Yukon-Kuskokwim HEALTH CORPORATION

Clinical Guideline

Primary Care for Ex-Premies - Checklist

Initial Visit

☐ Review NICU/Nursery course and summarize highlights in note. Update Problem List. Make patient CPP.

☐ Enter birth weight and gestational age so that RAVEN Growth Chart will correct for gestational age. (Go to Growth Chart → Enter New → Measurement → Preterm Growth Chart: Change date to DOB, enter gestational age at birth, and enter birth weight.)

☐ Check height and weight. Do not discharge to village if insufficient weight gain (at least 25 grams per day for 4-5 consecutive days), temperature <97.7, or rising bilirubin level.

☐ Check bilirubin level if appearing jaundiced. Follow **Jaundice in a Baby <4 weeks** guideline and **peditools.org**.

☐ Ensure infant is receiving fortified formula (ie Neosure) if discharged from the NICU on it. Infant should remain on this formula until 6 months corrected gestational age. Ensure that family has formula delivery set up from home health company. Contact Pediatric Case Managers if not.

☐ Place order: "Refer to Family, Infant, Toddler Program."

☐ If born <34 weeks, place order: "Refer to Child Family Developmental Services External", CFDS Sub-Specialty drop down "NICU Graduate Clinic."

☐ Place referrals for any subspecialists per NICU/nursery discharge summary and prescriptions for all medications.

☐ Check POC hemoglobin. If less than NICU discharge hemoglobin, consult a pediatrician.

☐ Write Vitamin D prescription with 11 refills and ensure receiving 800 IU Vitamin D supplementation. (Poly-vi-sol with iron has 400 IU of Vitamin D per mL.)

☐ Write iron prescription with 11 refills and ensure receiving iron supplementation (Poly-vi-sol or iron polysaccharide). Needs 2 mg/kg iron supplementation for first year of life. (Note: Poly-vi-sol with iron contains 11 mg of iron per mL.)

All Subsequent Visits until Child is 24 Months Old

☐ Review and update Problem List.

☐ Assess growth based on corrected gestational age. Consult pediatrics if: there is a need to increase/decrease feeding calories, head circumference growth >1.25 cm/week, or infant is crossing major percentile lines.

☐ Check POC hemoglobin at all well visits to monitor for anemia of prematurity. Needs at least 2 mg/kg iron supplementation for first year of life. (Note: Poly-vi-sol with iron contains 11 mg/mL of iron.)

☐ Review feeding, sleep, and development in detail. Ensure meeting developmental milestones for corrected age.

☐ Check on FIT involvement. If family has not been contacted by FIT, reach out to Peds Wards on Duty, who will contact the FIT liaison.

☐ Give all vaccines per routine schedule based on chronologic age.

☐ Administer ASQ at **9 months**, **18 months**, and **24 months** chronologic age.

☐ At 9 months chronological age, ensure infant is scheduled with Audiology. (All former premature infants should have their hearing screened at 9-12 months.)

☐ Administer **MCHAT-R** at 18 months and 24 months chronologic age. If score of ≥3 (fail), schedule with pediatrics.

☐ Ensure specialty appointments/referrals have been made.

☐ If on caffeine, alter dose based on **Caffeine Protocol, Post-NICU Discharge Resource**.

☐ Ensure infant has received nirsevimab (Beyfortus). If unavailable, send email to YKHCSynagis@ykhc.org so infant may be screened for palivizumab (Synagis).

☐ Ensure receiving Vitamin D 800 IU supplementation for first year of life (Poly-vi-sol with iron has 400 IU of Vitamin D per mL).

To consult the pediatrician on call, send a message through Tiger Connect to Peds Wards on Duty.

General Information

- Soy milk formulas should not be given to preterm infants.
- Physiologic reflux is more common in preterm infants. There is no evidence to support the use of gastric acidity inhibitors. H_2 blockers and PPIs are associated with gastroenteritis, pneumonia, and bone fractures.
- Catch up growth of premature infants occurs for head first (3-8 months), then weight, then length.
- Recommend every member of the household is up to date on pertussis vaccine, COVID, and seasonal influenza vaccines to protect these high-risk infants.

Criteria for Referral to Child Family Developmental Services (CFDS) Birth to Three High Risk Clinic

This is a specialty clinic in Anchorage that follows high-risk infants.

- Birth weight (BW) <1500 grams.
- Gestational age <34 weeks.
- Cardiorespiratory depression at birth
- Apgar score <5 at 5 minutes
- Prolonged hypoxia, acidemia, hypoglycemia, or hypotension requiring pressors.
- Persistent apnea requiring medication.
- Oxygen support for >28 days and X-ray findings consistent with chronic lung disease.
- Extracorporeal membrane oxygenation (ECMO)
- Persistent pulmonary hypertension of the newborn (PPHN)
- Seizure activity
- Intracranial pathology, including intracranial hemorrhage, periventricular leukomalacia, cerebral thrombosis, cerebral infarction, or any developmental/central nervous system (CNS) abnormality
- Other neurological insult, including hypoxic ischemic encephalopathy (HIE), kernicterus, sepsis, CNS infection
- Confirmed prenatal exposures to alcohol, methamphetamines, opiates, or Suboxone.

Please see the **Care of Late Preterm Newborns** guideline for information about late preterm babies who were cared for at YKDRH and were not admitted to a NICU.

Documentation: Use the autotext "..pednicugrad" for a summary of this checklist for charting purposes.

This guideline is designed for the general use of most patients but may need to be adapted to meet the special needs of a specific patient as determined by the medical practitioner.
Approved by Clinical Guideline Committee 3/11/24..
If comments about this guideline, please contact Justin_Willis@ykhc.org.