

NICU DISCHARGE NUTRITION PLANNING

INSTRUCTIONS: FORM IS TO BE COMPLETED BY HEALTHCARE TEAM AT DISCHARGE. THIS RESOURCE IS INTENDED TO PROVIDE PARENTS AND COMMUNITY HEALTH CARE PROFESSIONALS WITH CLEAR DIRECTION ON THE NUTRITION PRESCRIPTION.

Please enclose growth charts and biochemical results.

Patient Name / Baby of	DOB	Date of Discharge
GA at Birth	GA at Discharge	

The patient being discharged has the following issues related to nutrition, which require a specialized feeding plan. (Please tick the categories that correspond to the patient's condition)

- | | |
|-----------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Prematurity (early or late preterm) _____ GA | <input type="checkbox"/> Evidence of bone disease |
| <input type="checkbox"/> Very or extremely low birth weight _____ g | <input type="checkbox"/> Low BUN (indicator of protein status) |
| <input type="checkbox"/> Intrauterine growth restriction | <input type="checkbox"/> Prolonged parenteral nutrition |
| <input type="checkbox"/> Extrauterine growth restriction | <input type="checkbox"/> Volume restriction |
| <input type="checkbox"/> Suboptimal weight gain | <input type="checkbox"/> Chronic use of mineral wasting medications |
| <input type="checkbox"/> Bloody stool | <input type="checkbox"/> Other _____ |

DISCHARGE FEEDING PLAN

ANTHROPOMETRICS

Birth weight: _____ kg Length at birth: _____ cm HC at birth: _____ cm

Growth parameters at time of discharge:

Corrected age: _____ Weight: _____ kg Length: _____ cm HC: _____ cm

Average weight gain since birth: _____ g/day Target growth trajectory post-discharge: _____ g/day

Feeding method:

- Exclusively breastfed
- Bottle fed: _____ (relevant bottle/nipple specifications)
- Combination breastfed and bottle-fed _____ (ratio, schedule)
- Other: _____ (e.g. tube fed)

Nutritional Requirements (OPTIONAL)

Fluid requirements: _____ mL/day

Energy requirements: _____ kcal/day

Protein requirements: _____ g/day

Other [_____]: _____

- On demand (based on infant's feeding cues)
- Schedule parameters if applicable: (e.g. volume, duration, frequency, # feeds/24 hrs)
- Additional supplementary feeds of fortified expressed breast milk (EBM) or premature formula (specify):
- _____
- _____
- _____
- _____

INFANT FORMULA NUTRITION

- Expressed breast milk + Enfamil A+® EnfaCare® powder
- _____
- Exclusively formula-fed using Enfamil A+ EnfaCare Ready to Feed Nursettes®
- _____
- Expressed breast milk + other additive
- _____
- Combination of fortified EBM + Enfamil A+ EnfaCare Ready to Feed Nursettes®
- _____
- *For Premature Infants, please use Enfamil A+ EnfaCare Ready to Feed Nursette® Bottle 59 mL (48 pack)

NOTE This product is available exclusively at <https://shop.enfamil.ca>

Name of NICU HCP:

Signature:

Date:

Time:

Tel./ Fax:

Email:

Other details:

INDICATIONS AND BENEFITS OF POST-DISCHARGE PRETERM FORMULA (PDPF)

The use of PDPF alone or when added to human milk may provide the following benefits:

- Promote optimal growth and accretion of lean body mass.^{1,2,3}
- Optimize weight, length, and head circumference (which may contribute to improved neurodevelopmental outcome of at-risk preterm infants).^{4,5}
- Optimize intake of nutrients that preterm infants need in higher amounts than term infants (protein, calcium, phosphorus, zinc, iron, vitamin A and vitamin D).⁶
- Enhance bone mineralization.⁷

Preterm infants are born before the rapid bone growth that occurs in the last trimester of pregnancy. As a result, they need more calcium, phosphorus, and other nutrients (zinc, iron, vitamin A, and vitamin D) than term infants in order to normalize body stores and continue to grow normally.⁸

HOW SHOULD A POST-DISCHARGE PRETERM FORMULA (PDPF) BE USED?

