



Ready Set Go Home !

Discharge Planning Tool for Families



Name Sticker

Get Ready!

- ___ NICU unit orientation
- ___ Review admission packet and March of Dimes booklets
- ___ Attend Welcome to the NICU class
- ___ I do skin to skin (Kangaroo Care) with my baby when able
- ___ I know my baby's feeding plan (brought in bottles to be used at home when ready)
- ___ I received education and watched videos about:
 - Safe Sleep and SIDS
 - Shaken Baby Syndrome
 - Car seat safety
 - Newborn State Screen
 - Hearing Screens
 - Vaccinations
 - Infant CPR
 - Hand washing
 - Secondary smoke exposure
- ___ I visited the recommended websites/apps
 - ❖ Healthychildren.org
 - ❖ Babystepstohome.com
 - ❖ Newbornchannelnow.com (passcode 03007)
 - ❖ umassmemorialhealthcare.org
 - ❖ **My NICU Baby**

Get Set!

- ___ We have a discharge meeting with the team around the 34-week mark
- ___ Choose a pediatrician and call the office to sign up and check insurance coverage
- ___ I am comfortable caring for my baby
- ___ Ask the nurse if my baby has had:
 - Vaccines such as Hep B or Synagis® (sign consents for vaccines)
 - Newborn State Screen
 - Heart disease screen (CCHD)
 - Hearing screen
 - Car seat test (if needed)
- ___ Plans for my baby boy to be circumcised
- ___ I received medication teaching and filled the prescriptions
- ___ Sign up for and attend CPR/ Discharge class
- ___ We are practicing safe sleep
- ___ Get trained on any special equipment such as oxygen, monitor, feeding pump
- ___ I installed the appropriate car seat
- ___ I stayed overnight if needed
- ___ I prepared my home (infant bed, diapers, feeding supplies, etc.)

Go Home!

- My Baby is:
- Maintaining temperature in a crib
 - Feeding well
 - Gaining weight
 - Free from spells
 - Practicing safe sleep
- ___ I have all the appointments my baby needs
 - Pediatrician
 - Early Intervention
 - Visiting Nurse
 - Audiology
 - Follow-up Clinic
 - CHILD Clinic
 - WIC
 - ___ Questions or concerns I still have about my baby are addressed
 - ___ I know my baby's feeding plan (amount, frequency, formula mixing)
 - ___ All of the equipment and supplies got delivered to my house
 - ___ I feel well prepared and comfortable taking my baby home
 - ___ I know when to seek medical advice from the pediatrician or call 911
 - ___ I have an Emergency Contact list available at home
- The best time and contact number for follow-up phone call:** _____