

A checklist of recommendations

The following checklist is based on recommendations reached by consensus and drawn from several evidence-based resources, with a general evidence level of 2.

Within the first 72 h of admission and before delivery, if possible:

- Describe what physiological maturity means to parents or caregivers, and explain—in general terms at first—the expected course of care in the NICU.
- Encourage the family to become part of the infant’s health care team. Introduce and explain supportive resources, such as social work.
- Encourage and support breastfeeding. Explain early feeding goals and why related behaviours and routine checks (e.g., glucose levels) are reassessed at regular intervals during the NICU admission.
- Explore whether communication would be preferred in a different language and, if so, arrange for translation.

Before discharge:

- Maintain the infant’s body temperature within normal range (36.5°C to 37.5°C) when appropriately dressed for the ambient temperature.
- Consider discontinuing caffeine, but observe the infant for 5 to 7 days for possible apneic events.
- When caffeine has not been administered, an observed apnea-free period of 3 to 7 days is recommended.
- Arrange follow-up with appropriate paediatric subspecialists (e.g., ophthalmology for infants at risk for retinopathy of prematurity (ROP)).
- Evaluate infants for broncho-pulmonary dysplasia (BPD)-associated hypertension and, if present, arrange appropriate follow-up.
- Ensure appropriate weight gain and maintenance, and plan a post-discharge feeding regimen with parents.
- Educate parents and caregivers regarding routine care:
 - Typical newborn feeding and sleep patterns and behaviours
 - Bathing routine and safety
 - Safe sleep and SIDS prevention
 - Car and home safety
 - Cardiopulmonary resuscitation (CPR) training, when appropriate and if parents are interested in learning
 - How to administer medication(s) and nutritional supplements, when needed. Review dosing and use as often as needed, prepare feeds with specified additives with parents, and explain and review nasogastric tube use feeding, when needed.
 - Car seat installation and safe use
 - Early signs of illness, including fever, dehydration, and respiratory distress
 - Promote hand hygiene, a [safe home environment](https://caringforkids.cps.ca/handouts/safety-and-injury-prevention/keep_your_young_child_safe) (https://caringforkids.cps.ca/handouts/safety-and-injury-prevention/keep_your_young_child_safe), and smoking cessation
 - Provide contact information for supportive community resources

- As timing of discharge nears, re-evaluate caregiver readiness for different aspects of at-home care.
- Ascertain need for government support programs and help to complete paperwork, when needed.

At discharge:

- Confirm and document newborn metabolic screen. Arrange for repeat screen if necessary.
 - Confirm and document hearing screen.
 - Arrange outpatient ROP screening, as appropriate.
 - Encourage adherence to the routine immunization schedule (in accordance with infant age and condition) and arrange for respiratory syncytial virus (RSV) prophylaxis when local criteria are met.
 - Perform and document a comprehensive physical examination, including growth parameters.
 - Review medications and consider weaning before discharge, when appropriate.
 - Provide written prescriptions for medications and instructions for administration. Confirm that parents understand the correct dosage and suspensions, and that medications are readily accessible at home.
 - Consider nutritional follow-up for infants at risk for post-discharge growth failure.
 - Ensure timely, appropriate follow-up has been arranged with the infant's community care team.
 - This should include:
 - A written summary of infant's NICU course
 - Confirming the most responsible physician or practitioner who will follow the infant as outpatient
 - Confirming that a parental care team is in place (with psychosocial supports, as needed).
- Refer for neurodevelopmental follow-up as per clinic-specific criteria (e.g., infants weighing less than 1250 grams at birth).

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Source: Discharge planning of the preterm infant, Fetus and Newborn Committee, March 2022.

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