- The healthcare provider will provide instructions for use of a PDPF, including when it should be discontinued.
- Fortification of breast milk may be discontinued when infants demonstrate a normal growth trajectory.

Excessive weight gain should be prevented. A healthcare provider should monitor an infant's growth parameters closely while receiving PDPF. Preterm infants who gain weight too quickly may be at risk for adverse long-term health outcomes including cardiovascular disease, type 2 diabetes, hypertension, obesity and osteoporosis.^{9,10}

1. American Academy of Pediatrics Committee on Fetus and Newborn. Hospital discharge of the high-risk neonate. *Pediatrics* 2008;122(5):1119-26
2. Adamkin DH. Nutrition management of the very low birth weight infant: II. optimizing enteral nutrition and post discharge nutrition. *NeoReviews* 2006;7:e608-14
3. O'Connor DL, Merko S, Brennan J. Human milk feeding of very low birth weight infants during initial hospitalization and after discharge. *Nutr Today* 2004;39(3):102-11
4. Lapillonne A, O'Connor DL, Wang D, Rigo J. Nutritional recommendations for the late-preterm infant and the preterm infant after hospital discharge. *J Pediatr* 2013;162(3)(Suppl 1):S90-100
5. Cooke RJ, Embleton ND, Griffin IJ, Wells JC, McCormick KP. Feeding preterm infants after hospital discharge: growth and development at 18 months of age. *Pediatr Res* 2001;49(5):719-22
6. Agostoni C, Buonocore G, Carnielli VP, De Curtis M, Darmaun D, Decsi T, et al. Enteral nutrient supply for preterm infants: commentary from the European society for paediatric gastroenterology, hepatology, and nutrition committee on nutrition. *J Pediatr Gastr Nutr* 2010; 50(1):85-91
7. Lucas A, Fewtrell MS, Morley R, Singhal A, Abbott RA, Isaacs E, et al. Randomised trial of nutrient enriched formula versus standard formula for post-discharge preterm infants. *Pediatrics* 2001;108(3):703-11
8. Miller ME. The bone disease of preterm birth: a biomechanical perspective. *Pediatr Res* 2002;53:10-
9. Barker DJP, Eriksson JG, Forsen T, Osmond C. Fetal origins of adult disease: strength of effects and biological basis. *Int J Epidemiol* 2002;31:1235-9
10. Singhal A, Cole TJ, Fewtrell M, Deanfield J, Lucas A. Is slower early growth beneficial for long-term cardiovascular health? *Circulation* 2004;109:1108-13

RECIPES FOR BREAST MILK FORTIFICATION WITH ENFAMIL A+® ENFACARE® POWDER

To make

22 CALORIES
per fl oz
0.74 CALORIES per mL

✓	Initial Breast Milk Volume - mL (fl oz)	+	Enfamil A+ EnfaCare Powder to Add
<input type="checkbox"/>	60 mL (2 fl oz)	+	½ tsp
<input type="checkbox"/>	120 mL (4 fl oz)	+	¾ tsp
<input type="checkbox"/>	180 mL (6 fl oz)	+	1 tsp

To make

24 CALORIES
per fl oz
0.81 CALORIES per mL

✓	Initial Breast Milk Volume - mL (fl oz)	+	Enfamil A+ EnfaCare Powder to Add
<input type="checkbox"/>	60 mL (2 fl oz)	+	¾ tsp
<input type="checkbox"/>	120 mL (4 fl oz)	+	1½ tsp
<input type="checkbox"/>	180 mL (6 fl oz)	+	2½ tsp

To make

26 CALORIES
per fl oz
0.88 CALORIES per mL

✓	Initial Breast Milk Volume - mL (fl oz)	+	Enfamil A+ EnfaCare Powder to Add
<input type="checkbox"/>	60 mL (2 fl oz)	+	1 tsp
<input type="checkbox"/>	120 mL (4 fl oz)	+	2½ tsp
<input type="checkbox"/>	180 mL (6 fl oz)	+	1 Tbsp + 1 tsp

