



Going Home from the NICU

Baby's Name in hospital: _____

Baby's Name after discharge: _____

	Please check off items as they occur.	Additional Information	Parent Initials
In NICU	Discharge planning meeting		
	Pediatrician chosen Dr. _____ # _____		
	Baby added to insurance policy		
	CPR class complete		
	Handouts received and/or discussed with nurse <input type="checkbox"/> Safe Travels (car seat safety) <input type="checkbox"/> Safe Sleep Practices <input type="checkbox"/> Shaken Baby Syndrome <input type="checkbox"/> Carbon Monoxide and Smoke Detectors <input type="checkbox"/> Protecting Babies from Infection	<input type="checkbox"/> Temperature taking <input type="checkbox"/> When to Call the Pediatrician <input type="checkbox"/> Flu/ Pertussis Vaccines for Families/Caregivers <input type="checkbox"/> Suction Bulb Use <input type="checkbox"/> Bathing Techniques <input type="checkbox"/> Tummy Time & Activities for 1 st Year	
Preparing for Home	Car seat brought to NICU and base installed in car		
	Supplies at home:		
	• Crib/bassinet (safety approved)		
	• Diapers, wipes, ointments		
	• Thermometer, suction bulb		
	• Feeding supplies	<input type="checkbox"/> Breast pump (if needed) <input type="checkbox"/> Nipple/Bottles <input type="checkbox"/> Formula (if needed)	
	• Circumcision care education	<input type="checkbox"/> N/A	
	Hearing screen results received	If referral needed, add to specialists list below.	
	Written home feeding plan received		
	Recipe for breast milk received	<input type="checkbox"/> Discharge Planning Lactation Consult	
Recipe for formula received			
Car seat screen result received	If not passed, arrange for car bed.		
Going Home	Pediatrician visit date: __/__/__ Time: __: __	Visiting nurse date: __/__/__	
	Early Intervention arranged with _____		
	Specialists: _____ Name: _____ Date: __/__/__ Time: __: __ Name: _____ Date: __/__/__ Time: __: __		
	Med: _____ Dose/Frequency: _____ Med: _____ Dose/Frequency: _____ Med: _____ Dose/Frequency: _____	<input type="checkbox"/> Medications/Syringes obtained <input type="checkbox"/> Medication teaching complete	
	Received immunization booklet (blue book)		
	Parents Completed Discharge Readiness Questionnaire		

These are things that other families found helpful but are NOT required.

Equipment

Stroller
Baby carrier
Bouncy seat
Infant swing
Pacifiers
Fingernail files

Supplies for the home

Bath supplies
Dye- and fragrance-free laundry detergent
Developmentally appropriate toys (soothing music, mobile, board books)
Journal for important information (milestones, feedings, questions for doctor, etc.)
Food for yourself/family for at least the first few days home
Clothes for your baby
List of important phone numbers accessible (pediatrician, poison control, etc.)

Other helpful tips

Review CPR video if you need a refresher from CPR class.
If you would like to stay in touch with families you meet in the NICU you can exchange contact information.
Ask pediatrician when it's safe to travel with your baby.
Introduce pets to your baby gradually.