

Discharge/Transfer Letter



Western Cape
Government

Neonatal Unit
Groote Schuur Hospital
021-404-6069

Baby of: **Folder Number:** _____ **DOB:** _____ **Gender:** female **Mothers Age:** _____ **Mode Of Delivery:** Vaginal
Apgars (1min): 7 **Apgars (5min):** 9 **Birth Weight:** 900 **Head Circumference:** 23.8 **Gestational Age:** 27
weeks and 2 days

Problem list

- ELBW
- Extremely Premature (27 weeks and 2 days)
- RVDe if RVD+ from additional birth details above. PCR Result
- RDS requiring surfactant (from VON)
- CLD

NEC+

- Ventilation (from question 2 above). Include day of life of starting and number of days and diagnosis

- HIE and info from question 3 above
- Neonatal jaundice – from question 1 above
- Sepsis from question 4 above
- Fetal Medicine Unit (info from 5 above)
- Abnormal Head Ultrasound (info from 7 above)
- Chromosomes done (info from 6 above)
- Vaccine done (info from 8 above)

Notes:

Date of Discharge/Transfer:

Meds: _____

Feeds: _____

Follow up appointments:

Done by: Dr