To make

28 CALORIES
per fl oz
0.95 CALORIES per mL

✓	Initial Breast Milk Volume - mL (fl oz)	+	Enfamil A+ EnfaCare Powder to Add
<input type="checkbox"/>	60 mL (2 fl oz)	+	1½ tsp
<input type="checkbox"/>	120 mL (4 fl oz)	+	1 Tbsp
<input type="checkbox"/>	180 mL (6 fl oz)	+	1 Tbsp + 2 tsp

To make

30 CALORIES
per fl oz
1.01 CALORIES per mL

✓	Initial Breast Milk Volume - mL (fl oz)	+	Enfamil A+ EnfaCare Powder to Add
<input type="checkbox"/>	60 mL (2 fl oz)	+	2 tsp
<input type="checkbox"/>	120 mL (4 fl oz)	+	1 Tbsp + 1 tsp
<input type="checkbox"/>	180 mL (6 fl oz)	+	2 Tbsp

RECIPES FOR HYPERCALORIC FEEDS USING ENFAMIL A+® ENFACARE® POWDER

To make

22 CALORIES
per fl oz
0.74 CALORIES per mL

✓	Initial Water Volume - mL (fl oz)	+	Enfamil A+ EnfaCare Powder to Add
<input type="checkbox"/>	120 mL (4 fl oz)	+	2 Tbsp + 2 tsp
<input type="checkbox"/>	950 mL (32 fl oz)	+	1 c + ⅓ c + 1 Tbsp + 1 tsp

To make

24 CALORIES
per fl oz
0.81 CALORIES per mL

✓	Initial Water Volume - mL (fl oz)	+	Enfamil A+ EnfaCare Powder to Add
<input type="checkbox"/>	120 mL (4 fl oz)	+	3 Tbsp
<input type="checkbox"/>	950 mL (32 fl oz)	+	1 c + ½ c + 1 Tbsp + 1 tsp

To make

26 CALORIES
per fl oz
0.88 CALORIES per mL

✓	Initial Water Volume - mL (fl oz)	+	Enfamil A+ EnfaCare Powder to Add
<input type="checkbox"/>	120 mL (4 fl oz)	+	3 Tbsp + 1 tsp
<input type="checkbox"/>	950 mL (32 fl oz)	+	1 c + ⅔ c + 1 Tbsp

To make

28 CALORIES
per fl oz
0.95 CALORIES per mL

✓	Initial Water Volume - mL (fl oz)	+	Enfamil A+ EnfaCare Powder to Add
<input type="checkbox"/>	120 mL (4 fl oz)	+	3 Tbsp + 2 tsp
<input type="checkbox"/>	950 mL (32 fl oz)	+	1 c + ¾ c + 2 Tbsp

To make

30 CALORIES
per fl oz
1.01 CALORIES per mL

✓	Initial Water Volume - mL (fl oz)	+	Enfamil A+ EnfaCare Powder to Add
<input type="checkbox"/>	120 mL (4 fl oz)	+	¼ c
<input type="checkbox"/>	950 mL (32 fl oz)	+	2 c + 2 tsp

HOW TO PREPARE ENFAMIL A+® ENFACARE® READY TO FEED NURSETTE® BOTTLE 59 mL

Your baby's health depends on carefully following the instructions below.

Proper hygiene, preparation, use and storage are important when preparing infant formula. Use as directed by your baby's doctor. **Inspect** each bottle for signs of damage.



1. Wash hands thoroughly with soap and water before preparing bottle for feeding.



2. **SHAKE BOTTLE WELL** and remove cap.



3. Attach **DISPOSABLE NIPPLE UNIT** (not included) or ask your baby's doctor about the need to boil a clean nipple in water before use.

Failure to follow these instructions could result in severe harm. Opened bottles can spoil quickly. Either feed immediately or replace cap and store in refrigerator at 2-4°C (35-40°F) for no longer than 24 hours. Do not use opened bottle if it is unrefrigerated for more than a total of 2 hours. Do not freeze. After feeding begins, use within one hour or discard.

WARNING: Do not use a microwave oven to warm formula. Serious burns may result.

Storage: Store unopened bottles at room temperature. Avoid excessive heat and prolonged exposure to light. Do not freeze.

DO NOT USE IF CAP RING IS BROKEN OR MISSING.