



NICU Discharge Assessment for Hospitals

I am the Complex Neonate RN Case Manager for _____. I will continue to follow the baby while in the NICU and after discharge home. In order to help ensure a smooth transition to home, **please answer as many questions below as they do apply, and/or fax the Discharge Summary to 412-457-1354.** Thank you for your assistance.

Baby's name will be changed to : _____

Address/Phone number of Baby at DC time: _____

Are the Parents visiting/how often? Yes _____ No _____ Comments _____

Are the Parents appropriate? Yes _____ No, explain _____

Date Caregiver Roomed In with Baby: _____

With whom will the Baby discharge home? Mom _____ Dad _____ Other: _____

Foster/Adoptive Parents name, address/phone #? _____

Is the Baby being followed by CYS? Open Case _____ CYS custody _____ Case Worker: _____

Has the Caregiver been educated on WIC/SSI/EI? Yes _____ No _____ Comments: _____

Will the Baby have prescriptions for formula and medications? Yes _____ (Please list below) No _____

Medications: _____

Have the meds been authorized at the pharmacy? Yes _____ No _____ Pharmacy? _____

Will the Baby go home with equipment? Yes _____ No _____ DME vendor? _____

Will the Baby go home with Skilled Nurse Visits? Yes _____ No _____ Agency _____

Immunizations/RSV given? Yes _____ No _____ Comments _____

Hearing test/Eye Exam done? _____ Date: _____ Results: _____

Exposure to smoking? Yes _____ No _____ Comments _____

Pediatrician: _____ Phone# _____ Date of Appt _____

Barriers to discharge? _____

Does the Caregiver have a Car Seat/Crib for the Baby? Yes _____ No _____ Comments _____

Will the Mom need assistance with transportation for the Baby's appointments? Yes _____ No _____

Please list all Specialist appointments:

_____ Date: _____ Phone# _____

_____ Date: _____ Phone# _____

_____ Date: _____ Phone# _____

Comments: _____
