

Planning for Discharge: Your Independent Care Session

We are always striving for parents and families to feel as comfortable as they can when getting ready to return home with their infant. The **Independent Care Session** is a useful time to help you prepare. It provides an opportunity for you to independently care for your infant while still having the safety and security of the NICU and its staff. We'd encourage you to ask us any questions or share any concerns you might have as this time approaches.

Details of the Independent Care Session:

1. 12 hour period of time
2. You are the primary caregiver for your baby. Please let staff know if you will be leaving the room and when you return. Discuss with the RN when a good time for a meal or break at the beginning of the shift.
3. If infant is going home with any equipment or oxygen, utilize your home equipment during this time.
4. You only need to take your baby's temperature once during this 12 hours or if concerned.
5. Feedings:
 - a. If your infant's feedings requires mixing, prepare all feedings during this time.
 - b. Use the same feeding techniques and schedule that your infant has been following in the NICU. Document all feedings and diapers on the attached log.
6. If your baby requires medications during this time, administer them using your home supply.
7. Document all activities (meds, feedings, diapers, temperature, etc) on the attached log so that the nurse may enter them into the chart at the end of the 12 hours.
8. There are staff and nurses around. If you have any concerns please don't hesitate to ask.

Congratulations on your upcoming discharge!



UnityPoint Health
Meriter

Your Independent Care Session Log

Date & Time Started _____

I understand my infant may not be on the monitor and I agree to provide all cares/supervision for the next 12 hours.



Parent Signature _____

RN Signature _____

Time	Breastfeed- Minutes or mLs		Bottlefeed mL's	Diapers	
	L Breast	R Breast		Wet	Dirty

Temperature _____

Meds (Name and Time Given) _____

Date & Time Ended _____

Parent Signature _____



RN Signature _____