



## CLINICAL PRACTICE GUIDELINE

Guideline coverage includes NICU KEMH, NICU PCH and NETS WA

# Discharge Process Guideline

This document should be read in conjunction with the [Disclaimer](#)

## Aim

The decision for discharge or transfer of an infant from the Neonatal Unit must be approved by medical staff. Any infant whose acute problem has resolved and feeding well, gaining weight, maintaining body temperature and has stable respiratory status (+/-oxygen therapy) can be discharged home or transferred to secondary neonatal units.

## Criteria for Discharge Home

- Off all monitoring (with some exceptions)
- Sucking all feeds via breast/bottle and gaining weight
- Maintaining temperature
- Weight > 1800g (with some exceptions)
- Parents have adequate knowledge and skills to make transition home.

## Guidelines for transfer to secondary hospital

- Adhere to each hospital accepting criteria.
- Medical staff cleared.
- Parents aware of transfer.

## Procedure for Discharge / Transfer

See [Checklist](#) below

- Record Weight, length and head circumference on MR410, and in Child Health Book
- Medical discharge checks signed, time, and dated on MR 410.
- Ensure all investigations/referrals have been sent and follow up appointments made.
- Three copies of the Medical discharge summary (NACS) completed, printed and signed. One placed in the back of the Child Health book, two copies filed in the buff notes.
- Special Child Referral Form completed and signed.
- Hearing screening completed and documented or handed over to secondary hospital and documented same.
- SIDS education given and documented that has been given.
- CPR/in-flight Oxygen education given if required.
- Ensure GP details are documented on MR430 Neonatal Admission/Discharge Plan form.
- Immunisations given and documented – as per guideline
- Discharge medications ordered and parent/carer education given and documented. Discharge medication given to parent/carer.

- Medication prescriptions if required given to parent/carer.
- Complete Child Health Record (Purple Book) and give to parents.
- Home Visiting Form MR 254 completed in full and signed for all infants meeting follow-up criteria. Refer to [HVN guideline](#).
- Notify Milk Room/ Infant Formula Room for collection and Expressed Breast Milk.
- Ensure return of loan breast pump. Check if family are in VMS area for Breast Pump loan from Breast Feeding Centre.

In addition to the above, if infant is transferring to secondary hospital.

- Complete and sign MR440 Inter hospital Nursing Transfer form.
- Confirm with accepting hospital bed is available. Give verbal nursing handover and confirm name of paediatrician accepting care.
- RMO/Registrar to verbally handover to accepting Paediatrician and to document in infants Progress Notes MR420.
- Notify Neo-base nurses for neonatal summary /discharge summary
  - On weekends and when very busy Drs to complete MR440.02 Hospital Medical transfer letter, summary will be sent when available.
- Photocopy the completed MR440, MR485.02 (Neonatal Flow Chart) and the weight chart with current weight, Head circumference and length.
- Liaise with Neonatal Discharge Coordinator about transport/transfer.
- At PCH arrange transport for the infant and transfer nurse for the agreed time. Page the Discharge Co-ordinator at KEMH to see if NICU driver is available. If not call through the list of approved transport drivers.
- If the infant requires a NETS WA back transfer – liaise with the NETS WA transport team.

### Short term Admission (<24 hours): Discharge to Postnatal Wards

Babies admitted >37 weeks GA for <24 hours for short term respiratory support (i.e. TTN) or other non-feeding concerns can be discharged to the postnatal ward to establish feeds with their mother. This will support lactation especially if the mother has difficulty visiting the SCN.

#### Exclusions:

- Risk factors for hypoglycaemia (Maternal diabetes, IUGR, asphyxia).
- Any persistent physiological disturbances.

Follow up PGL on the postnatal ward can be ordered as deemed necessary. Ensure verbal and written handover has been completed.

#### Related WNHS policies, procedures and guidelines


WNHS Policy – [Discharge Policy](#)

Neonatal Clinical Guidelines - [Discharge: Medical Check and Follow-up](#)

- [Transfer/Transport by Air and Road of Stable Infants with Nurse Escort](#)

- [Home Visiting Nurse \(HVN\) Service](#)

[NETS WA](#)

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### Checklist

(Can be printed to assist with discharge preparation)

	Completed		Comments
	Y	NA	
Current weight, length & HC documented on MR410, and Observation chart.			
GP details are on MR430			
SIDS education completed and documented			
Special Child Health Referral completed			
Child Health Book completed			
Immunisations <ul style="list-style-type: none"> <li>• Documentation complete</li> <li>• Rotarix given if meets criteria</li> </ul>			
Discharge check completed with date and time			
Home Visiting Nurse form completed			
Discharge medication <ul style="list-style-type: none"> <li>• Ordered</li> <li>• Received</li> <li>• Parent education given</li> </ul>			
Milk Room <ul style="list-style-type: none"> <li>• Breast pump returned</li> <li>• Breast milk collected</li> <li>• Formula talk given(if AF feeding only)</li> </ul>			
Referrals / follow-up arranged (Hearing, Hips, Surgical, Ophthalmology, Cardiac, Renal etc)			
<u>Transfers</u> <ul style="list-style-type: none"> <li>• Neobase +/- (Nacs) summaries</li> <li>• Photocopy – Flow chart, weight chart</li> </ul>			
OTHER:			