Royal Cornwall Hospitals
NHS Trust

Discharge Planning from the Neonatal Unit Clinical Guideline

V3.0

March 2025

1. Aim/Purpose of this Guideline

1.1. This discharge guideline has been written to help aid all caring for infants on the neonatal unit. Ensuring an effective discharge from the neonatal unit into the community.

1.2. This version supersedes any previous versions of this document.

Data Protection Act 2018 (UK General Data Protection Regulation – GDPR) Legislation.

The Trust has a duty under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team.

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2. The Guidance

BLISS (babies born premature or sick) (2017) identified that the prospect of discharge is very stressful for many parents, especially those whose babies have required significant medical and nursing care. They found parents experience anxiety relating to providing care without nursing and medical support, keeping their baby safe without hospital monitoring and often lack confidence in their ability to ‘parent’ their baby.

With awareness of these issues, staff should carefully begin the process of helping parents make a successful transition to home from the time of admission, and update parents daily on their babies’ progress.

When caring for these families’ staff can help overcome potential barriers by:

- Offering parents guidance in advance about the likely date of discharge.
- Encouraging parents to care for and form a close and loving relationship with their new baby.
- Reinforcing that the baby belongs to the parent’s and empowering them to make decisions about their baby.
- Being welcoming and keeping parents informed about their baby’s care and progress.
- Adopting a holistic approach that includes the whole family in their baby’s care.

2.1. Purpose

The purpose of this guideline is to help facilitate the safe and affective discharge of infants from the Neonatal Unit home ensuring that:

- Parents have acquired knowledge, confidence and practical skills to meet their babies continuing health needs and care in the community.
- Parents throughout the discharge process will be supported and feel secure in continuing to care for their infant in the community.
- The discharge of infants from hospital will be individually planned to ensure that the need for continuing care will be met within the community environment, supported by primary care services within the available resources.

2.2. Infants discharge planning from the neonatal unit to the home

The Neonatal discharge plan will start from admission and will be updated daily by the nurse caring for the infant.

The discharge needs of the infant will be assessed on an individual basis and should be carefully planned. This will ensure continuity of care in the hospital, between hospitals and in the community setting.

2.3. Discharge criteria

Assessment of infants for discharge should include:

- Thermoregulation- adequate maintenance of normal body temperature fully clothed in an open cot.
- Feeding/ nutrition- feeding established.
- Cardio respiratory stability.
- Family readiness for discharge. Family training and education.
- Availability of community support where required.
- Gestational age.
- Weight gain- ideally minimum weight of 1800grams and showing sustained pattern of weight gain (<1800 grams is at consultant discretion).
- Screening tests completed (i.e., ROP (retinopathy of prematurity), blood spot etc.)
- Immunisation status- are they required prior to discharge? (Day 60 or 90?). Patients should not be immunised on the day before or day of discharge.

The nurse will assess the child's and family's individual nursing care/social needs from admission through to discharge in partnership with family/carer and other agencies.

2.4. Decision to discharge

2.4.1. Consultant Paediatrician/ Neonatologist in consultation with ANNP (Advanced Neonatal Nurse Practitioner) and senior staff nurse.

2.4.2. Medical and nursing staff to agree a date of discharge with parents/ carers with parental responsibility.

2.4.3. Nursing team will perform majority of discharge requirements through the teaching of parent skills prior to discharge on the neonatal unit

2.5. Discharge Leaflets

Discharge information in the form of leaflets and teaching is essential part of the discharge process for families on the neonatal unit. It helps ensure families have an active role in their infants transition home, and that they are informed and empowered part of decision, helping to facilitate as early a discharge as possible.

- Sepsis leaflet.
- ICON leaflet or ICON leaflet premature.
- Going home from the neonatal unit Bliss leaflet.
- GP registration form.
- Lullaby Trust 'safer sleep for preterm/ term babies' (whichever is applicable).
- NHS Immunisations schedule leaflet.
- Guide to breast/ bottle feeding (whichever is applicable).
- Bliss common infectious illnesses leaflet.
- Infant resuscitation/ choking guide.
- Bliss mental health leaflet.
- Support in the community leaflet. (Includes a list of organisations available to parents in Cornwall, both locally and internet based).

Please include any other additional leaflets that may be applicable to specific families, i.e., weaning a preterm infant, going home on oxygen, domestic abuse in Cornwall, smoking etc.

2.6. Rooming in

2.6.1. All parents should be offered to room in overnight with their baby, this can be booked via the nurse in charge. This will enable parents to gain key parenting skills, especially for infants that may have complex needs, and help parents become more confident in caring for their infant. Rooming in should be encouraged throughout a baby's stay on the unit, as often as parents wish and as room availability allows.

