Going Home

The goal of the discharge plan is to ensure a successful transition to home. Essential discharge criteria are a physiologically stable infant, a family who can provide the necessary care with appropriate support services in the community, and a primary care provider who is prepared to assume the responsibility with appropriate backup from specialists and other professionals as needed. The American Academy of Pediatrics (AAP) has provided recommendations for the discharge of the high-risk neonate to guide us (AAP, 2008).

Infant Readiness for Hospital Discharge

The infant is considered ready for discharge if, in the judgment of the responsible provider, the following have been accomplished:

- a sustained pattern of weight gain of sufficient duration has been demonstrated
- the infant has demonstrated adequate maintenance of normal body temperature while fully clothed in an open bed with normal ambient temperature (20 °C–25 °C)
- the infant has established competent feeding by breast or bottle without cardiorespiratory compromise
- physiologically mature and stable cardiorespiratory function has been documented for a sufficient duration
- appropriate immunizations have been administered
- appropriate metabolic screening has been performed
- hematologic status has been assessed and appropriate therapy has been instituted, if indicated
- nutritional risks have been assessed and therapy and dietary modification has been instituted, if indicated
- hearing evaluation has been completed
- critical congenital heart disease screening has been completed, as indicated
- eye (retina of prematurity) examinations have been completed, as indicated
- neurodevelopmental and neurobehavioral status has been assessed and demonstrated to the parents
- car seat evaluation has been completed
- review of the hospital course has been completed, unresolved medical problems have been identified, and plans for follow-up monitoring and treatment have been instituted
- an individualized home-care plan has been developed with input from all appropriate disciplines and family.

Assessment of the family's caregiving capabilities, resource availability, and home physical facilities is essential prior to discharge. This includes identification of at least two family caregivers and assessment of their ability, availability, and commitment to caring for the infant. The case manager or care coordinator can assist in review of financial resources and support.

In preparation for home care of the technology-dependent infant, parents should complete an assessment documenting availability of 24-hour telephone access, electricity, safe in-house water supply, and adequate heating/cooling. Parents and caregivers should have demonstrated the necessary capabilities to provide all components of care, including completing cardiopulmonary resuscitation (CPR) training. A rooming-in period of 24–48 hours is recommended so parents and caregivers have time to care independently for their baby while still having the support of neonatal intensive care unit staff.

Nurses are instrumental in bridging the gap between the hospital and home. You have partnered with the family in caring for the infant and now are ready to reinforce education and preparation for discharge to home. You assess discharge readiness, completion of fundamental and specialized education, and transition points in care from hospital to primary care. Parental education includes basic infant care and safety, car seat safety, medication administration, nutrition support, reinforcing instructions for any home equipment or special care procedures, reinforcing importance of follow-up appointments, home safety, and CPR. Nurses also assist in connecting parents with community resources and follow-up agencies. Communicating the importance of timely follow-up regarding unresolved

medical conditions such as retinopathy of prematurity, hearing screening referrals, and other individualized care is essential. Additional follow-up of the infant's neurodevelopmental progress also is recommended to identify and promote optimal development through infancy and childhood.

Reference

American Academy of Pediatrics Committee on Fetus and Newborn. (2008). Hospital discharge of the high-risk neonate. *Pediatrics, 129*(4), e1119.

Bibliography

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Going Home: Information for Parents

Congratulations, you are going home!

Going home with your baby is an exciting time. You and your healthcare team have worked together throughout your time in the neonatal intensive care unit (NICU) to prepare for this wonderful moment. It is normal to feel anxious about bringing your baby home. Your baby's healthcare team will help you learn about your baby's condition, medications, and care so that you are confident in taking your baby home. Your baby needs to meet three milestones before going home:

- maintain normal body temperature in an open crib
- take all feedings by breast or bottle
- have steady weight gain.

There are a few important things to review and complete before you go home:

- **Selecting a Primary Care Provider (PCP).** It is important to choose your pediatric PCP before it is time for your baby to be discharged. Let your baby's nurse know your provider's name and phone number. The NICU will send important information about your baby to your baby's provider.
- **Infant CPR Classes.** Preparing for emergencies at home is very important. Classes are held in the hospital and at community sites. Ask your baby's nurse about times and places for classes.
- **Car Seat.** Every baby must have a car seat in place at time of discharge. If you have a premature or very small baby, your baby will have a car seat test before going home.
- **Hearing Screening.** All infants are given a hearing screening prior to discharge. A baby who does not pass the screening does not necessarily have hearing loss. A retest to confirm the results should be done within the first 3 months of life. You will receive any needed information prior to discharge of your infant.
- **Circumcision.** If your baby is a boy, you will need to decide whether to have him circumcised. Full-term baby boys usually can be circumcised before they leave the hospital. Usually the same applies to a healthy premature baby.
- **Medications.** Your baby's provider may prescribe medications to give to your baby at home. Before your infant is discharged, your baby's healthcare team will ask you to get the prescriptions filled and bring them to the hospital. They will teach you what the medicine is, why your baby needs the medicine, and how to give it to your infant. They also will help you with a home schedule for the medicines.
- **Special Equipment.** Some babies require home oxygen, a home apnea monitor, or other special equipment. The healthcare team will arrange for all the needed equipment for discharge. The company that supplies the equipment will train you to use it.

Discharge Follow-Up

- **Developmental Follow-Up.** Babies who were very small at birth or who had other difficulties that may affect their development are referred to follow-up clinics or early intervention services. Providers, occupational therapists, and physical therapists who specialize in infant development examine the babies. If any problems are found, early treatment is recommended to improve your baby's development.
- **Other Specialists.** At discharge, your baby may need to be seen by other specialists such as a pulmonary (lung), urology (urinary tract), cardiology (heart), or ophthalmology (eye) specialist. It is very important for the health of your baby to get follow-up care. Please be sure to follow the recommended appointments as scheduled.

When to Call Your Baby's Provider

If you are concerned about your baby and wonder whether you should call your primary care provider's office, call them. If you see something unexpected or different that concerns you, call them. Here are some important reasons for calling your pediatric provider:

- temperature 100.4 °F (38 °C) or higher (in babies younger than 3 months) or when fever rises above 104 °F (40 °C) repeatedly for a child of any age

- symptoms of dehydration (crying without tears, sunken eyes, a depression in the soft spot on baby's head, no wet diapers in 6–8 hours)
- a soft spot that bulges when your baby is quiet and upright
- a baby who is difficult to wake up
- rapid or labored breathing (Call 911 if your baby has breathing difficulty and begins turning bluish around the lips or mouth.)
- repeated forceful vomiting and an inability to keep fluids down
- bloody vomit or stool
- more than eight diarrhea stools in 8 hours.

If your concern is urgent, call your provider or take your baby to the emergency room.

Visits from Family and Friends

Don't be afraid to tell friends and family not to visit right away so you can spend precious time with your baby and settle in to home life together.

Once friends and family do start to visit, remember that premature infants and babies who have had a long NICU stay are more likely to catch an infection, so if someone is even a little sick, they should not visit. Visitors should be limited and should always wash their hands before touching the baby. Visitors should not be around the baby if they are smoking or have been smoking. Trips outside the home should be limited to appointments for the first several weeks. This is especially important if your baby is discharged during the winter months. Try scheduling follow-up appointments as the first of the day or request to wait in an examining room instead of the main waiting area.