



# Discharge Planning



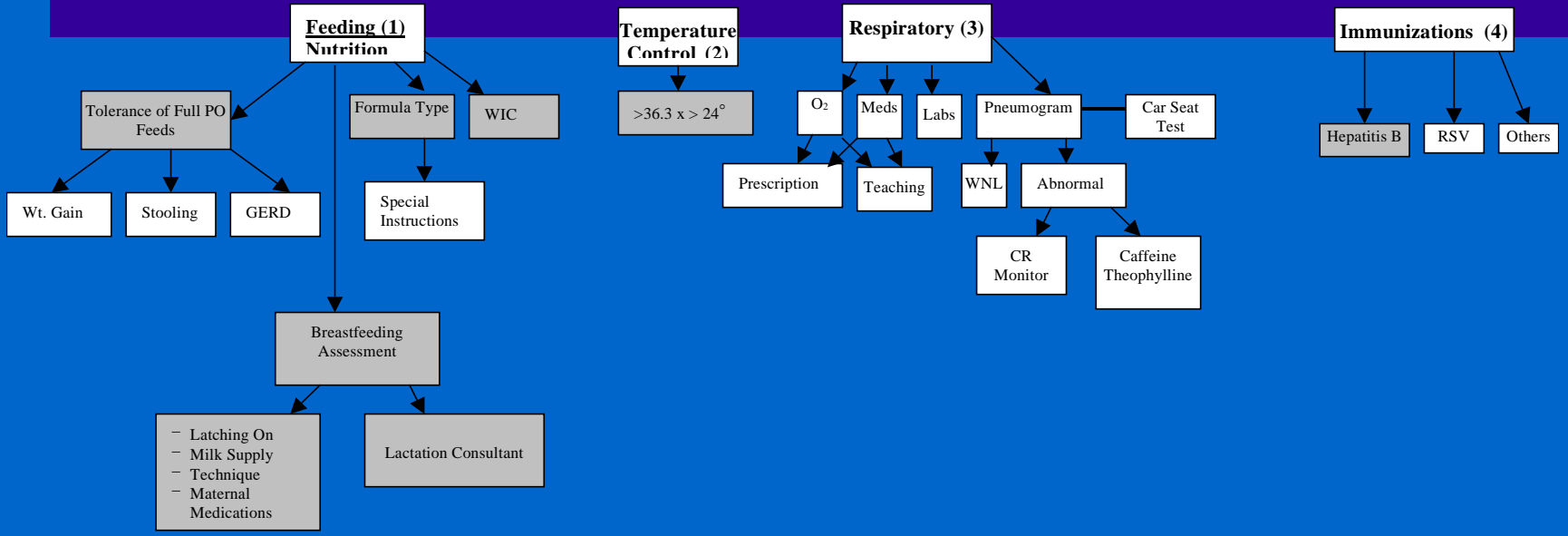
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## Discharge planning starts at admission

