

## Intensive Care Nursery House Staff Manual

### Discharge Planning

**INTRODUCTION:** Preparing an ICN patient for discharge involves several individuals and careful planning. For most infants, discharge planning can begin at admission when the physician formulates the treatment plan. Below are guidelines to facilitate the discharge process, avoid delays and ensure continuing care after the baby leaves UCSF.

**SOCIAL SERVICE ROUNDS** are held weekly at 11:00 AM on Wednesday. Each patient is discussed by the medical team, Social Workers and Discharge Coordinators. Current patient care plans are discussed and special problems may be identified that will affect discharge. These may include adequacy of the parents, the home and available resources given the medical needs of the infant, availability of necessary follow-up care, transport to home or to a hospital nearer to home, and special medications, supplies or devices that the infant will need.

**CRITERIA FOR DISCHARGE:** For growing preterm infants, discharge can be anticipated when the infant:

- weighs  $\geq 1,800$  g
- is gaining weight steadily on nipple feedings (breast or bottle)
- can maintain body temperature in an open crib
- has had no episodes of apnea for at least 5d
- has an adequate home environment

Criteria for infants with other medical/surgical conditions vary with the clinical situation.

#### **HELPFUL TIPS FOR PLANNING AN INFANT'S DISCHARGE:**

- Keep "Bumble-Bee" (discharge) form up to date during the infant's hospitalization.
- Check with the parents to determine who will be the primary physician after discharge.
- Stabilize the discharge medications at least 3d before discharge.
- For infants on multiple medications, cluster the dose times to minimize the number of times the parents have to give medications.
- For preterm infants on formula feedings, monitor weight gain, on caloric density that the infant will be receiving at the time of discharge, for at least 3d before discharge.
- The discharge physical examination can be done up to 24h before discharge.
- Confirm the discharge time and follow-up plans with all consulting teams.
- Check with infant's Social Worker regarding any special family needs or problems.
- Notify the **Discharge Coordinator at least 3 days** before the planned discharge time.
- Notify **parents at least 3d before the planned discharge**. They may have several questions, be very anxious and need time to adjust to the idea of taking home their infant, who has been so sick.
- For non-English speaking parents, arrange for a translator to be present at the discharge conference.
- If the infant is to be transferred to another hospital, give at least 24h notice to the Attending or Fellow so the Discharge Summary can be completed on time.