

Neonatal Discharge Care Plan

Date: **[Insert Date]**

To: **[Family's Name]**

From: **[Healthcare Provider's Name]**

Subject: Neonatal Discharge and Follow-Up Care Plan

Dear [Family's Name],

Congratulations on the discharge of your newborn, [Baby's Name]. We are pleased to provide you with the following care plan to ensure a smooth transition home and to support your baby's health and development.

1. Discharge Summary

Baby's Weight: **[Insert Weight]**

Condition at Discharge: **[Insert Condition]**

Other Relevant Information: **[Insert Information]**

2. Follow-Up Appointments

Please schedule a follow-up appointment with your pediatrician within **[Insert Timeframe]** days of discharge. Contact information:

- Provider's Name: **[Insert Provider's Name]**
- Phone Number: **[Insert Phone Number]**
- Date of Appointment: **[Insert Date]**

3. Home Care Instructions

Monitor your baby for the following:

- Feeding: **[Insert Instructions]**
- Temperature: **[Insert Instructions]**
- Diaper Changes: **[Insert Instructions]**

4. When to Contact a Healthcare Provider

Seek medical attention if your baby experiences:

- Fever over 100.4degF
- Difficulty breathing
- Unusual lethargy

5. Additional Resources

For more information, please visit:

- [\[Resource Name\]](#)
- [\[Resource Name\]](#)

We are excited for you and wish you all the best as you care for your new baby. If you have any questions or concerns, please do not hesitate to reach out.

Sincerely,

[Healthcare Provider's Name]
[Insert Title]
[Healthcare Facility Name]
[Contact Information]