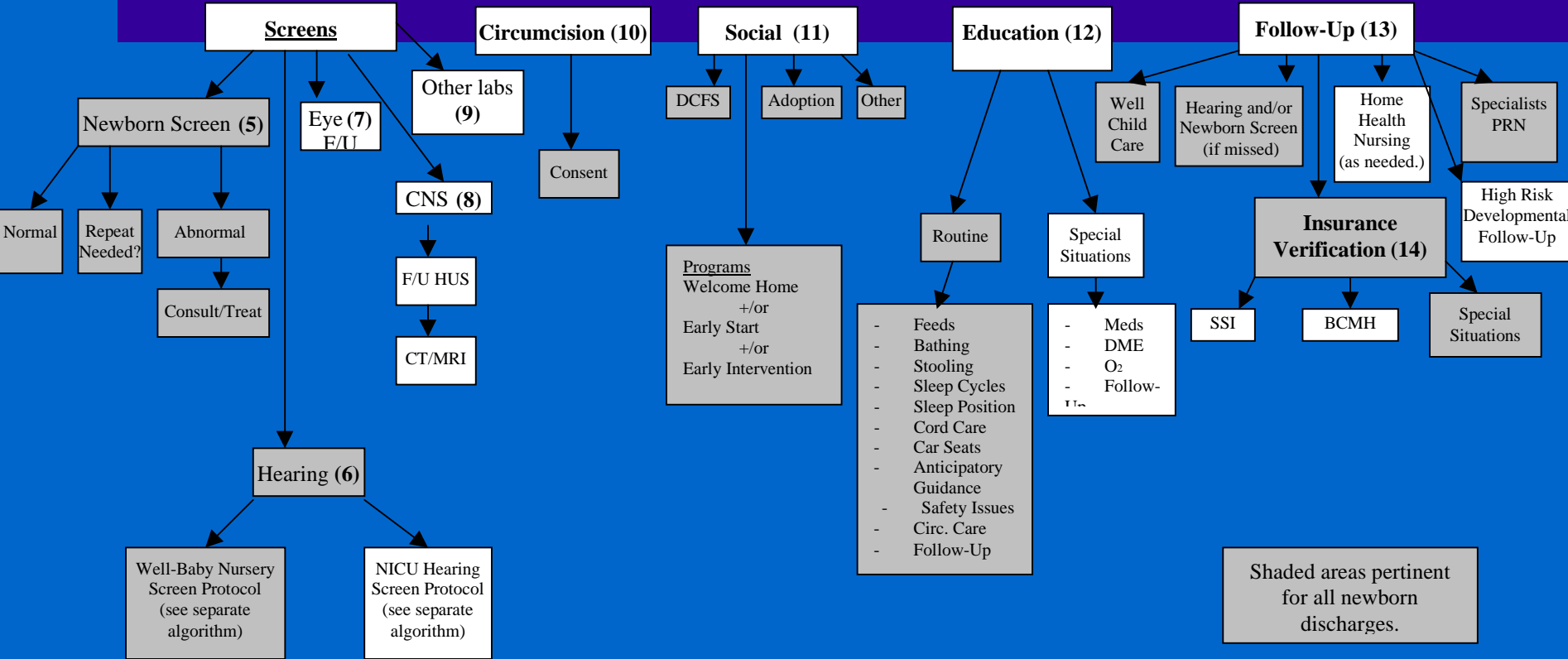
- Identify insurance coverage
  - Private insurance
  - Care Source (Medicaid HMO)
  - Medicaid
- Parents need to notify insurance carrier of infants birth
- Estimate time will be in the hospital
- Identify PCP

# Discharge Planning Pathway



Over  
↓  
11/15/02

**Discharge Planning Pathway**  
(Cont'd.)



Shaded areas pertinent for all newborn discharges.

# Hepatitis Vaccine

- All infants should receive the first dose of hepatitis B vaccine soon after birth and before hospital discharge; the first dose may also be given by age 2 months if the infant's mother is HBsAg-negative.
- Informed consent must be obtained and noted in chart.

# Circumcision

- Ask if family would like their son circumcised
- Check/verify permit
  - if no permit send family to L & D to get permit signed and procedure explained by OB
- Place on circ list several day before D/C
- Fill out the Circumcision pain relief orders the day before procedure (at the front desk, ask secretary) fax to in house pharmacy.
- If mom is a private let her OB know

# Sleep studies

- Criteria
  - less than 32 weeks
  - less than 1500 gms
  - if having apneas and bradycardias
  - if going home on Caffeine or Theophyline
- NG must be out and on all po feeds
- If off Caffeine random level must be  $< 5$

# Sleep studies

- Abnormal sleep studies
  - periodic breathing  $>5$
  - central apneas (should have Caffeine level if on prior to study)
- **Never** discharge infant home prior to reviewing sleep study results.
- **Never** tell a family that the baby can go as soon as the study is completed.

# Car Seat Challenge

- All preterm infants <37 wks
- SGA term infants with birth wt. < 2 kg.
- Infants discharged on oxygen or compromised respiratory status
- Infants with documented apneas and/or bradycardias

# Car Seat Challenge

- Car seat testing incorporated in sleep study
  - No apneas of  $> 20$  seconds
  - No bradycardias of  $< 80$  beats per minute
  - Oxygen saturation  $>85\%$  throughout

# Immunizations

- “Preterm infants < 37 wks gestation and infants of low birth weight, with few exceptions, receive all routinely recommended childhood vaccines at the same chronologic as should full-term infants. Gestational age and birth wt. are not limiting factors when deciding whether a clinically stable premature infant is to be immunized on schedule.”
- Red Book 2003, AAP, Pg.66



# Immunizations

- Current VIS forms to be given to parents prior to shots being given
- Documentation that parents have received forms and are aware of the risk benefits of each shot.



