

PROTOCOL FOR DISCHARGING A BABY

Parents of babies who stay on the neonatal unit are fully supported during their baby's admission and the unit promotes a philosophy of family-centred care. Families often feel quite overwhelmed when they take their baby home. It is therefore important to fully prepare and support families well in advance of their baby's discharge and to provide a smooth transition from hospital to home.

Rationale

1. To initiate a planned discharge programme from **admission onwards**, providing effective communication links with the primary health care team and any other agencies involved, for example, Social Care and Health.
2. To confirm that the family is confident about assuming the responsibility of caring for their baby.
3. To ensure that the baby is clinically fit for discharge.

Practice

1. On admission to the unit, the ward clerk or a member of the neonatal team will inform the health visitor base within 72 hours.
2. The family's health visitor usually then makes contact with the unit to obtain more information about the baby.
3. The relevant family health visitor will be telephoned regularly to provide an update on the baby's condition. All communications with the health visitor must be documented in the appropriate section of the paper baby notes or within the electronic medical record..

4. Health visitors are encouraged to visit the baby and, if possible, meet the parents on the unit or at home before the baby is discharged from the unit. Prior to the discharge, health visitors will undertake a home assessment for all babies born under 32 week's gestation. These babies will receive a targeted health visiting service.
5. Staff will discuss with the parents/carers the proposed discharge date and any concerns they may have about taking their baby home. Staff will remind the parents that they will have to bring suitable clothing for the baby and a car seat/pram to take their baby home in.
6. Unit staff will give the parents/carers relevant leaflets as detailed on the preparation for discharge plan checklist/tab
7. If appropriate parents/carers should be offered the opportunity to room in prior to discharge to ensure that they are confident in caring for their baby.
8. Ensure parentcraft sheet is up to date and completed prior to discharge.
9. Infant basic life support training should be offered to parents as early as possible during the baby's admission, to provide maximum time for this to be completed. Any training should be documented in the unit parent resuscitation training record book, if training is declined by the family this should be recorded in the family and social record. All babies discharged on home oxygen should receive this training.
10. Ensure that reducing the risk of sudden infant death is discussed with the parents and that they have received written information about this subject (available at the Lullaby Trust website). <https://www.lullabytrust.org.uk/safer-sleep-advice/>
11. If the baby is being discharged on a specialist/preterm formula; provide the parents with the relevant signed prescription request letter to deliver to the GP least a week before prior to discharge. This will enable the GP to raise a prescription for the parents/carers to take to the local pharmacy. The local pharmacy generally needs to order this milk in

and this may take -at least 48 hours, so encourage the parents/carers to do this as soon as they get the prescription form the GP. A limited supply of powdered specialist/preterm milk is available in the milk cupboard, if needed.

12. Drugs to take home should be ordered 48 hours before the date of the baby's discharge. Controlled drugs should be stored and signed for according to Trust policy. These should not be used for administration within the hospital.
13. When the discharge date is known, nursing staff will contact the health visitor's base to discuss the discharge plan. If a baby is discharged from unit during the weekend, the unit will notify the HV base on the next working day following the discharge.
14. The health visitor must be able to visit within the first few days after discharge, so try not to discharge a baby on a Friday or over the weekend, wherever possible. If the baby is less than 14 days old, the community midwife should be contacted and informed of the discharge arrangements so that they can arrange follow-up visits, if necessary.
15. If the baby meets the appropriate criteria identified on the discharge checklist at SCBU/Outreach tab in the electronic patient record, they may be discharged home with support from the Neonatal Community Outreach Team.
16. If indicated, the infant should be referred to the Community Children's Nurse Team (CCNT) based at the Royal Alexandra Children's Hospital.
<http://www.theroyalalex.co.uk/clinical-services/nursing-teams/> or if out of area the local CCNT team. This referral should be made as early as possible and the CCNT should be invited to a discharge planning meeting prior to discharge. A copy of the discharge summary should be sent to the CCNT at the baby's discharge from the unit. The CCNT and the health visitor should share information relevant to the baby's care.
17. If the child's circumstances require a discharge planning meeting (e.g. no antenatal care, mental health issues, substance misuse or known safeguarding concerns, complex needs), then this meeting should be arranged to include the Registrar or Consultant, a nurse who has cared for that baby - health visitor, the social worker, the parents and any other key professional involved with the family.

