GUIDELINE

Discharge Process: Medical and Nursing Responsibilities

Scope (Staff):	Nursing and Medical Staff
Scope (Area):	NICU KEMH, NICU PCH, NETS WA

CAHS commits to being a child safe organisation by applying the National Principles for Child Safe Organisations.

Read the full statement here:
CAHS Child Safe Organisation Commitment Statement

This document should be read in conjunction with this disclaimer

Use in conjunction with:

- **Transfer by Road and Air of Stable Infants**
- **Child Health Nurse Guideline**

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Aim

To outline the process to follow when discharging an infant from the Neonatal Unit.

Risk

Failure to follow a standardised discharge process can lead to miscommunication, misinformation and/or missed information.

Key Points

- Discharge planning is needed to ensure appropriate preparation for home is completed. See Appendix 1 for further guidance.
- All discharges and transfers must be approved by medical staff. For infants who may require ongoing care, the neonatal consultant to decide what follow-up/referral of the infant is needed.
- The medical officer must complete the discharge medical check within 72 hours **before** the infant is discharged or transferred and complete a NACS summary.
- Parent crafting may be offered to support parent and infant in the transition from hospital to home.
- Parent Crafting Agreement must be signed by parent and 2West staff prior to commencing parent crafting. See Parent Crafting Criteria.
- Transfer to another hospital MUST adhere to each hospital's individual accepting criteria. Discuss transfer criteria with KEMH Discharge Coordinator / CNC or 3B CNS. Refer to Transfer by Road and Air of Stable Infants.

Parent Crafting

Parent crafting provides the parent/carer and their infant with the opportunity to room in together overnight in the parent crafting room. This is offered to assist parents with the transition from the hospital environment to home. Nursing staff will be allocated to provide support to parents as required.

Parent Crafting Criteria

The below criteria must be met prior to commencing parent crafting:

- Infant must be able to maintain temperature in an open cot for 24-48hours
- Discharge check must be completed
- No IV devices, cardiorespiratory monitoring (home monitoring clinic referral exempt) or phototherapy
- The parent will be required to attend to all feeds, cares and settling. Parents can request support or further education from nursing staff as needed.
- Parent have received the 6 key messages of Safe Infant Sleeping education. If parent and infant are found to be co-sleeping, the infant is to be removed

immediately and returned to 2 West Nursery. The parent can continue to care for their infant but in the Nursery only. Inform CNM/HCM immediately.

- Parents have been informed of the rules of parent crafting i.e. zero tolerance to:
    - aggressive behaviour, harassment, intimidation and offensive language
    - physical abuse or damage to property
    - Smoking, alcohol, and/or other drug use
- Signed parent crafting agreement for 2West
- Staff to complete Patient Catering Request form and fax to the Catering department by 10.30 hrs
- Inform parent that nursing staff must be able to access the parent crafting room at any time for safety reasons. Room key must remain at the nurse's station.
- The parent/carer not designated to parent craft must leave the premises by 20.00 hrs.

Criteria for Hospital in The Home

For referral to HiTH and PAC services see the PCH Ambulatory Care Guidelines: Hospital in The Home (HiTH) and Post Acute Services (PAC)

Criteria for Discharge Home

Any infant whose acute problem has resolved and is feeding well, gaining weight, maintaining body temperature and has stable respiratory status (+/-oxygen therapy) can be discharged home or transferred to secondary neonatal units.

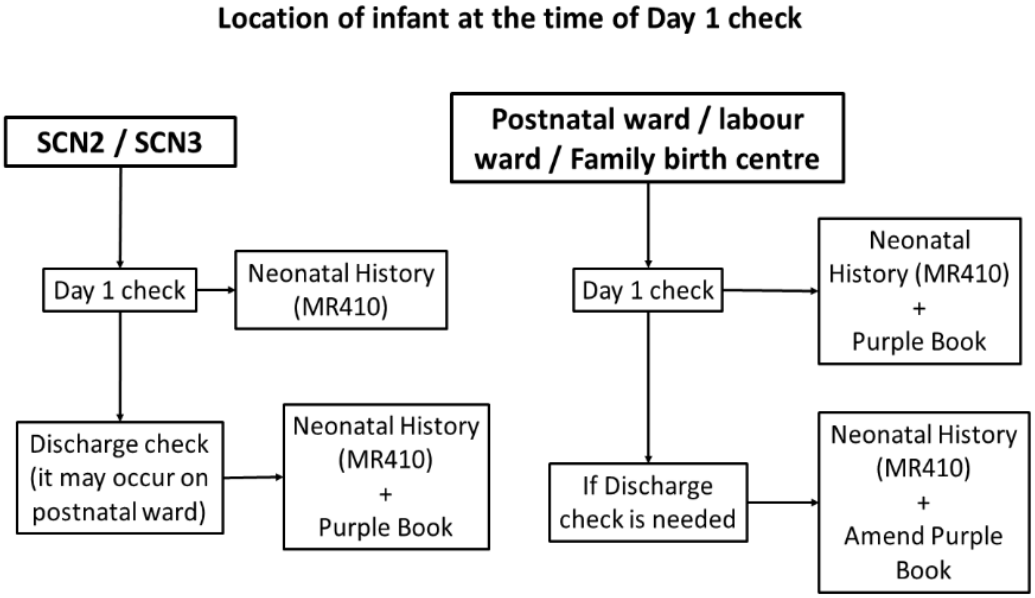
- Off all monitoring for 24/48 hours.
- Sucking all feeds via breast/bottle and gaining weight. Exemption if to go home with NGT feeding. Supported by HITH/VMS.
- Maintaining temperature ranges wearing appropriate clothing.
- Weight >1800g (with some exceptions).
- Parental/carer education received and documented
- Complex cardiac and airway infants may require further discharge planning with the wider multidisciplinary team.
- Parents of babies <28 weeks gestation, medical and social complexities to be offered a discharge meeting with the consultant under whom the baby was admitted, or the on-service consultant if admitting consultant not available.

