

Date: [Date]

To: [Pediatrician Name]

Address: [Pediatrician Clinic Address]

RE: [Patient Name]

Date of Birth: [Patient DOB]

Date of Admission: [Admission Date]

Date of Discharge: [Discharge Date]

Dear Dr. [Pediatrician Last Name],

This letter serves to summarize the NICU course and transfer of care for [Patient Name], who was admitted for neurological observation and management.

Diagnosis:

[e.g., Neonatal Encephalopathy / Seizure Activity / Intraventricular Hemorrhage]

Clinical Course:

[Patient Name] was admitted to the NICU due to [Reason for admission]. During the stay, the patient underwent [mention tests, e.g., EEG, Head Ultrasound, MRI]. Findings included [Brief summary of results]. The patient remained clinically stable for [Number] days prior to discharge.

Neurological Status at Discharge:

- Muscle Tone: [Normal/Hypotonic/Hypertonic]
- Reflexes: [Normal/Absent]
- Seizure Activity: [None/Controlled with medication]
- Feeding: [Oral/NG Tube/G-Tube]

Medications:

1. [Medication Name] - [Dosage] - [Frequency]
2. [Medication Name] - [Dosage] - [Frequency]

Follow-up Requirements:

- **Neurology:** Appointment scheduled for [Date] with Dr. [Name].
- **Early Intervention:** [Referral made/Pending]
- **Imaging:** [Follow-up MRI/Ultrasound needed on Date]

Action Items for Pediatrician:

- Monitor head circumference growth.
- Assess developmental milestones closely.
- Monitor side effects of anti-epileptic drugs (if applicable).

Full discharge summaries and test reports are attached. Please contact the NICU at [Phone Number] if you have any questions.

Sincerely,

[Your Name/Attending Physician]

[Unit Name/Hospital Name]