

# Cheat Sheet for NICU Discharge Instructions

## From the Discharge Workflow

1. Problem list
  - a. Assign primary diagnosis (i.e. reason for NICU admission)
2. Documents
  - a. From Discharge Summary – copy and tag Procedures person (Newborn Metabolic Screen through Car seat test)
3. Diagnostics
  - a. Ignore this section – DOES NOT APPLY TO NICU
4. Labs
  - a. Copy and tag any pertinent lab results for the family
    - i. Only recommendation for lab to put in D/C instructions is the most recent bilirubin level if bilirubin is requested to be followed up by PCP the day after discharge
5. Med Reconciliation
  - a. Complete as we usually do
6. Discharge Forms
  - a. Ignore this section – DOES NOT APPLY TO NICU
7. Follow up Instructions
  - a. If parents do not have a PCP listed, under “Quick Picks” you can choose the phrase “Follow up with primary care provider”
  - b. All babies that qualify for NICU clinic, receive a referral to early intervention after discharge
    - i. To add this phrase to your favorites...
      1. Click on “+” next to “Follow Up Instruction”
      2. In upper left box under the text “Who” – click Free-text Follow up
      3. Type “Early intervention referral has been made” and click on “Add”
      4. In box labeled “Selected Follow up,” right click on “Early intervention referral has been made” and click “Add to Favorites”
      5. Click Sign
      6. On future discharge instructions you will be able to click that phrase under “Personal Favorites” and it will automatically populate into the discharge instructions
8. Worsening symptoms/Contact
  - a. **Insert autotext** – “If your baby has fever (temperature > 100.4), poor feeding, excessive vomiting, increased breathing rate, blue discoloration of skin and mouth, excessive sleepiness contact your Pediatrician or Family Doctor. If they are not available”
9. Hospital Course
  - a. Ignore this section – DOES NOT APPLY TO NICU
10. Patient Instructions
  - a. **Insert auto text below for applicable situation**
    - i. If the umbilical cord is still attached:  
Check and change diaper regularly. Do not give submersion bath until the umbilical cord has detached. The umbilical stump will fall off about 1-2 weeks after birth.

There is no need to clean it with alcohol. Keep area clean and dry until the cord separates. Place your baby in the “Back to Sleep” position when they are in their crib or bassinette. Keep the crib/bassinette clear of extra blankets stuffed animals or other potential hazards.

ii. For boys who are recently circumcised with cord still attached:

Check and change diaper regularly. Do not give submersion bath until the umbilical cord has detached and the circumcision has completely healed. The umbilical stump will fall off about 1-2 weeks after birth. There is no need to clean it with alcohol. Keep area clean and dry until the cord separates. Apply A & D ointment to a gauze and place over the tip of the penis with each diaper change as instructed by nursing. This should completely heal 4-5 days after the circumcision was performed. Place your baby in the “Back to Sleep” position when they are in their crib or bassinette. Keep the crib/bassinette clear of extra blankets stuffed animals or other potential hazards.

iii. If the umbilical cord has already detached:

Check and change diaper regularly. Place your baby in the “Back to Sleep” position when they are in their crib or bassinette. Keep the crib/bassinette clear of extra blankets stuffed animals or other potential hazards.

iv. For boys who are recently circumcised and the cord has already detached:

Check and change diaper regularly. Do not give a submersion bath until the circumcision has completely healed, which will take about 4-5 days. Apply A & D ointment to a gauze and place over the tip of the penis with each diaper change as instructed by nursing. Place your baby in the “Back to Sleep” position when they are in their crib or bassinette. Keep the crib/bassinette clear of extra blankets stuffed animals or other potential hazards.

11. Order Profile

- a. Can view current orders from here
- b. Do NOT need to do anything in this section for the instructions

12. Discharge Planning

- a. Ignore this section – DOES NOT APPLY TO NICU

13. Discharge Readiness

- a. Must have 3 green check marks to complete discharge instructions
  - i. Diagnosis turns green when you assign primary diagnosis
  - ii. Discharge med rec turns green once completed
  - iii. Follow up appt turns green when there is at least one appt scheduled

14. New Order Entry – self explanatory

## From the discharge work flow under “Create Note” – Click on PATIENT Discharge Instructions

1. If creating discharge instructions prior to the day of discharge, make sure you hover over the “**Date of Admission**” and click on refresh button. This will update the date of discharge
2. Hover over “**Advance Directive**” and click on the “X” – this section does not apply to NICU patients
3. **Reason for Hospitalization** – this will include the primary diagnosis you assigned. You do not need to do anything else under this section
4. **Conditions Treated** – this is your problem list. You do not need to do anything else under this section
5. **We performed the following major tests and procedures** – Surgeries will automatically populate. Insert – **tagged** items by dragging and dropping (Procedures from discharge summaries, ECHO results, lab results)
6. **If you notice the following symptoms** – automatically includes autotext from #8
7. **Care Instructions** – automatically includes autotext from #10
8. **Diet Instructions** – Remove what automatically populates (usually “Infant Intermittent Feeds”) and **insert autotext** below if providing breast milk – or free text diet instructions if formula
  - a. For Breastfeeding infants: continue to feed on-cue or anytime your baby is awake, at least 6-8 or more times per 24 hour period for the next 2 weeks, or per the guidelines outlined by your care team at the time of discharge. If it has been more than 3-4 hours since the last feeding, please gently arouse your baby, start with skin-to-skin time and offer breastfeeding. For breastfeeding questions, please call our breastfeeding resource line: 717-531-3754. For information about our Mothers + Babies Together breastfeeding support groups: 717-531-6981  
<http://www.pennstatehershey.org/web/obgyn/patientcare/patientresources/breastfeeding>
  - b. Breast feed ad lib on demand. Please give 2 bottles of fortified pumped breast milk with Neosure to 22 kcal/oz as instructed on exit care by nursing staff.
  - c. Breast feed ad lib on demand. Please give 2 bottles of fortified pumped breast milk with Neosure to 24 kcal/oz as instructed on exit care by nursing staff.
9. **Activity Instructions** – insert **autotext**
  - a. Infants should sleep on their backs. When awake your baby can be in any position, but must be watched closely.
10. **Tests Pending**
  - a. Hover and click on “X” to delete this section
11. **Follow Up Tests and Studies After Discharge**
  - a. List if applicable – Bilirubin check the day after discharge, Hip US, MRI, etc.
12. **Appointments** – automatically populate if scheduled with Hershey groups
13. **Unscheduled Follow-Up Appointments** – List any appointments requested, but not scheduled yet
14. **Discharge Home Services** – Will be completed by care coordination
15. **Immunizations Received this Hospital Stay** – automatically populate
16. **Warfarin Instructions** – Hover and click on “X” to delete this section
17. **Heart failure Instructions** - Hover and click on “X” to delete this section
18. Medications will be listed for family after discharge med rec is completed
19. **Allergies and Sensitivities** – Automatically populates
20. **Pediatric Asthma Action Plan** - Hover and click on “X” to delete this section