

## **NEON. DISCHARGE SUMMARY: BASIC**

Mothers birth date/Age:   Fathers name:   Fa	Make four copie						n paed.	outpa	itient	file), 1	in inp	oatient f	ile, 1	staple	d to ro	ad to h	nealth l	oool	<u>with</u>	
Mother's name:																				
Clinic attendance at:			ID No: Mothers birth date						te/ Age	2:										
Clinic attendance at:   Gest. at 1"booking:   No of wists:   Rh:   HIV test result:   Viral load:   ARVs commenced:   V / N   Date:   RR PMTC ronly:   Ufelong:   RPR:   Titre:    Syphilis Rapid:   RPR:   Titre:    Antenatal risk factors:   Titre:   Titre:   Titre:    Antenatal risk factors:   Titre:   Titre:	Fathers name:							Pri												
HIV test result:   New   Viral loads   Feeding choice   Seeding choice	Social history: (Employment, Grants, electricity, water etc)																			
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Date of Birth:   Wis.   Date of discharge:   Wisharged from:	Rahy Details:																			
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Sign: Print: MP No.	_							Pri	int:							MP N	No.			

Follow up: Summary, KMC FU & percentile chart in RTHB? Y / N									
CCG/Clinic Name:		Contact No.							
Clinic	Frequency (Guide)	Date	Place	Mother signs received					
PHC	3 days, 6 weeks, 10 weeks								
ARV	3-6 days, 10/14 weeks, monthly								
POPD	1-4 weeks								
KMC	3-6 days; Weekly-2weekly								
Neonatal /High risk	1 month								
ROP									
Audiology									

## KMC follow up requirements:

- 1. Follow up on Day 3 & 7 post discharge at KMC clinic/POPD and then 1-2 weekly at PHC until 40 weeks/2500g.
- 2. Plot weekly weight on attached Preterm Growth Chart.
- **3.** Copy this chart if more space is required for assessments.

## **Refer for Readmission if:**

- 1. Baby's temperature is less than 36<sup>5</sup>°C or more than 37<sup>5</sup>°C despite effective skin to skin position
- 2. Baby is not gaining at least 15-20grams/day

  3. Baby is not sucking or feeding well. (At least 8 feeds in 24hrs)
- 4. Baby is lethargic or pale or blue 5. Excessive vomiting or loose stools
- 6. Baby has fast/noisy breathing, rib/chest in drawing or nasal flaring.

**Re-counsel & monitor closely if:** Baby did not arrive in KMC position / received less than 20hrs skin to skin position in 24hrs

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Assessments Day 3 and 7 Post Discharge KMC clinic /POPD (Hospital)										
				Day 3		Day 7				
Date:										
Weight: (Gain at least 15-20 g										
No. of breastfeeds in last 24 h										
Did baby come in skin-to-skin										
Duration of skin-to-skin in last	24 hrs:									
Is baby warm?	Temperat	ure:								
Is baby pink, active & respons										
Fast, noisy breathing, chest in										
Skin rash, eye discharge, umb	ilical cord dry	/}								
Education given:										
Other Comments/findings/act	tions:									
Print & sign name:										
Assessments 1-2 we	ekly -PHC.	Comp	plete below if Fl	J in POPD. U	se IMCI- 0-2months as	ssessment	t form if FU in PHC			
Date:										
Weight: (Gain at least 15-20 g	rams/day)									
No. of breastfeeds in last 24 h	rs:									
Head circumference & Length										
Did baby come in skin-to-skin	position?									
Duration of skin-to-skin in last	24 hrs?									
Is baby warm?	Temperatu	re:								
Is baby pink, active & respons	ive?									
Fast, noisy breathing, chest in										
Skin rash, eye discharge and c	ord dry?									
Other Comments/findings/actions:										
Print & sign name:										
If baby needs readmission	n:					•				
Date:		Reaso	ons:							
						_				
<b>Graduated from KMC:</b>		Gestation:		Weight:						
Abbreviations: KMC=Kangaroo mot	her care; POPD=	Paediatr	ic outpatients depa	rtment; PHC= Pr	imary healthcare clinic; hrs	=hours, FU=	Follow up			