinic. The baby was born at 27 weeks, stayed in NICU for 9 weeks. The discharge summary is 12 pages.

Dr. Cox accepted this baby in her practice as she is keen in taking care of NICU graduates. She has a very busy practice.

Now in her office she has to:

- skim through 12 pages
- coordinates FU appointments with others (MRI results are missing)
- plan future care

# Care beyond NICU

Most discharge summaries are computer generated and have several pages.

Therefore it would be desirable to:

1. Highlight the active problems and plan
2. Enumerate FU appointments
3. Any other important FU ( ROP, G6PD, Hearing, Newborn screen)

# Care beyond NICU

**Treatment And Follow-Up**

Discharge Resp Support:

Discharge Feedings:

Disch Meds:

Disch Apptments:

Disch Equip:

Other Follow-Up:

Discharge Addendum:

Discharge Attending MD:

Nasal Cannula 1 lpm, 100% O2  
22 Cal Feeds, all PO

Diuretics, Nystatin, MV Fe

Peds 1 week  
Cardiology (ASD) 1 month  
Ophthalmology (ROP) 1 month

Apnea monitor, Oxygen supplies

Developmental Clinic in 2 months

# Care beyond NICU

## DISCHARGE INSTRUCTIONS

DISPOSITION: The patient was discharged home on [REDACTED]. Adjusted gestational (post-menstrual) age on the day of discharge was 51 weeks 4 days. The primary care physician following discharge will be [REDACTED].

Problems at the time of discharge included a twin, c-section, male liveborn, gestation 27-28 completed wks, nutritional support, respiratory insufficiency, atrial septal defect, anemia, of prematurity, choroid plexus cyst, vocal cord paralysis and gastroesophageal reflux.

RESPIRATORY SUPPORT: Room air.

FEEDINGS: Ad lib feeds.

MEDICATIONS: Multivitamin with iron 0.5 ml po q 12 hr, continue Nutramigen 27 kcal/oz for 2-4 weeks and monitor weight gain and switch to 22 cal formula.

OUTPATIENT APPOINTMENTS:

14:30. OTHER FOLLOW-UP: Aud

Follow up with Pediatrician in 1 week, Cardiology 1 month, ENT 1 month, FU cranial US, Hgb

A total of 45 minutes was spent on the discharge planning and follow up plans.

Electronically generated summary



# Care beyond NICU (Follow up- in Clinic)

## Outline:

- Common discharge problems (as listed in the discharge summary)
- Growth & Development
- Speech & Language
- Hearing & Vision
- Home oxygen & Apnea monitor – care , weaning and follow up
- Prevention plan: RSV prophylaxis + routine vaccinations
- Interdisciplinary model – coordinate plan of care

## Common discharge problems/issues:

Feeding issues (PO/NG/ Gastrostomy)

Medications (caffeine, vitamins, diuretics, digoxin)

Jaundice (direct / indirect)

Respiratory support (oxygen, medications, monitors)

Miscellaneous :

Cardiac: shunt care, medications, arrhythmias

Neuro: shunt care, medications, seizures

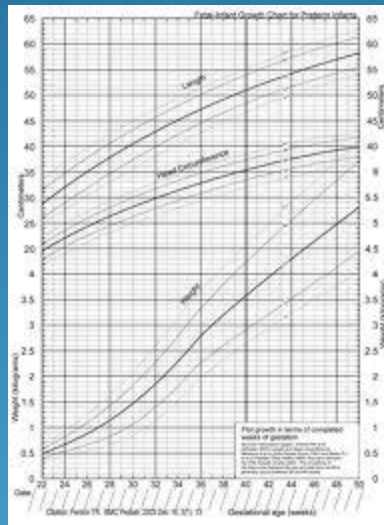
Ortho: splints or casts care



# Growth & Development

Follow standard growth curves (correct for PMA)

