## PIPER discharge checklist for return transfers



Discharge coordinator/ANUM:	
Ensure family is aware of discharge and obtain verbal consent	
$\square$ Check if parent has requested to travel with their baby (this cannot be guaranteed)	
$\square$ For SCN babies - Notify PIPER via REACH online booking and confirm on the day of transfer.	
$\square$ Provide the nursing handove	er to the receiving hospital ANUM.
$\square$ Contact receiving hospital ar	nd provide Medical handover prior to the baby leaving the unit.
Day of discharge:	
Allocated neonatal unit nurse:	
☐ Ensure parents are aware of booklet - Moving babies clos	discharge on the day. Provide copy of <u>PIPER Neonatal Return Parent information</u> ser to home
$\square$ Ensure medical record is up	to date and nursing discharge summary is complete.
$\square$ Ensure 1-4 hours of oxygen s	saturation monitoring has been done prior to discharge
$\square$ Feed patient prior to PIPER F	Returns team arrival. Ensure next feed is prepared.
	with the PIPER staff against the baby's ID. This includes frozen EBM. All EBM is to be ation. (PIPER can only transport small amounts of frozen EBM, other EBM is the
$\square$ Provide no more than 48 ho	urs' worth of defrosted/fresh EBM or formula volume for transfer
☐ Provide 1x 2ml & 2x 10ml sy	ringes for NGT/OGT feeds
$\square$ All infusions made up if on IV	/ fluids.
☐ Ensure birth details, immuni Child Health Record	sation administration and NST notations (where applicable) are documented in the
$\square$ NST cards – if further testing	is required
$\square$ UR labels for PIPER, 3 for roa	nd and 3 for air transport.
☐ 1 x discharge summary for rewith latest results and copy	eceiving hospital on hospital letterhead (to be placed in the discharge envelope) y of medication chart).
☐ 3 x discharge summaries, on mailed to GP address.	e for MCHN, one for parents (to be placed in Child Health Record) and one for GP
Bedside handover to PIPER:	
$\ \square$ Patients name and surname	– name bands x2
☐ Gestation / age in days / corrected gestation	
$\square$ Date of birth / birth weight /	current weight (and when baby was last weighed)
☐ APGAR score	
$\square$ Twin: $\square$ 1 $\square$ 2 Triplet: $\square$ 1	□2 □3
$\Box$ Thermoregulation: incubato	r / baby
☐ Nutrition: mLs/kg/day	Method: ☐ breast ☐ bottle ☐ gavage ☐ OGT ☐ NGT measure of cms  Type: additives / frequency / volume / last fed / tolerance
☐ NST: ☐Yes ☐No date/s	
$\square$ AABR: $\square$ Yes $\square$ No	Follow-up: Weeks till R/V required:
$\square$ Eye checks: $\square$ Yes $\square$ No	Follow-up: Weeks till R/V required (ask discharge team):
☐ Provide discharge summarie	s (medical and nursing)
☐ Child Health Book	
$\square$ Medications: dose / route / time date given / frequency	
$\square$ Vaccinations: Date given	
$\square$ Intravenous access: Type: site / date of insertion / fluid type / additives / rate per hour	

Prepared: PIPER Reviewed: PIPER Returns Team Authorised: D. Miller Version: 01 Effective: 02 June 2025 Page 1 of 1