Hi

So for the discharge/transfer letter the following information is required. I have tried to give the allowable inputs in brackets. I have used ? for unknown. If certain answers are given then more information is required eg: if Yes, then …..

The questions coloured in red are already asked in the VON form, so would not need to be re-asked for the babies <1501g. The questions in black would therefore be additional information required for the VON babies.

Some definitions for you so you understand better:

Grav = number of times mom has been pregnant

Para = number of live babies she has had

RVD = HIV (there is still stigma to HIV so we use RVD which is short for retroviral disease)

PCR+ = the baby is infected with HIV

Apgar score. 0 to 10. A score we give babies at 1 and 5 minutes of age. The better they are breathing and moving, the higher the score

GA = gestational age. This is given in weeks and days. For example 32 weeks and 5 days would be written as 32+5

FMU: Fetal Medicine Unit (antenatal scans showed something wrong)

The discharge or transfer form is very similar except it would say discharge or transfer and if a transfer where the baby is going to.

It would be populated by the information either on the VON form (plus additional questions) or the form for non-Von babies.

When it comes to the problem lists, some of these are populated automatically (see below). The doctors must be able to add additional information to these. They must also be able to add additional problems with space for comments. We could have a maximum of 10 should space be an issue

I’m sure you won’t understand everything I’ve written, but see this below and see what you think. I’m available if you need to meet

1. Additional birth details

Mother ‘s Age

Grav (between 1 and 10 and ?)

Para (between 1 and 10 and ?)

RVD (Y/N/?)

If Y then viral load (number or ?)

Baby PCR (+ve -ve or ?)

Place of delivery (if not inborn)

Mode of delivery (C/S or NVD or vacuum).

Sex of infant (Male/Female/Indeterminate/?)

Twin/Triplet? If yes then (A or B or ?) for Twin and A or B or C for Triplet

Birth weight

Gestational age (\_\_\_weeks \_\_\_days or term)

Head circumference (20-60cm)

Length (20-70cm)

Apgar score 1 minute (0-10 or ?) \_\_\_\_

5 minute (0-10 or ?) \_\_\_\_

2 Clinical

1. Jaundice needing phototherapy (Y/N). If Y then ask if level ever above exchange line
2. Invasive ventilation. If Y then
   * + 1. What day of life started
       2. `How many days in total
       3. Diagnosis
3. If >1800g ask if there was Hypoxic Ischaemic Encephalopathy (HIE) (Y/N). If Y then
   * + 1. Highest HIE score (number or ?)
       2. Cooled? (Y/N)
       3. CFM at 48hrs (Y/N/?). If Y
          1. Normal
          2. DNV (Discontinues normal)
          3. Severely abnormal
4. Sepsis during admission: Confirmed/Suspected/No.
   1. If confirmed or suspected, then
      1. Number of episodes (1-5)
      2. Meningitis Y/N
      3. Organism(s) – only if confirmed

3 Investigations and procedures:

1. FMU scan (Y/N). If Y then a box for antenatal scan
2. Chromosomes (Y/N). If Y then a space for results
3. Abnormal head ultrasound (Y/N). Box for details
4. If baby >40days old ask if has received 6/52 immunizations (Y/N) on which date?

Discharge/transfer (choose one). Will then become the Discharge or Transfer Letter depending on choice

4 Discharge/Transfer information

Transfer to:

Discharge/transfer date

Weight

Head circumference

Medications (more than 1 usually)

Feeds

Follow up appointments

1. Where and when … may be more than one place
2. Immunization Date (6/52 from birth or 4/52 from date in question 8) if baby has received
3. If Mom RVD + then will need 10/52 PCR test
4. Needs ROP screen (if baby <1400g) Y/N . If Y then must enter date

Discharge/transfer letter

Discharge/Transfer Letter

Western Cape Logo Neonatal Unit Groote Schuur Hospital 021-4046069

Baby of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Folder no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender\_\_\_\_\_\_\_\_ Mom \_\_\_yrs G\_P\_ (mode of delivery) at \_(GSH if inborn, Admission date(if OB)

Apgars \_\_ (1min) \_\_\_ 5 min. Birth weight \_\_\_ g; length \_\_\_ cm; HC \_\_\_ cm GA \_\_\_\_\_

Problem list

The idea here would be to list the neonatal problems, with the ability to write comments after each problem. The number of problems would vary from 1 to 10 . Some of these must be partially filled from the information we already have, and then the doctors can add additional problems if they need to. Could potentially split them so half could be on one side of page and half on other

Which ones Must be added automatically:

1. ELBW/VLBW/LBW. If the baby is <1000g then ELBW, 1000-1499 then VLBW and 1500-2500 LBW
2. Extremely premature (<28 weeks), Very premature (28-<32 weeks); Premature (32-<37 weeks). (put GA in brackets)
3. Multiple pregnancy (if twin/triplet)
4. RVDe if RVD+ from additional birth details above. PCR Result
5. RDS requiring surfactant (from VON)
6. CLD if oxygen at 36 weeks (from VON)
7. NEC if NEC+ (from VON)
8. Ventilation (from question 2 above). Include day of life of starting and number of days and diagnosis
9. HIE and info from question 3 above
10. Neonatal jaundice – from question 1 above
11. Sepsis from question 4 above
12. Fetal Medicine Unit (info from 5 above)
13. Abnormal Head Ultrasound (info from 7 above)
14. Chromosomes done (info from 6 above)
15. Vaccine done (info from 8 above)

(Give options for additional problems with explanations)

Date of Discharge/Transfer \_\_\_\_\_\_\_\_\_ (place of transfer) Weight Head circumference

Meds

Feeds

Follow up appointments

Done by Dr \_\_\_\_\_\_\_\_\_\_\_\_