

PSYCHIATRIC DISORDERS



DEPRESSION

ANXIETY

BIPOPLAR DISORDER

SCHIZOPHRENIA

BULETIN JABATAN FARMASI

EDISI JANUARI-APRIL 2018

HOSPITAL RAJA PEREMPUAN ZAINAB II



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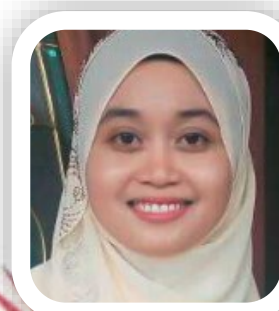
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PSYCHIATRIC DISORDERS

By: Tengku Eqhwana ku Jaya

Psychiatric disorders are defined as *disorders of the psyche*, that is, as conditions that affect *thoughts, feelings, or behaviors*. Psychiatric disorders are also sometimes known as mental health disorders or mental health illness.

TYPE OF PSYCHIATRIC DISORDERS

DEPRESSION

Depression causes feelings of sadness and/or a loss of interest in activities once enjoyed. It can lead to a variety of emotional and physical problems and can decrease a person's ability to function at work and at home.

Symptoms including feelings of sadness, irritability or frustration, reduced sex drive insomnia or excessive sleeping, changes in appetite, agitation, and unexplained physical problems such as back pains or headaches.

BIPOLAR DISORDER

Bipolar disorder causes mood swings that range from the low of depression to the highs of mania.

Mania is characterized by feeling overly excited and even hyper. Periods of mania are sometimes marked by feelings of distraction, irritability, and excessive confidence.

Depressive episodes are characterized by feelings of intense sadness, guilt, fatigue, and irritability. During a depressive period, people with bipolar disorder may lose interest in activities.

SCHIZOPHRENIA

Schizophrenia is a serious disorder which affects how a person thinks, feels and acts.

Someone with schizophrenia may have difficulty distinguishing between what is real and what is imaginary.

Its symptoms are described as 'positive' or 'negative'. Positive symptoms are disturbances that are "added" to the person's personality. Examples of symptoms are delusions, hallucinations, thought disorder and disorganized behavior.

Negative symptoms are capabilities that are "lost" from the person's personality. Examples of symptoms are social withdrawal, extreme apathy, lack of drive or initiative.

ANXIETY

Anxiety disorders are those that are characterized by excessive and persistent fear, worry, anxiety and related behavioral disturbances. Fear involves an emotional response to a threat, whether that threat is real or perceived. Anxiety involves the anticipation that a future threat may arise.

Symptoms include constant worrying or obsession, restlessness, fatigue, difficulty concentrating, irritability, shortness of breath and rapid heartbeat.

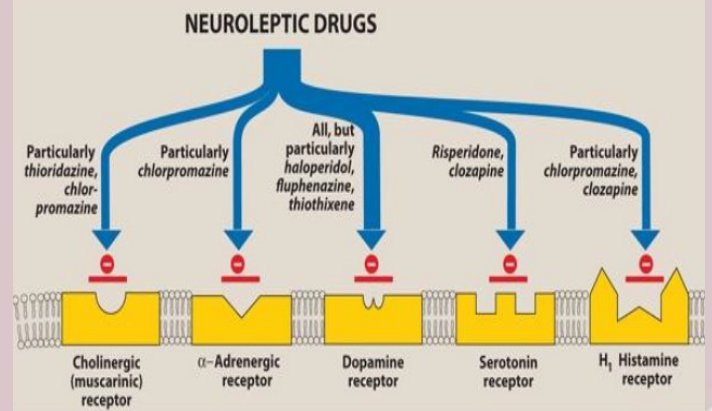
ANTIPSYCHOTICS

By: Siti Ruwaida Mohamad Salim

MECHANISM OF ACTION (MOA):

block the D2 receptors in the dopamine pathways in the brain → reduce effects of dopamine release in relevant synapses.

Most also block other monoamine receptors, especially 5-HT₂.



