

SharePoint

Steyn Louise ▾ ?

KZN Health &gt; Components &gt; Supply Chain Management

AdvertQuote



**KWAZULU-NATAL PROVINCE**  
HEALTH  
REPUBLIC OF SOUTH AFRICA

## Quotation Advert

Opening Date:	2022-05-16	
Closing Date:	2022-05-23	
Closing Time:	11:00	

## INSTITUTION DETAILS

Institution Name:	King Edward VIII hospital	
Province:	KwaZulu-Natal	
Department or Entity:	Department of Health	
Division or section:	Central Supply Chain Management	
Place where goods / services is required	Labour Ward	
Date Submitted	2022-05-13	

## ITEM CATEGORY AND DETAILS

Quotation Number:	ZNQ KEV86/22KZN	
Item Category:	Goods	
Item Description:	Supply and print neonatal record, as per sample, supplier awarded the order, must be able to supply sample for approval, before delivering the complete order.	

Quantity (if supplies)	20 000 Sets	
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## COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type:	Not Applicable	
Date :		
Time:		
Venue:		

QUOTES CAN BE COLLECTED FROM:	Quote attached to the advert.
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QUOTES SHOULD BE DELIVERED TO:	King Edward Hospital, deposit in tender box, situated in the admin block, off Sydney Road, Congella, 4013 (Please do not e-mail quote)
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## ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name:	Louise Steyn
Email:	Louise.Steyn@kznhealth.gov.za (DO NOT E-MAIL QUOTES).
Contact Number:	031-3603448
Finance Manager Name:	Mrs. V. Mtshatso
Finance Manager Signature:	

No late quotes will be considered





## BIDDER'S DISCLOSURE

**1. PURPOSE OF THE FORM**

Any person (natural or juristic) may make an offer or offers in terms of this invitation to bid. In line with the principles of transparency, accountability, impartiality, and ethics as enshrined in the Constitution of the Republic of South Africa and further expressed in various pieces of legislation, it is required for the bidder to make this declaration in respect of the details required hereunder.

Where a person/s are listed in the Register for Tender Defaulters and / or the List of Restricted Suppliers, that person will automatically be disqualified from the bid process.

**2. BIDDER'S DECLARATION**

- 2.1. Is the bidder, or any of its directors / trustees / shareholders / members / partners or any person having a controlling interest<sup>1</sup> in the enterprise, employed by the state? **YES/NO**

- 2.1.1 If so, furnish particulars of the names, individual identity numbers, and, if applicable, state employee numbers of sole proprietor/ directors / trustees / shareholders / members/ partners or any person having a controlling interest in the enterprise, in table below.

Full Name	Identity Number	Name of State Institution

- 2.2. Do you, or any person connected with the bidder, have a relationship with any person who is employed by the procuring institution? **YES/NO**

- 2.2.1. If so, furnish particulars: .....

- 2.3. Does the bidder or any of its directors / trustees / shareholders / members / partners or any person having a controlling interest in the enterprise have any interest in any other related enterprise whether or not they are bidding for this contract? **YES/NO**

- 2.3.1. If so, furnish particulars: .....

**3. DECLARATION**

I, the undersigned,(name)..... in submitting the accompanying bid, do hereby make the following statements that I certify to be true and complete in every respect:

- 3.1. I have read and I understand the contents of this disclosure;
- 3.2. I understand that the accompanying bid will be disqualified if this disclosure is found not to be true and complete in every respect;
- 3.3. The bidder has arrived at the accompanying bid independently from, and without consultation, communication, agreement or arrangement with any competitor. However, communication between partners in a joint venture or consortium<sup>2</sup> will not be construed as collusive bidding.
- 3.4. In addition, there have been no consultations, communications, agreements or arrangements with any competitor regarding the quality, quantity, specifications, prices, including methods, factors or formulas used to calculate prices, market allocation, the intention or decision to submit or not to submit the bid, bidding with the intention not to win the bid and conditions or delivery particulars of the products or services to which this bid invitation relates.
- 3.5. The terms of the accompanying bid have not been, and will not be, disclosed by the bidder, directly or indirectly, to any competitor, prior to the date and time of the official bid opening or of the awarding of the contract.
- 3.6. There have been no consultations, communications, agreements or arrangements made by the bidder with any official of the procuring institution in relation to this procurement process prior to and during the bidding process except to provide clarification on the bid submitted where so required by the institution; and the bidder was not involved in the drafting of the specifications or terms of reference for this bid.
- 3.7. I am aware that, in addition and without prejudice to any other remedy provided to combat any restrictive practices related to bids and contracts, bids that are suspicious will be reported to the Competition Commission for investigation and possible imposition of administrative penalties in terms of section 59 of the Competition Act No 89 of 1998 and or may be reported to the National Prosecuting Authority (NPA) for criminal investigation and or may be restricted from conducting business with the public sector for a period not exceeding ten (10) years in terms of the Prevention and Combating of Corrupt Activities Act No 12 of 2004 or any other applicable legislation.