# Synagis

- RSV season - October to April
- RSV referral form to be filled out by APN or physician
- form given to RN for flow sheet of vital sign when completed make copy, send to Deb Lawson, put original in chart.

# Synagis

- **Only babies who meet the criteria**
  - 33-35 wks gest with additional risk factor sibling in preschool/school, exposure to tobacco smoke
  - 29-32 wks & < 6 mos at onset of RSV season
  - <28 wks gestation < 1 year at onset of RSV season
- **MD/APN discuss RSV with family, cause and prevention, then document in chart.**



# Hct/Retic

- Send 1 week prior to discharge



# Follow-up Appointments

- SCC at Metro every Thursday morning or in Lorain the second Tuesday of the month.
  - SGA
  - BPD
  - Home on monitor, Caffeine/Theophylline
  - PVL, TORCH, IVH > Grd I
  - PPHN, HIE
  - Birth Wt < 1500 gms and 32 wks

# Follow up Appointments

- Well Child Care (WCC)
  - 1 week after discharge from hospital
  - 2-3 weeks if infant going to SCC first
  - complicated infants PCP should be call by APN or MD
- Eye Clinic
  - all infants with birth wts. < 1500 gms
  - Appt must be scheduled according to when the eye doctor has prescribed, i.e. if baby seen on 2-1, F/U 2 wks, appt must be scheduled for 2-14, even if baby goes home on 2-13.

# Follow-up Appointments

- Audiology - as scheduled by audiologist if infant fails initial hearing screen
- Medical Consultants e.g. surgery, SCC, cardiology, neurology, neurosurgery, etc. must be pre-approved by PCP prior to DC. MetroHealth referral must be completed by APN/MD and given to secretary



# Medications

- Several days prior to discharge give family prescriptions so they can be filled then brought back to unit so they can be checked for correctness, and teaching on how, when to give.
- If dose is changed after medication has been filled, teach family the new dose and give new prescription. Pharm will **never** relabel



# Medication

- Very few pharmacies carry Caffeine Base so recommend to family to fill Rx here at MetroHealth's Outpatient Pharmacy.
- Prescriptions may be tubed (310) across the street to the Out Patient Pharmacy. Needed is copy of demographic sheet from chart, insurance number if available attached to RX with patient weight.
- Parents will need to be informed that they will need to pick up Rx and bring back to NICU to be check by RN.



# OT/PT

- All babies seen by OT/PT in the unit should be followed up after discharge.



# Early Intervention

- Infants with suspected or established developmental delay should be referred to Sue Masevice, LISW (85554 or Page 1709) through our social work department.
- All Lorain County patients are to be referred to Lorain Early Intervention Services.

# VNA

- All preterm infants should have at least 2 home visit after discharge (pending insurance)
- Any social problems should have a visit the next day
- Make sure VNA coordinator is notified and has spoken to family prior to D/C

# Newborn Screen

- Sent after 24 hours
- send before 24 hrs if blood transfusion required
- follow up for results after 2 weeks
- any questions regarding NBS, call Ann Ryan x4596.

# WIC

Government nutritional program

- nutritional education
- nutritional foods, formula, milk, cheese
- breastfeeding support

Special formulas need a prescription that must have:

1. Name of special formula
2. Reason why formula needed
3. How long formula will be needed

# WIC

## WHAT PARENTS NEED TO BRING TO WIC

1. Proof of income -  
Eg- pay stub  
- medicaid letter  
- savings/check book etc.
2. ID
3. Proof of current residence if ID does not reflect this (eg- gas or electric bill with their name and address)
4. Crib card or shot record
5. Birth letter (if they have it)
6. Coupon holder (yellow card)
7. Blue/white referral form