**Checklist for Well Baby Discharge by OB in a Disaster**

All answers should be **YES**

If any answers are **NO** or **DON'T KNOW**, refer to designated pediatrician for disposition.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **YES** | **NO** | **DON’T KNOW** |
| Is Mom going home? |  |  |  |
| Baby ≥ 37 weeks gestation? |  |  |  |
| Has the baby had a normal pediatric MD exam? |  |  |  |
| Is the baby feeding well without any issues? |  |  |  |
| Has infant voided and stooled since birth? |  |  |  |
| Does the baby have normal vital signs?* HR = 100-160 bpm
* RR = 30-60 /min
* Temp = 36.5-37.5°C
 |  |  |  |
| Is the bilirubin level (either serum or transcutaneous):* ≤ 8.0 at 24 hrs
* or ≤ 10.0 at 36 hrs
* or ≤ 14.0 at 72+ hrs
 |  |  |  |
| If indicated, baby has blood glucose ≥ 45 x3? |  |  |  |
| Car seat available? |  |  |  |

All answers should be **NO**

If any answers are **YES** or **DON’T** **KNOW**, refer to designated pediatrician for disposition.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **YES** | **NO** | **DON’T KNOW** |
| Does that baby have any risk factors for infection?* Maternal chorioamnionitis or endometritis, or maternal risk factors for chorio:
	+ ROM ≥ 18 hrs
	+ Premature ROM
	+ GBS positive (+) with < 4hrs of antibiotics
* Maternal history of syphilis/genital herpes/Hep B/HIV during this pregnancy
 |  |  |  |
| Has the baby lost >10% of its birth weight? |  |  |  |
| Is a car seat challenge needed (< 37wga, < 2.3kg)? |  |  |  |
| Is CPS involved or are there any safety concerns? |  |  |  |

If **ALL** above answers are in the appropriate column, baby can be discharged after RN ensures below tests are complete:

|  |  |  |
| --- | --- | --- |
|  | **COMPLETE?** | **NOT DONE** |
| Have the following screening tests been done?* **Cardiac Screening** (O2 sat)
* **Newborn Screen** (should be drawn on ALL patients before discharge, regardless of age)
 |  |  |

**In a disaster:**

* ALGO can be postponed and hearing screen done as outpatient
* Transcutaneous bilirubin can replace serum level and be tested any time > 12 hours
* Newborn screen can be drawn early:
	+ >12 hours, test can be drawn and treated as complete
		- Admission order is for >24h, but this can be re-timed
	+ <12 hours, infant should still have blood spot card completed before D/C
		- Will need to be repeated after 12 hours of life, but before 1 year.
	+ Regardless, pink carbon copy form should stay with infant
* **Please ensure the family arranges follow-up with their outpatient pediatric clinic within the next 48h.**

When in doubt, contact the infant’s designated pediatrician (SPC, PAMF on-call, private pediatrician)

* **Daytime Hours (8a-5p; M-F)**
	+ **SPC (includes Menlo)** – Phone (650) 721-9889 or SPC Newborn team on Voalte
		- Pediatric Resident and SPC attending on service
	+ **PAMF** – PAMF attending on Voalte or call NN (650) 723-8772
	+ **Other Private MD**, contact directly
* **After Hours (5p-8a M-F; Sat/Sun)**
	+ SPC – Contact on-call daytime MD (usually designated as attending in Epic), if unavailable, contact MD on-call the subsequent day
		- If unable to connect with an SPC MD, call NICU hospitalist (650) 721-9687
	+ **PAMF** – Call PAMF operator for on call PAMF PICN MD (650) 321-4121
	+ **Other Private MD**, contact directly

5/10/23