



NCCU CLINICAL GUIDELINES
SECTION: 19

TRANSFER AND DISCHARGE

Section: 19 Transfer and discharge
DCP - Infants taken into care
Date created Aug 2006
Date revised: May 2009
Review date:

Neonatology Clinical Guidelines
King Edward Memorial/Princess Margaret Hospitals
Perth, Western Australia
Authorisation and review by
Neonatal Coordinating Group

**DEPARTMENT OF CHILD PROTECTION (DCP) OFFICE - INFANTS
TAKEN INTO CARE**

Privacy laws do not allow disclosure of the mother's medical conditions (e.g. hepatitis C status or drug use) without her permission. Consent from the mother must be obtained and documented in the infant's notes before any information is given to the foster carers. The foster families can be told, in the case of blood borne viruses, that universal precautions should be used until the status of the infant is known which is likely by 18 months of age.

- If there is a history of maternal drug use then the infant must stay in hospital for observation for drug withdrawal at least 5 days. This information can not be disclosed to the foster family.
- Decision to discharge the infant must be discussed with a Consultant or Senior Registrar and Social Work department. Follow up is by the GP at 6 weeks unless KEMH/PMH follow-up is specified by Consultant.
- Prior to discharge, any necessary follow up appointments/education of foster parents are to be organised by CNC/Co-ordinator/Social worker.
- If the mother is Hepatitis C positive then medical staff to complete a referral to Infectious disease clinic for Hepatitis C testing at 18 months of age, include on the referral a note that the infant is a under the care of DCP.
- Discharge summaries to go to GP and the relevant Department of Child Protection Office
- Purple book can be given to foster family (ensure mother's details deleted)
- Child Health Nurse referral faxed (maintain mother's confidentiality).
- Ward clerk to change TOPAS address to the relevant Department of Child Protection office.