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 not having appropriate 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.

☐ 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.

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

☐ Place order: "Refer to Audiology Internal." In comments, type, "Premature infant: needs evaluation by 9 months corrected gestational age."

☐ 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.

☐ If Hgb level <9.5 g/dL at discharge, repeat hemoglobin level 2 weeks after discharge. If still <9.5 g/dL, repeat 2 months post-discharge.

☐ 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 drop.)

☐ 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/mL of iron.)

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.

☐ Review feeding, sleep, and development in detail.

☐ 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.

☐ Administer **MCHAT-R** at 18 months and 24 months chronologic age.

☐ Ensure specialty appointments/referrals have been made.

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

☐ If diagnosis of Bronchopulmonary Dysplasia or Chronic Lung Disease of Prematurity, check blood pressure at each visit. For normal neonatal and infant BPs, see **this page**, table 1 and figures 1A and 1B.

☐ If infant qualified for Synagis, ensure monthly doses are given during RSV season until course is complete. Ensure patient is scheduled for these visits. Check Problem List for when next dose is due and how many doses will complete infant's course. If concerns or questions, email YKHCSynagis@ykhc.org.

☐ Ensure receiving Vitamin D 800 IU supplementation (Poly-vi-sol with iron has 400 IU of Vitamin D per drop).

☐ 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/mL of iron.)

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

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 Tdap, 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.

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 MSEC 11/2/21.
If comments about this guideline, please contact Justin_Willis@ykhc.org.