[Hospital Name] Newborn Unit Exit Form

Infant Name					**IP No.**		
Age	days	**Sex**	**F□ M□ Indeterminate□**	**Birth wt**	grams	**Exit wt**	grams
Mode of delivery	SVD □ CS □ Breech □ Vacuum □ Forceps □			**Date of Admission**		dd/mm/yyyy	
Infant HIV sero-exposed?	**Y□ N□**	**If *yes* ARVs given?**	**Y□ N□**	**Date of Discharge/ Referral / Death**		dd/mm/yyyy	
Outcome	Died□ Alive□	***If alive***	Discharged □ Absconded □ Referred □				
Referred to		**Reason**					

Neonatal Diagnoses: Select ONE *primary diagnosis (tick 1) and for secondary diagnoses (tick 2)*

Birth asphyxia Severe/Encephalopathy□ Mild/Moderate □	**1□**	**2□**	***Neonatal sepsis***	**1□**	**2□**	***Jaundice***	**1□**	**2□**	Highest bilirubin =____
			Meningitis	**1□**	**2□**	***Anaemia***	**1□**	**2□**	Discharge HB =____
			Multiple Delivery	**1□**	**2□**				
Preterm	**1□**	**2□**	***Other diagnoses-name and indicate if primary(1) or secondary(2)***						
Newborn RDS	**1□**	**2□**		**1□**	**2□**		**1□**	**2□**	
Meconium aspiration	**1□**	**2□**		**1□**	**2□**		**1□**	**2□**	

Supportive Care given

KMC	**Y□ N□**	**CPAP**	**Y□ N□**	**Phototherapy**	**Y□ N□**	**Transfusion**	**Y□ N□**

Preventive Care given

OPV	**Y□ N□**	**BCG**	**Y□ N□**	**TEO**	**Y□ N□**	**Vit K**	**Y□ N□**	**Chlorhexidine**	**Y□ N□**
Feeding at Discharge	Breast Milk only□ Formula only□ Formula&Breastmilk□ Fortified breastmilk□								

Summary of Key Investigations, Interventions, Progress & Needs at Discharge

Condition on D/C	Normal□ Neuro Sequelae□ Other Complication□ =
Follow up	None□ POPC/NOPC□ KMC Clinic□ Physio/OT□ PMTCT□ Other facility□
	Weeks after discharge = ***Date:*** ***Time:***
Discharge Drugs:	

Name of Clinician Discharging: ***Signature:***

Consultant in-charge :

Complete form up to and including summary of clinical care of the deaths and retain in medical file