

Case Based Learning Module:
Safe discharge of the premature infant

You begin your Team 3 rotation and one of your assigned Level 2 patients is Travis Johnson, an ex 26 week infant now 84 days old (38 weeks corrected gestational age). The nurse notes that he may be ready to room in with his parents and hopefully be discharged before the end of the week. You familiarize yourself with his chart and develop the following problem list:

- Extremely low Birth weight – 776 grams
- Head Grade 1 IVH bilaterally. Last Head US at 30 weeks gestation
- Eyes Zone 2 Stage 2
- CVS - PDA ligation
- RESP – RDS at Birth
 - Intubated for 3 days, Surfactant, CPAP for 14 days, O2 for 6 wks
 - BPD
 - Off caffeine for 8 days no apneas
- Hematology – had PRBC transfusion at 3 weeks of age
- Renal – bilateral nephrocalcinosis
- Feeds – just got on full breast feeding
- Medications - Polyvisol and Iron
- Immunization – received his first at 34 weeks

- 1) What 5 criteria must this baby meet before it can leave the unit and room in with mom and dad?
- 2) Baby Travis rooms in with his parents and gains 25 grams over the first night. What is considered good weight gain for a preterm baby?
- 3) The family live in Stoney Creek. This is their first child. Establish a safe and thorough discharge plan, including follow up appointments with appropriate timing.
- 4) What health issues are Extremely low weight infants at risk for in their first year of life?
- 5) You are a general pediatrician in the community and you see Travis for the first time at 2 weeks post discharge. He is doing well from all respects including wt gain, growth and development. Assuming all continues to go well, at what intervals would you see him throughout the first 2 years?
- 6) How long will you keep Travis on Poly-vi-sol? Iron?