

Appendix 2: Example of Discharge Planning Checklist

Hearing test	® yes	® date	® no
Community team informed	® yes	(if yes drop box)	® no
Drop box	<ul style="list-style-type: none"> • Neonatal liaison • Community paediatric team • Cardiac nurse • Other 		
Health visitor informed of discharge	® yes	® date	® no
GP informed of discharge	® yes	® date	® no
Community midwife informed of discharge	® yes	® date	® no
Birth registered	® yes	® date	® no
Address checked	® yes		® no
Car seat	® yes		® no
Car seat challenge	® yes	® date	® no
Breast pump returned	® yes	® date	® no
Check freezer for breast milk	® yes		® no
Basic life support	® yes	® date	® no
Drugs ordered			
Drugs given to parents	® yes	® date	® no
Clinic appointments made	® yes	(if yes drop box)	® not required
Drop box	<ul style="list-style-type: none"> • Neonatal clinic • Eye clinic • BPD clinic • Cardiology • Genetic • Orthopaedic • Other 	<ul style="list-style-type: none"> ® referral made ® referral made ® referral made ® referral made ® referral made ® referral made ® referral made 	<ul style="list-style-type: none"> ® appointment time ® appointment time ® appointment time ® appointment time ® appointment time ® appointment time ® appointment time
Home oxygen	® yes	(if yes drop box)	® not required
Drop box	<ul style="list-style-type: none"> • Oxygen in place • Home oxygen plan completed 	<ul style="list-style-type: none"> ® yes ® yes 	<ul style="list-style-type: none"> ® no ® no

Newborn Bloodspot Screening Test	® yes	® date	® no
Day 28 repeat test required/completed	® yes	® date	® not required
Discharge planning meeting	® yes	® date	® not required
Social work involvement	® yes	(if yes drop box)	® no

- Drop box
- **Social worker aware of discharge** ® yes ® date
 - **Baby on child protection register** ® yes ® date
 - **Going home with family** ® yes ® no
 - **Foster family details and address**

Immunisations ® yes **(if yes drop box)** ® no

- Drop box
- **6-in-1 vaccine (diphtheria, tetanus, pertussis, polio, haemophilias, hepatitis B)** ® date
 - **MenB** ® date
 - **Pneumococcal vaccine** ® no
 - **Rotavirus**
 - **RSV (if clinically applicable) and FU doses arranged**

Newborn baby examination ® yes ® date

Hip USS required ® yes ® no

If required Hip USS ordered date ordered

Discharge summary given to parents ® yes ® date

Discharge letter copy to

GP	® yes	® date
HV	® yes	® date
Community midwife	® yes	® date

Information leaflets given to parents

- Drop box
- **Cot Death** ® date
 - **Bliss 'Taking Your Baby Home'** ® date
 - **Home Oxygen** ® no
 - **Ready for Home**
 - **Other**

Emergency contact details ® yes ® date

Point of Contact established for post-discharge questions/queries