Drugs	Dose	Side effects of antagonism of different receptor pathways
Atypical antipsychotics		
Aripiprazole	10-15mg/(max 30mg/d)	Muscarinic (cholinergic): Dry mouth, constipation, urinary retention, blurred vision, precipitation of narrow angle glaucoma. Can be beneficial in reducing the risk of EPS α1-adrenergic: Orthostatic hypotension, lightheadedness, tachycardia, sexual dysfunction D2: EPS- time and dose-dependent -Dystonia -Akathisia -Parkinson-like symptoms (bradykinesia, tremor, rigidity, shuffling gait) 5-HT: May mediate weight gain for some atypical agents (olanzapine) H1: Sedation, weight gain, fatigue Non-Specific SE: hyperthermia, hypothermia, hepatitis, jaundice, photosensitivity, lowered seizure threshold, hematologic changes, hepatitis, rash
Clozapine	12.5mg-300mg/d (max 900mg)	
Olanzapine	5-20mg/d	
Quetiapine	400-800mg/d	
Risperidone	4-8mg/day (max 60mg/d)	
Ziprasidone	Max 80mg/day	
Paliperidone	6mg OD (3-12mg/d)	
Asenapine	5-10mg BD	
Typical antipsychotics		
Chlorpromazine	25mg TDS (max 1g/d)	
Fluphenazine	12.5mg-100mg/day	
Prochlorperazine	5-30mg/day	
Haloperidol	0.5mg-5mg BD/TDS	
Flupenthixol	Max 400mg/weekly	
Zuclopenthixol	10-50mg/d	

MOOD STABILIZING DRUGS

Drug	Dose	Side effects
Lithium	Acute mania: 600 – 1800 mg/day in divided doses Maintenance dose: 300 – 1200 mg/day in divided doses	Thirst; polyuria; cognitive effects; sedation; tremor; weight gain; diarrhea; nausea; hypothyroidism.
Lamotrigine	Bipolar I Disorder: Maintenance dose: 100 – 400 mg/day in divided doses a) For patients not taking enzyme inducing drugs or valproate: Initial dose: 25 mg/day Maintenance dose: 200 mg/day b) For patients with valproate regimen : Initial dose: 25 mg/day EOD Maintenance dose: 100 mg/day c) For patients with enzyme inducing antiepileptic drug regimen (e.g. carbamazepine) without valproate: Initial dose: 50 mg/day Maintenance dose: 400 mg/day in divided doses	Dizziness; tremor; somnolence; headache; dry mouth; nausea; rash, including Stevens-Johnson syndrome and toxic epidermal necrolysis.
Valproate	Acute Mania: 600 - 2500 mg/day in divided doses Maintenance dose: 400 - 2000 mg/day in divided doses	Tremor; sedation; weight gain; nausea; diarrhea; hair loss.
Carbamazepine	Mania/mixed episodes 200 to 1600 mg/day in divided doses	Headache; fatigue; nystagmus; ataxia; rash, including Stevens-Johnson syndrome and toxic epidermal necrolysis

1) Lisa Hartling et al. Antipsychotics in Adults With Schizophrenia. 2012. Annals of Internal Medicine.
 2) Lippincott Williams & Wilkins. 2009
 3) www.micromedex.com
 4) CPG Management of Bipolar Disorder in Adults 2014

