



HEALTH HOLDING

HAFER ALBATIN HEALTH
CLUSTER
MATERNITY AND
CHILDREN HOSPITAL

Department:	Neonatal Intensive Care Unit (NICU)		
Document:	Departmental Policy and Procedure		
Title:	Discharge of an Infant from NICU		
Applies To:	All NICU Staff		
Preparation Date:	January 05, 2025	Index No:	NICU-DPP-003
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1. PURPOSE:

- 1.1 To describe the procedure for the safe and timely discharge of the Newborn from the NICU and to provide follow up care for the Newborn, including entry to community services, if needed.

2. DEFINITIONS:

- 2.1 It is the process of ensuring smooth and safe transition of the hospitalized infant to home care.

3. POLICY:

- 3.1 It is a multidisciplinary team work that starts on admission and is finalized on discharge. It is accomplished by early and continuously updating planning, with on-going teaching of the family, while the infant is hospitalized
- 3.2 Proper discharge planning decreases the average length of patient's hospital stay
- 3.3 Discharge planning is done for all admitted patients. The following are examples of patients who require discharge planning before or upon admission:
 - 3.3.1 Preterm infants,
 - 3.3.2 Need special education e.g. have colostomy, nephrostomy, discharged on naso/orogastric feeding, need physiotherapy.
 - 3.3.3 Need continuing medical and nursing needs e.g. have metabolic disorders, chronic respiratory problems, seizure activity.
 - 3.3.4 Patients who require multidisciplinary services at the time of discharge,
 - 3.3.5 Those who require home healthcare services.
 - 3.3.6 Other patients as decided by attending consultant and discharge planning team members.

4. PROCEDURE:

4.1 Preparation for discharge:

- 4.1.1 The bedside nurse should inform the physician of any indications that require the involvement of social service and obtain an order for a referral (e.g. mother <18 years of age, spousal abuse, identified family problems etc.)
- 4.1.2 Newborn screening test must be done by the Nurse.
- 4.1.3 Discharge physical examination by the physician must be documented in the medical record.
- 4.1.4 Hearing screen must be completed and results on the medical record.
- 4.1.5 Newborn <32 weeks and/ or <1500gm who have had supplemental oxygen, or any 32-37 weeks who required supplemental oxygen for more than 50 days must have screening for retinopathy of prematurity at 6 weeks, with further follow up as indicated.
- 4.1.6 Newborn <32 weeks and/ or <1500 gm require a cranial ultrasound within the first week and followed up at 14 days. The cranial ultrasound should be repeated at 4-6 weeks.
- 4.1.7 The physician must have completed the discharge summary.

