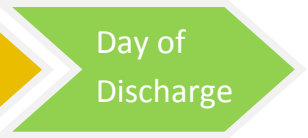
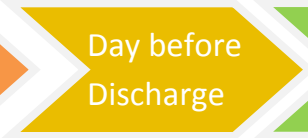
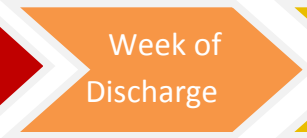


Department of Public Health Recommended Education

First Days/ Weeks	Parent	RN		Date Completed
	<input type="checkbox"/>	<input type="checkbox"/>	Temperature taking	_____
	<input type="checkbox"/>	<input type="checkbox"/>	Bulb syringe use	_____
	<input type="checkbox"/>	<input type="checkbox"/>	Tummy time	_____
	<input type="checkbox"/>	<input type="checkbox"/>	Bathing	_____
	<input type="checkbox"/>	<input type="checkbox"/>	Supplies at home	_____
	<input type="checkbox"/>	<input type="checkbox"/>	Carbon monoxide and smoke detectors	_____
	<input type="checkbox"/>	<input type="checkbox"/>	Safe sleep/ "back to sleep"	_____
	<input type="checkbox"/>	<input type="checkbox"/>	Flu/ pertussis vaccines for family & caregivers	_____
	<input type="checkbox"/>	<input type="checkbox"/>	Infection prevention/ hand hygiene	_____
	<input type="checkbox"/>	<input type="checkbox"/>	Infant safety precautions	_____
	<input type="checkbox"/>	<input type="checkbox"/>	When to call pediatrician	_____
	<input type="checkbox"/>	<input type="checkbox"/>	Shaken baby syndrome	_____
	<input type="checkbox"/>	<input type="checkbox"/>	Confirm car seat or car bed available? Yes/No	_____
	<input type="checkbox"/>	<input type="checkbox"/>	Car seat safety	_____
<input type="checkbox"/>	<input type="checkbox"/>	Car seat challenge	_____	



Other Helpful Education Topics

First Days / Weeks Cont.

Parent	RN		Date Completed
<input type="checkbox"/>	<input type="checkbox"/>	Vaccine information sheets (VIS) given	_____
<input type="checkbox"/>	<input type="checkbox"/>	Diaper care	_____
<input type="checkbox"/>	<input type="checkbox"/>	CPR/ NICU, attend class? Yes/No	_____
<input type="checkbox"/>	<input type="checkbox"/>	NICU family support classes	_____
<input type="checkbox"/>	<input type="checkbox"/>	Circumcision decision	_____
<input type="checkbox"/>	<input type="checkbox"/>	Pediatrician selection/ identification and entered into EPIC	_____
<input type="checkbox"/>	<input type="checkbox"/>	Pediatrician resources	_____
<input type="checkbox"/>	<input type="checkbox"/>	Partner's patient gateway access	_____
<input type="checkbox"/>	<input type="checkbox"/>	Kangaroo skin-to-skin care	_____
<input type="checkbox"/>	<input type="checkbox"/>	Other	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

First Days/
Weeks

Week of
Discharge

Day before
Discharge

Day of
Discharge



Week of Discharge

RN

Date Completed

Discharge state newborn screen (within 48 hours of discharge)

Other pre-discharge labs (e.g., Blood counts: Hct, retic)

CCHD (Heart) screening test or echocardiogram

Hearing screen

Immunization: Hepatitis B vaccine

Immunization: 2 month (if applicable)

Immunization: RSV Prophylaxis (if applicable)

Circumcision (if applicable and parents request and consent)

Baby added to parent's prescription plan

Prescriptions given to parents

Medication teaching

Notify all allied health groups of upcoming discharge:
Dietician, PT/SLP, care coordination, social work, and
family support team

If WIC eligible, form completed

Feeding plan/ recipes for home given to parents

Lactation notified of upcoming discharge



Week of Discharge Cont.

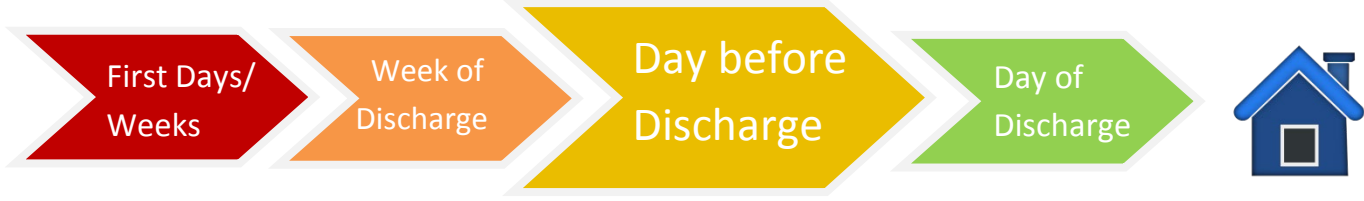
Care Team

- Pre-discharge family meeting scheduled
- Cultural observances/ holidays

Date Completed

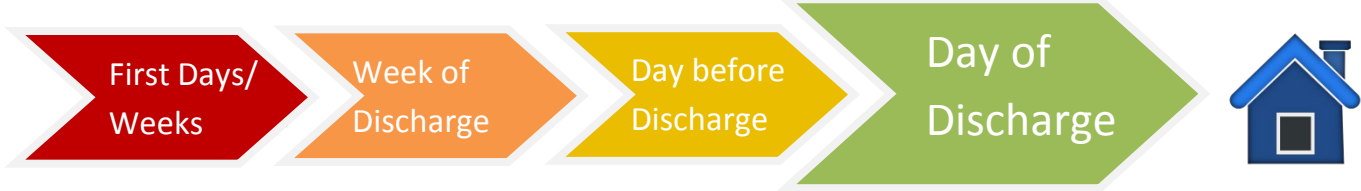
Order Equipment for

- Oxygen (if applicable)
- Monitor (if applicable)
- NG- tube or G-tube (if applicable)
- Glucometer (if applicable)
- Other



Day before Discharge

RN		Date Completed
<input type="checkbox"/>	Checks for breast milk in freezer	_____
<input type="checkbox"/>	Provide special bottles (if applicable)	_____
<input type="checkbox"/>	Passed car seat test	_____
<input type="checkbox"/>	Passed car bed test (if done)	_____
<input type="checkbox"/>	Confirm MD has examined within 24 hours of discharge	_____
<input type="checkbox"/>	Confirmed MD has completed discharge summary	_____
<input type="checkbox"/>	Other	_____



Day of Discharge

Review How to Use Equipment at Home

- Oxygen (if applicable) _____
- Monitor (if applicable) _____
- NG- tube or G-tube (if applicable) _____
- Glucometer (if applicable) _____
- Other _____

RN

Date Completed

- Call transport or accompany to car, if able _____
- Dietary recipes _____
- Check for breast milk in freezer _____
- Pink sheet with transport _____
- Verify 2 ID bands and compare to parent band _____
- Complete EPIC discharge checklist/ navigator _____
- Remind parents to complete family survey _____

Compile Document for Families:

- Head ultrasound results (if applicable) _____
- Echocardiogram results (if applicable) _____
- Car seat safety information sheet _____
- Growth charts in binder _____
- Provide remaining AVS summary for parents to take home _____
- Print reporting (summary and full report) in Epic _____





Day of Discharge

RN

Date Completed

Verify 2 ID bands and compare to parent band

MD has completed EPIC navigator

MD has completed EPIC documentation/ AVS

MD has placed discharge order
