JHCH_NICU_02.01

John Hunter Children's Hospital
CHILDREN, YOUNG PEOPLE AND FAMILIES

GUIDELINE

SUBJECT: **Transfer Of Care from Neonatal Intensive Care (NICU)**

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DISTRIBUTION: Neonatal Intensive Care NICU JHCH

PERSON RESPONSIBLE FOR MONITORING AND REVIEW:
Jenny Ormsby CNE(Relieving) NICU JHCH

COMMITTEE RESPONSIBLE FOR RATIFICATION AND REVIEW:
NICU Management Executive Committee, KGNS CYPF Quality and Safety Committee

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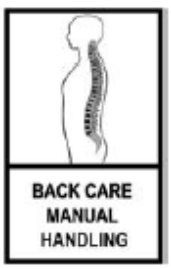
S.W.P.



Transfer of care from NICU - One Page Summary and Rooming in Checklist

(Ctrl+Click on **Coloured** words to jump to that section)

Date, time, venue for rooming in recorded in babies notes……..	
Bedside notes placed beneath the cot……	
Baby's medical records placed in 'Pink' folder & taken to post natal(PN) ward……	
Verbal handover to midwife on PN ward……	
Visit baby, offer support to mother & document at least once a shift in notes…….	
Daily review by NICU medical team……	
SWISH test whilst rooming in……..	
Prior to D/C home MO /NP to complete baby check/document in blue book & retain hospital copy……..	
NICU Nurse to measure length & weight and HC prior to D/C……	
Attend to and record cardiac screening…….	
Complete copy of D/C summary in Child & Family Health Nurse box with ward clerk……	
Obtain f/u appointments from nurse I/C or Discharge Liaison CNC……	
Record D/C date & time in medical records, database & admission book……	

Rationale

Top

The aim of all health care team members is to reunite the baby and parents as soon as possible in the most appropriate way and location. All members of the health care team will ensure information is gathered and imparted on admission for ongoing and transfer of care planning. The family must be included at the centre of any communication and planning process. Care is provided in partnership with all members of the health care team and the family.

Please note:

- Babies born < 1500 grams at birth will have a repeat Newborn Screen Test(NBST) Note: if twins and one is <1500g BWT both will have a repeat NBST.
- Babies born < 1500 grams or 32 weeks at birth will be followed up by a Neonatologist.-appointments will be arranged prior to discharge
- Breast fed babies may have a breast feeding plan from the Lactation Consultant. Please ensure this goes with the baby.
- Babies born < 32 weeks gestation will have Retcam™ photographs and eye reviews conducted once they are at least 31 weeks corrected gestational age (CGA) and 28 days until the retina is mature. These records may be sent to the receiving paediatrician.

Transfer of care to Post natal (PN) wards JHH

Top

After review by the health care team and the decision is made to transfer the baby's care to the postnatal ward the following should be undertaken:

- The parents are informed of the pending transfer and the Midwife Co-coordinator on the PN ward is notified by the In charge nurse in Level 2
- The NICU Resident/Registrar or NP (Nurse Practitioner) will complete the baby check and blue book if this is due. If the baby check is attended to and the baby discharged before day 3 the parents should take the baby to their General Practitioner for a checkup within the first week.
- The oxygen saturation test will be completed and recorded in the Blue Book prior to discharge; refer to '*Cardiac Screening with Pulse Oximetry in NICU' JHCH_NICU_13.02.*
- The medical records will record the decision to transfer, date and time of transfer of care to post natal wards.
- The Newborn Screening test will be obtained and date and time of sampling recorded in the baby's medical records and the admission book (if this is due).
- The midwife caring for the mother on the PN ward is informed and a 'handover' of care is given at the bedside with the mother present.
- The baby's medical records are placed in the 'pink folder' and transferred by the nurse with the baby to the PN ward.
- The date, time and location of transfer are recorded in the Admission book.

- The ward clerk in NICU (or admissions office) is notified by the NICU nurse of the date, time and location of transfer.
- Once the transfer of care from NICU to the PN ward is complete the PN ward is responsible for the ongoing management of mother and baby.
- Prior to going home the baby should have a hearing test by SWISH.

Babies of parents with drug and/or alcohol issues Top

These babies will not be admitted to the nursery. They will be cared for in the PN ward with the Liaison Clinical Nurse Consultant(CNC), Neonatologist and the PN ward midwives unless they have other medical complications that require special, high dependency or intensive care nursing.