I CERTIFY THAT THE INFORMATION FURNISHED IN PARAGRAPHS 1, 2 and 3 ABOVE IS CORRECT.

I ACCEPT THAT THE STATE MAY REJECT THE BID OR ACT AGAINST ME IN TERMS OF PARAGRAPH 6 OF PFMA SCM INSTRUCTION 03 OF 2021/22 ON PREVENTING AND COMBATING ABUSE IN THE SUPPLY CHAIN MANAGEMENT SYSTEM SHOULD THIS DECLARATION PROVE TO BE FALSE.

.....  
Name of Bidder

.....  
Signature

.....  
Position

.....  
Date

<sup>1</sup> The power, by one person or a group of persons holding the majority of the equity of an enterprise, alternatively, the person/s having the deciding vote or power to influence or to direct the course and decisions of the enterprise.

<sup>2</sup> Joint venture or Consortium means an association of persons for the purpose of combining their expertise, property, capital, efforts, skill and knowledge in an activity for the execution of a contract.

## 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 Department is under no obligation to accept the lowest or any quote.
- 3.2. The Department reserves the right to communicate in writing with vendors in cases where information is incomplete or where there are obscurities regarding technical aspects of the offer, to obtain confirmation of prices or preference claims in cases where it is evident that a typing, written, transfer or unit error has been made, to investigate the vendor's standing and ability to complete the supply/service satisfactorily.
- 3.3. **ALL DECISIONS TAKEN BY THE DEPARTMENT ARE FINAL, INCLUDING THE AWARD OR CANCELLATION OF THIS QUOTATION.**
- 3.4. The price quoted must include VAT (if VAT vendor).
- 3.5. Should a bidder become a VAT vendor after award or during the implementation of a contract, they may not request the VAT percentage from the Department as the service provider made an offer during the period they were not registered as a VAT vendor. The Department is only liable for any VAT from registered VAT vendors as originally stated on the quotation document.
- 3.6. The bidder must ensure the correctness & validity of the quotation:  
(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*  
(ii) *it is the responsibility of the bidder to confirm receipt of their quotation and to keep proof thereof.*
- 3.7. 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.
- 3.8. This quotation will be evaluated based on the 80/20 points system, specification, correctness of information and/or functionality criteria. All required documentation must be completed in full and submitted.
- 3.9. Offers must comply strictly with the specification.
- 3.10. Only offers that meet or are greater than the specification will be considered.
- 3.11. Late offers will not be considered.
- 3.12. Expired product/s will not be accepted. All products supplied must be valid for a minimum period of six months.
- 3.13. Used/ second-hand products will not be accepted.
- 3.14. A bidder not registered on the Central Suppliers Database or whose verification has failed will not be considered.
- 3.15. All delivery costs must be included in the quoted price for delivery at the prescribed destination.
- 3.16. 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.
- 3.17. In cases where different delivery points influence the pricing, a separate pricing schedule must be submitted for each delivery point.
- 3.18. In the event of a bidder having multiple quotes, only the cheapest according to specification will be considered.
- 3.19. Verification will be conducted to identify if bidders have multiple companies and are cover-quoting for this bid.
- 3.20. In such instances, the Department reserves the right to immediately disqualify such bidders as cover-quoting is an offence that represents both corruption and acquisition fraud.

## 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. Quotations submitted must be complete in all respects. However, where it is identified that information in a bidder's response, which does not affect the preference points or price, is incomplete in any respect, the said supplier meets all specification requirements and scores the highest points in terms of preference points and price, the Department reserves the right to request the bidder to complete/submit such information.
- 4.5. Any alteration made by the bidder must be initialled; failure to do so may render the response invalid.
- 4.6. Use of correcting fluid is prohibited and may render the response invalid.
- 4.7. Quotations 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.

4.10. The Department is under no obligation to pay suppliers in part for work done if the supplier can no longer fulfill their obligation.

**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: .....

**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.*

## TAX INVOICE

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

## 11. PATENT RIGHTS

The supplier shall indemnify the KZN Department of Health (hereafter 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.

## 12. PENALTIES

- 12.1. 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.
- 12.2. 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.
- 12.3. 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.
- 12.4. 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.

## 13. TERMINATION FOR DEFAULT

- 13.1. 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.
- 13.2. 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.
- 13.3. 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.

