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**AdvertQuote**

**KWAZULU-NATAL PROVINCE**  
HEALTH  
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**Quotation Advert**

Opening Date: 2021-08-05

Closing Date: 2021-08-16

Closing Time: 11:00

**INSTITUTION DETAILS**

Institution Name: Edendale hospital

Province: KwaZulu-Natal

Department or Entity: Department of Health

Division or section: Central Supply Chain Management

Place where goods / services is required: Edendale Hospital

Date Submitted: 2021-08-05

**ITEM CATEGORY AND DETAILS**

Quotation Number: ZNQ:  
664/21-22

Item Category: Goods

Item Description: Neonatal Admission Record- GC/HC (2')

Quantity (if supplies) 10000 Booklet

**COMPULSORY BRIEFING SESSION / SITE VISIT**

Select Type: Not Applicable

Date:

Time:

Venue:

QUOTES CAN BE COLLECTED FROM: Download from Intranet

QUOTES SHOULD BE DELIVERED TO: Edendale Hospital main gate on the blue tender box behind security house

**ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:**

Name: Thando Mazeka

Email: Thabile.Sikhosana@kznhealth.gov.za

Contact Number: 033-3954565

Finance Manager Name: Mr A Sookdavu (Acting finance manager)

Finance Manager Signature:

No late quotes will be considered

Print this page

Site Updated:05 August, 2021, 08:37 am

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Contact the Web Administrator





DECLARATION OF INTEREST

1. Any legal person, including persons employed by the state<sup>1</sup>, or persons having a kinship with persons employed by the state, including a blood relationship, may make an offer or offers in terms of this invitation to quote (includes a price quotation, advertised competitive quote, limited quote or proposal). In view of possible allegations of favouritism, should the resulting quote, or part thereof, be awarded to persons employed by the state, or to persons connected with or related to them, it is required that the bidder or his/her authorised representative declare his/her position in relation to the evaluating/adjudicating authority where-
  - the bidder is employed by the state; and/or
  - the legal person on whose behalf the bidding document is signed, has a relationship with persons/a person who are/is involved in the evaluation and or adjudication of the quote(s), or where it is known that such a relationship exists between the person or persons for or on whose behalf the declarant acts and persons who are involved with the evaluation and or adjudication of the quote.
2. In order to give effect to the above, the following questionnaire must be completed and submitted with the quote.

- |   |   |
|---|---|
| 2.1. Full Name of bidder/representative.....                                  | 2.4. Company Registration Number: ..... |
| 2.2. Identity Number: .....   | 2.5. Tax Reference Number: .....        |
| 2.3. Position occupied in the Company (director, trustee, shareholder?):..... | 2.6. VAT Registration Number: .....     |

2.7. The names of all directors / trustees / shareholders / members, their individual identity numbers, tax reference numbers and, if applicable, employee / persal numbers must be indicated in paragraph 3 below. [TICK APPLICABLE]

2.8. Are you or any person connected with the bidder presently employed by the state? YES  NO

2.8.1. If so, furnish the following particulars:  
 Name of person / director / trustee / shareholder/ member: .....  
 Name of state institution at which you or the person connected to the bidder is employed:.....  
 Position occupied in the state institution: .....Any other particulars:.....

2.8.2. If you are presently employed by the state, did you obtain the appropriate authority to undertake remunerative work outside employment in the public sector? YES  NO

2.8.2.1. If yes, did you attach proof of such authority to the quote document?

*(Note: Failure to submit proof of such authority, where applicable, may result in the disqualification of the quote.)*

2.8.2.2. If no, furnish reasons for non-submission of such proof: .....

2.9. Did you or your spouse, or any of the company's directors / trustees / shareholders / members or their spouses conduct business with the state in the previous twelve months? YES  NO

2.9.1. If so, furnish particulars:.....

2.10. Do you, or any person connected with the bidder, have any relationship (family, friend, other) with a person employed by the state and who may be involved with the evaluation and or adjudication of this quote? YES  NO

2.10.1. If so, furnish particulars:.....

2.11. Are you, or any person connected with the bidder, aware of any relationship (family, friend, other) between any other bidder and any person employed by the state who may be involved with the evaluation and or adjudication of this quote? YES  NO

2.11.1. If so, furnish particulars:.....

2.12. Do you or any of the directors / trustees / shareholders / members of the company have any interest in any other related companies whether or not they are bidding for this contract? YES  NO

2.12.1. If so, furnish particulars:.....

**3. Full details of directors / trustees / members / shareholders.**

NB: The Department Of Health will validate details of directors / trustees / members / shareholders on CSD. It is the suppliers' responsibility to ensure that their details are up-to-date and verified on CSD. If the Department cannot validate the information on CSD, the quote will not be considered and passed over as non-compliant according to National Treasury Instruction Note 4 (a) 2016/17.

**4 DECLARATION**

I, THE UNDERSIGNED (NAME).....CERTIFY THAT THE INFORMATION FURNISHED IN PARAGRAPHS 2.

I ACCEPT THAT THE STATE MAY REJECT THE QUOTE OR ACT AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE.

