PAHO Pan American Health Organization | World Health Organization Americas Region

Guidelines for the discharge interview with families of preterm neonates

Discharge is a transition from hospitalization to home care. This tool outlines the key topics that should be discussed with the family during the discharge interview. It does not replace clinical assessment or discharge preparation procedures.

Name of neonate: _____

Date of birth: _____ Date of discharge: _____

Gestational age at birth: _____ Birth weight: _____ Weight at discharge: _____

Facility / department: _____

Mother's / Father's name: _____ Phone / Other contact: _____

Topics discussed during the interview	☑
Feeding at home and continuation of breastfeeding	☐
Skin-to-skin contact / kangaroo care	☐
Temperature regulation, bathing, drying, and hygiene	☐
Safe sleeping positions	☐
Newborn immunizations and vaccination recommendations for the family	☐
Safety in the home environment: preventing exposure to tobacco smoke and other pollutants	☐
Prescribed medications, vitamins, and supplements	☐
Interaction with the baby; stimulation guidelines	☐
Special care instructions specific to this newborn	☐
Warning signs and where to go in case of an emergency	☐
Follow-up plan, pending check-ups, and evaluations	☐



Other topics, specific instructions for home care, and needs expressed by the family: allow time for questions and ensure that the family can explain in their own words the main care instructions, what to do in case of an emergency, and where the next check-up will take place.

As part of "What is the optimal follow-up for at-risk infants under 2 years of age?", PAHO recommends the following

Activity	1 s* PD	2s PD	4 s PD	1 m CA	2 m CA	3 m CA	4 m CA	5 m CA	6 m CA	8 m CA	9 m CA	10 m CA	12 m CA	14 m CA	15 m CA	16 m CA	18 m CA	20 m CA	22 m CA	24 m CA
Clinical check-ups: First check-up between 3 and 5 days after discharge. - Bi-weekly check-up if weight gain is normal. - If not, check-up at 3 days or readmission if there is weight loss.	◉	●	●		◉		◉				◉		◉				◉			◉
Detailed neurological evaluation				◉		◉			◉		◉		◉				◉			◉
Cranial ultrasound		●																		
Neurodevelopmental evaluation - Completed at 24 months							●		●				●		●					◉
Hearing assessment																				
- Auditory evoked potentials				●		●			●				●		●					
- Otoacoustic emissions			●						●											●
Eye examination																				
- Retinopathy of prematurity	**	**				●			●				●							
Screening for anemia (before 12 months), if the pediatrician deems it necessary									●											
Immunoprophylaxis	Similar to that for full-term neonates, according to each country's guidelines.																			
- Blood pressure					◉															
- Echocardiography (last check-up after discontinuing oxygen)					●		●					●								

* w: week(s); m: month(s); PD: post-discharge; CA: corrected age; ● activity; ◉ detailed and complete review.

** Clinical Practice Guidelines for the Management of Retinopathy of Prematurity.

Record of recommendations and continuity of care

Screening or evaluation	Date	Result / Status
Metabolic screening of neonate	/ /	
Hearing assessment	/ /	
Eye examination	/ /	
Screening for congenital heart defects using pulse oximetry	/ /	
Pending results, tests, and check-ups	/ /	

Warning signs to keep in mind during the interview:

CRITICAL EMERGENCY

Severe breathing difficulties, bluish discoloration, seizures, or unresponsiveness. Seek immediate care at an emergency department.

URGENT CONSULTATION

Rapid breathing or changes in breathing, fever or lower-than-normal temperature, marked pallor, refusal to eat or difficulty feeding, persistent vomiting, unusual lethargy or drowsiness, or decreased urine output. Seek care at an urgent care clinic. Do not wait for the next scheduled check-up.

Before ending the consultation, ensure that the family	☑
Knows the date of the next appointment and any pending tests or results.	☐
Knows where to go for questions or emergencies.	☐
Was able to ask questions and received the handout to take home.	☐

Professional who conducted the interview: _____



Reference

Evidence-Based Clinical Practice Guidelines for the Follow-Up of At-Risk Neonates. Abridged version. (2021). [Technical reports]. PAHO. https://iris.paho.org/handle/10665.2/53245.

We're going home!!

Baby's name: _____

Date of birth: _____ Date of discharge: _____

Gestational age at birth: _____ Birth weight: _____ Weight at discharge: _____

Tips for caring for your baby at home:

Skin-to-skin contact / kangaroo care:



Helps maintain the baby's body temperature, promotes breastfeeding, and strengthens the family bond. Always keep your baby's face visible and their nose and mouth clear so they can breathe easily.

Food and nutrition:



Breast milk is the best food for your baby. Continue to breastfeed on demand, pay attention to your baby's hunger cues and follow the healthcare team's instructions.

Safe sleep:



When putting your baby to sleep, always place them on their back in their own crib; the mattress should be firm and flat. Do not use pillows, sleep nests, toys, stuffed animals, or loose blankets.

Healthy environment:



Keep your home free of tobacco smoke and other sources of air pollution. Avoid extreme temperatures and ensure a safe environment for your baby.

Hygiene and temperature:



Use lukewarm water for baths, dry the baby thoroughly, and avoid drafts. Maintain a comfortable temperature without overdressing the baby.

Vaccines:



Follow the vaccination schedule and your doctor's instructions.

Medications and Supplements



Name	Dosage and route of administration	Frequency / schedule

Upcoming check-ups and results

Check-up / test	Date and time	Location / healthcare professional
First check-up after discharge		
Next fundus exam		
Next hearing check-up or screening		
Pick-up of pending results		
Next recommended vaccination / immunization		

Warning signs: when to seek medical attention

EMERGENCY – SEEK IMMEDIATE CARE

Go to an emergency room immediately if your baby:

- Has significant difficulty breathing.
- Has a bluish tint to their lips or skin.
- Has seizures.
- Is unresponsive or cannot be woken up.

URGENT APPOINTMENT – DO NOT WAIT UNTIL THE NEXT CHECK-UP

Go to the emergency room if your baby:

- Is breathing faster than usual or if their breathing has changed.
- Has a fever or a lower-than-normal temperature.
- Appears very pale.
- Refuses to eat or has difficulty feeding.
- Has persistent vomiting.
- Is unusually lethargic or more sleepy than usual.
- Is urinating less than usual or has stopped wetting their diapers.

If you have any doubts about the severity of a symptom, go to an emergency room immediately.



Where to seek care

Center / service: _____

Phone / other contact: _____

Emergency room: _____

Phone / other contact: _____

If you notice a significant change or have any concerns, consult your healthcare team.

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