2.6.2. Immediately prior to discharge it is advised that parents room in for two consecutive nights, to allow for consolidation. This is not compulsory but if parents decline please document clearly in the notes.

2.7. Parental competencies and education

All discharge preparation, teaching and planning will be supervised by the allocated staff nurse, and should be documented in the appropriate places:

- Using the admission through to discharge checklist.
- Recording other agencies contact numbers in care plan and/ or nursing notes i.e., Health Visitor etc.
- If necessary complete collaborative discharge plan with multidisciplinary team.
- All parents and/ or the carer training, competence and education entries will be signed by the nurse giving the instruction.
- Staff should check with parents that they are happy and confident with the training that they have received and offer more time for education if required.

2.8. Parent skills

2.8.1. Sensitivity will be required by staff when discussing discharge with parents, especially for the extremely preterm or critically unwell babies. This may be a stressful transition, particularly if a baby has been very ill or has complex needs at the time of discharge.

2.8.2. Information giving, empowerment and education should be timely and spread out over enough time to enable parents to process information, ask questions that arise and consolidate practical skills.

2.8.3. **The parent will be given clear, concise verbal and written information on the following:**

- Baby cares- nappy changing, top and tail, bathing, skin care etc
- Feeding- discuss home feeding plan with parents and adjust feeding regime to ensure this can be achieved:
  - Breastfeeding parents:
    - If mother plans to breastfeed is she being supported to put baby to the breast? Is mother confident with effective attachment and positioning? Does she need any support to increase milk supply?
    - **Please refer to 'Review of expressing and breastmilk feeding' document if needing support with the above and/ or seek support from the Nutrition Team.**
    - If required, is a breast pump available at home? If not- give parents information on local arrangements for loaning, renting or

purchasing a pump (unit loaned pumps to be returned either before discharge or within two weeks of discharge)

- Advice on milk storage and equipment if storing EBM (expressed breastmilk).

- Are supplements such as fortifier still required?

▪ Bottle feeding parents (breastmilk or formula):

- Ask parents to bring in bottles they will be using at home, so baby can get used to them.

- Teach parents safe preparation of powdered infant formula feeds (give written information leaflet).

- Does baby need to be weaned to a different formula for discharge?

- Is the baby going home on a formula that is only available on prescription? If so the GP needs to be asked to prescribe this at least a week before discharge. Parents can then take the prescription to the pharmacy for them to order the feed in, allowing time for this to be collected before discharge.

- Milk storage (EBM only) and cleaning/ sterilisation of breast pump equipment/bottles, as appropriate (give written information leaflet).

- Administration of medications to include instruction on storage, dosage, timing and administration. Medicines for home will be clearly labelled for the individual with dose and frequency of administration.

- Discuss advice for keeping infant safe from infection in home environment.

- Car seat- parents should be encouraged to bring in their car seat (if they have a car). Check they are happy with placing baby securely and safely into it and that they can fit it securely into the car.

▪ N.B., staff cannot take responsibility for fitting a car seat, or for guaranteeing that a baby is correctly and safely secured within a seat. However, advice can be given on good positioning and that straps are used correctly to help ensure a clear airway, especially in the very small baby.

▪ Complete car seat challenge where necessary.

- Resuscitation training- give BLISS DVD/ practical demonstration as required.

- **Resus training should be offered and scheduled to prevent a last-minute rush and/ or parents having to return after discharge to obtain training.**

- Safe sleep advice (give information leaflet).
    - Staff should model care of a baby that fully complies with the current safe sleep guidelines (unless otherwise indicated for specific medical reasons). These messages should be verbally reinforced with parents that this is how a baby should be nursed at home following discharge.
    - Staff can refer to The Lullaby Trust and Bliss advice for how babies should be nursed and positioned in their cot. Further advice, including co-sleeping, care of twins, room temperature, smoking etc can also be found from these sources and should be shared with parents.
- Information on respiratory syncytial virus, if applicable (BLISS leaflet).
- Parents should also be given and have access to relevant health education leaflets and contact details for support in the community.

2.9. Neonatal Outreach Team

2.9.1. Criteria · =<34 Weeks gestation at birth

- < 2kg at discharge.
- > 7/7 NNU or Transitional Care stay.
- Home oxygen therapy.
- Complex needs.
- Home NGT feeding.
- Cleft lip and/ or palate.

