

To: [Pediatrician Name]

From: [NICU Name / Neonatologist Name]

Date: [Date]

Subject: Nutritional Discharge Summary and Transfer of Care

Patient Name: [Infant Name]

Date of Birth: [DOB]

Gestational Age at Birth: [GA]

Discharge Weight: [Weight] ([Percentile])

1. Feeding History

Method of Delivery: [Breastfeeding / Bottle / Tube Feeding]

Current Diet: [Breast milk / Formula Name / Fortification Level]

Feeding Schedule: [Ad libitum / Every X hours]

Total Volume per Day: [Total mL]

2. Nutritional Supplements

- **Multivitamin:** [Dose/Frequency]
- **Iron:** [Dose/Frequency]
- **Vitamin D:** [Dose/Frequency]
- **Other:** [Dose/Frequency]

3. Growth Progress

Birth Weight: [Weight]

Nadir Weight: [Weight] on Day [X]

Growth Velocity: [g/kg/day]

4. Clinical Concerns & Lab Results

Nutritional Complications: [e.g., TPN cholestasis, NEC history, Metabolic Bone Disease]

Last Lab Values: [Calcium, Phosphorus, Alkaline Phosphatase, Pre-albumin if applicable]

5. Recommendations for Pediatrician

Fortification Plan: [Continue / Transition to standard calorie by X date]

Growth Monitoring: [Frequency of weight and length checks]

Next Follow-up: [Nutrition Clinic / Specialist Name and Date]

Sincerely,

[Doctor Name]

[Contact Information]