

DISCHARGE AND FOLLOW-UP

Select the objective:

1. Observe a health worker assessing a newborn for discharge and counselling for home care and follow-up.
2. Assess a newborn for discharge and counsel for home care and follow-up.

Name of observer:..... Date:.....

	Yes	No
Introduced self	<input type="checkbox"/>	<input type="checkbox"/>
Explained process and encouraged active involvement of parents/caregivers	<input type="checkbox"/>	<input type="checkbox"/>
Used standardised discharge checklist	<input type="checkbox"/>	<input type="checkbox"/>
Reviewed newborn's and mother's clinical record for:		
- vital sign stability	<input type="checkbox"/>	<input type="checkbox"/>
- birthweight/weight gain	<input type="checkbox"/>	<input type="checkbox"/>
- breastfeeding counselling and intake	<input type="checkbox"/>	<input type="checkbox"/>
- stool and urine output	<input type="checkbox"/>	<input type="checkbox"/>
- identified medical conditions/danger signs	<input type="checkbox"/>	<input type="checkbox"/>
Examined the newborn completely, with attention to screening:		
- red reflex of the eyes	<input type="checkbox"/>	<input type="checkbox"/>
- jaundice/other skin findings	<input type="checkbox"/>	<input type="checkbox"/>
- developmental dysplasia of the hip	<input type="checkbox"/>	<input type="checkbox"/>
- femoral pulses	<input type="checkbox"/>	<input type="checkbox"/>
- anal patency	<input type="checkbox"/>	<input type="checkbox"/>
Counselled for home care using appropriate educational materials/videos on:		
- danger signs	<input type="checkbox"/>	<input type="checkbox"/>
- responsive, nurturing care	<input type="checkbox"/>	<input type="checkbox"/>
- breastfeeding	<input type="checkbox"/>	<input type="checkbox"/>
- thermal care	<input type="checkbox"/>	<input type="checkbox"/>
- hygiene	<input type="checkbox"/>	<input type="checkbox"/>
- sleep	<input type="checkbox"/>	<input type="checkbox"/>
- how and where to complete birth registration	<input type="checkbox"/>	<input type="checkbox"/>
Completed discharge record with:		
- scheduled postnatal visits (immunisation, routine follow-up)	<input type="checkbox"/>	<input type="checkbox"/>
- scheduled referrals (developmental, medical, surgical as indicated)	<input type="checkbox"/>	<input type="checkbox"/>
- links to community care and parent support groups (as indicated)	<input type="checkbox"/>	<input type="checkbox"/>
- medications or treatments (as indicated)	<input type="checkbox"/>	<input type="checkbox"/>
Observed mother's mood and interaction with baby	<input type="checkbox"/>	<input type="checkbox"/>
Confirmed parents' understanding	<input type="checkbox"/>	<input type="checkbox"/>
Asked for and answered questions	<input type="checkbox"/>	<input type="checkbox"/>

Discuss together

What did you observe?
 What was done well?
 Problems identified?
 Change needed?

Complete QI template