Rooming in prior to transfer of care to the community Top

Rooming in is not standard practice when going home from the NICU at John Hunter Children's Hospital (JHCH). In certain circumstances, however, collaboration between the NICU team and the midwives on the PN ward may result in babies and mothers being cared for after a NICU stay on the PN ward. Rooming in allows some PN ward support for the mother and her baby prior to going home. This service is limited and will only be offered to mothers who are already an inpatient in the PN ward and their baby is receiving further tests, investigation or medications or to some mothers in exceptional circumstances.

The rooming in process for mothers who are still an inpatient is as follows:

- In consultation with the family the health care team decides when rooming in is appropriate.
- Arrangements are made between NICU and the coordinator of the PN ward regarding in the possibility of rooming in
- The mother is informed that the baby will be joining her in the PN ward.
- The date, time and venue of rooming in are recorded in the baby's medical records by the NICU nurse.
- The baby's bedside notes are placed beneath the cot.
- The baby's medical records are placed in the 'pink folder' and taken by the nurse to the PN ward.
- The NICU nurse gives a verbal handover to the PN ward midwife, at the cot side with the mother present.
- The NICU nurse will visit the mother and baby in the PN ward and review the progress, offering any support and assistance as required. Shared care will be provided for the infant between NICU staff and midwives on the PN ward. Documentation will be made in the baby's medical records at least once per shift by NICU staff.
- Each day the NICU health care team will review the baby's progress and prepare for discharge.

- ❖ As soon as the decision to transfer care to the community is made the mother and baby can prepare to go home.
- ❖ Prior to going home the baby must have a hearing test by State Wide Infant Screening of Hearing (SWISH). This will be organized whilst rooming in.

- ❖ Prior to going home the medical staff or NP will:
  - ❖ Complete the baby check.
  - ❖ Complete the baby check in the blue book and retain the hospital copy in the medical records.

- ❖ Prior to going home the NICU nurse will-
  - ❖ Complete the nursing section of the blue book recording length and weight. Tear out the hospital copy and place in the baby's medical records.
  - ❖ Complete the oxygen saturation monitoring test and record results in the Blue Book.
  - ❖ Obtain any follow up appointments from the NICU nurse in charge or the Liaison CNC.
  - ❖ Record the date and time of going home in the medical records, database and admission book.

The process for *mothers being readmitted from home* for rooming in, is as above, except:
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- This service is only offered on Sunday and Monday nights when a bed is available in the PN ward
- The bed will be pre-booked between the (Nurse Unit Manager) NUM of the PN ward and the Liaison CNC - the NICU team leaders will be informed of the date for rooming in.
- All outpatient appointments will be made prior to rooming in.
- All oxygen (if required) will be **ready** and available prior to rooming in.
- All patient education will be completed prior to going home.

Discharged babies returning to NICU for review, investigations or weight.

Top

Information including a patient ID address label, should be put into the workload book with a short summary of the baby's history and what is required. An occasion of service should be generated by the Ward Clerk and left in the workload book for completion. Alternatively these babies should be allocated a clinic time with the Liaison CNC.

On discharge- The baby's medical records should be retained in the Secretaries office to ensure they are available when the baby returns.
Any review of a baby following discharge needs to be recorded on a history sheet printed with patient details at the top. Once the review has occurred and all details are recorded on the history sheet, this should be placed on the secretary's desk so they can then be

entered into the Digital Medical Records (DMR), to ensure all consultations/reviews/weights are captured as non-admitted occasions of service by the NICU.

Any advice/consultation over the telephone (In charge or Registrar/NP) should also be recorded on a formal history sheet, so that once again activity and information is recorded and stored for these patients

Transfer of care to hospital closer to home (Back Transfer) Top
-see Appendix 3

The aim of the health care team is to transfer the baby and mother to a facility closer to home as soon as the baby no longer requires intensive care and the baby's condition is stable for transfer.

All members of the health care team will ensure information is gathered from admission for ongoing care and transfer of care planning. The family must be included in any communication and planning process, thus care is provided in partnership with the health care team and the family.

