

Newborn Critical Care Center (NCCC) Clinical Guidelines

Discharge Clinical Guidelines

Discharge from the NCCC is a complex process involving many disciplines. In addition to the infant's physiological stability, the family must be able to provide for the infant's needs and community support must be in place prior to discharge.

Standard discharge requirements and responsibilities for all staff and family described in this document follow the phased timeline below.

Phase I – Admission

Phase II – Within a Month of Discharge

Phase III – Within a Week of Discharge

Phase IV – Within 48 Hours of Discharge

1. GENERAL DISCHARGE OVERVIEW

Infants must demonstrate readiness for safe discharge. Signs of discharge readiness include vital sign stability on discharge support, especially no changes in respiratory support or medications for several days, appropriate growth on discharge nutrition plan, and no changes in other discharge medications unchanged for several days.

Table 1. General discharge checklist

Discharge preparation	Timing	Notes
Identify primary care provider	Within 48 hours of admission	Change PCP listed in EPIC
Intake / Insurance / Appropriate applications*	Within 48 hours of admission	Case management performs
Newborn state screen*	Results documented as soon as available	Repeat(s) done as indicated*
Hearing screen	As soon as eligible - On discharge respiratory support - Off ototoxic medication (gent, vanc, lasix)	Schedule referral PRN all repeat screen 9 months after DC
Congenital heart disease screening	As soon as eligible - On discharge respiratory support	Not needed if echocardiogram performed
Family education	Within a month of discharge	See Section 1-A. Family & Appendix A.
Inguinal hernia examination	Within a month of discharge	Consult pediatric surgery for repair
Outpatient referral coordination (if applicable)	Within a month of discharge	See Section 1-B. Follow-up
Nutrition discharge plan	Within a week of discharge	See Section 1-C. Nutrition
Verify age-appropriate immunizations administered	Within a week of discharge	Consider monitoring inpatient for 48 hours after 2-month vaccinations)
Circumcision* (if desired by parents)	Within a week of discharge - Consider weekend and holiday availability	
RSV prophylaxis* (if applicable)	Within a week of discharge	
Apnea countdown* (if applicable)	Within a week of discharge	May be completed earlier*
Car seat challenge (if applicable)	Within a week of discharge	
Prescriptions to pharmacy (if applicable)	Within a week of discharge	
Schedule PCP appointment	Within 48 hours of discharge - Consider weekend and holiday availability	Family to schedule appointment 24-48 hours after discharge
Discharge full physical exam	Day of discharge	Check red reflex and hips
Complete Discharge Summary	Day of discharge	Consider printing for family

*See appropriate guidelines ([Circumcision Guideline](#), [RSV Prophylaxis Guideline](#), [Newborn Metabolic Screening](#), [Caffeine Therapy for Apnea of Prematurity](#))

A. **Family**

- Verify the demographic data is correct so they will receive follow-up appointments.
- Nursing discharge teaching completed** (see *Appendix A* and [Nursing Discharge Documents](#)) - discuss appropriate visitation plan with the family which will allow for teaching to be accomplished
- Recommend that household members and close contacts receive the influenza, pertussis, and covid vaccines.
- Recommend family attend infant CPR class
- Recommend family room-in in a Care-by-Parent room, or overnight stays on 6-NCCC
- Encourage family to access EPIC My Chart (this can be setup as inpatient)
- Educate family on follow-up referrals
- Recommend family **accept early intervention** *for their child when contacted by their CDSA.*

B. **Follow-up**

- Schedule all specialty follow-up appointments, studies, or procedures as needed; follow-up visits will be listed on the AVS. Discharge planners can assist with this process.
- Encourage follow-up in the **Special Infant Care Clinic (SICC)** if eligible (see [SICC Criteria](#)). *Make sure to choose a department to ensure referral order is sent to correct inbox.*
- Consider outpatient **PT/OT/ST consults** for developmental interventions

C. **Nutrition**

- Consider assistance from the nutritionist/dietician and/or infant's feeding specialist(s) (ST/OT/Lactation).
- Consider referral to UNC Complex GI Feeding Clinic (see [Feeding Referral Guidelines](#).)
- Discharge nutrition plan in place:**
 - Adjust fortification in anticipation of discharge, making recommendations for the nutrition plan progression after discharge (see *Post Discharge Nutrition Guidelines*).
 - Ensure family capability of feeding easily and safely.
 - Provide recipe for fortification. Verify that family has necessary mixing supplies and understands how to prepare.
 - Identify specialized feeding supplies and make sure the family has access to them (bottles, nipples).

- Provide family with **WIC prescription** if indicated, complete the medically fragile infant waiver letter.
 - Infant name must be as it appears on the birth certificate

D. Communication

- Discuss follow-up plan weekly during Interdisciplinary Rounds. Refer to Appendix A for additional interdisciplinary steps.
- Consider a Center for Maternal and Infant Health (CMIH) Care Coordinator (recommended for ALL complex patients that qualify).
- Ideally round first on discharging patients so they can leave UNC by **12:00**
 - Alternatively wrap up patient rounds the day prior to discharge and approve discharge during 07:50 Board Rounds.

