



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

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Case No. _____

Annex “M – Preterm and small baby”

KANGAROO CARE PROTOCOL CHECKLIST

(Adopted from various references in a separate list)

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. PROCEDURES UPON MOTHER’S ARRIVAL AT FACILITY and PREPARATION FOR DELIVERY	Status
A. Upon arrival at facility	
1. Identified the mother in preterm labor or the mother who might give birth to a preterm or small newborn at point of entry	
2. History	
3. Physical exam	
4. Vital signs	
5. Determined companion of choice	
B. During labor	
1. Used partograph to monitor labor	
2. Allowed the mother to have oral fluids and light snacks, as indicated in Physician’s orders	
3. Indication for IV fluid and NPO stated in patient’s chart	
4. Mother in labor between 24-36 weeks, is given antenatal steroids, within one hour of arrival if not yet previously given	
5. Mother in labor ≤ 32 weeks, is given magnesium sulfate, within one hour of arrival	
C. Prior to delivery	
1. Prior to delivery	
2. Mother informed by professional birth attendant, on the care of her baby in the first hours of life	

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

II. PROCEDURES FROM DELIVERY TO NINETY MINUTES POSTPARTUM	Status
A. Delivery and Care of the Small Baby	
1. Called out time of birth and sex of the baby	
2. Dried thoroughly and checked breathing of the baby	
3. Preterm or small baby placed skin-to-skin on the mother's chest, head covered with a cap and back covered with blanket and mother's gown	
4. Newborn attended to by another professional with special training on care of high risk neonates	
5. Vital signs taken including oxygen saturation by pulse-oximetry, every 5 minutes and recorded	
6. Oxygen 0.5-1lpm given by nasal cannula if needed, while maintaining skin-to –skin contact with mother	
7. Basic newborn resuscitation provided	
8. Advanced newborn resuscitation provided	
9. Initial dose of surfactant given	
10. Allowed to stay on mother's chest and latch on the breast if vigorous, stable and with feeding cues	
11. .After latching/first breastfeed completed, weighing and routine newborn care rendered at bedside a. Eye ointment applied b. Vitamin K given IM c. Hepatitis B given IM d. BCG given ID	
12. Roomed-in with mother in Kangaroo position	
13. Newborn ≤32 weeks, without respiratory distress, unable to latch on the breast for 60 minutes, transferred to NICU for further care	
14. Newborn ≤32 weeks, without respiratory distress, unable to latch on the breast for 60 minutes, transferred to NICU for further care	
15. Preterm or small baby on skin-to-skin contact, with pallor/cyanosis, grunting, dyspnea, tachypnea &/or desaturation <85% despite oxygen inhalation and appropriate resuscitation, transferred to NICU for further care	
B. Delivery and Care of the Mother who delivered a preterm/small baby, after another professional attends to the baby	
1. Gave the mother oxytocin IM after, excluding a 2 nd baby	
2. Did controlled traction of cord with counter-traction	
3. Did controlled traction of cord with counter-traction	
4. Examined the birth canal for lacerations, bleeding	
5. Examined the placenta and membranes	
6. Removed soiled pair of gloves (if double gloving done)	
7. Felt for cord pulsations, clamped, cut cord aseptically, if not earlier done due to neonatal instability	

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

II. PROCEDURES FROM DELIVERY TO NINETY MINUTES POSTPARTUM (Continuation)	Status
8. Continued uterine massage	
9. Monitored the mother every 15 minutes and recorded	
10. Transferred to room with small baby if possible (see #10-A above)	
III. KANGAROO CARE PROCEDURES FROM NINETY MINUTES UNTIL DISCHARGE OF SMALL BABY DIRECTLY ROOMED-IN WITH MOTHER	
1. Small baby enrolled to the KMC program as ordered in the chart	
2. Mother and Father/Guardian oriented and counseled on KMC policy and protocol	
3. KMC chart and other pertinent documents initiated and completed by social worker, attending Physician and Nurse on Duty	
4. Preterm or small baby stays skin-to-skin on the Mother's or Father's chest, head covered with a cap and secured in place with an expandable shirt or blouse (Kangaroo care)	
5. Diagnostic tests as indicated: a. CBC b. Blood type c. Bedside glucose test d. Blood Culture e. Total and fractionated serum bilirubin	
6. Breastfeeding and/or breastmilk feeding provided and assured	
7. Initial Newborn screening performed	
8. Adaptation to KMC evaluated and recorded in KMC adaptation score sheet every shift by NOD	
9. Small Baby examined by attending physician at least twice a day and duly noted in the chart	
10. Phototherapy provided, as indicated & ordered by attending physician	
11. Intravenous antibiotics through heparinized lock as indicated and ordered in chart	
12. Screened for ROP, if indicated	
13. Hearing Screen performed	
14. Second (expanded) Newborn screening performed	
15. Pre-discharge counselling given and countersigned by Mother	
16. Arrangement and conduction of transfer to low-level facility made, if necessary	
17. Arrangements for follow-up with other services and outpatient KMC clinic scheduled in appointment log book	
18. Discharge orders written, once eligibility criteria are met	