- In consultation with the family, the health care team decides when transfer to a hospital closer to home is appropriate.
- The process is discussed with the mother and family and a provisional date set for transfer.
- The 'In charge' nurse contacts the receiving hospital to:
    - Discuss availability of beds and provide a summary of the baby's progress in NICU.
    - Obtain details of the nurse in charge of the receiving hospital and the name and contact details of the Receiving medical officer and enter them in the "Transfer Book".
    - Provide a verbal summary of the baby's progress in JHCH NICU to Nurse in Charge of receiving hospital.
    - Obtain the name and contact details of the receiving Medical Officer, complete Label 1a and place it in the inside cover of the baby's "Daily Medical Summary" *(Tick sheet)*.
    - Ensure any medications or formula the baby is receiving are available at receiving hospital and arrange for safe transfer of stored expressed breast milk (EBM)
    - Appointments- if required are made and details are given to receiving hospital.
    - Contact the PN ward to elicit if the mother is being discharged or transferred. The mother can travel with the baby if she is medically fit and can bring with her one small piece of luggage (if the mother requires an

inpatient bed in the referral hospital the PN ward midwives liaise to organise this).

- ❖ Research studies- any equipment or information goes with the baby. Inform Research nurse of pending transfer.
- ❖ Allied Health- if any Allied health staff are involved with the baby ensure they are aware of pending transfer to allow them time to handover to their colleagues in the receiving hospital.
- ❖ Document in progress notes

Parents should not be promised a protracted stay in the level 5/6 NICU, at JHCH, beyond that which is clinically indicated. Babies from the local catchment area will use JHCH NICU as both and intensive and special care unit. Other babies from regions in HNE and North Coast will be transferred back to level 3/4 Special care nurseries as soon as clinically stable.

- ❖ The referring medical officer contacts the receiving medical officer and provides a summary of the baby's progress.

Transfer by road: Top

- ❖ The nurse in charge contacts Hospital Transport (preferred option for road transfer unless transferring to a private hospital in which case Neonatal Emergency Transport Service (NETS) are contacted).
- ❖ Details of the baby's requirements are provided (and of the mother if she is traveling with the baby).
- ❖ A date and time is set for the transfer.
- ❖ An escort nurse is provided by NICU
- ❖ Mode of transport will be by portacot or capsule.
- ❖ The baby is monitored and these observations recorded in transit.
- ❖ Documentation is prepared.
  - o Transfer envelope
  - o Medical and Nursing summary
  - o Blue book
  - o Follow up appointment (if appropriate)
  - o Research study information
  - o NICU letter (if appropriate)

All documentation must be completed on return to the JHCH NICU. In transit observations and nursing transfer of care paperwork filed in baby's medical records. Time of handover/ admission to other unit entered in admission book.

Transfer by air ambulance: Top

- ❖ The nurse in charge completes a NETS transfer form and faxes it to NETS. Including details of the baby and of the mother's requirements if she is traveling with

the baby. Notification of receiving doctor, referring doctor, mode of transport (capsule of portacot) number are recorded in the Transfer book.

- ❖ A date is set for the transfer.
- ❖ An escort nurse is provided by NICU to transfer to Williamtown airport.
- ❖ The baby is monitored and these observations recorded in transit.
- ❖ Mode of transport will be by portacot or capsule.
- ❖ Documentation is prepared.
    - Medical and Nursing summary
    - Blue book
    - Newborn Intensive Care Unit Study (NICUS) letter (if Appropriate)
    - NETS form
    - Research study information

Parents are informed that back transfers are not a priority and may be cancelled at the last minute if an emergency call is received. Emergency Retrievals take precedence.

The Referring Medical Officer or Resident/Registrar/NP contacts the receiving medical officer and provides a summary of progress. The RMO or Resident/Registrar/NP completes Label 1a, once this handover is given and prepares the medical discharge summary.

- ❖ Babies less than 1500 grams at birth will have a repeat NBST at one month of age. If this has not been done the receiving hospital must be informed when it is due.

The Nurse Escort Top

1. The role of the Nurse Escort it to provide optimum care during transport.
2. It is imperative that the Nurse Escort is proficient in Neonatal Resuscitation.
3. It is preferable but not essential that the Nurse Escort has completed the Back Transfer Learning Package.

