

Similac® NeoSure® Discharge Instructions for Patient's Pediatrician

NICU HEALTHCARE PROFESSIONAL: Provide this form to pediatrician with the discharge summary



Similac NeoSure Is Specially Designed to **Support Development and Excellent Growth for Preterm Babies** Through the First Full Year of Life

WHEN FED SIMILAC NEOSURE TO **12 MONTHS**, PREMATURE INFANTS SHOWED IMPROVED:



OVERALL GROWTH¹



LEAN BODY MASS^{2,†}



VISUAL DEVELOPMENT^{3,†,‡}



EARLY LANGUAGE DEVELOPMENT^{3,†,§}

PATIENT NAME:	DOB:	DISCHARGE DATE:
This patient will be discharged on Similac NeoSure due to: (Select all that apply) <input type="checkbox"/> Prematurity (early or late preterm) _____ GA <input type="checkbox"/> Very or extremely low birth weight _____ g <input type="checkbox"/> Suboptimal weight gain <input type="checkbox"/> Low phosphorus and/or high alkaline phosphatase <input type="checkbox"/> Other: _____		Patient nutrition plan at time of discharge: Baby is fed Similac NeoSure _____ Cal/fl oz. (Mixing instructions can be found on the back of this page.) <input type="checkbox"/> Breast milk fed and requires _____ (#) of supplemental feedings of Similac NeoSure per day OR <input type="checkbox"/> Exclusively fed Similac NeoSure
We recommend that this patient continue on Similac NeoSure until: _____		

* Total US premature infant formula, all outlets as of 12/31/22, Nielsen data.

† Compared to infants fed a formula without DHA and ARA in a clinical trial with Similac® Special Care® and Similac® NeoSure® infant formulas with iron; prior to the addition of lutein.

‡ Visual acuity measured at 4 and 6 months corrected age and assessed by VEP (visual evoked potential).

§ Based on a subset of infants in a post hoc analysis.

This tool should not replace clinical discretion.

References: 1. Carver JD, et al. *Pediatrics*. 2001;107(4):683-689. 2. Groh-Wargo S, et al. *Pediatr Res*. 2005;57(5, pt 1):712-718.

3. O'Connor DL, et al. *Pediatrics*. 2001;108(2):359-371.



Similac® NeoSure® Mixing Instructions

Please use these mixing instructions when providing patient the desired caloric density:

Caloric Concentration	Water (fl oz)	Scoops* of Similac NeoSure Powder (unpacked, level scoops)	Approximate Yield (fl oz)
<input type="checkbox"/> 22 Cal/fl oz (standard)	2	1	2
<input type="checkbox"/> 24 Cal/fl oz	5.5	3	6
<input type="checkbox"/> 26 Cal/fl oz	5	3	6
<input type="checkbox"/> 27 Cal/fl oz	8	5	9
<input type="checkbox"/> 28 Cal/fl oz	3	2	3.5
<input type="checkbox"/> 30 Cal/fl oz	7	5	8

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

Additional Notes on Patient Feeding Recommendations:



* Use scoop provided in Similac NeoSure can.

† WIC is a service mark of the US Department of Agriculture, and an abbreviation for the Special Supplemental Nutrition Program for Women, Infants, and Children. No endorsement of any brand or product by the USDA is implied or intended.

‡ Requires state medical documentation form. State approval is subject to change.

§ Total US premature infant formula, all outlets as of 12/31/22, Nielsen data.

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