

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 dispensing 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