

# Are You Ready For This? Assessing Parent Readiness Prior to Discharge from the Neonatal Intensive Care Unit

KIRTLEY CEBALLOS, MSN, RNC-NIC, PCNS-BC; KERRI STATON, BSN, RN; KATHY CONNER, BSN, RN



## Background

- Taking a baby home from the Neonatal Intensive Care Unit (NICU) is a milestone that creates angst for the caregiver.
- Studies demonstrate that parents struggle to recall discharge instructions and do not feel prepared to care for their infant without the support of NICU staff.
- Ensuring parents are adequately prepared is critically important for achieving positive health outcomes.
- The purpose of this project was to implement an assessment tool to evaluate and enhance parents' readiness for discharge from the NICU.

## Methods

- An assessment tool that elicits demonstration and explanation of central elements of newborn care from caregivers was developed and implemented.
- Quantitative scoring allows discharge RNs to objectively evaluate parent readiness to care for their high risk infant at home.
- A standardized scoring key promotes reliable assessment with best practices for customized education and anticipatory guidance for what to expect after going home.

## Assessment Tool

### NICU Parent Readiness Assessment

1. Show me how to prepare your baby's breast milk/formula.			6. What are the reasons you would call your baby's doctor?		
0	1	2	0	1	2
2. How often do you expect your baby to eat and how do you recognize your baby is hungry?			7. What are the reasons you would call 911 or go to the emergency room?		
0	1	2	0	1	2
3. Demonstrate how to give your baby's medication(s).			8. Show me how to put your baby in the car seat.		
0	1	2	0	1	2
4. What is your plan for when your baby is crying a lot and you feel frustrated?			9. Show me how to attach the oxygen tubing to your oxygen tank and turn it on to the right amount. (If applicable).		
0	1	2	0	1	2
5. What is the safest position and area for your baby to sleep?			10. When is your baby's appointment?		
0	1	2	0	1	2
					TOTAL _____

Score <12: Delay discharge. Encourage parents to stay in rooming in room. Provide reinforcement education. Reassess.  
Score 12-15: Reinforce teaching for scores <2.  
Score >15: Ready for discharge!

## Scoring Key Sample

3. What is your plan for when your baby is crying a lot and you feel frustrated?		
Scoring	Best Practices	Anticipatory Guidance
0 – Does not have a plan 1 – States ≤2 of the requirements below 2 – Able to state 3 or more of the following: • Considers potential reasons for infant crying (hungry, diaper, illness, etc.) • acknowledges that long periods of crying are normal • put baby down in a safe place and walk away until calm • can identify at least one support person to call • Commits to sharing this information with all potential caregivers.	Remind parents that it is normal to feel upset and frustrated with a crying baby, a baby that does not sleep easily, and babies with feeding difficulties. Preterm babies are at the highest risk for shaken baby syndrome.	Review all listed steps to managing crying. Help parents create a plan if they do not already have one. Head injury from shaken baby syndrome is the leading cause of death and long-term disability in infants who are physically abused. Never yell at, hit, or shake a baby.

## Outcomes

- Median score of assessed parents was 90%, indicating most parents are prepared for discharge by time of assessment.
- Barriers to assessment include time to perform the assessment, heavy patient assignments, availability of discharge navigator RNs, and inability to predict date of discharge.
- Assessment was most successful when done by designated discharge RNs, rather than bedside RN.

## Implications For Practice

- Evaluating parent readiness to care for a high risk infant at home is an essential part of comprehensive discharge preparation in the NICU.
- Quantitative evaluation of parent readiness prior to infant discharge from the NICU enhances comprehensive discharge preparation and promotes positive health outcomes.
- Research is continuing to evaluate the impact of this preparedness assessment on discharge related safety events and unscheduled health care use.