

Date: [Insert Date]

To: [Pediatrician Name]

Address: [Clinic/Practice Name]

Phone: [Phone Number]

RE: Neonatal Intensive Care Unit (NICU) Discharge/Transfer Summary

Patient Name: [Infant Full Name]

Date of Birth: [DOB]

Birth Weight: [Weight]

Gestational Age at Birth: [Weeks/Days]

Discharge Date: [Date]

Primary Diagnosis: Respiratory Distress Syndrome / Bronchopulmonary Dysplasia recovery.

Hospital Course Summary:

The patient was admitted to the NICU for respiratory support. Course included:

- Total days on Mechanical Ventilation: [Number]
- Total days on CPAP/High Flow: [Number]
- Surfactant Administration: [Yes/No]
- Current Respiratory Status: [e.g., Room air / 0.25L Nasal Cannula]

Current Medications:

[List medication, dosage, and frequency - e.g., Vitamin D, Iron, or Diuretics]

Feeding Plan:

[e.g., Breast milk/Formulation, fortification details, and volume per feed]

Follow-up Requirements:

1. **Pulmonology:** [Date/Time or TBD]
2. **Ophthalmology (ROP):** [Date/Time or TBD]
3. **Cardiology (if applicable):** [Date/Time or TBD]
4. **Synagis/Immunizations:** [Status/Schedule]

Provider Recommendations:

[Insert specific instructions for the pediatrician regarding weight gain monitoring or respiratory distress red flags.]

Sincerely,

[Attending Physician Name]
[Hospital Name] NICU
[Contact Phone Number]