



# NEON. DISCHARGE SUMMARY: BASIC

**Make four copies:** 1 for mother (to be inserted in paed. outpatient file), 1 in inpatient file, 1 stapled to road to health book with percentile chart and Preterm follow up and 1 in ward discharge file

<b>Maternal Details:</b>				<b>Tel. no:</b>	
Name:		IP No:		Age:	
Fathers name:		Primary care giver:			
Clinic attended:		No of visits:		Rh:	
Obstetric history:	Grav/Para:				
Syphilis Rapid:		RPR:		Titre:	Treatment:
TB Positive:	Y / N	Date of diagnosis:		Treatment started:	
HIV test result:		Viral load:		ARVs commenced:	Y / N Date:
Treatment:	PMTCT only?		Lifelong?		Feeding choice:
Other risk factors:					
Current condition:					
Social History: Employment, grants, electricity, water etc)					

<b>Baby Details:</b>					
Date of Birth:		Gestation at birth:		Steroid doses:	
Place of Birth:		Mode:		Apgars:	
Birth weight:	g	Birth Length:	cm	Birth COH:	cm
Gender:		Date of admission:		Day of life:	
Date of discharge:	wks.	Disch. gestation:	wks.	Discharged from:	
Discharge weight:	g	Disch. Length:	cm	Disch. COH:	cm
Problems and resuscitation at birth:	Apgar <7at 5 mins.? <b>Cord pH:</b>				

<b>Problem List:</b>				C=Current R=Resolved
Problem	C / R			ICD 10 Code
Prematurity:				
Sepsis:				
Jaundice:				
Neon. encephalopathy:				
Cong. abnormality:				
Other:				

<b>Relevant Investigations:</b>	( If not mentioned above)

<b>Management and procedures:</b>					
Nutrition:	NPO	days	UVC	days	Feeds on discharge:
Resp. support:	Nasal Prongs:	↑L	CPAP	↑PEEP:	
Antimicrobials & duration:					
Other meds:					
HIV	Birth PCR:		Management:		
Jaundice:	Coombs:	Positive	Negative	Unknown	Highest TSB:

Ongoing care required:							
Birth Registration	Registered?	Y	N	Advice given if no?	Y	N	
Immunizations given:	Birth:			6 weeks:			
Road to health book:	Pg 27 & 38 completed?	Y	N	Preterm follow up attached?	Y	N	
	Disch. summary attached?	Y	N	Given to mother?	Y	N	
Medications: (Include supplements and ARVs)	Medication:		Dose:		Frequency:		Discontinue:
Further management:							

Follow up bookings: As required					
CCG/Clinic Name:	Frequency (Guide)	Contact No.	Date	Place	Mother signs received:
Preterm follow up	Day 3, 7 and 1-2 weekly				
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					
Sign:		Print:			MP No.