## 14. THE DEPARTMENT RESERVES THE RIGHT TO PASS OVER ANY QUOTATION WHICH FAILS TO COMPLY WITH THE ABOVE.

**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:

	POINTS
PRICE	80
B-BBEE STATUS LEVEL OF CONTRIBUTOR	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  
applicable box)

(Tick

YES	NO
-----	----

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

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	NO
-----	----

Designated Group: An EME or QSE which is at least 51% owned by:	EME √	QSE √
Black people		
Black people who are youth		
Black people who are women		
Black people with disabilities		
Black people living in rural or underdeveloped areas or townships		
Cooperative owned by black people		
Black people who are military veterans		
OR		
Any EME		
Any QSE		

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.

WITNESSES	
1.	.....
2.	.....

..... SIGNATURE(S) OF BIDDERS(S)
DATE: .....
ADDRESS..... ..... .....

# END-USER SPECIFICATION FORM

Quote Number: KEV861222N

Item Description: NEONATAL RECORD CHART

Department/Section: O&G LABOUR WARD Purpose of Item: To fill in neonatal information at birth

**1. Pre-qualification criteria if any:**

1.1. Is the item required to have a regulatory body certification (e.g. SABS, SANS, SANAS, ISO, CIDB, etc.)? Yes / No:

Regulatory Body / certification required if Yes: YES

1.2. Is a compulsory site inspection / briefing session required? Yes / **No**

if Yes, specify: Date      /      /      Time     :     Place     

1.3. Is local production and content part of the quote? Yes / **No**

if Yes, specify:     

1.4. Provisions of section 4(1)(a) of the PPPFA Regulations, 2017 if applicable? Yes / **No**

if Yes, specify:     

1.5. Liability Cover insurance? Yes / **No**

if Yes, specify:     

**2. What is the specification of the required item?**

List specifications to be advertised	Comment
1. MUST BE IN COLOUR	
2. MUST BE IN A BOOKLET FORM	
3. CONTAINS EIGHT PAGES	
4.	
5.	

**3. Does a sample need to be submitted? Yes / No (select option 3.1 or 3.2)**

3.1. Deadline for submission if Yes: Date      /      /      Time     :     Place     

or  
3.2. Specify that samples must be made available when requested in writing. Yes  or No

**4. Penalties to be noted by the suppliers:**

4.1. 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.

**5. What is the evaluation criteria / special terms and conditions to be advertised?**

List evaluation criteria / special terms and conditions to be advertised (if applicable)	
1. Pre-qualification criteria	Does the offer meet the pre-qualification criteria?
2. Administrative	Does the offer comply to stipulated administrative requirements?
3. Conformance:	Was the product made or service performed to specifications?
4. Performance:	Will/does the product/service fulfil its performance obligation, in a manner that releases the supplier from all liabilities under the contract?
5. Features:	What characteristics does the product or service have?
6. Reliability:	How long can a product go between failures and the need for maintenance? (guarantee)
7. Durability:	What is the useful life for the product? How will the product hold up under extended use?
8. Serviceability:	How easy is it to repair, maintain or support the product or service? (customer support)
9. Ability & Capacity	The ability and capacity of the vendor to execute the contract
10. Preference points	Preferential Procurement System (80/20) if applicable

Name of End-user (in full)	JFB. BLOSE	Name of SCM Rep (in full)	<u>hause</u>
Designation / Rank (in full)	AMN	Designation/ Rank (in full)	<u>SCO</u>
Signature	<u>[Signature]</u>	Signature	<u>[Signature]</u>
Date	<u>14/03/2022</u>	Date	<u>27-3-2022</u>

WARD LW



*Congratulations  
on Your New Baby.*

Place of Delivery: KING EDWARD VIII HOSPITAL

Mother's Name: \_\_\_\_\_

ID Number: \_\_\_\_\_ File Number: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Municipal Ward: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Baby's Name: \_\_\_\_\_

File Number: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Time of birth: \_\_\_\_\_ Date of separation: \_\_\_\_/\_\_\_\_/\_\_\_\_

IDENTIFICATION:		Nurse and Mother to confirm Identity of baby.			
At birth:	Date:	Nurse:	Print:	Mother:	Print:
			Sign:		Sign:
Post natal/ neonatal unit:	Date:	Nurse:	Print:	Mother:	Print:
			Sign:		Sign:
At discharge:	Date:	Nurse:	Print:	Mother:	Print:
			Sign:		Sign:

FINAL PROBLEM LIST:		To be completed on Discharge: NB Also complete RtHB.		
Problem	Management	Current	Resolved	

Urgent treatment required and admission to neonatal unit.  
Specific care and treatment now-observe with mother

<b>HISTORY</b>		<b>NB-This page only needs to be completed for babies requiring admission to the neonatal unit.</b>			
<b>MOTHERS DETAILS:</b>					
Date of birth: / /	Age: Years.	Name of Relative and relationship:			
Possession of ID book	Yes	No	If no- contact social worker:		
Partners Name:	Contact number:	Relatives contact number:			