.....	.....	.....	.....
Name of bidder	Signature	Position	Date

<sup>1</sup>"State" means –

- |   |   |
|---|---|
| a) any national or provincial department, national or provincial public entity or constitutional institution within the meaning of the Public Finance Management Act, 1999 (Act No. 1 of 1999); | c) provincial legislature;                                    |
| b) any municipality or municipal entity;  | d) national Assembly or the national Council of provinces; or |
|   | e) Parliament.  |

<sup>2</sup>"Shareholder" means a person who owns shares in the company and is actively involved in the management of the enterprise or business and exercises control over the enterprise.

## SPECIAL CONTRACT CONDITIONS OF QUOTATIONS

### 1. AMENDMENT OF CONTRACT

- 1.1. Any amendment to or renunciation of the provisions of the contract shall at all times be done in writing and shall be signed by both parties.

### 2. CHANGE OF ADDRESS

- 2.1. Bidders must advise the Department of Health (institution where the offer was submitted) should their address (*domicilium citandi et executandi*) details change from the time of bidding to the expiry of the contract.

### 3. GENERAL CONDITIONS ATTACHED TO THIS QUOTATION

- 3.1. The institution is under no obligation to accept the lowest or any quote.
- 3.2. The price quoted must include VAT (if VAT vendor). However, it must be noted that the department reserves the right to evaluate all quotations excluding VAT as some bidders may not be VAT vendors.
- 3.3. The bidder must ensure the correctness & validity of quote:
- (i) *that the price(s), rate(s) & preference quoted cover all for the work/item (s) & accept that any mistakes regarding the price (s) & calculations will be at the bidder's risk*
- 3.4. The bidder must accept full responsibility for the proper execution & fulfilment of all obligations conditions devolving on under this agreement, as the Principal (s) liable for the due fulfilment of this contract.
- 3.5. This quotation will be evaluated based on the 80/20 points system, specification & correctness of information. All required documentation must be completed in full and submitted.
- 3.6. Offers must comply strictly with the specification.
- 3.7. Only offers that meet or are greater than the specification will be considered.
- 3.8. Late quotes will not be considered.
- 3.9. Expired product/s will not be accepted. All products supplied must be valid for a minimum period of six months.
- 3.10. A bidder not registered on the Central Suppliers Database or verification has failed will not be considered.
- 3.11. All delivery costs must be included in the quote price, for delivery at the prescribed destination.
- 3.12. Only firm prices will be accepted. Such prices must remain firm for the contract period. Non-firm prices (including rates of exchange variations) will not be considered.
- 3.13. In cases where different delivery points influence the pricing, a separate pricing schedule must be submitted for each delivery point.
- 3.14. In the event of a bidder having multiple quotes, only the cheapest according to specification will be considered. Furthermore a verification will be done to identify if bidders have multiple companies and are quoting (cover-quoting) for this bid. In such instances only the cheapest bid according to specification will be considered.

### 4. SPECIAL INSTRUCTIONS AND NOTICES TO BIDDERS REGARDING THE COMPLETION OF THIS QUOTATION.

- 4.1. Unless inconsistent with or expressly indicated otherwise by the context, the singular shall include the plural and vice versa and with words importing the masculine gender shall include the feminine and the neuter.
- 4.2. Under no circumstances whatsoever may the quotation/bid forms be retyped or redrafted. Photocopies of the original bid documentation may be used, but an original signature must appear on such photocopies.
- 4.3. The bidder is advised to check the number of pages and to satisfy himself that none are missing or duplicated.
- 4.4. Quotation submitted must be complete in all respects.
- 4.5. Any alteration made by the bidder must be initialled.
- 4.6. Use of correcting fluid is prohibited
- 4.7. Quotation will be opened in public as soon as practicable after the closing time of quotation.
- 4.8. Where practical, prices are made public at the time of opening quotations.
- 4.9. If it is desired to make more than one offer against any individual item, such offers should be given on a photocopy of the page in question. Clear indication thereof must be stated on the schedules attached.

### 5. SPECIAL INSTRUCTIONS REGARDING HAND DELIVERED QUOTATIONS

- 5.1. Quotation shall be lodged at the address indicated not later than the closing time specified for their receipt, and in accordance with the directives in the quotation documents.
- 5.2. Each quotation shall be addressed in accordance with the directives in the quotation documents and shall be lodged in a separate sealed envelope, with the name and address of the bidder, the quotation number and closing date indicated on the envelope. The envelope shall not contain documents relating to any quotation other than that shown on the envelope. If this provision is not complied with, such quotations/bids may be rejected as being invalid.
- 5.3. All quotations received in sealed envelopes with the relevant quotation numbers on the envelopes are kept unopened in safe custody until the closing time of the quotation/bids. Where, however, a quotation is received open, it shall be sealed. If it is received without a quotation/bid number on the envelope, it shall be opened, the quotation number ascertained, the envelope sealed and the quotation number written on the envelope.
- 5.4. A specific box is provided for the receipt of quotations, and no quotation found in any other box or elsewhere subsequent to the closing date and time of quotation will be considered.

- 5.5. No quotation/bid sent through the post will be considered if it is received after the closing date and time stipulated in the quotation documentation, and proof of posting will not be accepted as proof of delivery.
- 5.6. Quotation documents must not be included in packages containing samples. Such quotations may be rejected as being invalid.

