Contact phone number:

STATISTICS FORM - KALAFONG HOSPITAL - KANGAROO MOTHER CARE UNIT

GENERAL I	NFORMA ⁻	TION	U (L) (I	KMC	/W4A Ad	mission M	Month:	JIIIEK OA		••	
Gender: N	И F Ad	dmission da	ite: W4A :	/	/ 20	(d/m/y)	KMC:	/	/ 20	(d/m/y)	
Hospital number: Name:											
Birth Weight Kg Admission weight: W4A: Kg KMC:									Kg		
Date of Birth: / / 20 (d/m/y) Time of birth: Gestational age: w (Bal										w (Ballard)	
TRANSFER DETAILS Mom's hospital number:											
Admitted from		T/F date out of KMC									
Transferred out to NICU HC Other:					T/F date back to KMC						
PATIENT CARE DETAILS HIV: Mom Date tested: On ARV's since:											
Retrovirus s	tatus:	Exposed Ne	eg Declined	CD4:	Vir	al count		Birth PCR			
Oxygen Rx i	in KMC?	Yes N	o Home O	2 If yes ι	until date:	(d/m/y)	1	/ 20			
Feeding options: Breastfeeding BM Bank Pasteurise Formula Immunisation date							e:				
IN CASE OF DEATH Date of Death (d/m/y) / / 20 Death Dx:											
INIVESTIGATIONS: s-Phosphate (BW < 1301g)											
My Corrovations: @ age 3-4/52 (Date /Result): Urea: (Date /Result): HCO3:											
Sonar: (BW < 1501g, Twins, Diabetes, Down's, Breech)											
MOTHER'S INFO: G P M Age: yrs Country: RSA Other:											
Contraception: Depo IUCD Implant Pill BTL Language: Town/suburb: Notes: C/section PET Psychosis Diabetes TB NVD											
DISCHARGE DETAILS ROP clinic: (BW < 1301g, <32w): High Risk Clinic:											
Discharge D		/ /20			/ /20		MC Fol Up:	Yes	No		
Discharge V		 W4A:		Kg KN	IC:			'U Date:	/	/20	
Dx & Problem list:											
1											
2											
3											
4 Do not write below this line!											
KMC FOLL	OW UP CI	INIC									
Date	Weight	Head ⊙	Length	Feeds							
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	K	g cm	cm					·····			
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