<b>PREVIOUS OBSTETRIC AND NEONATAL HISTORY</b>	<b>Complications:</b>
No. of pregnancies:	
No. of live births:	
No. of live children:	

<b>CURRENT OBSTETRIC HISTORY:</b>									
Booked:	Yes		Clinic attendance at:			Gestation at first booking:		No of visits:	
	No								
Gestation by:	Dates:			Early U/S (<20 weeks)			SFH:		
	LMP: / /			Date: / / BPD: cm					
	Weeks:			Weeks:			Weeks:		
Investigations:	Syphilis:			Blood group:			Tuberculosis:		
	Rapid Clinic	Pos		RH	Pos		Diagnosed	Yes	
		Neg			Neg			No	
	Rapid LW	Pos		HB:	Gm%		Date of diagnosis	/ /	
		Neg							
RPR:				Treated:	Yes		Treatment started	/ /	
Titre:				Last given:	No				
HIV:	Test Result:			ARVs started:			Lactation counselling:		
	POS	NEG	?	Yes			Yes		
	Viral Load: copies/ml			ARV Date: / /			No		
	Date:			ARV Regimen:			Breast		
Med. History	Hypertension ( Specify):			APH			Pyrexia		
	Diabetes			Cardiac			Epilepsy		
	Medications:						Asthma		
Surg. History							Allergies:		
Risk factors:	Alcohol			Smoking			Illicit Drugs		
	Teenage Pregnancy			Excessive weight gain			GSS exposure		
Inadequate weight gain									

<b>CURRENT LABOUR AND DELIVERY:</b>											
Referred from:					Reason:						
Medications:	Antenatal Steroids: (≤34 weeks gest.)			Yes		Antibiotics:			Yes		
				No					No		
	No. of doses:			Reason:			Traditional medicine:			Yes	
	Last administered: / /			Type:			Specify:			No	
Fetal distress:	Time:			Started: / /							
	Meconium Liquor:	Nil	Reduced foetal movements:			Yes		CTG:			
		Thin	Absent/reversed diastolic flow:			No		Done			Not done
			Thick	Foetal heart:			Yes		Findings:		
					No						
			Norm.								
			Abnorm.								
Labour:	Spontaneous			1 <sup>st</sup> stage:			Hrs			Mins	
	Induced			2 <sup>nd</sup> stage:			Hrs			Mins	
	Oxytocin										
Ruptured membranes	Spontaneous			Date: / /			PROM≥18hrs :				
	Artificial			Time:			Offensive liquor:				
Analgesia:	Entonox			Pethidine			Time:				
	Epidural			Spinal			Gen. anaes				
Complications:	Prolapsed cord			Cord around neck			Abruptio			Praevia	

BIRTH DETAILS: To be completed for all babies.									
Date of birth:					Time of birth:				
Place:	Hospital	CHC	PHC	BBA	If BBA-how cord cut:				
Delivery:	NVD	Breech	Face	Compound	Reason for Caesar:				
	Vacuum	Forceps	Breech	Caesar					
Vital statistics:	Male	Female	Indeterminate						
	Single	Multiple	No:						
	Mass: g	Length: cm	COH: cm						
Growth:	AGA	SGA	LGA	Symmetrical	Asymmetrical				
ROUTINE CARE To be completed for all babies.									
Baby dried thoroughly.	YES	NO							
Baby crying/breathing	YES	NO	If no-time baby cried:						
Head covered.	YES	NO							
Nursed skin to skin.	YES	NO	If not immediately-Time started:						
Covered with warm, dry cloth.	YES	NO							
Cord clamped and cut at 1-3minutes.	YES	NO							
Breast-fed within 30mins.	YES	NO	If no-Time started:						
GOLDEN MINUTE Only to be completed if baby NOT breathing following stimulation									
Head positioned with neck slightly extended.	YES	NO							
Airway cleared if mouth/nose blocked, or meconium in liquor.	YES	NO							
Baby stimulated by rubbing its back vigorously.	YES	NO							
Baby breathing.	YES	NO							
On resuscitaire: Temp probe attached and set to 36.5°C	YES	NO							
Ventilated with bag and mask within 1 min	YES	NO	Time started:						
Bagged at 40-60bpm without oxygen.	YES	NO	Time bagging discontinued:						
ADVANCED RESUSCITATION Only to be completed if baby NOT breathing following ventilation or HR<60bpm									
Assistance present. Time called:	YES	NO	Time arrived:						
Bagging continued with oxygen.	YES	NO	Saturations: (if available) %						
Heart rate: Chest compressions commenced. Time:	YES	NO	Time compressions discontinued:						
Baby intubated.	YES	NO							
IV /UV line erected.	YES	NO							
Saline /Ringers (10ml/kg IV) bolus given.	YES	NO	Volume:			Time:			
Adrenaline 1:10 000 (0.1-0.3ml/kg) given.	YES	NO	Dose:			Time:			
RESUSCITATION STOPPED Only to be completed if baby required advanced resuscitation.									
Baby stabilised	YES	NO	Duration of resus: mins						
After 10 mins if no heart rate	YES	NO							
After 20 mins if not breathing or gasping	YES	NO							
After 30 mins if gasping but not breathing	YES	NO							
APGARS To be completed for all babies.									
Assessments	0	1	2	1min	5min	10min	20min		
Appearance (Colour)	Central cyanosis	Periph. cyanosis	Pink						
Pulse	Absent	<100bpm	>100bpm						
Grimace	None	Some response	Good response						
Activity	Limp	Some flexion	Active						
Respiration	Absent	Weak/irregular	Good/cries						
Total Score:									
5min APGAR less than 7? Do Cord Gas or Arterial Blood Gas within 1 hr of birth.									
PH:	HCO <sub>3</sub> :			Lactate:					
PCO <sub>2</sub> :	BE:			Notes:					
PLACENTA To be completed for all babies.									
Weight: g	Clots	Knots	Infarcts	No. of cord vessels:	Other:				
IMMEDIATE NEW-BORN CARE To be completed for all babies.									
Identified	Cord cleaned	Eye care	Nappy	Vit. K 1mg IMI	Time:				
Baby shown to mother-Prior to transfer to Neonatal Unit			Y	N	Temperatura prior to transfer:			Site:	
Neonate managed by:			Signature:			Practice No.			°C

