**Neonatal Discharge Summary: Sample Format**

1. Name of attending.
2. Service (“Neonatology”).
3. Patient's name as it appears in the hospital records.
4. Patient’s medical record number.
5. Date of birth.
6. Sex of patient.
7. Date of admission.
8. Date of discharge.
9. History:
   1. The patient’s post-discharge name (spell name).
   2. Include reason for admission, birth weight and gestational age.
   3. Maternal history-including prenatal labs, pregnancy, labor, and birth history.
10. Physical examination at discharge including weight, head circumference, and length with percentiles at birth and discharge.
11. Summary of hospital course by systems (concise). Include pertinent lab results:
    1. *Respiratory* - Initial impression. Surfactant given? Maximum level of support. Days on ventilation, CPAP, supplemental oxygen. If there is apnea, only report how patient was treated, when treatment ended, and whether condition resolved.
    2. *Cardiovascular* - Diagnoses/therapies in summary form. Echo/ECG results.
    3. *Fluids, Electrolytes, Nutrition* - Brief feeding history. Include most recent weight, length, and head circumference.
    4. *GI* - Pertinent diagnoses and treatment. Maximum bilirubin and therapy used.
    5. *Hematology* - Patient blood type, brief transfusion summary, most recent Hct.
    6. *Infectious Disease* – Complete blood counts, cultures, colonization if appropriate, antibiotic courses.
    7. *Neurology* - Describe ultrasound findings.
    8. *Psychosocial*- Relevant observations of family function and psychosocial needs.
    9. *Sensory*:
       1. Audiology: “Hearing screening was performed with automated auditory brainstem responses, revealing\_\_\_\_\_ [include results].” [If didn’t pass, indicate date/place of follow-up test. If not done, recommend test prior to discharge.]
       2. Ophthalmology:
          1. Indicate if infant did not meet criteria for eye exam.
          2. Indicate if infant has not yet been examined but does require exam.
          3. If ROP was ever detected, include maximum stage of ROP.
          4. If ROP was ever detected, include maximum stage of ROP and date of that exam.
          5. For all, include date and results of last exam.
          6. If not mature, state plans for follow-up including date and time of scheduled appointment.
          7. If mature, state time frame for routine follow-up
12. Condition at discharge including prognosis if guarded or grim. (e.g.,” stable”)
13. Discharge disposition (e.g.,” home,” “Level II,” “Level III,” “chronic care”)
14. Name of primary pediatrician (spell name). Phone #: \_\_\_\_\_\_\_\_ Fax #: \_\_\_\_\_\_\_\_
15. Care/recommendations.
    1. Feeds at discharge including volume, calories, and frequency.
    2. Medications including each medication’s dose (concentration if volume),
    3. route, frequency.
    4. medical equipment and supply needs
    5. Car seat position screening (if < 37 weeks gestation).
    6. State newborn screening status including dates and known results.
    7. Immunizations received including dates.
    8. Follow-up appointments scheduled/recommended.
    9. Discharge diagnoses list