Procedure for Discharge or Transfer

Utilise Appendix 1: Checklist as a guide for discharge planning.

Medical Staff Responsibilities

- Complete discharge check and document on:
  - MR410.00 Neonatal History (discharge check)
  - MR430 Neonatal Admission/Discharge Plan (screening/referrals)
  - Purple Book (if on postnatal ward)
  - Refer to diagram below to decide if an infant needs a separate discharge check if being discharged within 72 hours of the 'Day 1 Check'.
- Complete Pulse Oximetry Screening to Detect Critical Congenital Heart Disease if applicable.
- Complete "Fitness to Fly" Clearance if <35 weeks or <7 days old and travelling via air to discharge location. Consult Neonatal Discharge Coordinator if necessary
- Ensure all investigations/referrals have been sent and follow up appointments have been made.
- Complete discharge medication prescription and send to pharmacy via pneumatic chute
- Complete Medical Discharge Summary (NACS)



Nursing responsibilities:

- Refer to Transport by Road or Air of Stable Infants for transfer to other health service providers.
- Complete ALL the relevant nursing sections of:
    - MR410 Neonatal History,
    - MR430 Neonatal Admission/Discharge Plan,
    - Neonatal Special Referral to Child Health Services Form and the CHN Purple Book. Refer to Child Health Nurse Guideline for further information. See Appendix 1 for further guidance.
- Check that Pulse Oximetry Screening to Detect Critical Congenital Heart Disease has been completed if applicable
- Families from rural areas who are not returning home for longer than 5-7 days post discharge (e.g. to attend outpatient appointments) can be referred to Home Visiting Nurse Service . Infants less than 1 week can be referred to VMS.
- Send VMS referral if applicable.
- Ensure any equipment/home consumables are ordered and a 2-week supply of discharge equipment is available (PCH).
- Two copies of the medical discharge summary (NACS) completed, printed and signed. Once placed in the back of the Child Health book, one copy filed in the buff notes.
- Record Weight, length and head circumference on MR410, and in Child Health Book
- Ensure all investigations/referrals have been sent and follow up appointments have been made.
- Ensure any home consumables are ordered and a 2 week supply of discharge equipment is available (PCH).
- Hearing screening completed and documented in Child Health Book and MR430.00
- Parents/carers have adequate knowledge and skills:
    - SIDS education completed and documented See Safe Infant Sleeping guideline.
    - CPR education completed and documented if required, see CPR: Parent/Carer Education.
    - Medication administration education completed and documented.

  - Specialised education and equipment training completed and documented e.g. NGT feeding, NPA care and change.
  - In-flight Oxygen education for infants <35 weeks returning home via commercial airplane.
- Ensure GP details are documented on MR430 Neonatal Admission/Discharge Plan form.
- Immunisations given and documented – as per guideline
- **Medication Reconciliation**
  - Prior to discharge – Parent/Carer education given on discharge medication and administration.
  - Discharge medication/s ordered and received.
  - **Nurse Check** - Discharge medication/s received and checked against current medication chart/s (ensuring correct medication/s have been ordered and received.)
  - **Nurse and Parent/Carer Check** - Discharge medication/s given to parent/carer, checking against current medication chart/s, and parent understanding of medication (dosage, administration and duration.)
  - Medication prescriptions if required given to parent/carer.
- Complete Child Health Record (Purple Book) and give to parents.
- Notify Milk Room/ Infant Nutrition Room for collection of Expressed Breast Milk.
- Ensure return of loan breast pump. Mothers are encouraged to organise own pump for use at home on discharge/transfer.

