



REMINDER: Patients admitted under this scheme should be stable and not require urgent medical treatment or assessment. Patients requiring urgent treatment should be seen at the A&E Department.

PART I (TO BE FILLED IN BY GP)

PATIENT'S PARTICULARS

NAME :	BC NO :	TEL NO (HOME) :
ADDRESS :	DIAGNOSIS :	
	1.	
	2.	

GP'S PARTICULARS

KKH Partners in Asthma Care <input type="checkbox"/> Yes <input type="checkbox"/> No (please tick)	TEL :
PROF/DR : (please fill in full name)	FAX :
PRACTICE ADDRESS :	EMAIL :

REFERRAL FOR DIRECT ADMISSION TO KK WOMEN'S & CHILDREN'S HOSPITAL

Parents/Guardians have consented for the child to be admitted to KK Women's & Children's Hospital for management.

Ward Discipline : Paed Medicals Paeds Surgery Paeds Neurosurgery

Request for ward accommodation : (✓ for first choice & * for second choice)

Private : 1 bedded 4 bedded Subsidised : 6 bedded Open cubicle

Resident Status (please tick) Resident Non-resident

Special Instructions (please tick) Yes No

Spoken with KKH Dr : _____

Spoken with Specialist : Prof/Dr _____ Please inform specialist of patient's admission.

Others : _____

CLINICAL SUMMARY (TO BE FILLED IN BY GP)

<p>VITAL SIGNS :</p> <p>Blood Pressure Systolic _____ mm Hg Diastolic _____ mm Hg</p> <p>Heart Rate _____ / min</p> <p>Respiratory Rate _____ / min</p> <p>Temperature _____ °C</p>	<p>GENERAL APPEARANCE :</p> <p><input type="checkbox"/> Well <input type="checkbox"/> Ill</p> <p><input type="checkbox"/> Toxic <input type="checkbox"/> Mottled Skin</p> <p><input type="checkbox"/> Cyanosis <input type="checkbox"/> Respiratory Distress</p> <p><input type="checkbox"/> Dehydrated</p>
Physical Findings :	

PART II (TO BE FILLED IN BY KKH STAFF)

<p>Blood Pressure Systolic _____ mm Hg Diastolic _____ mm Hg</p> <p>Heart Rate _____ / min</p> <p>Respiratory Rate _____ / min</p> <p>Temperature _____ °C</p> <p>SpO2 _____</p>	<p>Provisional DRG Code :</p> <p><input type="checkbox"/> Patient admitted to : Ward _____</p> <p><input type="checkbox"/> Patient did not present to CE by _____ hrs on ____/____/____ (DATE)</p> <p><input type="checkbox"/> Parents / Guardians refused admission</p> <p><input type="checkbox"/> Others : _____</p>
Vital Signs taken by : _____ (CE Nurse I/C) Time _____	
Children's Emergency, Dr-In-Charge : Dr _____	

Referral for Direct Admission to KK Women's and Children's Hospital

Children with surgical / medical problems may be considered for direct admission if they are clinically stable. These children will be triaged at Children's emergency and admitted directly to the wards. No medical attention will be rendered at Children's Emergency.

All children who are ill or clinically unstable, requiring urgent medical attention should be referred to Children's Emergency for emergency management.

The following conditions may be considered for direct admission:

- A. Surgical Problems**
1. **Head injury for observation**
(associated with vomiting / headache)
 2. **Suspect acute abdomen**
(acute appendicitis, acute torsion of testis, intussusception)
- B. Medical Problems**
1. **Febrile seizures in children under 18 months**
 2. **Gastroenteritis**
(with vomiting / poor feeding / reduced urine output)
 3. **Viral gastritis**
(with persistent vomiting / poor feeding / reduced urine output)
 4. **Acute Exacerbation of Asthma**
(no response to bronchodilators / inhaled B₂ agonist more frequent than 4 hourly / severe chronic asthma / past history of acute life threatening asthma)
 5. **Bronchiolitis**
(mild respiratory distress / poor feeding / vomiting)
 6. **Pneumonia**
(mild respiratory distress / poor feeding / vomiting)
 7. **Pyrexia in infants below 3 months with temperature $\geq 38^{\circ}\text{C}$**
 8. **Neonatal Jaundice**

AGE (IN HOURS)	LOW RISK		HIGH RISK	
	Phototherapy	Exchange Transfusion	Phototherapy	Exchange Transfusion
D2 (>24-48hrs)	210	340	180	290
D3 (>48-72hrs)	250	360	210	320
D4-5(>72-120hrs)	260	400	220	340
D6-14(>120hrs)	300	400	260	340

HIGH RISK

- Blood group incompatibility, with positive Direct Coomb's test or antibodies titre > 128
- G6PD deficiency
- Prematurity 35-36 weeks and age ≤ 7 days
- Exclusive breastfeeding, **ONLY** if nursing is not going well
Infant is not nursing well is has one or more of the following :
 - Weight loss > 10% from birth weight
 - Clinical evidence of dehydration
 - Wet < 5 diapers per day
- Significant cephalohematoma or bruising