Ward 4 Discharge Procedure and documentation

General rules when considering discharge

The doctor & consultant decide whether a patient is ready for discharge considering the following:

a) All LBW infants should regain birth weight & feed well from cup & breast before discharge.
b) ELBW and VLBW infants may be discharged when they reach a weight close to 1,6 kg and / or a gestational age of >34 weeks and are feeding well from cup and breast.
c) In the case of twins – they may be discharged when both have regained birth weight or if smallest twin weighs more than 1,6 kg
d) Infants on oxygen due to BPD must be off oxygen for at least three days before considering discharge and they must also have regained birth weight.
e) An infant who has already regained birth weight, keep in ward for 3 days to see weight gain and for mother to practice KMC.
f) Babies with HIE and head cooling should stay in ward until baby is feeding well from cup and breast and is gaining weight.

Discharge procedure:

1. The doctor informs the sister in charge who is for discharge on that specific day
2. The doctor writes a prescription (TTO) at the back of the prescription sheet (KH79/01E) which should be placed in the wire tray at the entrance of the ward before 11h00 in the morning.
3. The doctor informs the dietician which infants are for discharge. The dietician will provide a cup and FM 85 where appropriate.
4. Patients who should be followed up at the Ward 4 clinics:
   a) All LBW and or premature infants and any feeding problems.
   b) All infants with teenage mothers or mothers suffering from diabetes
   c) Only infants with complicated jaundice need follow up – exchange transfusion, Rh-incompatibility, prolonged jaundice, abnormal liver functions.
   d) Term babies who suffered from severe HIE. These babies will be seen at KMC clinic to make sure baby is gaining weight. Make sure they have a High risk clinic appointment on a Wednesday. Arrange this with Martha Rabothata #4510.
   e) Infants who had a proven meningitis and UTI. Non specific congenital infections do not need follow up if infant is term with good birth weight.
5. Essential Documentation on Discharge:
   a) Sign the TPH3 forms for the baby and mother
   b) Sign the lodger form (TPH100)
   c) Complete the W4 statistics form.
      - Enter the discharge date, discharge weight and the follow up date on the stats form. Any special investigations outstanding – write the bar code or apply the bar code sticker on the form and in the Road to Health chart (RTHC) on page 6.
      - Any appointments that are made for sonars, follow up clinics at SBAH must also be written on the statistics form and the RTHC.
      - Staple the daily growth chart onto the statistics form. (Only for LBW infants).
      - File the statistics form in the appropriate admission month envelope stored in the black suitcase in the doctor's room.
   d) Follow-up appointments - book the follow-up details in the ward 4 clinic diary and write the date on the W4 stats form. Details needed when booking the appointment – Patient name, registration number & <u>Ward 4 admission month.</u> Also book sonar appointments in diary!
   e) Complete the (RTHC) on page 6 and 7. Summarise the problem list on page 6.
      - Enter the discharge date and discharge weight on page 6.
      - Write the date, time and location of the follow-up clinic/s on the bottom of page 6.
      - Complete page 7 by marking the appropriate information with regards to the HIV status of the mother and whether the baby is receiving Nevirapine treatment.
      - Make sure that the infant received all the immunisations and that it has been completed correctly. Provide the mother with next immunisation date.
   f) Write a discharge summary. If there is already a discharge summary from the HCU, add to the existing summary. Staple the original copy of the summary onto the last page of the RTHC. A summary can also be written in the RTHC on page 6 if admission is uncomplicated
   g) Complete the KMC or ward 4 discharge register with the details of the patient.