



CLINICAL GUIDELINE

Discharge: Medical Check and Follow-Up

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

This document should be read in conjunction with this [DISCLAIMER](#)

The Registrar must complete the discharge medical check within 72 hours **before** the infant is discharged or transferred. Discharge checks must be completed **prior** to commencing parent crafting.

Medical Follow-Up

Required for infants who have experienced medical difficulties after birth. These conditions may include:

- Infants in the Neonatal Follow-Up Program (Refer to [Follow-Up Program](#) guideline).
- Infants < 1500 grams at birth.
- Preterm birth < 32 weeks gestation.
- Major surgery in the neonatal period.
- Seizures.
- Serious illness such as meningitis.
- Exchange transfusion.
- Infants who have received therapeutic hypothermia for HIE (cooling).
- Oxygen dependent infants.
- NAS infants that are discharged on home morphine are only followed up until they are no longer requiring morphine (refer to [Neonatal Abstinence Syndrome](#) guideline and refer to Home Medication Management Program section).
- Congenital anomalies (Congenital cystic adenomatoid malformation, renal pelvic dilation, hemivertebrae, congenital cardiac defects, etc).
- Other infants at the discretion of the neonatal consultant or senior registrar.



Appointments are organised by the Follow-Up Coordinator and appointment cards are placed in the Child Health Book or posted out following discharge. Please contact the Follow-Up Coordinator if an infant is to be discharged or transferred. Senior Registrar clinic appointments are also arranged by the Follow-Up Coordinator.

Infants from rural areas are followed up by the rural GP. The Follow-Up Coordinator will contact the rural Paediatric Service and local Child Health Nurse.

Specialist appointments are arranged by the ward clerks. Consultation forms must be completed by the Registrar and faxed to the appropriate clinic prior to discharge. Appointments will be posted to the parents. Please check that the current correct address is on the consult form. Ensure that the purpose of all appointments is explained to parents and that appointment cards have been given.

Related CAHS internal policies, procedures and guidelines
Follow-Up Program
Neonatal Abstinence Syndrome

This document can be made available in alternative formats on request for a person with a disability.

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