Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
Citystate Centre, 709 Shaw Boulevard, Pasig City
Call Center: (02) 8441-7442 Trunkline: (02) 8441-7444
www.philhealth.gov.ph

UNIVERSAL HEALTH CARE
KALUSUGAN AT KALINGA PARA SA LAHAT

Registry No. _____

PRE-DISCHARGE COUNSELING SERVICES CHECKLIST

HEALTH *FACILITY (HF)*		
ADDRESS OF *HF*		
A. PATIENT	1. Last Name, First Name, Middle Name, Suffix	SEX ☐ Male ☐ Female
	2. PhilHealth ID Number ☐☐ - ☐☐☐☐☐☐☐☐☐ - ☐	
B. MEMBER	***(Answer only if the patient is a dependent; otherwise, write, "same as above")*** 1. Last Name, First Name, Middle Name, Suffix	
	2. PhilHealth ID Number ☐☐ - ☐☐☐☐☐☐☐☐☐ - ☐	

Place a (✓) in the status column if DONE or NA if not applicable.

ACTIVITY	**Status**
A. Explained and discussed how and when to wash hands	
1. Proper handwashing, e.g. WHO 1-2-3-4-5 technique, using soap and clean water	
2. Before and after breastfeeding or expressing	
3. Before and after baby care e.g. bathing	
4. Before and after changing diaper	
5. After using the toilet	
6. Before and after handling food and cooking	
B. Explained and discussed how to recognize danger signs	
1. *Abnormal breathing* a. *Fast (> 60 breaths per minute), slow (<30 breaths per minute), irregular breathing* b. *Grunting or noisy breathing* c. *Chest in-drawing (retractions)*	

ACTIVITY	Status
d. Stops breathing for >= 20 seconds (apneic episodes)	
2. Pallor or cyanosis	
3. Baby feels cold *to touch*	
4. Axillary temperature >= 37.5°C or < 36.5°C	
5. Difficulty breastfeeding, recurrent vomiting, diarrhea	
6. Convulsions	
7. Any jaundice in the first 24 hours of life or jaundice to the palms and soles at any age	
8. No spontaneous movement (moves only when stimulated)	
C. Explained and discussed actions to address problems	
1. Check temperature of the room, put in skin-to-skin contact and provide additional layers of clothing over baby's back and head if the baby is cold or has slow breathing or blue color	
2. Breastfeed per demand and more frequently (between 8-12 times per day for the first 2 to 4 weeks) when: *a. stooling and voiding is infrequent* *b. the baby is feeding too little or tires out* *c. weight gain is not enough, or* *d. if with "physiologic" jaundice*	
D. Explained and discussed discharge criteria	
1. No apnea, appears in good health	
2. Feeding well	
3. Gaining weight	
4. Temperature is stable	
5. Mother is confident of taking care of her baby using KMC (including unrestricted breastfeeding, provision of warmth, hygiene and positioning), cup feeding when separated, manual expression and storage of expressed breast milk, knows danger signs and actions	
E. Advised the mother to return or go to the hospital immediately upon recognition of danger signs	
F. Advised the mother to bring her newborn to the health facility for routine check-up *as scheduled by the attending physician and as necessary when:*	
1. Routine visits while still in KMC, every 2-3 days, or	

ACTIVITY	Status
2. When problems arise, or	
3. For subspecialty follow-up, as indicated	
G. Screening, including: ● *otoacoustic emission test* ● *retinopathy of prematurity, and* ● *newborn screening*	

Certified correct by:	Conforme by:
(Printed name and signature) Attending Physician	(Printed name and signature) Parent/Guardian
PhilHealth Accreditation No. ____-____-____	Date signed (mm/dd/yyyy)
Date signed (mm/dd/yyyy)	