Nutrition Discharge Planning Instructions

NICU HEALTHCARE PROFESSIONAL: PROVIDE THIS FORM TO PEDIATRICIAN AND ATTACH GROWTH CHART

Patient Name:	**DOB:**	**Discharge Date:**

This patient is at nutrition risk, requiring a specialized nutrition plan due to (select all that apply):

- ☐ Prematurity (early or late preterm) _____ GA
- ☐ Very or extremely low birth weight _____ g
- ☐ Intrauterine growth restriction
- ☐ Extrauterine growth restriction
- ☐ Suboptimal weight gain
- ☐ Low phosphorus and/or high alkaline phosphatase
- ☐ Radiologic evidence of bone demineralization
- ☐ Low BUN (indicator of protein status)
- ☐ Prolonged parenteral nutrition
- ☐ Volume restriction
- ☐ History of feedings with term formula or unfortified human milk (HM)
- ☐ Chronic use of mineral wasting medications
- ☐ Other: _____

Discharge Feeding Plan and Recommendations

Method of Feeding (select all that apply):

☐ Breast ☐ Bottle ☐ Both Breast and Bottle ☐ Other: _____

Human Milk-Fed

☐ **Human Milk + Similac Human Milk Fortifier (SHMF)**
Recipe: _____ mL HM + _____ packets of SHMF
- ◯ All feedings
  OR
- ◯ Alternate human milk & HM+SHMF

☐ **Human Milk + Similac Special Care 30 (SSC 30)**
- ◯ _____ (volume) SSC 30 per day

☐ **Human milk + formula feedings _____times per day of:**
- ◯ Similac Special Care 20
- ◯ Similac Special Care 24
- ◯ Similac Special Care 24 High Protein
- ◯ Similac NeoSure ___ Cal/fl oz

☐ **Other**
- ◯ _____

Formula-Fed

☐ **Similac Special Care 20**

☐ **Similac Special Care 24**

☐ **Similac Special Care 24 High Protein**

☐ **Similac NeoSure, Ready-to-feed or per mixing instructions, below:**
- ◯ 20 Cal/fl oz (4-1/2 fl oz water + 2 scoops)
- ◯ 22 Cal/fl oz (2 fl oz water + 1 scoop)
- ◯ 24 Cal/fl oz (5-1/2 fl oz water + 3 scoops)
- ◯ 26 Cal/fl oz (5 fl oz water + 3 scoops)
- ◯ 27 Cal/fl oz (8 fl oz water + 5 scoops)
- ◯ 28 Cal/fl oz (3 fl oz water + 2 scoops)
- ◯ 30 Cal/fl oz (7 fl oz water + 5 scoops)

Abbott Nutrition data on calorically dense feedings is limited. Hypocaloric and hypercaloric formulas should be used under the direction of a health care professional.

27 Cal/fl oz or more calorically dense formula may not supply enough water for some infants. Hydration status should be monitored and water supplied from other sources if necessary.

For improved tolerance, it is best to increase caloric density slowly, by 2 to 4 Cal/fl oz increments.

Recommendations:

Infant should continue above feeding recommendation until:

☐ Date: _____, or Length of time:_____ (weeks/months)

OR

☐ Achieved weight:_____kg / _____ percentile

Then, transition to: _____

Infants requiring human milk fortification or Similac Special Care at discharge, are at high nutrition risk and would likely benefit from transition to preterm discharge formula (i.e. Similac NeoSure).[1,2] SSC and HMF products are not intended for feeding low-birth-weight infants after they reach a weight of 3600 g (approximately 8 lb) or as directed by a physician. **Preterm infants may benefit from use of or supplementation with Similac NeoSure up to 1 year corrected gestational age.[3]**

_____ _____

Signature of NICU Healthcare Professional (Physician, NNP, RD, or RN) **Date/Time**

Telephone: ( )	Email:
Fax: ( )	Pager:

Abbott