**6. SAMPLES**

- 6.1. In the case of the quote document stipulating that samples are required, the supplier will be informed in due course when samples should be provided to the institution. (This decreases the time of safety and storage risk that may be incurred by the respective institution). The bidders sample will be retained if such bidder wins the contract.
  - (i) If a company/s who has not won the quote requires their samples, they must advise the institution in writing of such.
  - (ii) If samples are not collected within three months of close of quote the institution reserves the right to dispose of them at their discretion.
- 6.2. **Samples must be made available when requested in writing or if stipulated on the document.**
  - (i) If a Bidder fails to provide a sample of their product on offer for scrutiny against the set specification when requested, their offer will be rejected. All testing will be for the account of the bidder.

**7. COMPULSORY SITE INSPECTION / BRIEFING SESSION**

7.1. Bidders who fail to attend the compulsory meeting will be disqualified from the evaluation process.

- (i) The institution has determined that a compulsory site meeting  take place
- (ii) Date  /  /  Time  :  Place

Institution Stamp:	Institution Site Inspection / briefing session Official  Full Name: ..... Signature: ..... Date: .....
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**8. STATEMENT OF SUPPLIES AND SERVICES**

8.1. The contractor shall, when requested to do so, furnish particulars of supplies delivered or services executed. If he/she fails to do so, the Department may, without prejudice to any other rights which it may have, institute inquiries at the expense of the contractor to obtain the required particulars.

**9. SUBMISSION AND COMPLETION OF SBD 6.1**

9.1. Should a bidder wish to qualify for preference points they must complete a SBD 6.1 document. Failure by a bidder to provide all relevant information required, will result in such a bidder not being considered for preference point's allocation. The preferences applicable on the closing date will be utilized. Any changes after the closing date will not be considered for that particular quote.

**10. TAX COMPLIANCE REQUIREMENTS**

- 10.1. In the event that the tax compliance status has failed on CSD, **it is the suppliers' responsibility to provide a SARS pin in order for the institution to validate the tax compliance status of the supplier.**
- 10.2. In the event that the institution cannot validate the suppliers' tax clearance on SARS as well as the Central Suppliers Database, **the quote will not be considered and passed over as non-compliant according to National Treasury Instruction Note 4 (a) 2016/17.**

**11. TAX INVOICE**

11.1. A tax invoice shall be in the currency of the Republic of South Africa and shall contain the following particulars:

- (i) the name, address and registration number of the supplier;
- (ii) the name and address of the recipient;
- (iii) an individual serialized number and the date upon which the tax invoice is issued;
- (iv) a description and quantity or volume of the goods or services supplied;
- (v) the official department order number issued to the supplier;
- (vi) the value of the supply, the amount of tax charged;
- (vii) the words tax invoice in a prominent place.

**12. PATENT RIGHTS**

The supplier shall indemnify the **KZN Department of Health** (here after known as the purchaser) against all third-party claims of infringement of patent, trademark, or industrial design rights arising from use of the goods or any part thereof by the purchaser.

### **13. PENALTIES**

- 13.1. If at any time during the contract period, the service provider is unable to perform in a timely manner, the service provider must notify the institution in writing/email of the cause of and the duration of the delay. Upon receipt of the notification, the institution should evaluate the circumstances and, if deemed necessary, the institution may extend the service provider's time for performance.
- 13.2. In the event of delayed performance that extends beyond the delivery period, the institution is entitled to purchase commodities of a similar quantity and quality as a substitution for the outstanding commodities, without terminating the contract, as well as return commodities delivered at a later stage at the service provider's expense.
- 13.3. Alternatively, the institution may elect to terminate the contract and procure the necessary commodities in order to complete the contract. In the event that the contract is terminated the institution may claim damages from the service provider in the form of a penalty. The service provider's performance should be captured on the service provider database in order to determine whether or not the service provider should be awarded any contracts in the future.
- 13.4. If the supplier fails to deliver any or all of the goods or to perform the services within the period(s) specified in the contract, the purchaser shall, without prejudice to its other remedies under the contract, deduct from the contract price, as a penalty, a sum calculated on the delivered price of the delayed goods or unperformed services using the current prime interest rate calculated for each day of the delay until actual delivery or performance.

### **14. TERMINATION FOR DEFAULT**

- 14.1. The purchaser, without prejudice to any other remedy for breach of contract, by written notice of default sent to the supplier, may terminate this contract in whole or in part:
  - (i) if the supplier fails to deliver any or all of the goods within the period(s) specified in the contract,
  - (ii) if the supplier fails to perform any other obligation(s) under the contract; or
  - (iii) if the supplier, in the judgment of the purchaser, has engaged in corrupt or fraudulent practices in competing for or in executing the contract.
- 14.2. In the event the purchaser terminates the contract in whole or in part, the purchaser may procure, upon such terms and in such manner as it deems appropriate, goods, works or services similar to those undelivered, and the supplier shall be liable to the purchaser for any excess costs for such similar goods, works or services.
- 14.3. Where the purchaser terminates the contract in whole or in part, the purchaser may decide to impose a restriction penalty on the supplier by prohibiting such supplier from doing business with the public sector for a period not exceeding 10 years.

