



KPJ KLANG
SPECIALIST HOSPITAL

No 102, Persiaran Rajawali/ KU1,
Bandar Baru Klang,
41150 Klang, Selangor, Malaysia
Tel : 03-3377 7888 Fax : 03-3377 7800

NURSING SERVICES

**DISCHARGE CARE PLAN
(NEWBORN)**

Name :
MRN :
D.O.B :
SEX :
Ward :
Bed No : Date :

Date of Discharge : _____ Time of Discharge : _____

Information	Tick
Breast feed instruction	<input type="checkbox"/>
Baby : PU	<input type="checkbox"/>
BO	<input type="checkbox"/>
Cord care (alcohol swab 15 pcs given to mother)	<input type="checkbox"/>
Baby immunization record book	<input type="checkbox"/>
BCG given	<input type="checkbox"/>
HEPATITIS B vaccine and baby	<input type="checkbox"/>
Appointment card mother and baby	<input type="checkbox"/>
Newborn screening result (G6PD, TSH & BLOOD GROUPING)	<input type="checkbox"/>
Completed Birth Certificate (for Jabatan Pendaftaran Negara)	<input type="checkbox"/>
Completed Baby Release Form (KLGSH-MAT-F-11)	<input type="checkbox"/>

Staff's Name & Signature : _____
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