Prior to transfer nurse escort must:

- Assess the baby to ensure they remain in a stable condition and still fit for transport.
- Prepare the following:
    - Transport envelope (see Appendix 3)
    - Complete the Back Transfer Data Form (See Appendix 2)
    - Complete the nursing discharge summary. Retain the original in the medical records and take a copy to hand over to the receiving hospital.
    - 'My First Health Record' (blue book)
    - Check to see if baby is in any research studies for example NICUS. Contact research nurse for instructions.
    - Copy of the Medical summary.
    - Follow up appointment (if appropriate)

- Documents required if traveling by Air ambulance
    - NETS faxed confirmation obtaining PDR and CCL number
    - Air ambulance form-
        - Pink copy- retained in baby's notes
        - Yellow and White copy with the baby.
- Check ID bands x2 are on the baby and the information they contain is correct.
- Check when last the feed was due and if a feed is due in transit – check position of nasal/oral tube (NGT/OGT) and ensure it is secure. Take appropriate amount of feed with you and required syringe or bottle for feeding. *It is preferable not to feed babies during transit but they can be fed during a travel break or at the destination.* If the baby has specific Dietician requested formula ensures the receiving hospital has a supply or instructions from Dietician.
- Check all due medications have been given and signed for. Ensure the receiving hospital have a supply of the baby's required medication or obtain a script for Pharmacy and take a supply of the medications with you.
- Check back transfer bag has appropriate equipment in it and take babies opened stock from drawers (e.g. nappies).
- Expressed breast milk is taken with the baby. Will require container of ice. (If unable to take with baby, obtain mothers instructions of what to do with stored EBM)
- Obtain a baseline set of observations prior to transferring the baby to the Portacot or Capsule.
- Place an oximeter on the baby. The baby is monitored and these observations recorded in transit.
- Check the temperature of the portacot.
- Place baby in portacot ensuring baby is secured using harness provided.

Prior to leaving the unit the nurse escort must:

- Ensure mother of baby is aware or with the transfer team
- Ensure (S)he has transfer documentation
- Ensure (s)he has Back Transfer Bag
- The Nurse in Charge is told of departure
- The Nurse in Charge or delegate telephones the receiving hospital to inform them of departure from NICU time.

During transfer the Nurse Escort must

- Observe the baby and record observations on Back Transfer Data Record. The amount/frequency of observations recorded depends on travel time. It is expected that observations will be taken in 20-30 minute episodes *(if the baby's condition deteriorates during transport contact base for advice and possible return).*
- Record times requested on Back Transfer Data Record

On return to the NICU the Nurse Escort must

- Inform Nurse in Charge of return
- Take Portacot and equipment for cleaning by Technical Assistants (TAs) or NETS driver

- Document in notes and admission book the time of transfer/handover
- If road transfer- complete Back Transfer Data Record and give to NETS driver. If Air Ambulance- complete NETS forms and return to driver.
- Remove all unlisted equipment from back transfer bag.

Back Transfer Pack Equipment Top

All babies being transferred
Back pack containing –
Laerdal resuscitation bag and appropriate size mask and green oxygen tubing to attach to vehicle.
2x size 8 suction catheters
2x Normal Saline 10mls
Small aquagel
Spare blanket.
Thermometer
Opened supplies from baby's bedside drawer- nappies, cotton wool balls etc.,
Any additional equipment required during transit for example NG tube to provide tube feed.

Baby on low flow oxygen -as above with the addition of the Inhalo oxygen cylinder in the back pack.

Transferring to the Paediatric wards JHCH Top

All babies requiring long term care will be transferred to the paediatric ward at the appropriate time/gestation. When transferring infants to the Paediatric Ward, consultation between the Liaison CNC, NICU and the Paediatric Ward NUM occurs at the discharge planning meeting. Overview of the patient and family is provided including history, social history, current treatment and management and education. A plan is formulated and ALWAYS discussed with the liaison CNC if changes occur or are anticipated. The Liaison CNC provides regular updates of the patient's progress to the Paediatric ward NUM.

Paediatric medical and/or surgical team will continue to be involved when the baby is still in NICU. The Liaison CNC will be involved when the baby is still a high dependency patient. NUMs and Nursing team leaders will discuss the case at bed meetings on a daily basis.

The date for transfer to the Paediatric ward is determined at the discharge planning meeting, coordinated by the Liaison CNC. To ensure a seamless transition for the parents a meeting is organized to outline the expectation of parents on the Paediatric ward.

An envelope will be at the baby's bedside as soon as the decision to transfer is made- this will include a check list, NICUS form, research study inclusion information and discharge summaries as they are printed.

Prior to transfer the baby will have the blue book baby check, initial immunisation if appropriate, (allowing for 48 hours post immunization for monitoring) and hearing screening attended to.