### **15. FAILURE TO COMPLY WITH ABOVE WILL RESULT IN YOUR QUOTE BEING PASSED OVER.**



**PREFERENCE POINTS CLAIM FORM IN TERMS OF THE PREFERENTIAL PROCUREMENT REGULATIONS 2017**

This preference form must form part of all quotes invited. It contains general information and serves as a claim form for preference points for Broad-Based Black Economic Empowerment (B-BBEE) Status Level of Contribution

**NB: BEFORE COMPLETING THIS FORM, BIDDERS MUST STUDY THE GENERAL CONDITIONS, DEFINITIONS AND DIRECTIVES APPLICABLE IN RESPECT OF B-BBEE, AS PRESCRIBED IN THE PREFERENTIAL PROCUREMENT REGULATIONS, 2017.**

**1. GENERAL CONDITIONS**

- 1.1 The following preference point systems are applicable to all quotes:
- the 80/20 system for requirements with a Rand value of up to R50 000 000 (all applicable taxes included); and
- 1.2 The value of this quote is estimated to not exceed R50 000 000 (all applicable taxes included) and therefore the 80/20 preference point system shall be applicable.
- 1.3 Points for this quote shall be awarded for:
- (a) Price; and
  - (b) B-BBEE Status Level of Contributor.
- 1.4 The maximum points for this quote is allocated as follows:

	<b>POINTS</b>
<b>PRICE</b>	80
<b>B-BBEE STATUS LEVEL OF CONTRIBUTOR</b>	20
<b>Total points for Price and B-BBEE must not exceed</b>	<b>100</b>

- 1.5 Failure on the part of a bidder to submit proof of B-BBEE Status level of contributor together with the quote, will be interpreted to mean that preference points for B-BBEE status level of contribution are not claimed.
- 1.6 The purchaser reserves the right to require of a bidder, either before a quote is adjudicated or at any time subsequently, to substantiate any claim in regard to preferences, in any manner required by the purchaser.

**2. DEFINITIONS**

- (a) **"B-BBEE"** means broad-based black economic empowerment as defined in section 1 of the Broad-Based Black Economic Empowerment Act;
- (b) **"B-BBEE status level of contributor"** means the B-BBEE status of an entity in terms of a code of good practice on black economic empowerment, issued in terms of section 9(1) of the Broad-Based Black Economic Empowerment Act;
- (c) **"bid"** means a written offer in a prescribed or stipulated form in response to an invitation by an organ of state for the provision of goods or services, through price quotations, advertised competitive bidding processes or proposals;
- (d) **"Broad-Based Black Economic Empowerment Act"** means the Broad-Based Black Economic Empowerment Act, 2003 (Act No. 53 of 2003);
- (e) **"EME"** means an Exempted Micro Enterprise in terms of a code of good practice on black economic empowerment issued in terms of section 9 (1) of the Broad-Based Black Economic Empowerment Act;
- (f) **"functionality"** means the ability of a tenderer to provide goods or services in accordance with specifications as set out in the tender documents.
- (g) **"prices"** includes all applicable taxes less all unconditional discounts;
- (h) **"proof of B-BBEE status level of contributor"** means:
  - 1) B-BBEE Status level certificate issued by an authorized body or person;
  - 2) A sworn affidavit as prescribed by the B-BBEE Codes of Good Practice;
  - 3) Any other requirement prescribed in terms of the B-BBEE Act;
- (i) **"QSE"** means a qualifying small business enterprise in terms of a code of good practice on black economic empowerment issued in terms of section 9 (1) of the Broad-Based Black Economic Empowerment Act;
- (j) **"rand value"** means the total estimated value of a contract in Rand, calculated at the time of bid invitation, and includes all applicable taxes;

**3. POINTS AWARDED FOR PRICE**

**3.1 THE 80/20 PREFERENCE POINT SYSTEMS**

A maximum of 80 points is allocated for price on the following basis:

$$Ps = 80 \left( 1 - \frac{Pt - P \min}{P \min} \right) \text{ Where}$$

- Ps = Points scored for price of bid under consideration
- Pt = Price of bid under consideration
- Pmin = Price of lowest acceptable bid

**4. POINTS AWARDED FOR B-BBEE STATUS LEVEL OF CONTRIBUTOR**

4.1 In terms of Regulation 6 (2) and 7 (2) of the Preferential Procurement Regulations, preference points must be awarded to a bidder for attaining the B-BBEE status level of contribution in accordance with the table below:

B-BBEE Status Level of Contributor	Number of points (80/20 system)
1	20
2	18
3	14
4	12
5	8
6	6
7	4
8	2
Non-compliant contributor	0

**5. BID DECLARATION**

5.1 Bidders who claim points in respect of B-BBEE Status Level of Contribution must complete the following:

**6. B-BBEE STATUS LEVEL OF CONTRIBUTOR CLAIMED IN TERMS OF PARAGRAPHS 1.4 AND 4.1**

6.1 B-BBEE Status Level of Contributor: = .....(maximum of 20 points)

(Points claimed in respect of paragraph 7.1 must be in accordance with the table reflected in paragraph 4.1 and must be substantiated by relevant proof of B-BBEE status level of contributor.

**7. SUB-CONTRACTING**

(Tick applicable box)

7.1 Will any portion of the contract be sub-contracted?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

7.1.1 If yes, indicate:

- i) What percentage of the contract will be subcontracted.....%
- ii) The name of the sub-contractor.....
- iii) The B-BBEE status level of the sub-contractor.....

