

Enhancing Completeness in Discharge Preparation Services for Premature Infants in the Neonatal Intensive Care Unit

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INTRODUCTION

Premature infants, characterized by immature physiological functions, confront potential complications such as brain hemorrhage, chronic lung diseases, oxygen dependency, feeding difficulties, and developmental delays, necessitating prolonged medical intervention and monitoring. The transition to home care introduces a myriad of challenges for parents, who may struggle due to unfamiliarity with caregiving techniques. This lack of expertise can lead to a decline in the quality of care, posing the risk of rehospitalization. Beyond the immediate health implications for the child, such circumstances impose substantial psychological stress on primary caregivers. The recurrence of such incidents not only strains medical resources, escalating societal costs, but also results in enduring adverse effects on the long-term development of premature infants.

AIM

The purpose of this initiative is to optimize discharge and outpatient care services for premature infants, ensuring comprehensive medical support and reducing the burden on families by enhancing home care guidance and streamlining interdisciplinary follow-up through efficient scheduling.

METHOD

1. Plan a training course for premature infant discharge: Create an educational program with instructors having over two years of experience. Cover common issues in premature infants, home care upon discharge, and include one-hour sessions on medication and emergency response drills.
2. Develop the workflow for premature infant discharge preparation: Caregivers are guided on post-discharge care for infants above 1800 grams. Discharge criteria include a stable weight of 2300 grams, consistent feeding and weight gain, and physician evaluation. Infants under 1500 grams at birth receive follow-up care until they are 2 years old.
3. Enhancing Premature Infant Outpatient Care: Interdisciplinary team meetings with various departments streamlined the outpatient clinic, extending follow-up until age 2. Reserved appointments consolidated specialty consultations, reducing family burden and minimizing hospital visits and waiting times.

RESULTS

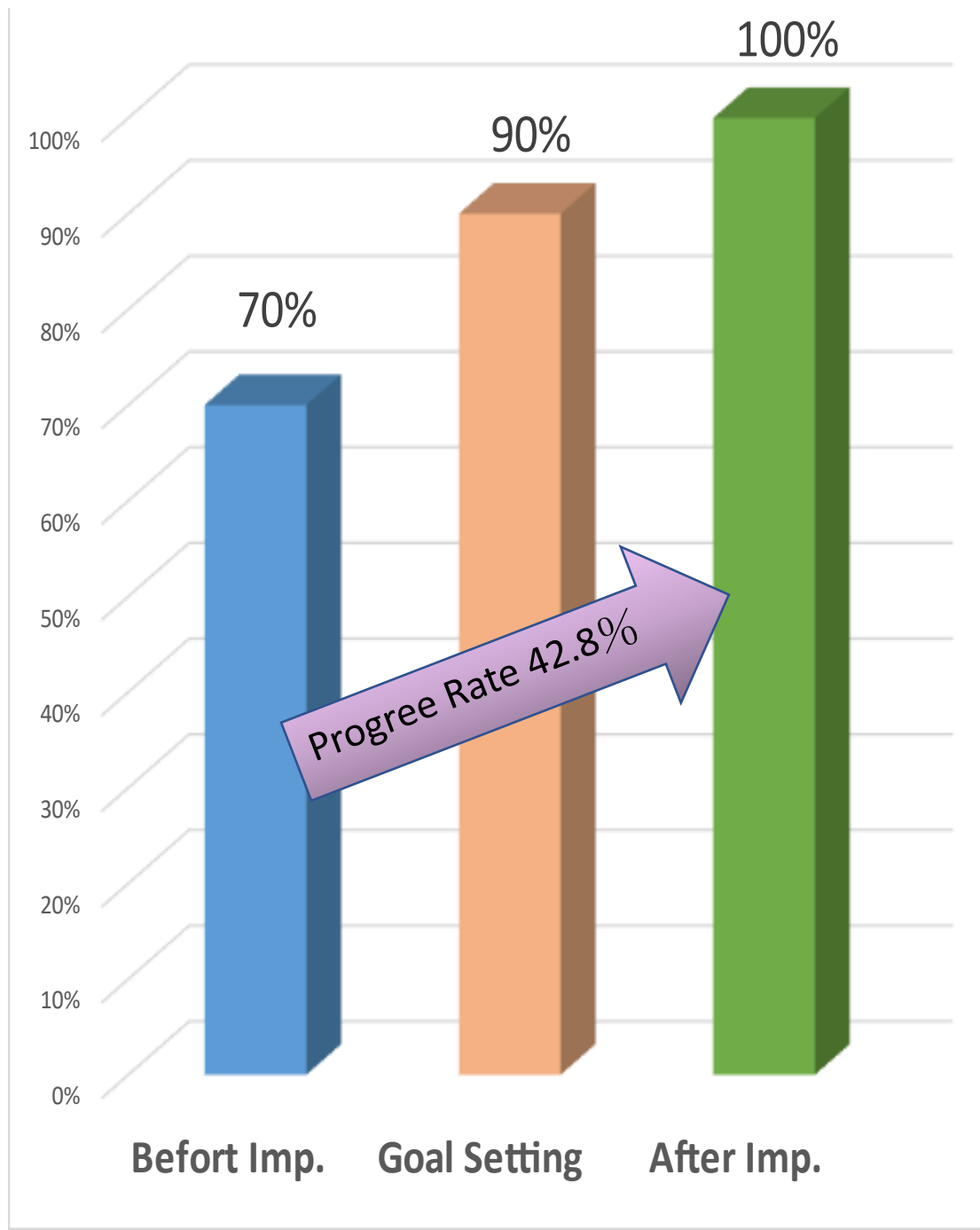
1. From June to December 2022 · The completion rate of NICU nurses in performing discharge preparation services for premature infants increased from 70% to 100%. °
2. From September to December 2022, a total of 20 premature infants attended the combined outpatient clinic for a one-day follow-up visit. Families expressed extremely high satisfaction, describing the follow-up as very thoughtful and reassuring.
3. The completeness rate of premature infant discharge preparation services performed by nurses has been improved from 70% to 100%.



training course for premature infant discharge



Premature Infant Outpatient Care



CONCLUSIONS

1. This project aims to enhance discharge preparation for premature infants. Initially, low preparation rates were identified. Through educational training and standardized procedures, nurses' awareness and completeness rates improved to 100%.
2. Adopting a patient-centered approach, interdisciplinary teamwork, and proactive communication, a combined outpatient clinic for premature infants was established. This initiative increased caregivers' willingness to attend follow-up visits. Additionally, efforts to strengthen home care conditions and address caregiver anxiety improved learning effectiveness and maternal confidence, as indicated by a survey score of 77.2 on the "Premature Infant Maternal Confidence Scale."
3. Ultimately, these interventions aim to support the normal growth of premature infants and enhance the well-being of their families by ensuring comprehensive, high-quality medical care.

ACKNOWLEDGEMENT

This project aims to enhance discharge preparation for premature infants. Initially, rates were improved through educational training and standardized procedures for nurses. By adopting a patient-centered approach and fostering interdisciplinary teamwork, a combined outpatient clinic for premature infants was established. This initiative aimed to increase caregivers' attendance at follow-up visits. Efforts to strengthen home care and address caregiver anxiety resulted in improved learning effectiveness and maternal confidence. This was reflected in significant gains on the "Premature Infant Maternal Confidence Scale" survey. Ultimately, these interventions aim to support the growth of premature infants and enhance family well-being through comprehensive medical care.

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