2.9.2. Inclusions

- Infants who are born at Royal Cornwall Hospital (RCHT) or who have been born outside of Cornwall and returned to RCHT.
- Infants who have been resident on the Neonatal Unit (NNU) or Transitional Care Unit (TCU), for a period before discharge.
- Infants who are registered with a Cornwall GP and are under the care of a RCHT Neonatal or Paediatric Consultant.
- Parents and carers who have demonstrated confidence and competence in specified aspects of nursing care.

2.9.3. Exclusions

- Every family has the right to decline the use of Neonatal Outreach, this decision will be respected, and the baby will remain in hospital until medically fit for discharge.

- Babies who remain under the care of UHP (University Hospitals Plymouth) or NDDH (North Devon District Hospital) who live within the boundaries of Cornwall e.g., Bude/ Torpoint.

2.9.4. For babies and families/ carers identified as meeting the above medical needs, the hospital nursing and medical team will need to take an active role in supporting and preparing a baby and their family/carer for discharge. With additional support from our outreach team (who will co-ordinate care in the community), to oversee and guide the major details of discharge. Once identified by the medical team, outreach will help plan the families discharge. Communication is imperative between the two. Outreach Nurses attend the ward round once a week to identify any families that may need their support in the community. This is a good time for families to be present if they have these additional needs.

2.9.5. Discharge planning and complex needs.

For infants with complex needs it is usual to arrange a multi-disciplinary team discharge meeting. These meetings help to ensure optimal communication and a well-coordinated discharge.

Likely attendees including but not limited to:

- Neonatal Outreach Nurse.
- Infants Named Consultant.
- Community Paediatric Nurse.
- Health Visitor.
- Unit Nurse.
- Parents.
- Physiotherapist.
- Speech and Language Therapist.
- Occupational Therapist.
- Specialist Nurse or Doctor relating to the child's condition.

2.10. **24 hours prior to discharge**

2.10.1. Medical/ ANNP team to:

- Perform and record discharge examination and record in notes.
- Badger is kept up to date especially leading up to impending discharge.
- Ensure prescription for take home medications written, sent to pharmacy and drugs available in ward on day of discharge.

- The following infants require follow up appointments with their named consultant:
    - Preterms who have a developmental problem.
    - <32 weeks.
    - Severe IVH (intraventricular hemorrhage) or PVL (periventricular leukomalacia).
    - Grade 2 or 3 HIE (hypoxic ischemic encephalopathy).
    - Bacterial meningitis.
    - HSV encephalitis.

2.10.2. For further guidance making follow up appointments see Preterm Follow-Up Care Pathway.

- Check any additional follow up appointments are made.
- Day of discharge badger letter is complete and forward on electronically to GP and HV (Health Visitor). Paper copy for notes and copy to parents. Full explanation of contents of discharge letter given to parents by nursing staff or medical team if more appropriate.

2.10.3. **Procedures and Investigations**

- Check all new-born blood spot screening tests completed to date and any follow up tests communicated to community team.
- When immunisations are due? Do they need to be given prior to discharge as this may need to be planned around discharge date, ideally given 48 hours prior to discharge. When given ensure documented in red book.
- Arrange audiology screening for all infants on the unit for more than 48hours. They must be off all respiratory support (apart from low flow o2), out of a hot cot and completed their course of antibiotics. Ensure audiology screening results are documented in red book.
- Ophthalmology screening completed and that infant been discharged from Ophthalmology Consultant, this can be found on badger.
- If infant is going home on oxygen, ensure the oxygen pack is completed and oxygen is ready at home for discharge.

2.10.4. **Professional Communication**

- Check home address at discharge.
- Confirm name of GP and that parents have registered their infant at their GP prior to discharge.
- Contact Health visitor by telephone to inform of discharge from NNU.

If no telephone number, email Cornwall County Council generic Health Visiting Team email to update of families discharge to the community.

- Social worker informed of discharge, contact details in front of nurse in charge folder, if applicable.

- Contact Community midwife (if less than 10 days old), phone wheal fortune or contact by team telephone numbers in discharge folder.

- Give parents copy of “Parental experience on the neonatal unit” survey to complete. Copies can be found in nurse in charge handover folder or brown draws behind nursing station.

2.10.5. **Actions to be taken:**

2.10.5.1. Weigh baby and document discharge weight, length and head circumference.

2.10.5.2. Ensure, if needed that a ‘Newborn and Infant Physical Examination’, discharge examination has been completed and documented.

2.10.5.3. Complete Red Health Record Book and give to parents.

2.10.5.4. Sign-in returned breast pump and expressing kit, complete paper work and return to folder in secretary’s office. Send to the cleaned.

2.10.5.5. Give parent’s explanation of and written record of any follow up appointments e.g. Neonatal outpatient appointment; Ophthalmology, Hearing screening follow up, Hip screening or BCG if applicable.

