**Sample NICU Discharge Order Set**

**General**

* Parents aware of goals for D/C and estimated discharge date: \_\_\_\_\_\_\_\_
* Initiate D/C checklist 2 weeks prior to estimated discharge date: \_\_\_\_\_\_\_\_
* Consider consult from follow-up provider for review of complicated discharge: \_\_\_\_\_\_\_\_

**Diagnostic Tests, Labs, and Other Follow-Up**

* Newborn screen results: \_\_\_\_\_\_\_\_
* Congenital heart disease screening: \_\_\_\_\_\_\_\_\_
* Echocardiogram: \_\_\_\_\_\_\_\_
* BAER/OAE: \_\_\_\_\_\_\_\_
* HPA evaluation, as indicated: \_\_\_\_\_\_\_\_
* RUS, as indicated: \_\_\_\_\_\_\_\_
* VCUG, as indicated: \_\_\_\_\_\_\_\_
* CUS: \_\_\_\_\_\_\_\_
* Brain MRI, as indicated. Consider for:
	+ HIE
	+ Preemie with grade 3 or 4 IVH, cerebellar bleed, or PVL on previous cranial ultrasound
	+ Preemie with birth gestational age <26 weeks
	+ PPHN treated with HFV and NO (“near miss ECMO”)
	+ ECMO for any reason
	+ Neonatal seizures
	+ Abnormal neurologic examination, inability to orally feed, etc.
* Consider liver ultrasound if ELBW infant to rule out hepatoblastoma if the infant was on long-term HAL with abnormal LFTs: \_\_\_\_\_\_\_\_
* Evaluate need for hip ultrasound due to Breech presentation or abnormal hip examination due 6 weeks post term: \_\_\_\_\_\_\_\_
* Car Seat Test:

\_\_\_\_\_\_\_\_ (first trial)

\_\_\_\_\_\_\_\_ (second trial)

\_\_\_\_\_\_\_\_ Discharge plan, if failed both.

* Circumcision: \_\_\_\_\_\_\_\_\_
* Complete Discharge Summary: \_\_\_\_\_\_\_\_
* Evaluate need for Hip ultrasound due to Breech presentation or abnormal hip examination due 6 weeks post term: \_\_\_\_\_\_\_\_

**Immunizations and Synagis**

* Immunizations up to date: \_\_\_\_\_\_\_\_
* Flu vaccine (if >6 months of age): \_\_\_\_\_\_\_\_
* Synagis (All doses and dates should be recorded in discharge summary along with the recommendation to continue monthly though RSV season for PCP): \_\_\_\_\_\_\_\_

**Parent Teaching**

* Specific equipment teaching completed: \_\_\_\_\_\_\_\_
* Stayed in Care-by-Parent Room: \_\_\_\_\_\_\_\_
* Back to Sleep × 3 days (minimum): \_\_\_\_\_\_\_\_
* Second-Hand Smoke discussed: \_\_\_\_\_\_\_\_
* Lactation breast-feeding plan for home: \_\_\_\_\_\_\_\_
* Dietician teaches formula preparation: \_\_\_\_\_\_\_\_

**Psycho/Social**

* Cleared to be released to home per Social Work: \_\_\_\_\_\_\_
* Transportation arranged: \_\_\_\_\_\_\_
* Baby supplies (diapers, clothes, bottles, crib, etc.) for home adequate: \_\_\_\_\_\_\_\_
* Working phone available: \_\_\_\_\_\_\_
* Power company has been notified if infant is technology dependent (home ventilator): \_\_\_\_\_\_\_
* Interpreter scheduled for discharge: \_\_\_\_\_\_\_

**Specialized Diagnostic Test, Labs, and Other Follow-Up (Diagnosis Dependent)**

* HIE
	+ MRI: \_\_\_\_\_\_\_\_
	+ PT/OT/ST evaluation
	+ Audiology follow-up appt (for possible progressive hearing loss)
	+ High-risk clinic follow-up appt
* s/p ECMO
	+ MRI: \_\_\_\_\_\_\_\_
	+ Echocardiogram (post-ECMO) to r/o SVC syndrome: \_\_\_\_\_\_\_\_
	+ PFTs: \_\_\_\_\_\_\_\_
	+ Audiology appt (for possible progressive hearing loss)
	+ High-risk clinic follow-up appt
* s/p Fundoplication
	+ Evaluation for dumping syndrome: \_\_\_\_\_\_\_\_
	+ Myelodysplasia
	+ Appropriate follow-up arranged: \_\_\_\_\_\_\_\_\_\_

**Specialized Parent Teaching if needed:**

* ST/OT feeding plan for home: \_\_\_\_\_\_\_\_
* PT exercises for home: \_\_\_\_\_\_\_\_
* Solu-Cortef injection teaching, as indicated: \_\_\_\_\_\_\_\_
* Infants with VP shunts: teaching regarding s/s of malfunction/ infection: \_\_\_\_\_\_\_\_
* Hypoglycemia/glucometer: \_\_\_\_\_\_\_\_
* G-tube care: \_\_\_\_\_\_\_\_
* Trach changes (three per each immediate care provider)

Who \_\_\_\_\_\_ Dates\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

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