8. Whether the sub-contractor is an EME or QSE

(Tick applicable box)

iv) Specify, by ticking the appropriate box, if subcontracting with an enterprise in terms of Preferential Procurement Regulations,2017:

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

Designated Group: An EME or QSE which is at last 51% owned by:	EME √	QSE √
Black people	<input type="checkbox"/>	<input type="checkbox"/>
Black people who are youth	<input type="checkbox"/>	<input type="checkbox"/>
Black people who are women	<input type="checkbox"/>	<input type="checkbox"/>
Black people with disabilities	<input type="checkbox"/>	<input type="checkbox"/>
Black people living in rural or underdeveloped areas or townships	<input type="checkbox"/>	<input type="checkbox"/>
Cooperative owned by black people	<input type="checkbox"/>	<input type="checkbox"/>
Black people who are military veterans	<input type="checkbox"/>	<input type="checkbox"/>
OR		
Any EME	<input type="checkbox"/>	<input type="checkbox"/>
Any QSE	<input type="checkbox"/>	<input type="checkbox"/>

9. **DECLARATION WITH REGARD TO COMPANY/FIRM**

9.1 Name of company/firm:.....

9.2 VAT registration number:.....

9.3 Company registration number:.....

9.4 **TYPE OF COMPANY/ FIRM [TICK APPLICABLE BOX]**

- Partnership/Joint Venture / Consortium
- One person business/sole propriety
- Close corporation
- Company
- (Pty) Limited

9.5 **DESCRIBE PRINCIPAL BUSINESS ACTIVITIES**

.....  
.....

9.6 **COMPANY CLASSIFICATION [TICK APPLICABLE BOX]**

- Manufacturer
- Supplier
- Professional service provider
- Other service providers, e.g. transporter, etc.

9.7 Total number of years the company/firm has been in business:.....

9.8 I/we, the undersigned, who is / are duly authorised to do so on behalf of the company/firm, certify that the points claimed, based on the B-BBE status level of contributor indicated in paragraphs 1.4 and 6.1 of the foregoing certificate, qualifies the company/ firm for the preference(s) shown and I / we acknowledge that:

- i) The information furnished is true and correct;
- ii) The preference points claimed are in accordance with the General Conditions as indicated in paragraph 1 of this form;
- iii) In the event of a contract being awarded as a result of points claimed as shown in paragraphs 1.4 and 6.1, the contractor may be required to furnish documentary proof to the satisfaction of the purchaser that the claims are correct;
- iv) If the B-BBEE status level of contributor has been claimed or obtained on a fraudulent basis or any of the conditions of contract have not been fulfilled, the purchaser may, in addition to any other remedy it may have –
  - (a) disqualify the person from the bidding process;
  - (b) recover costs, losses or damages it has incurred or suffered as a result of that person's conduct;
  - (c) cancel the contract and claim any damages which it has suffered as a result of having to make less favourable arrangements due to such cancellation;
  - (d) recommend that the bidder or contractor, its shareholders and directors, or only the shareholders and directors who acted on a fraudulent basis, be restricted by the National Treasury from obtaining business from any organ of state for a period not exceeding 10 years, after the *audi alteram partem* (hear the other side) rule has been applied; and
  - (e) forward the matter for criminal prosecution.

<p>WITNESSES</p> <p>1. ....</p> <p>2. ....</p>
--

<p>.....</p> <p>SIGNATURE(S) OF BIDDERS(S)</p> <p>DATE: .....</p> <p>ADDRESS.....</p> <p>.....</p> <p>.....</p>
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# Neonatal Admission Record - GC/HG (2<sup>o</sup>)



Baby no:	IP Number:	Sex:
Hospital:	Unit:	
Date of Birth:	Time of Birth:	
Date of Admission:	Time of Admission:	
Admitted from:	Sex:	
Reason for admission:		
Composite Gestational Age: <small>(for all babies per Ballard's form)</small>	Weight on admission:	gms

Social History			
Mother	Y/N	Father	Y/N
Well		Well	
Sick		Sick	
Demised		Demised	
Employed		Employed	
Learner		Learner	
Married		Resident with mother	
Language:		Religion:	
Education level achieved:		Time from Hospital:	
Nearest clinic:			
Other Details:			

Ante Natal/Intrapartum Problems/Risk factors:			
STEROIDS	Rh	HIV	

Condition on arrival:			
Lines/EIT/Dressings:			
Observations:	ACTIVITY	COLOUR	PULSE
TEMP	RESP	FIQ	SATS
Glucose			
Gasping-Abnormal breath with long pause afterwards		Temperature less than (<) 35°C	Extreme lethargy
Respiratory rate less than 20 bpm		Hypoglycaemia less than 1.5mmol/l	Pallor
Heart rate < 100 or > 180bpm			
Action:			

Name: \_\_\_\_\_ IP No. \_\_\_\_\_

Date: \_\_\_\_\_

Examination: To be completed by Doctor on admission to unit.

