**NICU DISCHARGE PROVIDER TEMPLATE**

Primary Care Guidance for Preterm Infants

The following information provides general guidance, and not all recommendations are applicable to all infants. This does not indicate an exclusive course of treatment or serve as a standard of medical care.  The information provided in this discharge summary is derived from the CPQCC Primary Care for Preterm Infants and Children Toolkit.

**Nutrition:**  Use corrected age (adjusted for prematurity) on WHO growth chart until 2 years of age.  Always promote breastfeeding, aim to maintain the growth trajectory achieved in the hospital, and do not overfeed. Length of use of post-discharge formula (usually EnfaCare® or NeoSure®) is controversial and without standard recommendations and should not replace breastfeeding in an adequately growing infant. These are some informal suggestions for using post-discharge formula in formula-fed infants:

* + *BW >1800 grams:* probably not necessary
	+ *BW 1501-1800 grams:* up to 3 months
	+ *BW 1001-1500 grams:* up to 6 months
	+ *BW 751-1000 grams:* up to 9 months
	+ *BW <750 grams:* up to 12 months

Caloric density and frequency of post-discharge formula will depend on growth history in the NICU and other medical issues.

**Vitamin D:** 400 IU per day recommended < 1 year old. Formulas in US contain at least 400 IU per liter. Supplement all breastfeeding infants and all infants taking less than 1 liter of formula per day.

**Iron Supplementation:**  2-3 mg/kg/day for 6 to 12 months; 4-6 mg/kg/day if anemic.

**Hepatitis B Vaccine:**A dose received by an infant < 2000 grams AND < 1 month of age does not count towards the primary series.

**Rotavirus Vaccine:**  Infants usually do not receive rotavirus vaccine in the NICU. The first dose of rotavirus vaccine must be administered by age 14 weeks 6 days.  Consider administering at the first outpatient visit for infants 6 weeks to 14 weeks 6 days.

**RSV Immunization:** During RSV season (typically October - March), infants < 8 months age should receive nirsevimab at birth hospitalization or soon after discharge. If birthing person received RSV vaccine during 32-36 weeks gestation and at least 2 weeks before birth, nirsevimab is not indicated. Infants 8-19 months age entering their second RSV season and at high risk should also receive nirsevimab.Refer to cdc.gov/rsv and aap.org/en/patient-care/respiratory-syncytial-virus-rsv-prevention/ for detailed information.

If nirsevimab is unavailable, palivizumab may be given to high risk infants and children. Consider for infants < 12 months at start of RSV season if < 29 weeks GA at birth or < 32 weeks GA at birth and O2 requirement for at least 28 days.  Consider for infants < 24 months at the start of RSV season with chronic lung disease on medical therapy within 6 months of start of RSV season. For complete palivizumab recommendations, including infants with CHD and neuromuscular disease, see

<https://pediatrics.aappublications.org/content/134/2/415.full>

**Developmental Screening:**  Perform at every WCC visit.  Use evidence-based tools at 9, 18, and 30 months. Infants at high risk for developmental delays or with documented developmental delays should be referred to an Early Intervention Program. Contact information \*\*\*.  Consider referrals for additional evaluations and services such as high risk infant follow-up programs and neurology.

**Hearing Screening:**ABR screening (such as ALGO) prior to discharge. If initial screen was not passed, repeat outpatient screening as quickly as possible and by one month of age. If initial screen was normal, repeat hearing screening by 9 months.  Audiology referral advised at any time for concerns or language delays. To schedule an audiology appointment at \*\*\*, please call \*\*\*.

**Ophthalmologic Screening:**  Monitor for ROP until mature retinae for GA<30 weeks or <1500 g or selected infants 1500-2000 g or GA >30weeks.  For all, follow up at 4-6 months after NICU discharge and yearly. To schedule an ophthalmology appointment at \*\*\*, please call \*\*\*.

**Psychosocial Screening:** Perform at every WCC and other visits as feasible. Resources for families include \*\*\*.

**For Additional Guidance**

Please refer to the CPQCC Primary Care for Premature Infants & Children Toolkit available at: <https://www.cpqcc.org/preterm-primary-care-toolkit>.

**Additional Information**

*[Use the space below to enter your organizational contact info, additional instructions, and information or references specific to your institution.]*