2.10.5.6. Give parents TTO’s (to take out’s). Explain how to give, prescription to be handed into GP.

2.10.5.7. Give parents any breast milk for their baby from the fridge/ freezer.

2.10.5.8. Outreach aware of discharge, if applicable.

2.10.5.9. Complete any outstanding documentation.

2.10.5.10. Badger:

- This should be updated throughout the babies admission to the Neonatal Unit.

- Before discharge, it should be printed and given to the parents to review and a full explanation given by the medical or nursing team to ensure that the parents have a full understanding of the contents.

- At the point of discharge 4 copies should be printed:

- One sent to GP.
- One sent to HV.
- One filed in the notes.
- One copy for parents.

2.11. **Infants Discharged from neonatal unit to the Home Environment Where There Are Safeguarding Concerns**

2.11.1. Discharge planning meeting should take place as soon as reasonably possible in conjunction with all relevant professionals involved in the infants' hospital care and care in the community.

2.11.2. Ensure that no infant about whom there are safeguarding concerns is discharged from hospital back into the community without an identified GP and a full assessment of home circumstances.

2.11.3. Ensure all actions following discharge planning meeting are completed before infant is discharged from neonatal unit. If applicable, facilitation of adoption/ foster carers should be coordinated as advised by hospital social work team.

2.11.4. Professionals to invite to discharge planning meeting.

- GP.
- Health Visitor.
- Community Midwife.
- Children's Community Nurse.
- Hospital Social Worker.
- Community Social Worker.
- Hospital Safeguarding Lead.
- Member of neonatal medical team.
- Member of neonatal nursing team.

2.11.5. From these meetings there will be a plan in place regarding discharge. This should be adhered to all involved in the infants care and discharge planning. Consult the nurse in charge regarding this plan and if ensure parents are aware of the plan that has been drawn up.

2.11.6. Clear documentation must be adhered to when preparing families with additional social needs or concerns. Our assessment of parent's ability meet the needs of the infant are imperative to safeguarding the infant. Our observations will help the team gain an understanding of the family dynamics and could greatly influence plans made regarding the discharge. Hence why clear, concise, factual documentation is upheld at all times.

3. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	Discharge will be continually monitored in accordance to national guidelines and reports.
Lead	Dr. Charlotte Lea; Consultant Neonatologist and neonatal guidelines lead.
Tool	Audit and review tool using Word or Excel template.
Frequency	As directed by audit findings.
Reporting arrangements	Neonatal Guidelines meeting.
Acting on recommendations and Lead(s)	Any incident arising or audit findings will be discussed and presented at the specialty risk management meeting/ specialty governance meeting.
Change in practice and lessons to be shared	Required changes to practice will be identified and actioned within 3 months. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders.

4. Equality and Diversity

4.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the Equality Diversity And Inclusion Policy or the Equality and Diversity website.

4.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Discharge Planning from the Neonatal Unit Clinical Guideline V3.0
This document replaces (exact title of previous version):	Discharge Planning from the Neonatal Unit Clinical Guideline V2.0
Date Issued/Approved:	March 2025
Date Valid From:	March 2025
Date Valid To:	March 2028
Directorate / Department responsible (author/owner):	Rebecca Heaney; Senior Staff Nurse
Contact details:	01872 252667
Brief summary of contents:	Discharge planning from the neonatal unit to the community.
Suggested Keywords:	Discharge from neonatal unit. Discharge of neonate into the community. Neonatal discharge.
Target Audience:	**RCHT:** Yes **CFT:** No **CIOS ICB:** No
Executive Director responsible for Policy:	Chief Medical Officer
Approval route for consultation and ratification:	Neonatal Audit and Guidelines Group
Manager confirming approval processes:	Caroline Chappell
Name of Governance Lead confirming consultation and ratification:	Tamara Thirlby
Links to key external standards:	None required
Related Documents:	None required
Training Need Identified?	No

Information Category	Detailed Information
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet
Document Library Folder/Sub Folder:	Clinical/ Neonatal

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
September 2020	V1.0	Initial issue	Rebecca Heaney; Senior Staff Nurse.
September 2024	V2.0	Full review and update to formatting.	Rebecca Heaney; Senior Staff Nurse.
March 2025	V3.0	CHA 4813 Neonatal Discharge/ Transfer Checklist added as appendix. Section 2.5 discharge leaflets updated. Section 2.9 updated to Neonatal Outreach Team, with criteria, inclusions and exclusions added. Small wording amendment to section 2.9.1 and 2.9.2. Section 2.10.4 updated re. how to contact Health Visitor and contact to be made to Outreach Team. Paperwork section amended.	Rebecca Heaney; Senior Staff Nurse.