Time of MO Exam:

GENERAL: Condition (sick or well) Colour Hydration Skin Pressure areas

RESPIRATORY SYSTEM:

Respiratory support and settings:

Breath sounds Chest movement Airway

CARDIO VASCULAR SYSTEM:

Heart sounds Pulses

CENTRAL NERVOUS SYSTEM:

Activity/posture Tone Seizure activity Grasp

Moro Fontanelles

GASTRO INTESTINAL SYSTEM:

Distension Discolouration Tenderness Bowel sounds

Organomegaly Umbilicus

Assessment/ Problem list: Include probable & possible problems & factors for & against.

Plan: Insert and complete Standard Operating Procedure (SOP) for each assessed risk/ classified problem.

RESPIRATORY SUPPORT:

FLUIDS and FEEDS Complete feeding and fluids SOP. Record orders on Intake chart

Required fluids: ml/kg/day Daily total: ml/day

Feeds:

Fluids:

MEDICATIONS:

**URTHER MANAGEMENT:**

**INVESTIGATIONS:**

Nursing Care Plan/ SOP-Nurse	Y	N		Y	N
Nurse under radiant warmer if unstable			Pass naso-gastric tube if nil /mild resp. distress		
Attach temperature probe with reflective cover			Pass oro-gastric tube if mod./sev. resp. distress		
Set control to "Baby" mode			Place on free drainage if NPO		
Set temperature at 36 <sup>50</sup> C			Date gastric tube		
Cover with plastic sheet			Date and colour code IV line		
Place in prewarmed (36°C) incubator if stable			Ensure First Exam form has been completed		
Cover head with fabric/woollen cap			Plot weight and assess fetal growth		
Position in flexed, midline, contained position (nested)			Ensure Vit. K and eye prophylaxis given		
Limit light and noise levels			Ensure baby has been identified: ID bands		
Place alcohol based hand rub (ABHR) at foot of bed			Name on bed		
Use 5ml ABHR before touching incubator or baby			Complete Orientation section of Health Ed. form		
Use hydrocolloid dressing under all tape			Give Welcome pamphlet if available		
			Commence expressing EBM within 6hrs of birth		

Reason for not completing any of the above:

Other care given:

Date:		Time:	
Sign MO:	Print:	Practice No.	
Sign RN:	Print:	Practice No.	

MOTHER				HOME LOCATION:			
Current Location:				Condition:			
Feeding choice:	EBM		Formula		Milk production.		
Counselling given:	Yes		No	Recorded on counselling form?	Yes		No
Health Ed. given:	Yes		No	Recorded on education form?	Yes		No
Any problems:							
Interventions:							

**SAFETY CHECKS** To be completed immediately after handover by day and night staff. Record information as required.

CHECK		PLAN	DAY	✓	NIGHT	✓
RESUS.	I.D	Ensure correct ID band is in situ Location:				
	Resuscitator.	Accessible to bed & checked	Checked		Checked	
	Mask: Clean.	Size 1-term, 0-prem Mask Size:				
ALARM SETTINGS	Suction. At bed & checked. Liner & tubing changed.	Maintain suction pressure at 20 KPa. Pressure: _____ KPa Size 6Fg-prem, size 8Fg-term Catheter Size: _____ Fg				
	Oxygen saturations.	Low 89% High 95%. High 100% if no oxygen Settings:	Low: _____ High: _____		Low: _____ High: _____	
	Heart Rate.	Low 100bpm High 180bpm Settings:	Low: _____ High: _____		Low: _____ High: _____	
IV	Respiratory Rate.	High 80bpm Low 20bpm Settings:	Low: _____ High: _____		Low: _____ High: _____	
	Infusion/syringe pumps	Check rate/dose. Syringe (not pump) labelled.	Checked		Checked	
	Lines correctly connected.	Trace all lines/NG tube to connections.	Checked		Checked	
HYGIENE	IV/Umbilical strapping.	Restrap immediately if loose/soiled. Depth: _____	Checked		Checked	
	Patient care container. Cleaned & restocked.	70% alcohol changed daily. Vaseline, nappies, saline amps, aqueous cream	Restocked		Restocked	
EQUIPMENT	Alcohol Based Hand Rub. (ABHR)	At foot of bed. Changed according to hosp. policy-no cracks	Present Changed		Present Changed	
	Type of bed occupied	Record if baby is nursed in a cot, closed incubator/radiant warmer				
	Radiant warmer temp. probe	Attach with reflective cover on Lt. abdomen Silver side down. Wire also secured Rt. abdom.	Secured		Secured	
RECORDS	Radiant warmer Set Temp.	This is not the incubator temperature. It is the desired baby temp. Set at 36°C Setting: _____ °C				
	Ballard score completed	Record composite gestational age on cover	Completed		Completed	
	Growth plotted. Wt, L & COH	Plot on Percentile chart on Neonatal Record	Plotted		Checked	
SOPs	Present, current and signed	Checked		Checked		
SIGN:						

**ABBREVIATIONS IN DOCUMENT**

BP= Blood pressure; bpm= beats/ breaths per minute; CF=Cardiac failure; COH=Circumference of head; CPAP= Continuous positive airways pressure; EBM= Expressed breast milk; ET= Endotracheal tube; FBC = Full blood count; FiO<sub>2</sub>=Fraction of Inspired oxygen; GC= General Care ; Gest= Gestational; gms= grams; HC= High Care; HIV= Human immune virus; ID = Identity; IP= In patient; IV= Intravenous; kg= kilogram; L=Length; LP= lumbar puncture; MAP= Mean airway/arterial pressure; mls= millilitres; MO= Medical officer; Mx=Management; NPO= Nil per Os, PEEP= Positive end expiratory pressure; Photo = phototherapy; Prev= Previous; Resp=Respiratory; RH=Rhesus factor; Prev= Previous; RPR=Rapid plasma regain, secs= seconds; SOP=Standard operating procedure; UVC=Umbilical venous catheter; Wt=weight; < = less than; > = more than

