

HELPING NICU GRADUATES THRIVE AT HOME



Transitional Care Calls are conducted virtually by a certified Nurse Practitioner (NP) with NICU experience within 14 days of discharge to check on patient progress and address concerns.

The NP reviews the discharge summary with caregivers, ensuring they understand the infant's care plan, medications, and follow-ups. We screen for postpartum depression and barriers to care, offering referrals and support as needed. Multilingual interpretation is available.

- Families are empowered by education provided and feel more confident about caring for their infant at home.
- Patients have access to a healthcare professional that can answer any questions or solve any challenges they may have encountered during the transition period.
- The NP ensures caregivers are administering medications and feeds correctly.





Our nurse practitioner helps connect patients to the right specialists and support, making sure they stay on track with follow-up care. By catching issues early, we help prevent re-admissions— just like a similar NICU program in South Florida that saw a 57% drop over two years.*

*Sarik, D.A., Matsuda, Y. (2023). Baby Steps: Improving the Transition from Hospital to Home for Neonatal Patients and Caregivers Through a Nurse-Led Telehealth Program. In: Betz, C.L. (eds) Worldwide Successful Pediatric Nurse-Led Models of Care. Springer, Cham.

To schedule an appointment, please contact Lixerna Leonardo

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