IV. KMC PROCEDURES ON SMALL BABY NOT DIRECTLY ROOMED-IN UNTIL TRANSFER FOR CONTINUOUS KMC IN ROOMING-IN WARD OR KMC UNIT	Status
A. Admission of small baby to NICU Level II as per policy and protocol	
1. Warming device, if unstable for KMC position (incubator or warmer)	
2. Respiratory support: a. Oxygen b. CPAP	
3. Diagnostics as indicated: a. CBC b. Blood Type c. Bedside glucose test d. Blood culture e. Blood gas analysis f. Chest radiograph g. Cranial ultrasound h. Total and fractionated serum bilirubin	
4. Peripheral intravenous fluid and parenteral nutrition	
5. Antibiotics	
6. Routine newborn care if not yet previously given a. Vitamin K b. Eye ointment c. Hepatitis B vaccine d. BCG	
7. Phototherapy as indicated	
8. Breastfeeding and/or breastmilk feeding	
9. Multivitamin and iron supplements	
10. As soon as eligibility criteria are met, the baby is enrolled to intermittent KMC as ordered by the attending physician	
11. Mother and Father/Guardian oriented and counseled on KMC protocol	
12. KMC chart and other pertinent documents initiated and completed by social worker, attending physician and nurse on duty	
13. Preterm or small baby stays skin-to-skin on the Mother's or Father's chest, head covered with a cap and secured in place with an expandable shirt or blouse, (kangaroo care) minimum of two hours per session, eight hours/day (cumulative)	
14. Adaptation to KMC evaluated and recorded in KMC adaptation score sheet every shift by NOD	
15. Newborn metabolic screen performed after feeding has been started	

IV. KMC PROCEDURES ON SMALL BABY NOT DIRECTLY ROOMED-IN UNTIL TRANSFER FOR CONTINUOUS KMC IN ROOMING-IN WARD OR KMC UNIT	Status
16. Transferred to room or KMC Unit with mother, once eligibility criteria for continuous KMC are met (Continue with procedures outlined from III-10 until discharge)	
B. Admission of preterm/small baby to NICU-III as per policy and protocol	
1. Warming device pending stabilization for kangaroo position	
2. Respiratory support: Assisted with mechanical ventilator	
3. Diagnostics: As in IV-A plus: a. Cross-matching for blood/blood product transfusion b. Prothrombin time c. CSF analysis and culture d. 2-D Echocardiogram e. Serum electrolytes f. Renal function tests (BUN, Creatinine)	
4. Procedures a. Endotracheal intubation b. Umbilical vessel/central line cannulation c. Double phototherapy d. Double volume exchange transfusion e. Packed red cell transfusion f. Surfactant administration g. Thoracentesis h. Thoracostomy	
5. Therapeutics: As in IV-A-6, plus: a. Surfactant b. Antibiotics for sepsis c. Inotropic agents (Dopamine, Dobutamine, Epinephrine) d. Anticoagulant (heparin) e. Calcium gluconate f. Bronchodilator (Aminophylline, Salbutamol nebulization) g. Analgesic (Paracetamol) h. Anticonvulsant (Phenobarbital) i. Parenteral nutrition	
6. Breastmilk feedings, progressing to direct breastfeeding	
7. As soon as eligibility criteria are met, the baby is enrolled to intermittent KMC as ordered by the attending physician	
8. Proceed with KMC protocol as outlined in IV-A #11-17, until eligible for rooming-in as outlined in section III #7-18 until discharge.	

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"/> <input type="text"/>	Date signed (mm/dd/yyyy)
Date signed (mm/dd/yyyy)	