

## Annex C.2: Checklist of Mandatory and Other Services - Premature *or* Small Baby

*Revised as of September 2022*



**Republic of the Philippines**  
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**UNIVERSAL HEALTH CARE**  
KALUSUGAN AT KALINGA PARA SA LAHAT

Registry No. \_\_\_\_\_

### CHECKLIST OF MANDATORY AND OTHER SERVICES

Premature *or* Small Baby

HEALTH FACILITY (HF)					
ADDRESS OF HF					
<b>A. PATIENT</b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 5px;">1. Last Name, First Name, Middle Name, Suffix</td> <td style="width: 30%; padding: 5px;">SEX <input type="checkbox"/> Male <input type="checkbox"/> Female</td> </tr> <tr> <td style="padding: 5px;">2. PhilHealth ID Number</td> <td style="padding: 5px;"> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> </td> </tr> </table>	1. Last Name, First Name, Middle Name, Suffix	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	2. PhilHealth ID Number	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>
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<b>B. MEMBER</b>	<p><i>(Answer only if the patient is a dependent; otherwise, write, "same as above")</i></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 5px;">1. Last Name, First Name, Middle Name, Suffix</td> </tr> <tr> <td style="padding: 5px;">2. PhilHealth ID Number</td> </tr> </table>	1. Last Name, First Name, Middle Name, Suffix	2. PhilHealth ID Number		
1. Last Name, First Name, Middle Name, Suffix					
2. PhilHealth ID Number					

<input type="checkbox"/> Born in contracted HF <input type="checkbox"/> Born in another health facility <input type="checkbox"/> Non-institutional delivery (no attending HCP) <input type="checkbox"/> <sup>a</sup> - for babies born in another facility, these services would not be mandatory in the contracted HF but a record or documentation that these services were provided in the referring facility is required, also for premature or very small babies who may require additional care after delivery or have mothers who have been assessed to be medically unstable to participate in the EINC dyad. <input type="checkbox"/> <sup>b</sup> - Except for babies who die. When the premature or small baby dies, postmortem care and bereavement support for the family is mandatory in lieu of vaccines, screening and pre-discharge counselling. <input type="checkbox"/> <sup>c</sup> - In the case of a newborn <b>facing medical futility</b> who is discharged, the following mandatory services may not be applicable.
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Place a (✓) in the status column if DONE or NA if not applicable.

MANDATORY AND OTHER SERVICES	Status
<b>A. Management</b>	
1. Essential intrapartum and newborn care (EINC) <sup>a</sup>	
2. Thermoregulation	

MANDATORY AND OTHER SERVICES	Status
3. Newborn resuscitation, as needed	
4. Intensive care, as needed	
5. Surfactant therapy, as needed	
6. Ventilatory support, as needed <input type="checkbox"/> Mechanical ventilation <input type="checkbox"/> <i>Non-invasive</i> continuous positive airway pressure (CPAP)	
7. Oxygen support, as needed	
8. Management of infection: Empirical antibiotics / antibiotics for sepsis, as needed	
9. Management of anemia, as needed	
10. Management of apnea, as needed	
11. Management of intraventricular hemorrhage; screening for intraventricular hemorrhage (IVH), as needed	
12. Management of jaundice, as needed	
13. Breast feeding/breast milk feeding and counseling, as needed	
14. Kangaroo care, as needed	
<b>B. Diagnostics</b>	
1. Complete blood count (CBC)	
2. Blood typing	
3. Bedside glucose test	
4. Blood culture <i>and sensitivity, as needed</i>	
5. Serum sodium, potassium, calcium, as needed	
6. Creatinine, as needed	
7. Chest X-ray (antero-posterior/ antero-posterior & lateral) (AP / APL) / 'babygram ', as needed	
8. Cranial ultrasound, as needed	
9. Total serum bilirubin, as needed	
10. Blood gas determination, as needed	
11. Cross-matching of blood type, as needed	
12. Prothrombin time, as needed	

MANDATORY AND OTHER SERVICES	Status
13. Cerebrospinal fluid (CSF) determination for protein, glucose, cell count, as needed	
14. CSF culture, as needed	
15. 2-D echocardiography, as needed	
<b>C. Procedures</b>	
1. Peripheral IV insertion	
2. Endotracheal intubation, as needed	
3. Surfactant administration, as needed	
4. Phototherapy, as needed	
5. Umbilical venous cannulation, as needed	
6. Umbilical artery cannulation, as needed	
7. Blood transfusion (e.g. packed RBC), as needed	
8. Double volume exchange transfusion (whole blood), as needed	
9. Thoracostomy tube insertion, as needed	
10. Thoracentesis (chest needling), as needed	
11. Insertion of central line, as needed	
<b>D. Medicines</b>	
1. Erythromycin eye ointment <sup>a</sup>	
2. Vitamin K <sup>a</sup>	
3. IV fluid: D <sub>5</sub> water, D <sub>10</sub> water, D <sub>50</sub> water, D <sub>5</sub> electrolyte solutions, 0.9 NaCl, or plain LR, as needed	
4. IV antibiotics, as needed <ul style="list-style-type: none"> <li><input type="checkbox"/> ampicillin</li> <li><input type="checkbox"/> gentamicin</li> <li><input type="checkbox"/> amikacin</li> <li><input type="checkbox"/> others as determined by the hospital antibiogram specify:</li> </ul>	
5. Inotropes, as needed <ul style="list-style-type: none"> <li><input type="checkbox"/> dopamine IV</li> <li><input type="checkbox"/> dobutamine IV</li> <li><input type="checkbox"/> epinephrine IV</li> </ul>	
6. Anticoagulant (e.g. heparin), as needed	