- 4.1.8 Discharge medications should have been filled and be present at the bedside. The Pharmacist is responsible for parent education regarding home medications, along with the bedside nurse.
- 4.1.9 The dietician will provide parent education for those newborn who require special feeds.
- 4.1.10 Required vaccination will be given prior to discharge. Vaccination cards will be given to the parents and a copy kept in the medical record. If the newborn does not meet the requirements at discharge for vaccination, an appointment will be made with the pediatrician for vaccination.
- 4.2 Discharge :
 - 4.2.1 The nurse will verify there is a written order for discharge.
 - 4.2.2 The nurse will verify that the pre-discharge criteria have been done and the results are in the medical record.
 - 4.2.3 The newborn identification band will be checked against the mother's identification band to verify the identification numbers match.
 - 4.2.4 The mother will sign the identification sheet to acknowledge her verification of the newborn identity and discharge information. One ID band will be removed from the newborn and placed on newborn identification form.
 - 4.2.5 If the newborn is to be discharged to a legal guardian or authorized agency representative, their identity must be confirmed and appropriate forms completed.
 - 4.2.6 Newborn's footprints will be taken at discharge.
 - 4.2.7 The newborn's other identification tags will be removed upon the physical discharge of the newborn.
 - 4.2.8 The nurse will accompany the parents/ legal guardian and newborn to the NICU doors.
- 4.3 Parent teaching:
 - 4.3.1 The nurse will assess if the mother can safely and confidently care for the newborn.
 - 4.3.2 Discharge teaching begins with the admission process and is continuous with the newborn's hospital stay.
 - 4.3.3 Using a variety of teaching methods such as demonstrations by the nurse, use of videos and written literature, the mother/ family will be taught:
 - 4.3.3.1 Newborn bath and skin care.
 - 4.3.3.2 Umbilical cord care
 - 4.3.3.3 Infant safety
 - 4.3.3.4 Sleep position
 - 4.3.3.5 Circumcision care if appropriate
 - 4.3.3.6 Diapering and dressing the newborn.
 - 4.3.3.7 Any special health care needs of the newborn, such as feedings, Ostomy care, supplemental oxygen, medications etc.
 - 4.3.3.8 Breastfeeding/ bottle-feeding and burping
 - 4.3.3.9 Use of car seat
 - 4.3.4 Concern for the welfare of the family will be demonstrated throughout the newborn's hospitalization and reinforced at the time of discharge.
- 4.4 Documentation:
 - 4.4.1 Nursing discharge summary that describes the overall clinical condition of the newborn, including vital signs.
 - 4.4.2 Date and time of discharge
 - 4.4.3 The person the baby was discharged to (complete release form for the newborn).
 - 4.4.4 Any special formulas or medications discharged with the newborn.
 - 4.4.5 Any follow up appointments made, with a copy given to the mother.
 - 4.4.6 Parent teaching done will be documented on the appropriate forms and in the nursing notes.
 - 4.4.7 Document the newborn was properly placed in the car seat upon discharge by the parent/ legal guardian. The newborn should not be discharged to one person if that person is going to drive the car by herself/ himself.

5. MATERIAL AND EQUIPMENT:

N/A

6. RESPONSIBILITIES:

- 6.1 Physician
- 6.2 Pharmacist
- 6.3 Staff nurse

7. APPENDICES:

- 7.1 Discharge summary form
- 7.2 Release form for the newborn

8. REFERENCES:

- 8.1 Ministry of Health, Policies and Procedures in Neonatology, Guidelines for Neonatal Care, page no: 198-200.

9. APPROVALS:

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Reviewed by:	Dr. Sarhan Hamdan Al Shammari	NICU Head of the Department		January 08, 2025
Reviewed by:	Mr. Abdullellah Ayed Al Mutairi	QM&PS Director		January 09, 2025
Reviewed by:	Dr. Tamer Mohamed Naguib	Medical Director		January 12, 2025
Approved by:	Mr. Fahad Hazam Al - Shammari	Hospital Director		January 19, 2025

Name: _____ الاسم: _____ MRN: _____ رقم الملف الطبي: _____

Progress of Patients Health: _____ تطور حالة المريض: _____

Status on Discharge: _____ حالة المريض عند الخروج: _____

- شفاء Cured
 تحسن Improved
 لم يتحسن Not Improved
 سيئة/درجة Critical/Poor

PATIENT DISPOSITION: _____ خروج المريض إلى: _____
 Referred/Transferred تحويل
 DAMA على مسؤولية المريض
 Home المنزل

DISCHARGE MEDICATIONS			
NAME	DOSE	ROUTE	FREQUENCY
1.			
2.			
3.			
4.			
5.			
6.			
7.			

Instructions / Education _____
 Sick Leave Yes No
 Number of Days

DIET: calories _____ نوعية الحمية عدد السعرات
 لتخفيف الوزن Weight Management
 مريض السكر Diabetic
 للقلب Cardiac
 عادي Regular
 أخرى Other

ACTIVITY _____ النشاط
 No Restrictions مفيد
 No Restrictions غير مفيد

LAB ORDERS _____ المحوصات المخبرية المطلوبة
 FOLLOW-UP APPOINTMENT _____ مواعيد المتابعة

NAME OF SPECIALITY	DURATION	موعد العيادة	تخصص العيادة
1.			
2.			
3.			