Baby of: \_\_\_\_\_ Date of birth: \_\_\_\_\_

ASSESS AND CLASSIFY IMMEDIATE RISK FACTORS AND SPECIAL NEEDS.			
To be completed for all newborns in labour ward:			
1. If the baby has any of the 1 <sup>st</sup> 5 classifications (Red) the baby has a Problem and should be transferred immediately to the neonatal unit.			
2. If the baby has any of the remainder (Yellow) the baby is At Risk and should be monitored for the development of any problems with his mother.			
RISK FACTOR/ PROBLEM	CLASSIFY	ACT NOW	
<input type="checkbox"/> Took longer than 5 mins to breath <input type="checkbox"/> Apgar less than 7 at 5mins <input type="checkbox"/> Abnormal tone /not moving well	POSSIBLE NEONATAL ENCEPHALOPATHY <input type="checkbox"/>	1. Maintain temp. at 36°C 2. Assess for encephalopathy 3. Transfer to Neonatal unit	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Major abnormality <input type="checkbox"/> Head circumference >39cm or <32cm <input type="checkbox"/> Alcohol, smoking or drug exposure	BIRTH ABNORMALITY <input type="checkbox"/> RISK OF BIRTH ABNORM <input type="checkbox"/>	1. Warm baby 2. Transfer to Neonatal unit 1. Assess with mother	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Not moving a limb <input type="checkbox"/> Swelling of head on one side <input type="checkbox"/> Boggy swelling of head	BIRTH INJURY <input type="checkbox"/>	1. Warm baby 2. Transfer to Neonatal unit	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Meconium exposure AND one of following <input type="checkbox"/> Grunting <input type="checkbox"/> Chest in-drawing (Recession) <input type="checkbox"/> Fast breathing (Tachypnoea) <input type="checkbox"/> Central cyanosis	POSSIBLE RESPIRATORY PROBLEM <input type="checkbox"/>	1. Commence nasal prong oxygen at 1L/min 2. Transfer to Neonatal unit	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Low birth weight less than 2kg <input type="checkbox"/> Less than 34 weeks gestation-no steroids given	LBW / PREMATURE <input type="checkbox"/>	1. Warm baby 2. Transfer to Neonatal unit	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Mother has diabetes <input type="checkbox"/> Baby birth weight more than 4.0kg <input type="checkbox"/> Mother had signs of sepsis <input type="checkbox"/> Baby is low birth weight less than 2.5 kg or premature <input type="checkbox"/> Baby is BBA <input type="checkbox"/> Baby not put to breast or did not latch	INFANT OF A DIABETIC/ BIG BABY <input type="checkbox"/> RISK OF HYPOGLYCAEMIA <input type="checkbox"/>	1. Feed (Breast or 10ml/kg 3hrly) 2. Check blood glucose one hour after birth and then 2-3hrly 3. If glucose <2.6mmol/l post feed transfer to Neonatal unit	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Baby is BBA <input type="checkbox"/> Baby is low birth weight, less than 2.5 kg or premature <input type="checkbox"/> Baby is hypoglycaemic <input type="checkbox"/> Baby separated from mother not receiving skin to skin care	RISK OF HYPOTHERMIA <input type="checkbox"/>	1. Feed (Breast or 10ml/kg 3hrly) 2. Nurse skin to skin 3. Check temperature one hour after birth 4. If <36°C transfer to Neonatal unit	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Mother blood group O <input type="checkbox"/> Mother Rhesus negative <input type="checkbox"/> Baby has birth injuries <input type="checkbox"/> Baby is Preterm <input type="checkbox"/> Baby has facial bruising	RISK OF JAUNDICE <input type="checkbox"/>	1. Nurse skin to skin 2. Observe colour 6hrly 3. TSB at 6hrs and 12hrly 4. Start Phototherapy if above line 5. Jaundiced on Day 1 or rapidly climbing transfer Neonatal unit	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Membranes rupture greater than 18 hours <input type="checkbox"/> Maternal Fever <input type="checkbox"/> Offensive Liquor	RISK OF BACTERIAL INFECTION. <input type="checkbox"/>	1. Nurse skin to skin 2. Observe 4hrly for 24-48hrs 3. If clinical signs of infection transfer to Neonatal unit	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Mother RPR positive <input type="checkbox"/> Mother RPR unknown <input type="checkbox"/> Mother RPR partially treated or treatment completed less than 1 month ago	RISK OF CONGENITAL SYPHILIS <input type="checkbox"/>	1. Give Benzathine Penicillin IMI 2. Examine for signs of syphilis 3. Transfer to Neonatal unit if signs present	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Mother HIV positive <input type="checkbox"/> High Viral load <input type="checkbox"/> Mother HIV negative but not retested in the last 3 mths <input type="checkbox"/> Mother HIV unknown <input type="checkbox"/> Baby abandoned	RISK OF HIV TRANSMISSION <input type="checkbox"/>	1. Test mother if unknown 2. Do HIV DNA PCR 3. Refer to HIV exposure SOP	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Mother has TB or has been on TB treatment in the last 6 months <input type="checkbox"/> Mother coughing for more than 2 weeks	RISK OF TUBERCULOSIS <input type="checkbox"/>	1. Refer to TB exposure SOP 2. Commence TB prophylaxis/Rx 3. Give BCG on completion of Rx	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Assessed By:	Signed:	SANC:	Time:
CLINICAL NOTES: (Record below if no risk factors are present)			

