



GUIDELINE

Discharge Process Guideline

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](#)

Contents

Discharge Process Guideline	1
Aim	1
Criteria for Discharge Home.....	2
Guidelines for transfer to secondary hospital	2
Procedure for Discharge or Transfer	2
Medical	2
Nursing	2
KEMH	4
PCH.....	4
Short term Admission (<24 hours): Discharge to Postnatal Wards	4
Exclusions	4
Appendix 1: Discharge Checklist.....	6

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 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.

Criteria for Discharge Home

- Off all monitoring (with some exceptions).
- Sucking all feeds via breast/bottle and gaining weight.
 - With exemption to NGT feeding on discharge.
- Maintaining temperature.
- Weight >1800g (with some exceptions).
- Parents have adequate knowledge and skills to make the transition to home.
 - SIDS education completed and documented.
 - CPR education completed and documented if required.
 - Inflight oxygen education completed and documented if required.
 - Medication administration education completed and documented.
 - Specialised education completed and documented e.g. NGT feeding, NPA care and change.
 - All equipment training completed and documented.
- Complex cardiac and airway infants require trial of car seat prior to discharge.

Guidelines for transfer to secondary hospital

- Adhere to each hospital accepting criteria.
- Has medical staff clearance for transfer.
- Parents are aware of transfer.

Procedure for Discharge or Transfer

Utilise [Appendix 1: Checklist](#) as a guide for discharge planning.

Medical

- Discharge check completed and documented with date and time on Neonatal History form MR410. Refer to [Discharge: Medical Check and Follow-up](#)
- Complete Child Health Record (Purple Book).
- Complete Medical Discharge Summary (NACS)

Nursing

- 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).
- Three copies of the Medical discharge summary (NACS) completed, printed and signed. Two placed in the back of the Child Health book, one copy 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
- **Medication Reconciliation**
 - Prior to discharge – Parent/Carer education given on discharge medication and administration.
 - Discharge medication/s ordered.
 - **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/carers, checking against current medication chart/s, and parent understanding of medication (dosage, administration and duration.)
 - Medication prescriptions if required given to parent/carers.
- 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 Nutrition Room for collection of 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.
 - PCH to complete Enterprise Bed Management if required.

- 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 NACS is to be completed and sent with infant, PCH and KEMH.
 - One copy to accepting hospital, one copy with parents in purple book and a copy for the buff notes.
- Photocopy the completed MR440, MR485.02 (Neonatal Flow Chart) and the weight chart with current weight, Head circumference and length and medication chart.
- Liaise with Neonatal Discharge Coordinator about transport/transfer.

KEMH

- If transfer to 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.

PCH

- If the infant requires a NETS WA back transfer – liaise with the NETS WA transport team.
- Liaise with 3B Shift Co-ordinator and CNC.
- Book transport and record details on Admission /Discharge Plan MR430.

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 feeding 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 CAHS internal policies, procedures and guidelines (if required)
<p>Neonatology Guidelines</p> <ul style="list-style-type: none"> • Discharge: Medical Check and Follow-Up • Transfer/Transport by Air and Road of Stable Infants with Nurse Escort • Home Visiting Nurse (HVN) Service <p>NETS WA</p>

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:	19 th December 2020
Amendment Dates:	March 2023	Next Review Date:	19 th December 2023
Approved by:	Neonatology Coordinating Group	Date:	9 th February 2021
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: Discharge 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 /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			
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/carer 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/carer 			
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)			
<u>Transfers</u> <ul style="list-style-type: none"> • Neobase +/- (NACS) summaries • Photocopy – Flow chart, weight chart, medication chart 			