



GUIDELINE

Discharge Process: Medical and Nursing Responsibilities

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

Child Safe Organisation Statement of Commitment

CAHS commits to being a child safe organisation by applying the National Principles for Child Safe Organisations. This is a commitment to a strong culture supported by robust policies and procedures to reduce the likelihood of harm to children and young people.

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](#)

Contents

Aim	2
Risk.....	2
Key Points.....	2
Criteria for Discharge Home.....	2
Procedure for Discharge or Transfer	2
Medical Staff Responsibilities.....	3
Nursing responsibilities:	3
Follow-Up Program	5
Specialist Referrals	5
Discharges to KEMH Postnatal Wards to establish feeding	5
Appendix 1: QRG Discharge Preparation Checklist	7

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.
- Discharge checks must be completed **prior** to commencing parent crafting.
- 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](#).

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.

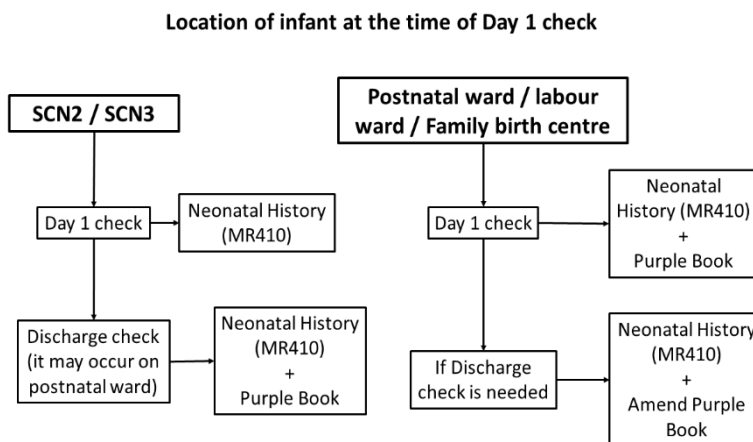
- Off all monitoring for 24/48 hours.
- Sucking all feeds via breast/bottle and gaining weight. Exemption if to go home with NGT feeding.
- Maintaining temperature ranges wearing appropriate clothing.
- Weight >1800g (with some exceptions).
- [Parental/carer education](#) received and documented
- Complex 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 "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.

- 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.
 - CPR education completed and documented if required.
 - 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](#).

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

- [Discharge/Transfer of Healthy Infants from Postnatal Wards](#)
- [Transfer/Transport by Air and Road of Stable Infants with Nurse Escort](#)
- [Home Visiting Nurse \(HVN\) Service](#)
- [Inguinal Hernia \(health.wa.gov.au\)](http://health.wa.gov.au)

[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 \(health.wa.gov.au\)](#)

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

Document Owner:	Neonatology		
Reviewer / Team:	Neonatology Coordinating Group		
Date First Issued:	December 2017	Last Reviewed:	February 2025
Amendment Dates:	February 2025: amalgamated with Discharge Medical Check and Follow Up guideline	Next Review Date:	February 2028
Approved by:	Neonatology Coordinating Group	Date:	25 th February 2025
Endorsed by:	Neonatology Coordinating Group	Date:	
Standards Applicable:	NSQHS Standards:  Child Safe Standards: 1,10		

Printed or personally saved electronic copies of this document are considered uncontrolled



Healthy kids, healthy communities

Compassion

Excellence

Collaboration

Accountability

Equity

Respect

Neonatology | Community Health | Mental Health | Perth Children's Hospital

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 <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • Parent education given 			
<ul style="list-style-type: none"> • Medication ordered 			
Medication reconciliation <ul style="list-style-type: none"> • Nurse Check-Discharge medication received and checked against current medication chart/s 			
<ul style="list-style-type: none"> • Nurse and Parent/Carer Check-Discharge medication given to parent/carers and checked against current medication chart/s, and parent understanding of medication (dosage, administration and duration). 			
<ul style="list-style-type: none"> • Medication prescriptions if required given to parent/carers 			
Milk Room <ul style="list-style-type: none"> • Breast pump returned • Breast milk collected • Formula talk given (if AF feeding only) 			
Referrals / follow-up arranged (Hearing, Hips, Surgical, Ophthalmology, Cardiac, Renal etc)			
Transfers <ul style="list-style-type: none"> • Neobase +/- (NACS) summaries • Photocopy – Flow chart, weight chart, medication chart 			