TIME	GENERAL ASSESSMENT		METABOLIC		CNS		ACTION		GENERAL CARE		DEVELOPMENTAL CARE	
	HC	GC	HC	GC	HC	GC	HC	GC	HC	GC	HC	GC
	<ul style="list-style-type: none"> <li>Assess condition for any change.</li> <li>Assess eyes and cord for signs of infection.</li> <li>Copious purulent discharge from the eye with swelling must be reported and treated as an emergency.</li> <li>Change dressing if breakthrough evident or leaking. Do not apply gauze dressing to open wound.</li> </ul>		<ul style="list-style-type: none"> <li>Maintain glucose 2.6-8mmol/l</li> <li>Check on admission, 3hrly till stable &amp; then PRN if jittery, cold, lethargic, vomiting, IV infiltrated.</li> <li>Ensure temp. and oxygen levels are normal if glucose low.</li> <li>Give 2-3ml/kg NML/10% glucose bolus if &lt;2.0mmol/l</li> <li>Check Dextrostix and UAE if jittery/seizures.</li> <li>Observe for subtle signs of seizures-eg apnoea, tachycardia, mouthling, fisting, cycling if asphyxiated.</li> <li>Keep temperature at 36°C</li> <li>Complete HIE score sheet daily</li> <li>Observe for signs of hypoxic injury to other organs: hypoglycaemia, decreased bowel sounds, poor perfusion, peripheral cyanosis, urine for blood and protein</li> </ul>		<ul style="list-style-type: none"> <li>Call MCO immediately for any change in condition</li> <li>Insert and complete relevant SOP for any problem identified</li> </ul>		<ul style="list-style-type: none"> <li>Clean eyes 3hrly from inside out with saline if red/swollen/discharging</li> <li>Clean cord with Chlorhexidine tincture or alcohol</li> <li>Clean mouth with saline or water and apply vaseline</li> <li>Apply vasg. oil to dry skin.</li> <li>Apply vaseline or barrier cream to the buttocks every nappy change.</li> <li>Nurse baby head up to reduce the risk of reflux induced apnoea.</li> <li>Encourage KMC as early, as frequently and for as long as possible</li> <li>Commence phototherapy immediately if baby appears jaundiced.</li> <li>Turn phototherapy off when taking blood for a Total Serum Bilirubin (TSB).</li> <li>If receiving phototherapy, cover eyes with phototherapy eye shield and open the nappy.</li> </ul>		<ul style="list-style-type: none"> <li>Shield eyes from light</li> <li>Ensure baby is in foetal position-shoulders curved, all joints flexed and midline positioning of head and limbs</li> <li>Cluster care/monitoring activities to optimise sleep</li> <li>Respond promptly to crying.</li> <li>Give pain management prior to painful procedures - sucrose, NNS, swaddling or analgesia</li> <li>Allow parents and siblings to visit 24hrs/day. Other identified visitors during visiting hours.</li> </ul>			
	<p>PLAN</p>											
	<p>ASSESS</p>		<p>FREQUENCY</p>									
	Condition	12 hrly	6 hrly									
	Eyes	12 hrly	6 hrly									
	Skin	12 hrly	6 hrly									
	Mouth	12 hrly	6 hrly									
	Cord	12 hrly	6 hrly									
	Perineum/Buttocks	12 hrly	6 hrly									
	Wound	PRN	PRN									
	Glucose <2.6 mmol/l	PRN	PRN									
	Glucose 2.6 -8 mmol/l	PRN	Daily/PRN									
	Glucose >8 mmol/l	PRN	PRN									
	Activity	6 hrly	3Hrly									
	Seizure activity	PRN	PRN									
	Number/hr	PRN	PRN									
	Eye care	PRN	PRN									
	Cord care	6 hrly	3hrly									
	Mouth care	6 hrly	3hrly									
	Skin care	PRN	PRN									
	Buttock care	6 hrly	3hrly									
	Position change	6 hrly	3hrly									
	Probe Change	6 hrly	3hrly									
	Phototherapy	6 hrly	12hrly									
	Eye Shield	6 hrly	12hrly									
	Nappy open	6 hrly	12hrly									
	Incubator covered	3hrly	3hrly									
	Nested/ Swaddled	3hrly	3hrly									
	KMC	Continuous	3hrly PRN									
	Pain Management	PRN	PRN									
	Visitors	PRN	PRN									

IP No. \_\_\_\_\_

Date: \_\_\_\_\_



**RESPIRATORY SYSTEM**

**PLAN**

- maintain axillary temp. 36°-37°C
- if on radiant warmer: Apply plastic blanket in 1<sup>st</sup> week of life.
- Incubator temp 36°C on Day 1, and incub. temp. table thereafter.
- Check glucose if temp. low
- Prevent convective, conductive, radiant and evaporative heat loss
- Apply cap

**RESPIRATORY SUPPORT**

- If on CPAP- Maintain PEEP at 4-6 Cm/H<sub>2</sub>O
- Check nasal perfusion if on nCPAP. Ensure nares are visible and warm and pink.
- If no CPAP available- commence nasal prong oxygen and increase to 2-3L/min if ongoing signs of effort/respiratory distress. Ensure prongs are strapped on.
- Add head box oxygen if baby not maintaining sats. on 2-3L nasal prong oxygen. Consult referral hospital.
- Suction nasopharynx orally or if baby apnoeic or increased respiratory distress: Use a new size 6 or 8 Fg suction catheter & sterile glove for each suction period.

