

# PREPARING NICU FAMILIES FOR HOME

## PART 2

DATE(S) (dd/mmm/yyyy) & INITIALS	D D M M M Y Y Y Y											
	Date:											
	Topic Skill Presented						Completed					
Discharge examination by physician done												
Discharge order entered												
Checking patient's bands												
Immunization Record given												
Blood Card given												
Final measurements												
Public Health Forms completed and discussed with family												
Appointment with Pediatrician and/or family doctor <b>Card Given</b>												
Expressed breast milk from fridge/freezer given <b>Refer to Guideline: Breastmilk: Management of Expressed Mother's Own</b>												
BCG immunization given <b>Refer to guideline BCG (Bacillus Calmette-Guerin) Vaccination of the Infant</b>												
Signs and symptoms of sick baby or respiratory distress; who to call												
EPR Discharge Instructions												

**Red Reflex Present Bilaterally:**

\_\_\_\_\_  
SIGNATURE PRINTED NAME Date: | | | | | | | | | | | |

**Hips Normal:**

\_\_\_\_\_  
SIGNATURE PRINTED NAME Date: | | | | | | | | | | | |

**Discharge:**

Weight: \_\_\_\_\_ kg Length: \_\_\_\_\_ cm Head Circumference: \_\_\_\_\_ cm Feeding: \_\_\_\_\_

I, the parent of Baby \_\_\_\_\_  
PRINTED NAME

have checked the corresponding ID armbands # \_\_\_\_\_ and agree that I am receiving the correct baby.

**Parent:**

\_\_\_\_\_  
SIGNATURE PRINTED NAME Date: | | | | | | | | | | | |

**Nurse:**

\_\_\_\_\_  
SIGNATURE PRINTED NAME Date: | | | | | | | | | | | |

I, the legal guardian of Baby \_\_\_\_\_  
PRINTED NAME

have checked the corresponding ID armbands # \_\_\_\_\_ and agree that I am receiving the correct baby.

**Legal Guardian:**

\_\_\_\_\_  
SIGNATURE PRINTED NAME Date: | | | | | | | | | | | |

**Nurse:**

\_\_\_\_\_  
SIGNATURE PRINTED NAME Date: | | | | | | | | | | | |