



NICU Follow Up Clinic Referral Criteria

v.1-2-25

Less than or equal to 29 6/7 weeks gestation

Less than or equal to 1000 g

Regardless of birth weight/gestational age if:

 Twin or triplet of a sibling qualifies by weight

 Grade III-IV IVH, hydrocephalus (unless they will go to spina bifida clinic)

 PVL on MRI or head ultrasound

Hypoxic ischemic encephalopathy (HIE) moderate & severe (Sarnat 2 or 3)

Therapeutic Hypothermia (cooling)

Seizures

Congenital diaphragmatic hernia

Sensory impairment: Grade 3-4 ROP

ECMO

Hearing impaired requiring intervention

CNS or congenital infections (meningitis, CMV, herpes, toxoplasmosis not available, rubella)

Referred by Neonatology (abnormal tone, feeding problems, prolonged NG/NJ/GT support)

Suspected syndrome without identified diagnosis

****For genetic/syndrome (T21, T18, T13, etc) – DO NOT refer if even they meet any of the above criteria. They cannot be appropriately tested and will be followed by PCP/therapy/specialists.**