2. COMPLEX DISCHARGES (with Equipment)

- Verify demographic data is correct so follow-up appointments will be received.
 - Consider **name change in Epic** to name listed on birth certificate for complex patients. This will need to be done for most families going home on discharge medications. Can be done one week prior to discharge by family via admitting office with prior approval of on-service attending of record.
- **PCP** - Communicate with PCP by calling within 48 hours

A. Discharge on Gastrostomy or NG Feedings

- Order equipment (*use EPIC Complex discharge order set*)
- Verify equipment delivered to bedside and equipment representative has instructed family on its use including trouble shooting, transporting safely and contact information for the company. Social work (care management) can assist.
- Schedule follow-up appointment with Pediatric Surgery and Nutrition after discharge.
- Verify family is aware of accidental dislodgement plan for the gastrostomy tube and is aware of how to reach Pediatric Surgery after discharge.
- Recommend that family stay in care by parent room with infant and use home equipment for at least one night prior to discharge.
- Consider referral to UNC Complex GI Feeding Clinic (see [Feeding Referral Guidelines.](#))

B. Discharge on Oxygen

- See [BPD Guidelines](#) for additional information.
- Infant is stable on current level of support, tolerates ambulation and a follow-up plan has been defined by Pediatric Pulmonary.
- Consult Pediatric Pulmonary a week before discharge. (*The pulmonologist may request a chest radiograph and/or blood gas*)
- Order home equipment (*use EPIC Complex discharge order set*).
- Obtain home medications and assure that there is an ongoing supply.
- Verify equipment delivered to bedside.
- Confirm infant remains stable on home equipment.
- Family should receive training from the equipment representative including trouble shooting, transportation, and company contact information.
- Review emergency preparedness.
- Recommend family room-in with infant on home equipment for a minimum of one night, ideally scheduled at least 48 hours prior to discharge.
- Consider home health nursing visits and provide case manager with nursing orders as applicable.

C. Discharge with Tracheostomy

- Infant stable on current level of support, tolerates ambulation and a follow-up plan has been defined by the Airway Center.
- Order home equipment (*use EPIC Complex discharge order set*).
- Home nursing agency secured – Provide home nursing orders to the case manager. They will be attached to the discharge summary via EPIC and must be attested or signed by discharging attending.
- Family must room in overnight with infant in Care-by-Parent room prior to discharge, ideally this should be for several nights.
- At least TWO caregivers capable of performing all aspects of tracheostomy care are required for safe discharge.
- Review emergency preparedness.
- Face to Face attestation attached to the discharge summary by case manager if indicated.

Appendix A. Additional Interdisciplinary Discharge Steps

Discharge task (What?)	Who performs it?	When should it be performed?	Where is it documented?
Discuss Rooming in	Provider	During last month of hospitalization	Progress note
CPR and Choking-Video/verbal	Nurse	Within 1 month of discharge	EPIC and DC Checklist
Bath Safety-verbal	Nurse	Within 1 month of discharge	EPIC and DC Checklist
Bulb Syringe-Video/verbal	Nurse	Within 1 month of discharge	EPIC and DC Checklist
Car Seat Safety-Video/verbal	Nurse	Within 1 month of discharge	EPIC and DC Checklist
SIDS prevention/Safe Sleep-Video/verbal	Nurse	Within 1 month of discharge	EPIC and DC Checklist
Shaken Baby/Abusive Head Trauma-Video/Verbal	Nurse	Within 1 month of discharge	EPIC and DC Checklist
Temperature Taking-Video/verbal	Nurse	Within 1 month of discharge	EPIC and DC Checklist
Educate about rooming in on unit	Nurse	Within 1 month of discharge	EPIC and DC Checklist
<i>Complex DC equipment order</i>	<i>Provider/CM</i>	<i>As soon as anticipate discharge with equipment</i>	<i>EPIC discharge complex orderset</i>
<i>Complex discharge teaching/checklist completed</i>	<i>Nurse</i>	<i>1 week before discharge</i>	<i>EPIC and DC Checklist</i>
Demographics	Family & Admission office	1 week prior to discharge	Admission office and discharge note, EPIC demographic information already present
<i>Name change</i>	<i>Case manager & Provider</i>	<i>1 week prior to discharge (prior to home rx, WIC, appointments)</i>	<i>Demographics</i>
Verify all Case Manager / insurance / referrals/ outpatient services	Case manager & provider	Check back 1 week before DC	DC Summary / CM progress notes
Formula/breastmilk recipe-handout/verbal	Nurse	1 week to 48 hours prior to discharge	EPIC and DC Checklist
Prescriptions-verbal/demonstration	Nurse	1 week to 48 hours prior to discharge	EPIC and DC Checklist
Illness prevention-verbal	Nurse	1 week to 48 hours prior to discharge	EPIC and DC Checklist
Care by parent room	Caregivers	No later than 2 days prior to discharge	