



If discharged/transferred down-make four copies : 1 for mother (to be inserted in paediatric outpatient file), 1 stapled to road to health book with percentile chart and KMC follow up, 1 in inpatient file and 1 in ward discharge file.

If transferred up-make 2 copies-1 in inpatient file and 1 for receiving hospital

Details	Referring/Discharge Hospital	Receiving Hospital
Hospital:		
Unit:		
Contact number:		
Doctor:		
Sign:		
Nurse:		
Date:		
Reason for transfer:		

Maternal Details:				Tel. no:	
Name:		IP No:		Age:	
Clinic attended:		Gest. at 1 st booking:		No of visits:	
Obstetric history:	Grav/Para:				
Syphilis Rapid:		RPR:		Titre:	
TB Positive:	Y / N	Date of diagnosis:		Treatment started:	
HIV test result:		Viral load:		ARVs commenced:	Y / N Date:
Rx PMTCT only:		Lifelong:		Feeding choice:	
Other risk factors:					
Current condition:					
		Bed booked at receiving hosp?:	Lodger	Post Natal	
Social History: Employment, grants, electricity, water etc)					

Baby Details:							
Name:		IP Number		Day of life:		Gender:	
Date of Birth:		Composite gest. age:	wks.	Current gestation:	wks.	ANCS doses:	
Place of Birth:		Mode:		Liquor:		Apgars:	
Birth weight:	g	Birth Length:	cm	Birth COH:	cm	AGA / LGA / SGA	
Identified at birth?	Y / N	Konakion given?	Y / N	Chloromycetin to eyes ?	Y / N	Put to breast?	Y / N
Risk factors, Problems and Resuscitation required:	Apgar <7 at 5mins? Cord pH:						

HIV Management:			
HIV PCR results: (Write barcodes)	Birth:		Barcode:
	10 weeks:		Bar code:
	14 weeks:		Barcode:
Treatment:			Co-trimoxazole (at 6 weeks)

Name: _____

Date: _____

Problem List: (Cur= Current; Res=Resolved)				
Problem	Cur	Res	Investigations and management (See also below)	ICD 10 Code

(Cur= Current; Res=Resolved)

[illegible][illegible]

Date						Date						
Time						Time						
pH						Na						
pCO ₂						K						
pO ₂						Cl						
Bicarb						Urea						
BE						Creat						
Lact						Ca						
Hb						Mg						
WBC						Phos						
Platelets						Alb						
CRP						Bilirubin						

Name: _____

Date:

Miscellaneous Investigations				
Date	Time	Name		

Cultures				
Date	Time	Type	Laboratory Number	Result and Sensitivities

Radiology/Ultrasound		
Date	Type	Findings

Management History (If not mentioned above):								
Nutrition:								
Central lines:	UVC	days	UAC	days	PICC	days	CVC	days
Respiratory support:	Nasal Prongs	days	CPAP	days	Ventilated	days	Surfactant:	doses
Jaundice:	Phototherapy	days	Double photo.	days	Exchange trans.	Y / N	Max. TSB:	
Body cooling:	Commenced:		Time:		Discontinued:		Time:	
Antimicrobials with duration:								
Other medication:								

Current Condition and ongoing management required on Transfer/Discharge:										
General Condition & current observations: (If transferred)	Temp:	°C		Pulse:	bpm	BP		Colour:		
	Gluc:	mmol/l		Resp:	bpm	SPO ₂	%	FIO ₂	%	
	Respiratory Support:	Nil	NP	Vent.	Vent. settings	PIP		PEEP		
	Weight	gm			Length:	cm		COH:	cm	
Intake and Output: (If transferred)	Urine:			Last stool: (date & time)			Description:			
	Req. volume:	ml/kg/day				Daily volume:	mls /day			
	IV Fluid:					Total volume:	mls	Site:		
	Feed:					Total volume:	mls	Route:		
	Last fed date:				Time:					
Immunizations given:	Birth:					6 weeks:				
Medications:	Medication:				Dose:			Frequency:	Plan:	

Name: _____

Date: _____

Further management: (including social- if relevant)						
Documentation: To accompany baby if transferred. Complete Pg ii ,27 and 38 in RTHB						
Summary, KMC FU & percentile chart in RTHB? (Disch.)			Y / N / NA	Consent- If required & mother not with baby		Y / N / NA
Blood results	Y / N / NA	X-rays	Y / N / NA	Road to health card	Y / N	
Sign:			Print:			Practice No.

Follow up bookings: As required				
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			
Neonatal /High risk	1 month			
ROP				
Audiology				
Rehabilitation				
Surgery				

Final Discharge details from base hospital (if different from above):					
Further Problems and Management:					
Problems	Curr.	Investigations and management			ICD 10 Code
Weight:		Length:		COH:	
Feeding:					
Medications: (Additional/ amended from above)	Medication:	Dose:	Frequency:	Plan:	
Other comments/ Management:					
Summary, KMC FU & percentile chart in RTHB?		YES		NO	
Discharged from:		Date:		Time:	
Sign:		Print:		MP No.	
Abbreviations: A/L/SGA=Appropriate/Small/Large for gestational age; ANCS= Antenatal corticosteroids; ARV=Anti-retroviral; BP=Blood pressure; bpm=beats/ breaths per minute; CCG= community care giver; cm=centimeter; COH= Circumference of head; CPAP= Continuous positive airways pressure; Curr=current; CVC=Central venous catheter; Disch= Discharge; FIO ₂ =Fraction of inspired oxygen; FU= Follow up; g=gram; Gest= Gestation; Gluc=Glucose reading; HIV=Human immunodeficiency virus; Hosp= Hospital; IP= In patient; kg=kilograms; KMC= Kangaroo mother care; L-Length; Max= Maximum; ml= milliliters; N= No; PCR=Polymerase chain reaction; pH= concentration of hydrogen ions; PHC= Primary health care; PICC= Peripherally inserted central; POPD= Paediatric outpatient department; PMTCT=Prevention of mother to child transmission; Resp= Respiration; ROP= Retinopathy of prematurity; RPR=Rapid plasma regain; Rh=Rh factor; R _x =Treatment; SPO ₂ =Oxygen saturation; TB=Tuberculosis; Temp=temperature; Trans=transfusion; TSB= Total serum bilirubin; U/AVC= Umbilical venous/arterial catheter; wks = weeks; Y= Yes					

Name: _____

Date: _____