All or part of this document can be released under the Freedom of Information Act 2000.

All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus 6 years.

This document is only valid on the day of printing.

Controlled Document.

This document has been created following the Royal Cornwall Hospitals NHS Trust The Policy on Policies (Development and Management of Knowledge Procedural and Web Documents Policy). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity, and Inclusion Team rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy / policy / proposal / service function to be assessed:	Discharge Planning from the Neonatal Unit Clinical Guideline V3.0
Directorate and service area:	Neonatal
Is this a new or existing Policy?	Existing
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Neonatal Audit and Guidelines Group
Contact details:	01872 252667

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	This guideline is aimed at supporting neonatal unit staff in ensuring an effective discharge from the neonatal unit into the community.
2. Policy Objectives	To ensure that all staff at Royal Cornwall Hospitals Trust understand their roles and responsibilities in supporting parents and families to prepare for discharge and taking their babies home.
3. Policy Intended Outcomes	To improve the well-being of patients by offering the appropriate management of patients ready for discharge.
4. How will you measure each outcome?	Audit/ multidisciplinary team weekly discussion/ incidents/ risk management.
5. Who is intended to benefit from the policy?	Patients and their families.

Information Category	Detailed Information
6a. Who did you consult with? (Please select Yes or No for each category)	• Workforce: Yes • Patients/ visitors: No • Local groups/ system partners: No • External organisations: No • Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	**Please record specific names of individuals/ groups:** Neonatal Audit and Guidelines Group.
6c. What was the outcome of the consultation?	Approved.
6d. Have you used any of the following to assist your assessment?	**National or local statistics, audits, activity reports, process maps, complaints, staff, or patient surveys:** No.

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	
Sex (male or female)	No	
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	
Race	No	Any information provided should be in an accessible format for the parent/carers needs- i.e., available in different languages if required/ access to an interpreter if required.

Protected Characteristic	(Yes or No)	Rationale
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	Those parent/carers with any identified additional needs will be referred for additional support as appropriate- i.e., to the Liaison Team or for specialised equipment. Written information will be provided in a format to meet the family's needs e.g., easy read, audio etc.
Religion or belief	No	All staff should be aware of any beliefs that may impact on the decision to treat and respond accordingly.
Marriage and civil partnership	No	
Pregnancy and maternity	No	
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Neonatal Audit and Guidelines Group.

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:
Section 2. Full Equality Analysis

Appendix 3. CHA 4813 Neonatal Discharge/ Transfer Checklist

Place patient sticker **within** this box

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Neonatal Discharge/Transfer Checklist

Gestation at birth:..... Birthweight:..... Discharge weight:.....

Discharge OFC:..... Discharge length:.....

		Sign and Date
Parentcraft completed	☐ Yes	
Is patient registered with correct GP?	☐ Yes	
Parents given feedback questionnaire	☐ Yes	
Outreach team supporting discharge	☐ Yes – referral made and team aware of discharge ☐ Email address given to parents ☐ NA	
Nasogastric pack completed	☐ Yes ☐ NA	
Oxygen pack completed and oxygen installed	☐ Yes ☐ NA	
Palivizumab	☐ NA ☐ Blueteq completed ☐ Information given to parents	
TTO'S (Inc Prescription Milk) received & discussed with parent(s)	☐ Yes ☐ NA	
Milk at discharge	☐ Breast ☐ Term Formula ☐ NP2 ☐ Other.....	
Breast milk fortifier at discharge Prescribe x4 boxes BMF as TTO	☐ Yes ☐ NA	
NIPE sheet printed and filed in parents' red book	☐ Yes	
Hip Scan	☐ Booked ☐ NA	
Retinopathy of Prematurity Screening <31 weeks or <1501g	☐ Completed ☐ Booked ☐ NA	
Cranial Ultrasound Screen	☐ Completed ☐ Booked on maxims ☐ NA	
Neurodevelopmental follow up (< 1kg, < 30 weeks, Grade 3+ IVH, HIE 2+, PVL, HSV, Bacterial meningitis)	☐ NA ☐ Requested on maxims	
Consultant follow-up (normally 3-5 months) Any other follow-up?	☐ NA ☐ Requested on maxims	
Badger Letter given to parent(s) with discussion of follow-up planned	☐ Yes ☐ Updated to the point of transfer	
Verbal handover given to Transitional care doctor and added to handover list	☐ Yes ☐ NA	

CHA4813 V1 09/2023 Review due: 2026