The Liaison CNC will make an appointment with the NUM of the Paediatric ward to take the parents for a meet, greet and tour of the unit prior to transfer. Parents will be provided with information regarding the need to have a family member with the patient during the period of hospitalisation. If the Lactation Consultant is involved with the family this will continue.

In the period 24 hours prior to transfer an appropriate for age paediatric observation chart will be commenced to record the patient's observations.

On the day of transfer the Paediatric ward NUM will inform NICU staff of a suitable time for transfer. Please try not to change plans that have been made with the Liaison CNC, as education, staffing and medical team care have been based around such decisions.

Medical handover will be given to all teams involved in the baby's ongoing care and the baby will be escorted to the Paediatric ward by the nurse and doctor caring for the baby. A further verbal handover will be given to nursing and medical teams of the baby's current condition as well as a clinical handover at the bedside. All of the baby's medical records and test results will accompany the baby to the ward.

All documentation must be completed on return to the JHCH NICU. In transit observations and nursing transfer of care paperwork filed in baby's medical records. Time of handover/ admission to other unit entered in admission book.

The Liaison CNC will continue to liaise with the Paediatric Ward and receive regular progress reports.

Transfer of care (home) of the foster baby

Top

Delivery suite will inform NICU of the impending delivery or birth of a known assumption of care infant. Preparation for discharge planning occurs when the baby is transferred to NICU following the assumption of care order being served on the parents in Delivery suite.

If a mother is taking Methadone or Buprenorphine the baby must stay in hospital to observe for withdrawal for at least 7 days. For infants without Neonatal Abstinence Syndrome discharge may occur after 48hours if feeding well and visit the GP for 3 day health check.

Routine care is provided to the infant. Breastfeeding is only contra-indicated if medically contra-indicated or if advised by Department of Community Services (DOCS) and the parents are informed this will not occur.

A copy of the assumption of care order is placed in the infants notes and documentation by the Social Worker is made regarding contact arrangements and restrictions.

The social worker will attempt to have early foster carer or parental involvement with the baby in NICU.

Arrangements are made(via Social Worker) for DOCS to remain updated regarding baby's medical condition and discharge plan as they are the legal guardian of the child. Document in the notes the name and branch of the DOCS case worker.

The personal Health record (PHR), (blue book) is to be completed i.e. Birth details and newborn check section. Do not duplicate the PHR. The original PHR goes with the carers with a copy to be given to Community Services. The PHR is to be de-identified of the mothers address and date of birth.

If the newborn is discharged within 24hours of the birth, arrangements should be made for the Newborn screening test to be carried out by the Home maternity Service in Newcastle or Maitland. Newborn screening can be done after 24hours if discharge is necessary without the need to repeat testing as long as the newborn has been feeding.

Hearing screening should be done prior to discharge and if unable to be done before discharge arrangements should be made for the screening to be done within the first week of life as an outpatient.

The Liaison CNC will email to the Child & Family Health Nurse (CFHN) intake office the relevant medical history and birth details as well as the carers contact name and details (not to CFHN of mother).

Education is provided to the foster carers in relation to CPR and other relevant health needs prior to discharge.

Once the newborn is well and clinically ready for discharge, the carers taking the newborn will attend and present a confirmation of placement letter. The carers will need to show photographic identification before they enter the nursery. This should NOT be photocopied or placed in the newborn medical records.

A copy of the medical discharge should be given to the carers to stay in the Blue book. These records must NOT have the mother's date of birth or address on these records.

If NICU clinic follow up appointment required contact the NICU secretary on Ext 14362 or 55305

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DEVELOPED BY: Transfer of care working group. This is a combination of several procedures and policies from JHCH NICU developed by NICU nurses.

REVIEWED BY: Susanne Wooderson, Liaison CNC NICU
Mandy Hunter CNC O&G JHH
Camilla Askie, Clinical Improvement Co-Ordinator JHCH
Kaleidoscope CPGAG members
Wendy Tsang MUM1 O&G

APPROVAL:
NICU Executive Management Committee
Kaleidoscope CYPF Quality and Safety Committee-November 2013

Appendix 1 Label 1

Patient Label:	Booked By:……..
	Date:……/……/……
Accepting Hospital:…… ……	Bed Avail: □ Y □ N
NUM Accepting Hosp:…… …….	Contact No:……..
Accepting Paed:…… ……	Contact No:……..
Referring Neonatologist:…… ……	Mum traveling with baby: □ Y □ N
Mode of Transport:…… ……	Portacot/ Car seat

