Plan for home care

Return to clinic as advised to monitor the baby's growth and have your baby immunized

Mother's name: ____

Baby's name: ____

Date of birth: ___/___/____ Date of discharge: ___/___/_____
dd mm yyyy dd mm yyyy

Birth weight: ____________ Weight at discharge: ______________

Follow up appointment location: ______________________________

Follow up appointment date: _________________________________

Summary of care provided:

____

____

Notes on home care

Feeding plan: ____

____

____

Medications: ____

____

Other: ____

____

____

____

____

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20-09446 Rev A
ISBN 978-1-61002-002-2

Help your small baby survive

Parent's guide

EDUCATION CHECKLIST

Family members of ____________________ (baby's name) have received education and demonstrated knowledge and skills regarding:

	Initials of educator/Date
☐ Preventing infection	____________________
☐ Keeping baby warm	____________________
☐ Breast feeding	____________________
☐ Assessing baby	____________________
☐ Reporting Danger Signs	____________________
☐ Plans for home care	____________________

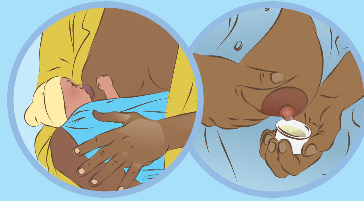
JULY 2015

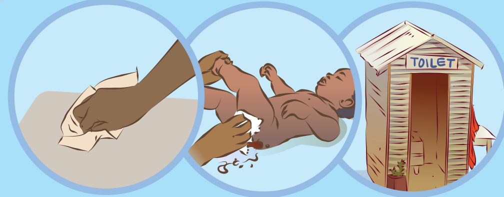
Helping Babies Survive

Prevent infection

FAMILY - VISITORS - HEALTH WORKERS

CLEAN HANDS



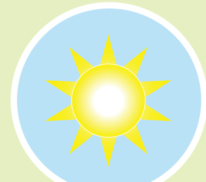


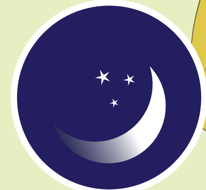
CLEAN SURROUNDINGS

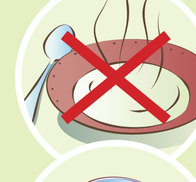
Keep baby warm

Breastfeed

EVERY 2-4 HOURS







Assess your baby

Danger Signs

SEEK HEALTH CARE IMMEDIATELY