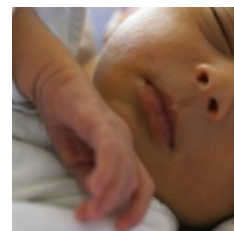




## Common NICU Discharge Tests

While you're learning all you can about your baby's care, the discharge coordinator or case manager is planning your baby's final tests and making preparations for discharge. Common discharge tests are explained here, but not all NICU babies require all of the tests discussed. Ask your baby's nurse what to expect as discharge draws near.



### Eye exam

If your baby was 30 weeks' gestation or less or weighed less than 1,500 grams (3 pounds, 5 ounces) at birth, they will have an eye examination (</English/health-issues/conditions/eyes/Pages/Vision-Screenings.aspx>) at between 4 and 7 weeks of age. Babies born after 30 weeks' gestation and weighing between 1,500 and 2,000 grams may also have this type of eye examination if they had an especially difficult NICU course. Follow-up exams will be scheduled if the findings of the first exam warrant them. The exam is to identify any changes in the eye tissue caused by retinopathy of prematurity.

### Hearing test

Hearing tests (</English/ages-stages/baby/Pages/Purpose-of-Newborn-Hearing-Screening.aspx>)—also called *audiology screenings*—are done in most nurseries before discharge. Electronic sound and response monitoring determine if your baby can hear. Environmental conditions, such as surrounding noise or a crying baby, can cause inconclusive results, however. If this happens, a retest should be scheduled in a more controlled environment. If your baby responds to your voice or to noise-making toys held where they can't see them, there is usually no reason for concern.

After discharge, your child's hearing should be monitored by your health care provider at periodic health exams. If you are concerned about your baby's hearing, never hesitate to insist on a more extensive hearing exam. These are available at a pediatric audiologist's office or in pediatric outpatient rehabilitation centers.

### Newborn metabolic screening

Every baby is tested soon after birth to identify some rare but potentially serious or life-threatening conditions. The number of tests varies by state. Newborn metabolic testing can yield inconclusive results if the baby is very premature, is critically ill or needed a blood transfusion prior to metabolic testing. If the screening test suggests a problem, your baby's doctor will speak directly with you and will order follow-up testing. Become aware of the screening test results prior to discharge from the NICU and communicate the findings with your community pediatrician.

### Blood count

A final hematocrit or hemoglobin and reticulocyte level are usually done the week of discharge. Although it's unlikely, your baby might be anemic and either need a blood transfusion or iron medication to help their bones make new red blood cells. If so, follow-up lab tests will usually be done in the pediatrician's office or an outpatient clinic.

### Sleep study (pneumogram)

Infants with continuing apnea and bradycardia may have a special test to help determine the cause of these episodes. Depending on your region of the country, the test is called a *sleep study*, a *pneumocardiogram*, or a *pneumogram*. Philosophies vary regarding the use of pneumograms, and not all NICUs use them. A pneumogram does not answer every question about the baby's apnea and bradycardia, and interpretations of the test vary regionally. The American Academy of Pediatrics (AAP) states that "pneumograms are of no value in predicting sudden infant death syndrome (SIDS) and are not helpful in identifying patients who should be discharged with home monitors."

# Cranial ultrasound

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If your baby was born younger than 30 weeks' gestation, she has probably had several ultrasounds of her head to detect intraventricular hemorrhage. Some NICUs will perform a cranial ultrasound or other brain imaging study near the time of hospital discharge for babies weighing less than 1,000 grams at birth. Your neonatologist may also suggest magnetic resonance imaging near your baby's original due date to help predict the need for early intervention services and ensure the best possible developmental outcome. Sometimes a different brain imaging technique may show abnormalities that a screening ultrasound will not. This does not mean that the initial ultrasounds were misinterpreted, but merely that each test has limitations.

**Last Updated** 1/24/2023

**Source** Newborn Intensive Care, 3rd Edition (Copyright © 2010 American Academy of Pediatrics)

The information contained on this Web site should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.