



## Neonatal Nutritional Discharge Plan

This plan was developed to assist in the transition from the hospital to the community for infants in the neonatal intensive care unit with special nutritional needs. It is meant to be completed by the discharge coordinating nurse, dietitian, or other appropriate health care professional.

If using printed copy of form, attach patient label here.

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Mother's Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

### Diagnosis/Nutrition Problem List

#### Growth

Birth Weight \_\_\_\_\_g    Birth Length \_\_\_\_\_cm    Birth OFC \_\_\_\_\_cm    Gestational Age at Birth \_\_\_\_\_  
Discharge Date \_\_\_\_\_    Corrected Age at Discharge \_\_\_\_\_  
Weight at Discharge \_\_\_\_\_g    Length at Discharge \_\_\_\_\_cm  
Occipitofrontal Circumference (OFC) (Head Circumference) at Discharge \_\_\_\_\_cm

Growth Chart(s) Attached

#### Concern Exists Regarding:

Slow weight gain     Ability to catch-up     Rapid weight gain

Weight gain goal: \_\_\_\_\_

#### Current Feeding Plan at Discharge

##### Method of Feeding (select all that apply):

Gavage: oral/nasal (circle one)     Cup fed     Finger fed     G-tube  
 Supplemental nursing system     Bottle     Breast     \_\_\_\_\_

##### Discharge Feeding—select all that apply and choose appropriate unit:

Breastmilk     Donor Milk     Fortified Breastmilk     Formula  
\_\_\_\_\_ mL/oz per day    Formula Type:  
\_\_\_\_\_ calories per day  
\_\_\_\_\_ feedings per day

Recipe: \_\_\_\_\_

Supplements/Vitamins: \_\_\_\_\_

##### Intake Ability Concerns:

Volume     Calories     Skill (nipping)     Gastroesophageal Reflux

Comments: \_\_\_\_\_

## Current Feeding Plan at Discharge (continued)

### Comments/Goals/Recommendations:

- Need for special formula feeding until \_\_\_\_\_ (age)  
due to:  Tolerance       Adequacy/Rate Advancement       \_\_\_\_\_
- Recommended daily volume to support growth: \_\_\_\_\_ (Goal: At least \_\_\_\_ mL/kg/day)
- Recommended progression from current feeding/feeding therapies:

## Breastfeeding Status at Discharge

### Mother:

Production (circle one): low/adequate

Nipple condition (circle one): normal/problem \_\_\_\_\_

Breastpump type available past infant's discharge: \_\_\_\_\_

### Baby:

Infant's latch (circle one): normal/problem \_\_\_\_\_

Suckling behavior (circle one): normal/problem \_\_\_\_\_

Signs of disorganized or dysfunctional suckling or swallowing (circle one)? Yes/No

Interventions planned:

## Comments:

### Contact person:

Name (print): \_\_\_\_\_ Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Send to:

Primary provider     Home care     Public health     WIC     Parent(s)

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