

DISCHARGE NOTES : FOR SNCU RECORD

SNCU Reg. No.		Sex : M / F
Baby of (Mother's Name)		Father's Name :
Date & Time of Discharge/...../20.....	Age on Discharge : Wt. on Discharge (Kg) :
Final Outcome	Successfully Discharged / Left Against Medical Advice / Referred / Expired	

***Final Diagnosis** (Encircle the most relevant single diagnosis, If multiple causes also mention all relevant numbers in the end as per priority)

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|--|--|---|
| <ul style="list-style-type: none"> • ELBW (999 gm or less) : P 07.0 • Other LBW (1000 gm – 2499 gm) : P 07.1 • Extreme Immaturity (<28 Weeks) : P 07.2 • Prematurity (28-<37 Weeks) : P 07.3 • Small for Gestational Age (IUGR) : P 05.1 • Neonatal Aspiration of Meconium : P 24.0 • RDS of Newborn (HMD) : P 22.0 • Transient Tachypnoea of Newborn : P 22.1 • Pneumothorax : P 25.1 • Congenital Pneumonia : P 23 • Acquired Pneumonia : J 15 • Primary Sleep Apnoea of Newborn : P 28.3 • Birth Asphyxia : P 21.0 • HIE of Newborn : P 91.6 • Neonatal Sepsis : P 36.9 • Meningitis : G 00 | <ul style="list-style-type: none"> • Convulsions of Newborn : P 90
(Hypoxic, Hypoglycaemic, Hypocalcaemic, CNS Infections, Birth Trauma, Metabolic, Other, Unknown Cause) • Hemolytic disease of Newborn : P 55 • Neonatal Jaundice : P 59 • Acute Renal Failure : N 17 • Neonatal Cardiac Failure : P 29.0 • Shock : R 57 • DIC : P 60 • Intraventricular Hemorrhage : P 52.3 • Neonatal Diarrhoea : A 09 • Tetanus Neonatorum : A 33 • Hypothermia of Newborn : P 80 • Environmental Hyperthermia of Newborn : P 81.0 • Neonatal Hypoglycaemia : P 70.4 | <ul style="list-style-type: none"> • Congenital Malformation :
(a) Cong. Diaphragmatic Hernia : Q 79.0
(b) Cong. Hydrocephalus : Q 03
(c) Meningomyelocele : Q 05
(d) Imperforate anus : Q 42.3
(e) T.O. Fistula : Q 39.2
(f) Congenital Heart Disease : Q 21
(g) Cleft Palate : Q 35
(h) Cleft Lip : Q 36
(I) Cleft Palate with Cleft Lip : Q 37
(j) Congenital Deformities of Hip : Q 65
(k) Congenital Deformities of Feet : Q 66
(l) Other Malformation (.....) • Any Other Diagnosis (.....) • Multiple Diagnosis-Mention All Relevant Codes :
a b c d |
|--|--|---|

*(Based on WHO, ICD - 10 Version: 2010)

TREATMENT GIVEN

1. Oxygen : Yes / No (If yes duration.....)
2. Phototherapy : Yes / No (If yes duration.....)
3. Step-Down : Yes / No (If yes duration.....)
4. KMC : Yes / No (If yes duration.....)
5. Antibiotics : Yes / No (If yes fill the details below)

	Name & Dose	No. of Days
a)
b)
c)
d)

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COURSE DURING TREATMENT

CONDITION ON DISCHARGE

IMMUNIZATION STATUS

RI Card	<input type="checkbox"/>
BCG	<input type="checkbox"/>
OPV (0 Dose)	<input type="checkbox"/>
Hepatitis B (Birth Dose)	<input type="checkbox"/>

TREATMENT ADVISED ON DISCHARGE

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Doctor's Name and Signature