Hospital Discharge of the High-Risk Neonate, New AAP Policy Statement

In November 2008 the American Academy of Pediatrics Committee on Fetus and Newborn published its policy statement *Hospital Discharge of the High-Risk Neonate* (http://pediatrics.aappublications.org/cgi/content/abstract/122/5/1119). This policy statement updates the guidelines on discharge of the high-risk neonate first published by the American Academy of Pediatrics in 1998. As with the earlier document, this statement is based, insofar as possible, on published, scientifically derived information. This updated statement incorporates new knowledge about risks and medical care of the high-risk neonate, the timing of discharge, and planning for care after discharge. It also refers to other American Academy of Pediatrics publications that are relevant to these issues.

In an effort to underscore the importance of individualized planning as a crucial element in care of high-risk neonates facing hospital discharge in Illinois, the Illinois Chapter of the American Academy of Pediatrics is sending information about this statement to pediatric and family medicine primary care providers in the state. The determination of readiness for care at home of an infant after neonatal intensive care is complex. Careful balancing of infant safety and well-being with family needs and capabilities is required while giving consideration to the availability and adequacy of community resources and support services. The final decision for discharge, which is the responsibility of the attending physician, must be tailored to the unique constellation of issues posed by each infant's situation.

This statement draws on the previous classification of high-risk infants into 4 categories: (1) the preterm infant; (2) the infant with special health care needs or dependence on technology; (3) the infant at risk because of family issues; and (4) the infant with anticipated early death. The issues of deciding when discharge is appropriate, defining the specific needs for follow-up care, and the process of detailed discharge planning are addressed as they apply in general to all 4 categories; in addition, special attention is directed to the particular issues presented by the 4 individual categories. Recommendations are given to aid in deciding when discharge is appropriate and to ensure that all necessary care will be available and well coordinated after discharge. The need for individualized planning and physician judgment is emphasized.

The following recommendations are offered as a framework for guiding decisions about the timing of discharge. It is prudent for each institution to establish guidelines that ensure a consistent approach yet allow some flexibility on the basis of physician and family judgment. It is of foremost importance that the infant, family, and community be prepared for the infant to be safely cared for outside the hospital.

Infant Readiness for Hospital Discharge
The infant is considered ready for discharge if, in the judgment of the responsible physician, the following have been accomplished:

- A sustained pattern of weight gain of sufficient duration has been demonstrated.

- The infant has demonstrated adequate maintenance of normal body temperature fully clothed in an open bed with normal ambient temperature (20–25°C).
- The infant has established competent feeding by breast or bottle without cardiorespiratory compromise.
- Physiologically mature and stable cardiorespiratory function has been documented for a sufficient duration.
- Appropriate immunizations have been administered.
- Appropriate metabolic screening has been performed.
- Hematologic status has been assessed and appropriate therapy has been instituted, if indicated.
- Nutritional risks have been assessed and therapy and dietary modification has been instituted, if indicated.
- Hearing evaluation has been completed.
- Funduscopic examinations have been completed, as indicated.
- Neurodevelopmental and neurobehavioral status has been assessed and demonstrated to the parents.
- Car seat evaluation has been completed.
- Review of the hospital course has been completed, unresolved medical problems have been identified, and plans for follow-up monitoring and treatment have been instituted.
- An individualized home-care plan has been developed with input from all appropriate disciplines.

Family and Home Environmental Readiness
Assessment of the family's caregiving capabilities, resource availability, and home physical facilities has been completed as follows:

- identification of at least 2 family caregivers and assessment of their ability, availability, and commitment;
- psychosocial assessment for parenting strengths and risks;
- a home environmental assessment that may include on-site evaluation; and
- review of available financial resources and identification of adequate financial support.

In preparation for home care of the technology-dependent infant, it is essential to complete an assessment documenting availability of 24-hour telephone access, electricity, safe in-house water supply, and adequate heating. Detailed financial assessment and planning are also essential. Parents and caregivers should have demonstrated the necessary capabilities to provide all components of care, including:

- feeding, whether by breast, bottle, or an alternative technique, including formula preparation, if required;
- basic infant care, including bathing; skin, cord, and genital care; temperature measurement; dressing; and comforting;
- infant cardiopulmonary resuscitation and emergency intervention;

- assessment of clinical status, including understanding and detection of the general early signs and symptoms of illness as well as the signs and symptoms specific to the infant's condition;
- infant safety precautions, including proper infant positioning during sleep and proper use of car seats or car bed;
- specific safety precautions for the artificial airway, if any; feeding tube; intestinal stoma; infusion pump; and other mechanical and prosthetic devices, as indicated;
- administration of medications, specifically proper storage, dosage, timing, and administration and recognition of potential signs of toxicity;
- equipment operation, maintenance, and problem solving for each mechanical support device required; and
- the appropriate technique for each special care procedure required, including special dressings for infusion entry site, intestinal stoma, or healing wounds; maintenance of an artificial airway; oropharyngeal and tracheal suctioning; and physical therapy, as indicated.

Specific modification of home facilities must have been completed if needed to accommodate home-care systems. Plans must be in place for responding to loss of electrical power, heat, or water and for emergency relocation mandated by natural disaster.

Community and Health Care System Readiness

- An emergency intervention and transportation plan have been developed and emergency medical services providers have been identified and notified, if indicated.
- Follow-up care needs have been determined, appropriate providers have been identified, and appropriate information has been exchanged, including the following:
- A primary care physician has been identified and has accepted responsibility for care of the infant.
- Surgical specialty and pediatric medical subspecialty follow-up care requirements have been identified and appropriate arrangements have been made.
- Neurodevelopmental follow-up requirements have been identified and appropriate referrals have been made.
- Home-nursing visits for assessment and parent support have been arranged, as indicated by the complexity of the infant's clinical status and family capability, and the home-care plan has been transmitted to the home health agency.
- For breastfeeding mothers, information on breastfeeding support and availability of lactation counselors has been provided.

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