



GUIDELINE

Discharge: Medical Check and Follow-Up

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](#)

Aim

To outline the medical checks and processes required prior to discharging an patient from the neonatal unit.

Risk

Key points

- The medical officer must complete the discharge medical check within 72 hours **before** the infant is discharged or transferred.
- Please refer to Appendix 1 to decide if an infant needs a separate discharge check if being discharged within 72 hours of day 1 check.
- Discharge checks must be completed **prior** to commencing parent crafting.
- Discharge check must be documented on Neonatal History (MR 410.00) and in infant's Child Health (Purple) Book.
- NACS summary to be completed prior to discharge or transfer.

Medical Follow-Up

Some infants require follow-up services following discharge. These include:

- Infants in the Neonatal [Follow-Up Program](#)
 - Infants < 1500 grams at birth.
 - Preterm birth < 32 weeks gestation.

- Major surgery in the neonatal period.
- History of 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.

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.

Specialist Follow-up

If infant requires follow-up from specialists e.g. Orthopaedics for the developmental dysplasia of the hip, early intervention therapy, appropriate eReferrals must be completed prior to the discharge. Please note 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.

Transfer of the Newborn by Commercial Airline

Consider the following when transferring infants to regional / remote areas


- Any medical or social issues outstanding must be discussed with the neonatal consultant *prior to initiating transfer (e.g. booking flights, etc)*.
- If less than 10 days of age, a 'Fitness to Fly' clearance must be completed. This form is available from the ward clerk.
- The receiving Paediatrician / GP / LMO must approve the transfer, as well as the midwifery / nursing staff at the receiving hospital if an inter-hospital transfer.

- The medical officer is to provide a comprehensive [Clinical Handover](#) using ISOBAR format to the receiving medical team if the neonate is transferring to another hospital..
- Infants under 35 weeks gestation at birth.
 - Discuss with the neonatal consultant and neonatal discharge coordinator/ Clinical Nurse Consultant to arrange
 - Teaching of parents on use of the oxygen cylinder.
 - Flight oxygen clearance documentation.
 - Delivery of oxygen cylinder.

Related CAHS internal policies, procedures and guidelines

[Clinical Handover](#)
[Discharge/Transfer Planning Quick Reference Guide](#)

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

Document Owner:	Neonatology		
Reviewer / Team:			
Date First Issued:	August 2006	Last Reviewed:	October 2021
Amendment Dates:		Next Review Date:	11 th October 2024
Approved by:	Neonatal Coordinating Group	Date:	11 th October 2021
Endorsed by:	Neonatal 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: Documentation for Discharge Checks

Location of infant at the time of Day 1 check

