**MNO Discharge Checklist**

This MNO-Neonatal Discharge Checklist needs to be completed for every Opioid-Exposed Newborn (OEN) before infant discharge.

# CLINICAL READINESS

* 4-7 days of inpatient monitoring for infants **who do not require pharmacotherapy**
* 48 hours of inpatient monitoring after pharmacotherapy for infants who **require pharmacotherapy**
* The infant should feed well and gain weight over two consecutive days
* Consultation with social work or hospital equivalent completed
* Medication dispending schedule and demonstration of ability to dose the infant, as applicable
* Scheduled a developmental follow-up appointment and/or physical and occupational therapy appointments as applicable
* Hepatitis B/Hepatitis C/HIV exposed infants – Pediatric infectious disease appointment scheduled or if preference is to follow infant in primary care, please refer to 2018 American Academy of Pediatrics Red Book for current recommendations.

# FAMILY PREPAREDNESS

* Education provided regarding:
  + Understanding components of **MNO Collaborative Discharge Plan**
  + Importance and benefits of breastfeeding, unless contraindicated
  + Increased risk of visual problems including strabismus
  + Developmental follow-up, physical and occupational therapy
  + Safe sleep practice
  + Non-accidental trauma
  + CPR
* Patient received “Neonatal Abstinence Syndrome: What you need to know- A Guide for Families”

# Transfer of Care

* Completion of **MNO Collaborative Discharge Plan** in partnership with care team, family, and community pediatrician.
* Communication and coordination with primary care provider completed:
  + Discussion of medical and social information, including infant custody
  + Description of hospital course
  + Plan for outpatient medication wean, if applicable
  + Heightened need for vision screening for refractive errors/strabismus
* Coordination and clearance with Illinois Department of Children and Family Services (DCFS) completed, as applicable