

Appendix 2

GUIDELINES FOR NURSERY DISCHARGE INFORMATION

1. Significant *perinatal history* -- to include maternal history, prenatal course, medications, drug exposures, social history
2. *Labor and delivery history*, including birth weight, gestational age, appropriateness for gestational age, Apgars, and resuscitation efforts
3. Summary of *hospital course*, including:
 - Nutrition history and present feeding regimen
 - Respiratory course including ventilator support, oxygen needs, apnea and bradycardia, bronchopulmonary dysplasia
 - Neurologic complications, including intraventricular hemorrhage or periventricular leukomalacia, seizures, hydrocephalus
 - Cardiovascular needs
 - Transfusions
 - Infections
 - Surgical procedures, central lines used, exchange transfusions, etc.
 - Ophthalmology evaluations
 - Any other major complications, such as GE reflux, necrotizing enterocolitis, etc.
4. Pertinent *laboratory studies*:
Highest bilirubin, most recent hemoglobin and reticulocyte count, newborn metabolic screening, etc.
5. Pertinent *radiologic and other studies*: Cranial ultrasound, echocardiogram, pneumogram etc.
6. *Discharge medications* and levels
7. *Immunizations*
8. *Hearing evaluation*
9. *Discharge physical*, including weight, length, and head circumference
10. *Home equipment needs*
11. *Home nursing and therapy needs* (occupational, physical, or speech therapy)
12. *Follow-up appointments* with all services involved

Adapted from Bernbaum J, Hoffman-Williamson M: Primary Care of the Preterm Infant. St Louis, Mosby Yearbook, 1991