**RESPIRATORY SYSTEM**

- Monitor resp. rate 40-60bpm
- Maintain sats 90-94% in oxygen
- Wean oxygen by 5% every 5mins until sats in normal range
- If apnoeic-suction, extend neck, assess each system
- Ensure baby has normal temp. and glucose in order to keep O<sub>2</sub> needs low
- Commence CPAP immediately for any increased effort of breathing especially in preterms.

**RESPIRATORY SUPPORT**

- If on CPAP- Maintain PEEP at 4-6 Cm/H<sub>2</sub>O
- Check nasal perfusion if on nCPAP. Ensure nares are visible and warm and pink.
- If no CPAP available- commence nasal prong oxygen and increase to 2-3L/min if ongoing signs of effort/respiratory distress. Ensure prongs are strapped on.
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PARAMETER	UNIT	FREQUENCY	CRITERIA	ACTION
Plastic blanket?	NA	3 hrly		Call MO immediately for any change in condition
Cap?	5 hrly	5 hrly		Insert and complete relevant SOP for any problem identified
Heater output/ incub. temp.	5 hrly	5 hrly	%/°C	
Temperature (<36°C)	PRN	5 hrly	Temperature. (36°-37°C)	
Temperature (>37°C)	PRN	5 hrly	Temperature. (>37°C)	
Colour	5 hrly	3 hrly		
Nasal perfusion	NA	3 hrly/PRN		
HR (<100 bpm)	PRN	PRN	HR (100-160 bpm)	
HR (>160 bpm)	PRN	PRN	HR (>160 bpm)	
BP mmHg	NA	3-6 hrly		
Mean mmHg	NA	3-6 hrly		
Resp. Rate (<40bpm)	PRN	PRN	Resp. Rate (40-60 bpm)	
Resp. Rate (>60bpm)	PRN	5 hrly	Resp. Rate (>60bpm)	
SaO <sub>2</sub> < 90%	PRN	PRN	SaO <sub>2</sub> 90-100%	
SaO <sub>2</sub> > 94% on oxygen	PRN	PRN	SaO <sub>2</sub> > 94% on oxygen	
Respiratory distress	3 hrly	5 hrly	Respiratory distress	
Apnoea	PRN	PRN	Apnoea	
Oxygen method	5 hrly	3 hrly	Oxygen method	
FiO <sub>2</sub> %	5 hrly	3 hrly	FiO <sub>2</sub> %	
Flow L/min	NA	3 hrly	Flow L/min	
MAP/PEEP Cm/H <sub>2</sub> O	NA	3 hrly	MAP/PEEP Cm/H <sub>2</sub> O	
Humidifier temp.	NA	3 hrly	Humidifier temp.	
Water refill/Bag check?	NA	3 hrly	Water refill/Bag check?	
Empty water from tides?	NA	3 hrly	Empty water from tides?	
Suction Vol./description	PRN	5 hrly	Suction Vol./description	

**INTAKE FEEDS**

**INTAKE IV FLUIDS**

**ASSESSMENT/ACTION**

- Total fluid intake includes oral and IV fluids
- Promote breast feeding/Donor milk if no EBM.
- Commence expressing breast milk within 6hrs of birth.
- Ensure mother empties breasts at each expression.
- Feed baby in skin to skin position if possible.
- Do not keep NPO for longer than 3 days without TPN.
- Observe for signs of feeding readiness: wakes for feeds, alert, rooting, sucking on hands etc

- Transition slowly from NG to breast feeds
- Review the need for an IV line daily and remove as soon as possible.
- Record the site (position) and condition of the IV insertion site hourly. Ensure IV dressing is clean and intact. Scrub any access point with 70% alcohol before accessing.
- If infiltrated ensure IV is resited within 1 hr. If IV is not resited-increase oral feeds to ensure delivery of total required fluid volume.
- Date and change IV lines every 72 hrs. Record on Safety Checklist.
- Total intake and output daily

LINE No.	FLUID	VOL/RATE	SIGN	REVIEWED	SIGN	Line 1		Line 2		Action				
						Site	Cond.	Site	Cond.					
TIME	Vol	How	Tot.	Rate	Tot.	Rate	Tot.	Rate	Tot.	Site	Cond.	Site	Cond.	
0700														
0800														
0900														
1000														
1100														
1200														
1300														
1400														
1500														
1600														
1700														
1800														
1900														
2000														
2100														
2200														
2300														
2400														
0100														
0200														
0300														
0400														
0500														
0600														
Totals:														
TOTAL INTAKE:		mls												



