



Republic of the Philippines  
**PHILIPPINE HEALTH INSURANCE CORPORATION**

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[www.philhealth.gov.ph](http://www.philhealth.gov.ph)



Case No. \_\_\_\_\_

**Annex “I – Preterm and small baby”**

**PRE-DISCHARGE COUNSELING CHECKLIST**

HEALTH CARE INSTITUTION (HCI)
ADDRESS OF HCI
PATIENT (Last name, First name, Middle name, Suffix)
PHILHEALTH ID NUMBER OF PATIENT <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"/>
MEMBER (if patient is a dependent) (Last name, First name, Middle name, Suffix)
PHILHEALTH ID NUMBER OF MEMBER <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"/>

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

I. ACTIVITY	Status
<b>A. Explained and discussed how and when to wash hands</b>	
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>B. Explained and discussed how to recognize danger signs</b>	
1. Breathing fast (> 60 breaths per minute)	
2. Irregular breathing (gasping) or noisy breathing	
3. Chest in-drawing (retractions)	
4. Stops breathing > 20 secs (apneic episode)	
5. Pale or blue color on lips and around mouth	
6. Baby feels cold	
7. Difficulty breastfeeding, recurrent vomiting, diarrhea	
8. Convulsions	
9. Yellow skin (jaundice)	
10. No spontaneous movement (moves only when stimulated)	
<b>C. Explained and discussed actions to address problems</b>	
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	

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

	Status
2. Try to breastfeed more frequently if the baby is feeding too little or tires out, weight gain is not enough or if with “physiologic” jaundice	
<b>D. Explained and discussed discharge criteria</b>	
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	
<b>II. DISCHARGE INSTRUCTIONS</b>	
<b>A. Advised the mother to return or go to the hospital immediately if:</b>	
1. Jaundice to the soles or any of the following are present*	
2. Difficulty feeding	
3. Convulsions	
4. Movement only when stimulated	
5. Fast or slow or difficulty breathing (e.g. severe chest in-drawing)	
6. Temperature $\geq 37.5^{\circ}\text{C}$ or $< 35.5^{\circ}\text{C}$	

\* From Lancet 2008, new IMCI algorithm for Young Infant II Study

<b>B. Advised the mother to bring her newborn to the health facility for routine check-up at the following prescribed schedule:</b>	
1. Postnatal visit 1: at 48-72 hours of life	
2. Postnatal visit 2: at 7 days of life	
3. Immunization visit 1: at 6 weeks of life	
<b>C. Advised additional follow-up visits appropriate to problems in the following:</b>	
1. Two days – if with breastfeeding difficulty, Low Birth Weight in the first week of life, red umbilicus, skin infection, eye infection, thrush or other problems.	
2. Seven days – if Low Birth Weight discharged more than a week of age and not gaining weight adequately.	
<b>D. Advised for Newborn Screening – hearing, vision and blood screen</b>	

Certified correct by:		Conforme by:	
(Printed name and signature) Attending Physician		(Printed name and signature) Parent/Guardian	
PhilHealth Accreditation No.	<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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date signed (mm/dd/yyyy)	
Date signed (mm/dd/yyyy)			