Date & Time of Transport: ……

Parents Informed: □ **Y.** □ **N.**

Accepting Hosp. TL has confirmed bed availability 2hr prior to expected departure:

□ **Y. Sign:…….. Date:…….**

Label 1a

Transfer to ……
NUM Accepting Hospital:

Paed Accepting Hospital: Contact number……

Contacted by MO/NNP Y N

Sign_____

Booked by:

Date of proposed transfer

Comments: *example- info given no beds yet call again Monday xx/xx/xxxx*

Appendix 2 Back Transfer Data Record

Kaleidoscope
HUNTER CHILDREN'S HEALTH NETWORK

JHCH (NICU) - HOSPITAL TO HOSPITAL PATIENT TRANSFER

☐ NETS TRANSFER
☐ NON-NETS TRANSFER (eg Patient Transport / ASNSW etc)

PLEASE PROVIDE ALL INFORMATION

Date Booked:	..... / ..... / .....
Booked by:	
Destination Hospital confirmed by:	

Nurse Escort:	
Transfer Date:	..... / ..... / .....
Transfer From:	
Transfer To:	

Patient Details		
Surname:		
First Name:	*Place patient label here*	
Baby Of:		
MRN:	**DOB:**	..... / ..... / .....
GA:	**GA (Corrected)**	
Discharge Weight (g) :		
Private Patient:	☐ Yes	☐ No
Health Fund:		
Health Fund No.:		

TRAVEL DETAILS							
From: JHCH	**To:**			**From:**		**To:** JHCH	
Start Time:		End Time:		Start Time:		End Time:	

CARE IN TRANSIT								
Observations	**Time**	**VITAL SIGNS**						
		Axilla	**Crib Temp**	**Hr**	**RR**	**O_2 sat**	**Colour**	**Fi02**
Baseline before moving to transport equipment								
Enroute (1)								
Enroute (2)								
Enroute (3)								
Arrival at Destination								
		Comments						

Date: ..... / ..... / ..... Signed By: _____

Trial form, 2009 Needs to be returned to NETS Driver JHCH

Appendix 3

Kaleidoscope
CHILDREN, YOUNG PEOPLE AND FAMILIES

Patient Address Label

NICU Transfer to other Hospital

- ☐ Parents notified of impending transfer
- ☐ Booking completed – NETS Transfer form or patient transport form faxed and confirmation received
- ☐ Receiving NUM and Paediatrician accepted
- ☐ Research nurse notified (if applicable)
- ☐ Research study forms/information collected
- ☐ NICUS Form collected (if applicable)
- ☐ Bed confirmed 2hrs prior to transfer
- ☐ Arm bands on
- ☐ Discharge summary printed and in envelope (Medical & Nursing)
- ☐ NBST done. Repeated at 28 days (<1500gms BWT) Yes / No Due_____
- ☐ Eye Check done Yes/No Due_____
- ☐ SWISH completed Yes/No Refer Yes/No
- ☐ Blue Book completed (Include CNC Liaison Nurse card)
- ☐ Medications collected (prescription and research)
- ☐ EBM/Formula collected from fridge/freezer
- ☐ Breast pump kits and Milton Bucket returned
- ☐ Personal belongings collected
- ☐ Receiving hospital and parents notified at time of departure

Admission book completed Yes/No | Patients records completed Yes/No | Database completed Yes/No

Follow up appointment made Yes/No

Date	Doctor	Appointment	Time

Patient Address Label

Appendix 4

Kaleidoscope
CHILDREN, YOUNG PEOPLE AND FAMILIES

NICU Transfer to home

- ☐ Medical Discharge Summary completed & printed
- ☐ Copy of discharge summary to Parents
- ☐ Copy of discharge summary to the CFHN Box at ward clerks desk
- ☐ Copy of Discharge summary to Paediatrician and/or Obstetrician
- ☐ Blue Book completed
- ☐ Hep B Immunisation and Konakion signed
- ☐ 6 week Immunisation Yes / No Due_____
- ☐ NBST done. Repeated at 28 days (<1500gms BWT) Yes / No Due_____
- ☐ SWISH done Audiology referral N/A Booked_____
- ☐ Eye check Yes/ No N/A Referral made Yes/ No N/A

Follow up Appointments made Yes / N/A

Date	Doctor	Appointment	Time

- ☐ Patient records completed
- ☐ Admission book and patient records completed

IN AN EMERGENCY CALL 000