18. If the baby is due to have a further retinopathy of prematurity screening, contact the Ophthalmologist or their secretary to see if they are able to perform this prior to discharge. If not an appointment will be required. (see protocol)
<https://www.bsuh.nhs.uk/wpcontent/uploads/sites/5/2016/09/Neonatal-follow-up-2014.pdf>
All babies should have audiology testing as per protocol prior to discharge recorded in the Parent Held Child Record (PHCR, red book).
19. Some babies may need immunisations prior to discharge. All immunisations/vaccines given should be recorded in the PHCR and an unscheduled immunisation form completed and sent to the Sussex community NHS foundation trust and a copy filed in their medical records.
20. Check that the baby has had their neonatal blood spot screening test according to the requirements of the guideline, and that this has been recorded in the PHCR. If the baby was born at <32 weeks and is discharged before 28 days of age, a blood spot screen must be performed on the day of discharge. Please ensure that you write “discharge day blood spot” on the form to prevent the laboratory from requesting a repeat sample once the baby reaches 28 day of age.
21. The medical staff should be reminded, with as much notice as possible, that a discharge summary is required. A copy of this summary should be given to the parents and they should be given the opportunity to discuss any questions that they may have about this summary
22. A medical discharge examination must be performed.
23. To be considered fit for discharge infants should be off monitoring for at least 48 hours and be self-ventilating in air, unless being discharged on home O₂, SaO₂ monitoring can be discontinued once the infant has had no episodes of desaturation in the previous 5 days or at the medical staffs discretion. Apnoea monitoring can be stopped at 34 weeks gestation once there have been no episodes of desaturation and bradycardia for 7 continuous days following the last day of caffeine

Day of discharge

1. The baby is weighed and the weight recorded in the Admission Book and the PHCR.
2. The parents will be given a copy of the medical discharge summary, which the medical staff will discuss with them. The HV and GP can then access this if required, so parents are advised to keep this in their PHCR.
3. A copy of the discharge summary should be sent to the infant's GP. For babies with complex or long-term medical needs, a copy of the summary should also be sent to the health visitor. A copy should be provided for any other professionals involved in the baby's care e.g. community nursing team, social worker.
4. A summary of the baby's progress should be recorded in the PHCR, including weights plotted on the centile chart.
5. For a baby under 14 days old, the Community Midwife should be informed. Contact with the midwife is made through the Community Midwives office; Monday to Friday, or at weekends by contacting the post natal ward
6. Staff must ensure that arrangements are being made for an outpatient appointment. Criteria for automatic neonatal follow up clinic appointments can be found in Neonatal follow up medical guideline:
<https://www.bsuh.nhs.uk/wpcontent/uploads/sites/5/2016/09/Neonatal-follow-up-2014.pdf>
The decision for outpatient follow up for any other babies should be Consultant led.
7. If the infant is receiving expressed breast milk, ensure that the parents are aware of home storage guidelines and that the unit can only keep the breast milk for up to one week post discharge. Please advise parents that the breast milk may be discarded after 7 days post discharge as freezer space for inpatients is limited.

8. The baby's discharge date and correct discharge address must be recorded by unit staff in the admission book.
9. Parent feedback should be obtained prior to discharge. This may be electronically or the parents provided with the relevant link to access the survey from home.
10. Print out the electronic patient record and file in the medical notes, at SCBU ensure all paperwork is filed in the medical notes. File all nursing documentation on completion, in the medical notes.
11. Place medical notes in the appropriate area to be returned to medical records