REFERRALS					
NAME OF INSTITUTION	CONTACT NUMBER	FAX NUMBER	رقم الهاتف	رقم الاتصال عليه	اسم المستشفى
1.					
2.					
3.					

PATIENT WAS EDUCATED BY: Hard Copy Material
 Verbally
 Electronic Material

PREPARED BY: _____
 Physician Name & Job No _____ Position _____ Signature _____ Date & Time _____

APPROVED BY: _____
 Physician Name & Job No _____ Position _____ Signature _____ Date & Time _____



<p>KINGDOM OF SAUDI ARABIA</p>  <p>وزارة الصحة Ministry of Health</p>	<p>MRN: _____ رقم الملف الطبي</p> <p>Name: _____ الاسم</p> <p>Nationality: _____ الجنسية</p> <p>Age: _____ سنة _____ شهر _____ يوم Years Months Days العمر</p> <p>Date of Birth: ____/____/14 H ____/____/20 تاريخ الميلاد</p> <p>Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female الجنس</p>
<p>Hospital: _____ مستشفى</p> <p>Region: _____ المنطقة/المحافظة</p> <p>Dept./Unit: _____ القسم/الوحدة</p>	
<p>RELEASE FORM FOR THE NEWBORN إقرار إستلام طفل حديث الولادة</p>	
<p>Discharge from SCBU (Nursery): _____ من الحضنة</p> <p>Discharge From Ward: _____ من قسم</p> <p>Date and Time of Delivery: _____ تاريخ ووقت الولادة</p> <p>File Number of Mother: _____ رقم ملف الأم</p> <p>Mother's name (Full name): _____ إسم الأم - رباعي</p> <p>Father's name (Full name): _____ إسم الأب - رباعي</p> <p>Wrist tag mother/baby: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ لا <input type="checkbox"/> نعم مطابقة الإسم الموجود على أسواره المولود رباعياً</p> <p>Compare File Number for Mother & Newborn: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ لا <input type="checkbox"/> نعم مطابقة رقم الملف الطبي للمولود مع رقم الملف الطبي لإسم الأم</p> <p>Vaccinated: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ لا <input type="checkbox"/> نعم إعطاء التطعيم</p> <p>FOOT STAMPED/THUMB: <input type="checkbox"/> YES <input type="checkbox"/> NO _____ لا <input type="checkbox"/> نعم التأكد من أخذ البصمة على الملف</p> <p>NAME & GUARDIAN: _____ إسم المستلم</p> <p>RELATIONSHIP: _____ صلة القرابة</p> <p>I.D NUMBER: _____ رقم السجل / الإقامة / الجواز</p> <p>DATE & TIME OF DISCHARGE: _____ تاريخ ووقت إستلام المولود</p> <p>SIGNATURE: _____ توقيع المستلم</p> <p>أقر أنا _____ بأنه قد تم رفع السوار لكل من الأم والطفل أمامي وقد أطلعت عليها وتأكدت من تطابقها.</p> <p>I, _____ the undersigned, have witnessed the removal of wrist band of both the mother and baby and that they correspond to each other.</p> <p>NAME: _____ الاسم SIGNATURE: _____ التوقيع</p> <p>أقر أنا _____ بأنه قد تم رفع السوار للطفل أمامي وقد أطلعت عليها وتأكدت من تطابقه مع إسم الأم.</p> <p>I, _____ the undersigned, have witnessed the removal of wrist band of the baby and it correspond to the mother's name.</p> <p>NAME: _____ الاسم SIGNATURE: _____ التوقيع</p>	
<p>NOTE: This form is done in duplicate copy: 1. One to the patient's file (original) 2. One is given to the parents.</p>	
<p style="text-align: right;">ملحوظة: هذا النموذج له صورتين: 1. الأصل لملف المريض 2. الصورة لوالدي المريض.</p>	