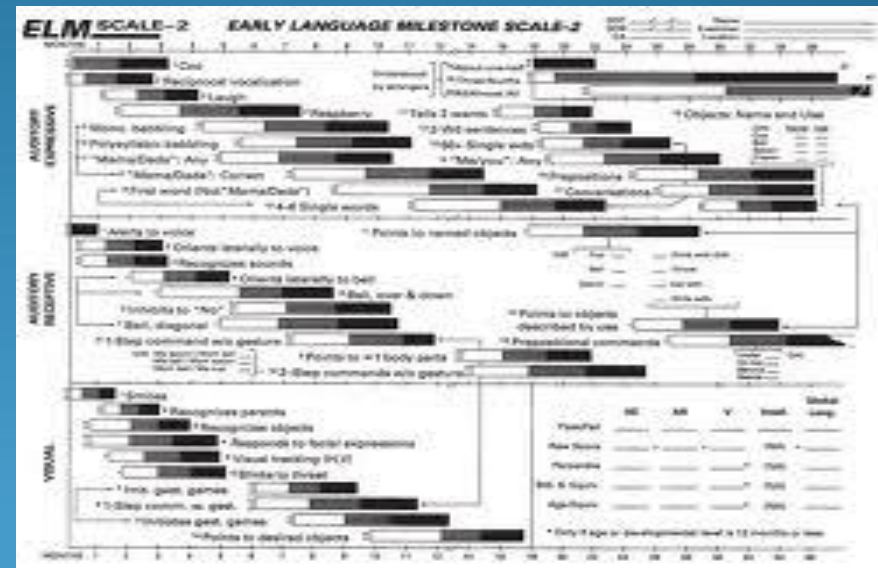
Developmental assessment (regular screening & referral to specialists if indicated)



# Speech & Language

Premature babies are at risk of developing these deficits-  
look for it!

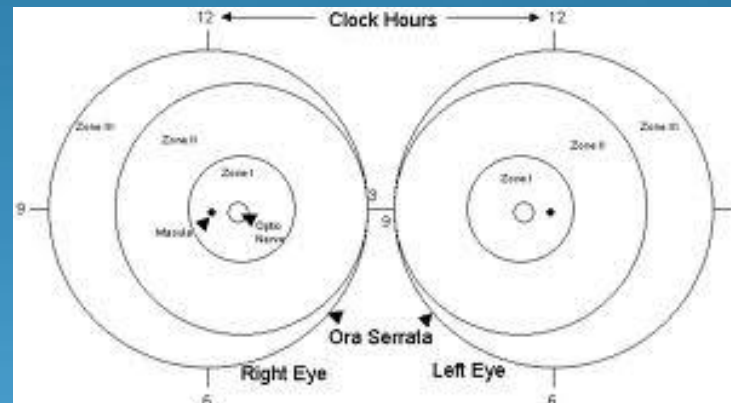
- ask age appropriate leading question
- Listen to parents
  - by history
  - by observation
  - by examination



## Hearing & Vision

Check the records for Newborn hearing test results

Make sure that infant is enrolled with an ophthalmologist for regular ROP screening/ or treatment plan



## Home oxygen & Apnea monitor (care, weaning and follow up)-1/2

SIDS and apnea of prematurity (no correlation)

Wean O<sub>2</sub> gradually (risk of pulmonary hypertension)

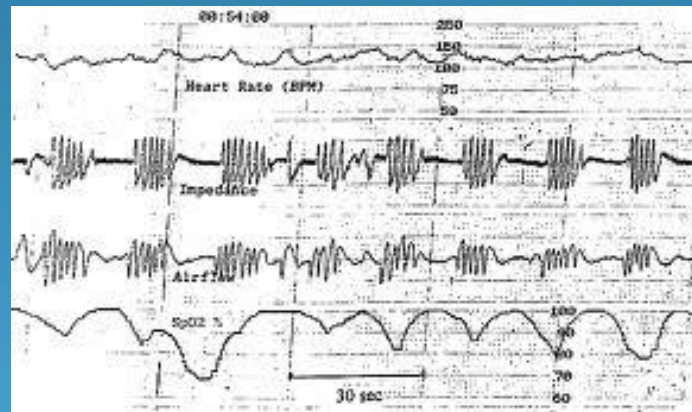
Wean caffeine if event free for 4-6 weeks (~44 wk PMA-varies)



## Home oxygen & Apnea monitor (care, weaning and follow up) - 2/2

Discontinue monitor, if event free and off caffeine for 4-6 weeks (caffeine has long half life - varies)

Repeat pneumogram (if increase in events or need decision to stop caffeine)



## Prevention plan: RSV prophylaxis + routine vaccinations

Routine vaccination- give at chronological age

RSV guidelines (follow the CDC/AAP guidelines):

- Synagis-to be given every month to eligible infants
- Dose=15 mg/kg/dose



## Check list:

- ☐ Feedings
- ☐ Quick systemic review ( Resp, cardiac, Neuro, GI, medications)
- ☐ Growth & Development
- ☐ Speech & Language
- ☐ Hearing & Vision
- ☐ Home oxygen & Apnea monitor – care , weaning and follow up
- ☐ Vaccinations : RSV prophylaxis + routine vaccinations
- ☐ Interdisciplinary model – coordinate plan of care with subspecialty care



## Check list: (remember GLOVE)

G = Growth and Development

L = Language

O = Ophthalmic exam/ Otological exam

V = Vaccination

E = Extra ( medications, oxygen, feedings, etc.)



Thank You