**FIRST EXAMINATION OF THE NEONATE:**

To be completed for all newborns either in LW or Post Natal by nurse or doctor.

If baby is classified in the red area do not examine in LW-transfer immediately to neonatal unit. Exam to be completed by nurse/doctor in neonatal unit following stabilisation.

ASSESSMENT	WELL	SICK / ABNORMAL			
Temperature	36 <sup>o</sup> -37 <sup>o</sup> C	Hypothermic	Hyperthermic		
Appearance	Normal	Wasted	LGA	SGA	Dysmorphic
Skin	Intact	Laceration	Rash	Petechiae	Bruising
Colour	Pink	Pale	Plethoric	Cyanosed	
Odour	Normal	Offensive			
Respiration	40-60 bpm	Fast	Slow	Apnoea	
Cry	Normal	High pitched	Hoarse	Weak	Absent
Behaviour	Responsive	Lethargic	Irritable	Jittery	Seizures
Muscle tone	Normal	Hypotonic	Hypertonic	Head lag	
Moro reflex	Present & equal	Asymmetrical	Incomplete	Absent	
Sucking reflex	Present	Weak	Absent	Bites	
Rooting reflex	Present	Absent			
Grasp reflex	Present	Weak	Absent		
Plantar reflex	Present	Absent			
Walking reflex	Present	Absent			
Head shape	Normal	Caput	Asymmetrical	Haematoma	Hydrocephaly
Fontanelles	Normal	Full/Bulging	Large	Sunken	Closed
Sutures	Mobile	Overriding	Fused	Wide	
Face	Symmetrical	Asymmetrical	Abnormal		
Eyes	Normal	Infected	Small /Large	Slanting	Wide apart
Ears	Normal	Malformed	Low set	Rotated	Absent
Nose	Patent	Blocked	Flattened	Abnormal shape	
Mouth	Normal	Cleft lip	Smooth philtrum	Teeth	Cysts
Palate	Intact	Cleft -hard palate	Cleft -soft palate		
Tongue	Normal	Large	Protruding	Tongue- tie	
Chin	Normal	Receding			
Neck	Normal	Swelling	Webbed	Nuchal fold	
Clavicles	Intact	Swelling	Crepitus	Fracture	
Nipples	Normal	Accessory (Extra)	Wide spaced	Mastitis	Absent
Chest movement	Symmetrical	Asymmetrical	Shallow		
Recession	Absent	Intercostal	Sternal	Sub-clavicular	
Breath sounds	Quiet	Grunting	Noisy		
Heart	120-160 bpm	Tachycardia	Bradycardia	Murmur	Heard Rt. side
Arms	Normal	Not moving	Fracture	Brachial palsy	
Fingers	Normal	Polydactyly	Syndactyly	Hypoplastic nails	
Palmar creases	Normal	Single			
Abdomen	Normal	Distended	Scaphoid	↓/absent sounds	Gastroschisis
Umbilicus	Normal	Bleeding	Single artery	Hernia	Exomphalus
Hips	Normal	Dislocated	Dislocatable		
Legs	Normal	Abnormal	Not moving	Genurecuvartum	
Feet	Normal	Position deformity	Clubbed	Rocker bottom	
Toes	Normal	Polydactyly	Syndactyly	Sandal gap	
Back	Normal	Scoliosis	Meningocele	Sacral dimple	Hair tuft
Femoral pulses	Present	Absent			
Genitalia (male)	Testes down	Undescended	Hydrocele	Inguinal hernia	Hypo/epispadias
Genitalia (fem.)	Normal	Ambiguous	Enlarged clitoris	Fused labia	
Anus	Patent	Imperforate	NB Part buttocks & observe anus. Meconium does not mean anus is patent!		
Urine	Passed	Not passed			
Meconium	Passed per rectum	Not passed	NB Ensure meconium is not passed via vaginal/urethral fistula		

