Annex I.2C: Checklist of Essential Health Services for Exit Site Infection and Peritonitis Prevention Care - Pediatric

Republic of the Philippines
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Case No. _____

HEALTH FACILITY (HF)		DATE OF CONSULTATION (mm/dd/yyyy)
ADDRESS OF HF		
A. PATIENT	1. Last Name, First Name, Suffix, Middle Name	SEX ☐ Male ☐ Female
	2. PhilHealth ID Number ☐☐ - ☐☐☐☐☐☐☐☐☐ - ☐	
B. MEMBER ☐ *Same as patient (Answer only if the patient is a dependent)*	1. Last Name, First Name, Suffix, Middle Name	
	2. PhilHealth ID Number ☐☐ - ☐☐☐☐☐☐☐☐☐ - ☐	
Name of the Attending Pediatric Nephrologist		

Place a (✓) opposite appropriate answer

Essential Health Services	
a. Laboratory, Diagnostic and Imaging	☐ CBC ☐ Creatinine ☐ Sodium ☐ Potassium ☐ Calcium ☐ Albumin ☐ Scout film of abdomen (as indicated) ☐ Exit site discharge gram stain (GS) and culture and sensitivity (CS) (as indicated)
b. Medicines, Supplies and Commodities	☐ Antimicrobials Indicate: _____ ☐ Mupirocin or its equivalent ☐ Nystatin (as indicated) ☐ Exit site dressing kit

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