

NICU Discharge Summary – Key Elements

Patient Name:

Primary Diagnosis:

In addition to the primary diagnosis, does the baby have a diagnosis that indicates being at risk for CP, such as:

P91.88 Other specified disturbances of cerebral status of newborn
R29.90 Unspecified symptoms and signs involving nervous system

Birth weight

Gestational age at birth:

Date of admission to NICU

Date of discharge:

Medical Comorbidities:

- IVH/ Hydrocephalus
- ROP
- Home oxygen/ Home ventilator
- HIE/Seizures
- Surgical/GI
- Cardiac
- Renal
- Other:

GMA done in NICU – Normal writhing/ Poor repertoire/ Cramped Synchronized

TIMP done in NICU – Average/ Below average/ Far below average

Cranial Ultrasound/MRI Brain:

Hearing Screen

Vision:

Psychosocial history

Discharge Physical Exam - Highlight abnormal findings

HNNE (under 2mo)/HINE (2-24mo)/Neuro exam

Recommendations from OT/PT



Eligibility for HRIF/Early Intervention (Regional center)/ CCS

Please check all the boxes that apply:

	HRIF/ Regional Center/ CCS
Prematurity < 32 weeks	
Birth weight < 1500 gm	
Birth weight > 1500 grams and the gestational age at birth ≥ 32 weeks, check any of the following criteria which were met during the NICU stay:	
Oxygen > 28 days/ CLD	
Persistent apnea	
Seizures	
HIE	
ECMO	
INO > 4 hours/ meds for PPHN	
CHD requiring surgery/ intervention	
Cardiorespiratory depression	
pH < 7.0 on an umbilical blood sample	
pH < 7.0 on blood gas at <1 hr of life	
Apgar score ≤ 3 at 5 min	
Apgar score < than 5 at 10 min	
Unstable infant manifested by	
hypoxia	
acidemia	
hypoglycemia	
hypotension requiring pressor support	
CNS Pathology:	
IVH grade 2 or worse	
PVL	
Cerebral thrombosis/ infarction/stroke	
Congenital (CNS) abnormality	
Other CNS pathology	
Problems that could cause neurological abnormality	
CNS infection	
Documented sepsis	
High Bilirubin	
CV instability	
Other	
Prenatal exposure to known teratogens/ substances of abuse	
Persistent hypo/hypertonia	
Exaggerated or Persistent primitive reflexes	
Increased deep tendon reflexes (DTRs) that are 3+ or greater	
Abnormal posturing as characterized by the arms, legs, head, or trunk turned	
Hypotonicity, with normal or increased DTRs	
Asymmetry of motor findings of trunk or extremities	
Genetic/ metabolic disorders that impact development	
Name of the disorder	