**ASSESSMENT:**

NB. Complete Notification Form for any congenital abnormalities noted:

Notification completed:	Y	N		
Examined by:	Signature:		Designation:	
Date:	Time:			
Mother notified of any abnormality:	Y	N	Date:	Time:

**TRANSFER TO NEONATAL UNIT / POST NATAL WARD- CONFIRM CORRECT ID BAND**

Transferred by:	Signature:		SANC No.
Received by:	Signature:		SANC No.
Unit:	Date:		Time:

Baby of: \_\_\_\_\_ Date of birth: \_\_\_\_\_



<b>POST NATAL CARE</b>		<b>To be completed for all newborns in post natal unit.</b>									
<b>PLAN:</b>											
1. <i>Keep baby skin to skin (tied on) with mother. Discharge baby in skin to skin position</i>											
2. <i>Cleansing (once warm): Wipe with warm cloth. Bath only if blood, meconium or offensive smell present. Do not remove vernix. Demonstration bath for all Primigravidas prior to discharge.</i>											
3. <i>Warning signs: Transfer to neonatal unit if baby has- cyanosis; respiratory distress; persistent hypoglycaemia/ thermia; jaundice on Day 1.</i>											
4. <i>All At Risk babies should be seen daily by an MO &amp; observed at least 6hrly. IDM, LGA,SGA - require hourly GMs until stable.</i>											
<b>OBSERVATIONS:</b>		<b>Complete for all well babies on admission, when reviewing mother/12hrly and on discharge.</b>									
Date (DD/MM)											
Time											
Skin to skin-Tied on? (Y / N)											
Temperature (°C) Maintain 36.5-37°C											
Respiratory rate/distress(bpm) Norm.40-60bpm Tachypnoea >60bpm (T), Recession(R), Grunting (G)											
Heart Rate (bpm) Normal 120-160bpm											
Activity-Active and responsive? (Y / N)											
Colour -Pink(P), Pale (Pa), Jaundiced (J), Cyanosed (C)											
Blood Sugar (mmol/l) Maintain 2.5-8mmol/l Only check if at risk/cold or not sucking.											
Hygiene -Record any bath(B) or Wiping (W) Clean eyes & mouth daily with saline/water (C)											
Cord -Clean with Chlorhexidine tincture-✓ Note skin redness(R)/ Discharge (D)/Healthy (H)											
Mothers care of baby -Confident (C), Needs assistance (NA)											
<b>Short line checks-6hrly</b> Record the location- R/L hand (H)/ Foot (F)/Arm(A) Record the condition. Is the distal limb warm, pink & mobile (WPM) or cyanosed (C) or swollen (S)											
<b>Sign:</b>											
<b>Phototherapy (Routine) Commence Phototherapy immediately for any sign of jaundice. If jaundiced on Day 1-transfer to neon. unit.</b>											
<ul style="list-style-type: none"> <li>• Should be given at the mother's bedside.</li> <li>• Cover eyes with eyeshield (Remove during feeds)</li> <li>• Ensure all lights are functional, as close as possible to baby and changed every 1000 hrs</li> <li>• TSB to be taken daily.</li> <li>• Turn 6hrly</li> <li>• Baby to be nursed naked with nappy open.</li> <li>• Breast feed frequently for short periods</li> </ul> <p style="text-align: right;">Hours of use: _____ hrs</p>											
Position- R/L lateral (L), Prone (P), Supine (S)											
Eyes covered- (Y / N)											
TSB (mmol/l)-Daily.											
<b>Date:</b>											
<b>TSB:</b>											
<b>OUTPUT:</b>											
Vomit (refer to neonatal unit if repeated/ projectile)											
Urine (No. of wet nappies)											
Stool (No. of meconium stools)											
<b>FEEDS: Breast feed on demand (8-12 times /day)</b>											
Mother assisted with breast feeding: Hunger cues, positioning, attachment		3hrs post-delivery-Time:				Sign:					
		Before discharge-Date &Time:				Sign:					
Non Breast	Reason for not breast feeding										
	Formula feeding demonstrated		Date:		Mother demonstrated back		Y	N			
No. of feeds											
How taken - Sucked well (SW), Weak suck (WS), Not Latching (NL), Cup (C), Syringe (S)											
Weight -Daily after Day 3. Report if more than 10% weight loss.											
<b>Sign:</b>											