Follow-Up Program

Some infants require additional follow up post-discharge. Please see Follow Up Program for inclusion criteria. Appointments are made after discharge and parent/carers receive a letter and text message prior to appointment. Infants from rural and regional areas are followed up by The Rural Paediatric Service. A referral is made to Rural Paediatric Service, and parents/carers are contacted by the service via text message and mail.

Specialist Referrals

- eReferrals must be completed prior to discharge to relevant specialties such as orthopaedics for developmental dysplasia of the hip, and for early intervention therapy.
- For infants with inguinal hernias, please see Inguinal Hernia for follow up referrals.
- Ophthalmology for Retinopathy of Prematurity is arranged by the ROP Screening Team. Liaise with discharge coordinator for organising specialist follow-up for the infants from rural areas.

- Infants that have had an initial hearing screen as part of the WA Newborn Hearing Screening Program and are then identified as having a risk factor for hearing loss, e.g., infants with meningitis, will require an additional audiology referral. Contact CAHS Newborn Hearing Screening Program.

Referral to KEMH Emergency Centre from Special Care Nursery

Infants who are referred to KEMH Emergency Centre (EC) from Special Care Nursery need to have Special Care Nursery Emergency Centre Referral MR254.03 completed. Following this:

- Inform parents on date to present to EC
- If infant needs blood test, give parents pathology request form. Ask parents to have bloods taken at pathology prior to attending EC.
- Neonatal Discharge Coordinator to be informed of EC referral if in working hours. If infant discharged after 1500hrs, send message via Durapage to: 0437 127 359 that patient has been referred to EC and return date.
- Discharge Coordinator to check ward clerk's office for referrals each morning
- Nursing/Medical staff to inform SCN ward clerk on ground floor that infant has a referral to EC. Infant's medical record file to be kept in ground floor ward clerk's office until patient presents to EC with MR254.03 attached to front.
- Medical record and MR254.03 to be taken to EC on review of the patient by medical staff.
- If patient has not presented by 1430 hours, Discharge Coordinator to escalate to NICU Consultant week days or SCN 2 SR after hours or on weekend. See escalation pathway in Admission guideline.

Discharges to KEMH Postnatal Wards to establish feeding

- Babies >37 weeks GA who have been admitted to NICU for <24 hours for short term respiratory support (i.e. TTN), or other non-feeding related issues, can be discharged to the postnatal ward with their mother to establish feeding after completion of the Day 1 Check. Refer to Discharge/Transfer of Healthy Infants from Postnatal Wards thereafter.
- Neonates with risk factors for hypoglycaemia (Maternal diabetes, IUGR, asphyxia) and any feeding concerns are to remain in the NICU until feeds established. See Hypoglycaemia management for infants at risk.

Related CAHS internal policies, procedures and guidelines *(if required)*
Neonatology Guidelines • Car Seat Challenge • CPR: Parent/Carer Education • Discharge/Transfer of Healthy Infants from Postnatal Wards • Home Visiting Nurse (HVN) Service • Inguinal Hernia (health.wa.gov.au) • Pulse Oximetry Screening to Detect Critical Congenital Heart Disease • Transfer/Transport by Air and Road of Stable Infants with Nurse Escort NETS WA Neonatal Special Referral to Child Health Services Form Child Health Nurse Guideline WA Health Newborn Hearing Screening Program Policy (health.wa.gov.au) CAHS Newborn Hearing Screening Program (health.wa.gov.au) CAHS Safe Infant Sleeping PCH Ambulatory Care Services – Hospital in The Home (HiTH)

This document can be made available in alternative formats on request.

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Standards Applicable:	NSQHS Standards: Child Safe Standards: 1,10		

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Appendix 1: QRG Discharge Preparation Checklist

Can be printed to assist with discharge preparation

	Completed		Comments
	Yes	N/A	
Current weight, length & HC documented on MR410, and Observation chart.			
GP details are on MR430			
SIDS /CPR/ Medication education completed and documented			
Special Child Health Referral completed			
Child Health Book completed			
Immunisations • Documentation complete • Rotarix given if meets criteria			
Discharge check completed with date and time			
Home Visiting Nurse form completed			
'Visiting Midwifery Service' form completed			
HiTH referral if required			
Discharge medication • Parent education given			
• Medication ordered			
Medication reconciliation • **Nurse Check-**Discharge medication received and checked against current medication chart/s			
• **Nurse and Parent/Carer Check**-Discharge medication given to parent/carer and checked against current medication chart/s, and parent understanding of medication (dosage, administration and duration).			
• Medication prescriptions if required given to parent/carer			
Milk Room • Breast pump returned • Breast milk collected • Formula talk given (if AF feeding only)			
Referrals / follow-up arranged (Hearing, Hips, Surgical, Ophthalmology, Cardiac, Renal etc)			
<u>Transfers</u> • Neobase +/- (NACS) summaries • Photocopy – Flow chart, weight chart, medication chart			