

# Newborn Critical Care Center (NCCC) Clinical Guidelines

## Discharge Clinical Guidelines

Discharge from the NCCC is a complex process involving many disciplines. In addition to the infant's physiologic stability, the family must be able to provide for the infant's needs and community support must be in place prior to discharge.

[See NCCC Discharge Process Map](#) for a detailed outline of standard discharge requirements and responsibilities for all staff and family according to the following phased timeline:

### Phase I – Admission

### Phase II – Discharge within 1 month

- Place EPIC Anticipate discharge order

### Phase III – Discharge within 1 week

- Place EPIC Expected discharge order

### Phase IV – Discharge within 48 hours

## GENERAL DISCHARGE OVERVIEW

### *Infant*

- Vital signs are stable on discharge support
- Growing appropriately on discharge nutrition plan
- No change in respiratory support/medications for several days
- Discharge medications unchanged for several days prior to discharge

### *Screening*

- Apnea countdown (if applicable)
- Hearing screen
- Car seat challenge
- Congenital heart disease screening (if no echocardiogram)
- Circumcision performed, if desired by parents (see [Circumcision Guideline](#))
- Newborn state screen results are documented and repeat done as indicated by abnormal results and/or gestational age/birthweight
- Age appropriate immunizations administered (*consider monitoring infant for 48 hours after 2 month vaccinations prior to discharge home*)
- Synagis administered (*if eligible during RSV season – see [Synagis Guideline](#)*)

## **Nutrition**

- Consider requesting assistance from the nutritionist/dietician and/or infant's feeding specialist(s) (ST/OT/Lactation)
- Consider referral to UNC Complex GI Feeding Clinic (see [Feeding Referral Guidelines](#).) All infants with a G-tube or NG feeds will need follow-up.
- Discharge nutrition plan in place:**
  - Adjust fortification in anticipation of discharge, making recommendations for the nutrition plan progression after discharge (see Post Discharge Nutrition Guidelines.)
  - Family capable of feeding easily and safely
  - Provide recipe for fortification. Verify that family has necessary mixing supplies and understands how to prepare
  - Identify specialized feeding supplies and make sure the family has access to them (bottles, nipples,
- Provide family with **WIC prescription** if indicated, complete the medically fragile infant waiver letter.
  - Infant name must be as it appears on the birth certificate

## **Family**

- Verify the demographic data is correct so they will receive follow-up appointments.
- Nursing discharge teaching completed** (see [Nursing Discharge Documents](#)) - discuss appropriate visitation plan with the family which will allow for teaching to be accomplished
- Recommend that household members and close contacts receive the influenza vaccine and pertussis booster vaccine and covid vaccine.
- Recommend family attend infant CPR class( generally we are not holding this, so not sure if you want to leave in place
- Recommend family room-in in a Care-by-Parent room, or overnight stays on 6W NPCC

## **Follow-up**

- PCP** - Communicate with PCP and confirm family has scheduled initial **appointment 24-48 hours after discharge** from NCCC
- Schedule all specialty follow-up appointments / studies / procedures as needed, these appointments will be listed on the AVS. Discharge planners can assist with this process.

## **Communication**

- Discuss discharge readiness daily on Patient Rounds
- Informal updates to family daily
- Discuss follow-up plan weekly during Multidisciplinary Rounds. Consider a Center for Maternal and Infant Health (CMIH) Care Coordinator (recommended for ALL complex patients that qualify).
- Encourage family to access EPIC My Chart (this can be setup as inpatient)
- Developmental surveillance:**
  - Consider outpatient **PT/OT/ST consults** for developmental interventions
  - Clinical care coordinators to refer for *Children's Developmental Services Agency (CDSA)* upon discharge (if eligible)
    - Recommend family **accept early intervention** for their child when contacted by their CDSA.
- Encourage follow-up in the **Special Infant Care Clinic (SICC)** if eligible (see [SICC Criteria](#)). *Make sure to choose a department to ensure order it sent to correct inbox*
- Change PCP listed in EPIC to reflect infant's follow-up provider** (left side of EPIC screen)
- PCP** - Communicate with PCP and confirm family has scheduled initial **appointment within 24-48 hours after** from NCCC
- Encourage PCP and Specialists to access EPIC
- Ideal to round first on discharging patients so they can leave UNC by **NOON** (alternatively wrap up patient rounds the day prior to discharge and give "okay to discharge" during AM Board Rounds)

## **COMPLEX DISCHARGES (with Equipment)**

- Verify demographic data is correct so follow-up appointments will be received.
  - Consider need for **name change** to name listed on birth certificate for complex patients. This will need to be done for most families going home on discharge medications. (one week prior to discharge by family via admitting office with prior approval of attending on service)

## **Discharge on Gastrostomy Feedings**

- Order equipment (*use EPIC Complex discharge order set*)
- Verify equipment delivered to bedside and equipment representative has instructed family on its use including trouble shooting, transporting safely and contact information for the company. Social work (care management) can assist.
- Schedule follow-up appointment with Pediatric Surgery and Nutrition after discharge
- Verify family is aware of accidental dislodgement plan for the gastrostomy tube and is aware of how to reach Pediatric Surgery after discharge.

- Recommend that family stay in care by parent room with infant and use home equipment for at least one night prior to discharge

### **Discharge on Oxygen**

- See [BPD Guidelines](#) for additional information
- Infant is stable on current level of support, tolerates ambulation and a follow-up plan has been defined by Pediatric Pulmonary
- Consult Pediatric Pulmonary a week before discharge. *(The pulmonologist may request a chest radiograph and/or blood gas)*
- Order home equipment *(use EPIC Complex discharge order set)*
- Obtain home meds and assure that there is an ongoing supply
- Verify equipment delivered to bedside
- Confirm infant remains stable on home equipment
- Family should receive training from the equipment representative including trouble shooting, transportation, and company contact information
- Review emergency preparedness
- Recommend family room in with infant on home equipment for at least one night, ideally scheduled at least 48 hours prior to discharge
- Consider home health nursing visits and provide case manager with nursing orders if applicable

### **Discharge with Tracheostomy**

- Infant is stable on current level of support, tolerates ambulation and a follow-up plan has been defined by the Airway Center
- Order home equipment *(use EPIC Complex discharge order set)*
- Home nursing agency secured – Provide home nursing orders to the case manager. They will be attached to the discharge summary via EPIC and must be attested or signed by discharging attending
- Family must room in overnight with infant in Care-by-Parent room prior to discharge, ideally this should be for several nights.
- At least TWO care givers are capable of performing all aspects of tracheostomy care
- Review emergency preparedness
- Face to Face attestation attached to the discharge summary by case manager if indicated