<b>IMMUNISATIONS:</b>													
BCG	YES		NO		Polio	YES		NO		Date:		Sign:	
<b>MOTHER HIV+:</b>		Attach HIV exposure SOP											
<b>ARVs single prophylaxis commenced:</b>		YES		NO		Date:			Time:				
<b>ARVs dual prophylaxis commenced:</b>		YES		NO		Date:			Time:				
<b>DNA PCR taken</b>	YES			NO		Result:			Sign:				
<b>Education</b> (Sign if given)	<b>Feeding-Baby HIV neg</b>		6 months exclusive & continue till 12 months										
	<b>Feeding-Baby HIV pos</b>		6 months exclusive & continue till 24+ months										
	<b>Repeat testing (mother)</b>		Viral Load every 3- 6 months										
	<b>Avoid repeat Infections</b>		Treatment adherence & sexual health										
<b>OTHER MEDS:</b>													
<b>Stipulate:</b>								Date:			Time:		
<b>Given by:</b>						Signed:				Practice No.			

<b>PRE-DISCHARGE CHECK-LIST</b> Discharge: Well babies -by a midwife. At risk babies must only be discharged after 24hrs- by a doctor.															
<b>CURRENT CONDITION:</b>															
First examination completed and documented										✓	If any answer in this block is NO-do not discharge the baby		✓		
Complete Moro reflex											Flexed, active and responsive (moving well)				
No Jaundice											Pink- no tachypnoea or recession				
Breast feeding well											Flash TSB:				
Cord clamped, not bleeding, no flare											Eyes clear				
Social work referral if teenager											Maintaining temperature 36 <sup>5</sup> -37°C				
<b>OUTPUT :</b>											All IV lines/dressings removed				
Urine passed											Meconium passed				
<b>IMMUNISATION AND MEDICATIONS:</b>															
BCG & Polio											ARV's				
<b>HEALTH EDUCATION:</b>															
Family planning											Hand washing				
Breast feeding-exclusive, milk supply, support, duration											General hygiene				
Infant feeding-complementary feeding, preparation, amounts											Jaundice				
Thermal Care-KMC at home. Discharge in KMC position											Duration of ARV therapy				
Buttock care											Cord care				
<b>Common problems:</b>											<b>Danger signs:</b> Cold/hot to touch, pale/blue colour, reduced activity /difficult to wake, poor feeding, vomiting/diarrhoea, fast/ noisy breathing, chest indrawing, infected cord				
Sticky eyes, colic, poor sleep, diarrhoea, nappy rash															
<b>DOCUMENTATION:</b>															
Weight plotted on percentile chart											A- Appropriate	L- Large	S- Small	GA- Gestational age	
ID band identification confirmed by mother											AGA	LGA	SGA		
RtHB completed- Pg ii ,27 and 38											Birth registration done				
RtHB instructions given to mother											RtHB given to the mother				
Follow up appointments given to mother											Referral for grant if indicated				
<b>Sign:</b>											<b>Print:</b>		<b>Desig.</b>		
<b>MANAGEMENT PLAN:</b>															
Problem list completed on cover?										Y	N	Problem list completed-Pg. 6 RtHB?		Y	N
<b>FOLLOW UP</b>															
<b>TYPE</b>		<b>NORM</b>			<b>DATE</b>			<b>PLACE</b>							
PHC CLINIC		All babies-			3-6 Days										
					6 Weeks										
KMC FOLLOW UP		Babies <2kg weekly till 2.5Kg													
PMTCT / PHC Clinic		For PCR result													
CCG REFERRAL		3-6 Days						Name:							
								Contact details:							
<b>Discharged by: Sign:</b>					<b>Print:</b>			<b>MP No.</b>							
<b>Date:</b>					<b>Time:</b>			<b>Discharge weight:</b>							
								<b>Grams</b>							
<b>Discharge Details above acknowledged by mother:</b>															
<b>Name:</b>					<b>Signed:</b>										

Baby of: \_\_\_\_\_ Date of birth: \_\_\_\_\_

