

Check List of Patients for Discharge
Kalafong Hospital, Ward 4, KMC unit

Please tick the appropriate boxes and write the date if applicable:

Special investigations Action:	Tick	Date
1. Eye exam appointments: All infants BW < 1301g or <32 weeks gestation). The eyes should be screened when the infant is 6 weeks old. The eye clinic is on a Tuesday after the KMC clinic and takes place in ward 4. During the KMC clinic Cyclomydral eye drops are instilled into the eyes. Appointments must be made in the eye appointment book.		
2. Skull sonar: All infants, BW < 1501 g, should have a skull sonar before discharge from the KMC unit. The result of the sonar should be recorded on the pink statistics form.		
3. Heart sonar: All twins and infants with audible heart murmurs should have heart sonars. Consultant must co-sign the request form. Write result on stats form!		
4. Hip sonar: All infants born in the breech position must have a hip sonar before discharge. If the hip is dislocated (classified as Harke 4 or 5) the infant must be referred to the Orthopaedic Paediatric clinic for management.		
5. s-Phosphate levels: All infants with a BW < 1301g should have a s-Phosphate level done between 3-4 weeks of age or at discharge. If the s-phosphate level is <1,8 the infant should be placed on oral diabetic phosphate solution, 1 ml with each feed x 7 days. Or 0,2ml Fleet enema with each feed for 7 days. Repeat the s-phosphate levels after 7 days, if normal discontinue treatment. Write the result on the statistics form.		
6. Repeat FBC, platelets and <u>reticulocytes</u> - Infants that had a birth weight of 1200g or less should have FBC and reticulocyte investigations at 10 –14 days intervals depending on the Hb value of the infant.		
7. All infants must receive their immunisation before leaving the hospital: Make sure of the next immunization appointment date. Make sure that infants who stay in the ward for a long time receive their follow up immunisations in the ward.		
8. Road to Health Chart: On discharge a summary of the clinical problems and appointments should be written in the chart. Write whether baby should receive PCR test and cotrimoxazole prophylaxis.		
9. Birth certificate for the infant: Mothers can register their babies at Kalafong ANC clinic as soon as they have received the Road to Health Chart. They must have their ID document to do this.		
10. Grant application forms: Where applicable assist mothers to obtain grant application forms to receive the child care grant by referring them to the social worker. The birth certificate is necessary to apply for a grant.		
11. HIV exposed infants: Inform the mothers that their babies should be tested at the local clinic when infant receives the 6 weeks immunisations. If infant is in ward at 6 weeks of age send HIV PCR. Make sure infant is on cotrimoxazole prophylaxis		
12. Adult Immunology Clinic: Make sure that the mother also has a follow-up date.		
13. HIV exposed infants: AZT prophylaxis for 7 days or 28 days depending on whether the mother received prophylaxis or not.		
14. HIV exposed infants' feeding choices: Make sure mother was counselled about the preferred method of feeding before discharge. Check whether AFASS infant feeding choice form was completed. Explain exclusive breastfeeding to her. If she decides to formula feed her infant send her to the dietician's clinic to learn how to prepare formula feeds correctly and the correct method to clean the bottles.		
15. HIV coding: Make sure that the code is printed on the Road to health chart in infants that are HIV exposed. This will help mothers to receive free formula milk from the local clinics. They must also receive a feeding card from Sister in Kalafong ANC clinic on discharge. Send mother to fetch the card on discharge.		
16. Hearing screening appointment: All infants admitted to NICU must have a hearing appointment on discharge. Martha Rabothata in the HCU [x6550] makes the appointments for Wednesdays at the ENT clinic. If the patient did not receive a date, phone Martha to get an appointment date.		
17. Contraceptives: Discuss family planning choices with the mother and refer where necessary.		
18. Arranging Home Oxygen: Oxygen dependent Infants can go home on O ₂ if they live in Gauteng & has electricity at home. They can be discharged when the infant weighs 2.5 kg. A special prescription form must be completed with the infant's details, the mother's ID number, home address & telephone number and faxed to the appropriate clinic who will arrange the home O ₂ . See notes on organising home O ₂ .		
19. KMC clinic follow up date: An appointment must be made in the KMC appointment diary on a Tuesday. The KMC clinic is situated in the KMC ward. The clinic takes place on Tuesday mornings from 8h00 – 11h00. The mothers must bring the Road to Health charts with them. They do not have to fetch their files.		
20. Growth chart completion: Make sure that all the infants have a completed growth chart which should be attached to the pink statistics form on discharge.		
21. TTO's: Complete the TTO's before 10h00. Identify babies for possible discharge and prescribe TTO's. The TTO's can be kept in the medicine room until baby is discharged. TTO details are in the doctor's guidelines		
22. KMC green Statistics forms: <u>NB!</u> Complete the statistics form and remove it from the patient's file together with the growth chart and place it in the appropriate brown envelope in the KMC suitcase. The KMC clinic cannot function without these forms!		
23. Oral Rehydration Solution: All mothers should receive instructions on how to prepare this solution and to give it to the infant when it has diarrhoea		
24. Ward Statistics and ICD 10 Codes: Complete the Ward statistics form and the appropriate ICD10 codes for each patient that is discharged. This form with the list of discharges for the past week must be handed to Dr Snyman or the secretary of Paediatrics each week on a Thursday.		
25. Appointment dates: Make sure the mother receives the appointment dates for the respective clinics.		