MAJOR CLASSES OF ANTIDEPRESSANT

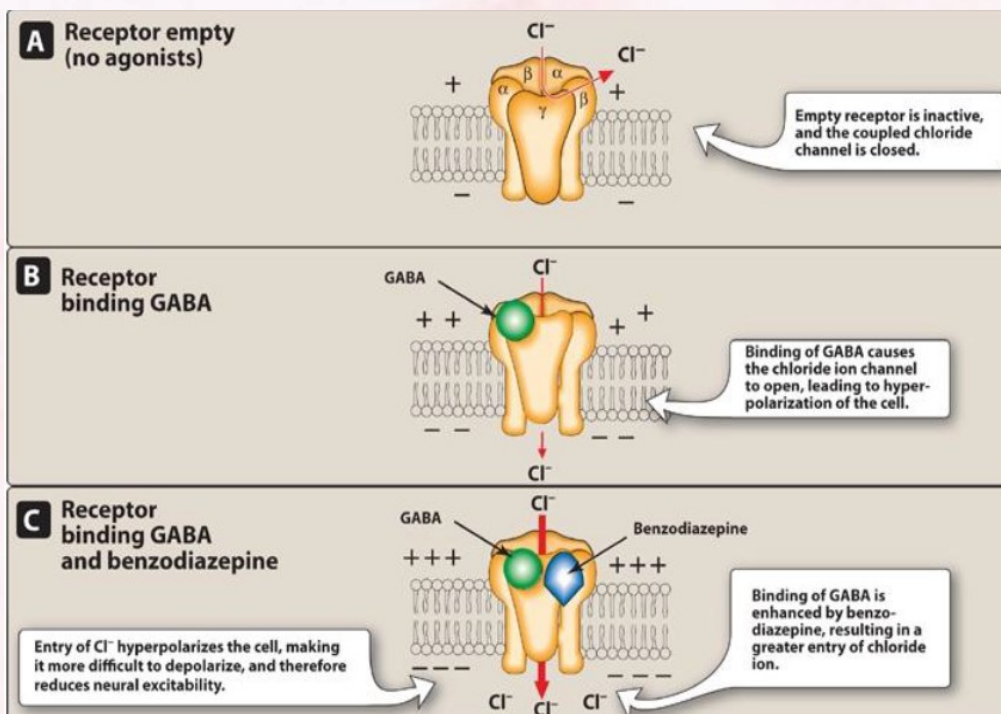
TRICYCLIC ANTIDEPRESSANT (TCA)	MONOAMINE OXIDASE INHIBITOR (MAOI)	TETRACYCLINE & UNICYCLIC ANTIDEPRESSANT
<p>Imipramine, amitriptyline, clomipramine, dothiepin, nortriptyline</p> <p>MOA:</p> <p>Inhibit reuptake of neurotransmitter; mostly epinephrine, and serotonin.</p> <p>SIDE EFFECTS:</p> <p>Sedation, insomnia, postural hypotension, seizure, mania, and impotence.</p>	<p>Selegiline, phenelzine, tranylcypromine, isocarboxazid, maclobemide</p> <p>MOA</p> <p>Inhibit monoamine oxidase, preventing breakdown of neurotransmitter.</p> <p>SIDE EFFECTS</p> <p>Dry mouth, insomnia, constipation, diarrhea, drowsiness.</p>	<p>Bupropion, mirtazapine, amoxapine, maprotiline</p> <p>MOA</p> <p>Variably inhibit serotonin & norepinephrine reuptake from synaptic cleft. Some is poorly understood.</p> <p>SIDE EFFECTS</p> <p>Dry mouth, tremors, anxiety, loss of appetite, sweating, insomnia.</p>

SELECTIVE 5-HT REUPTAKE
<p>Citalopram, escitalopram, fluoxetine, fluvoxamine, sertraline.</p> <p>MOA</p> <p>Inhibit reuptake of serotonin.</p> <p>SIDE EFFECTS</p> <p>Nausea, insomnia, anxiety, restlessness, suicidal ideation, erectile dysfunction, diminished libido.</p>

5-HT-NA REUPTAKE INHIBITOR
<p>Duloxetine, venlafaxine, desvenlafaxine</p> <p>MOA</p> <p>Inhibit serotonin & norepinephrine reuptake from synaptic cleft</p> <p>SIDE EFFECTS</p> <p>Arrhythmias, heart block, convulsion, drowsiness, dry mouth, blurred vision, constipation.</p>

BENZODIAZEPINE (BZD) AS ANTIANXIETY

MOA



EXAMPLES OF BZD:

- ♦ Midazolam
- ♦ Lorazepam
- ♦ Alprazolam
- ♦ Nitrazepam
- ♦ Diazepam
- ♦ Flurazepam
- ♦ Clonazepam

Common side effects of BZD:

- Drowsiness
- Confusion
- Amnesia
- Impaired motor coordination

DRUGS & SUBSTANCES ABUSE

By: Nurul Huda Amri

HEROIN

An opioid analgesic made from morphine, a natural substance extracted from the seed pod of various opium poppy plants.

MORPHINE

An opioid analgesic drug that used to treat severe pain. Use can create a high that includes feelings of euphoria and reduced tension.

METHAMPHETAMINE

Methamphetamine is a central nervous system stimulating drug with similar effects to amphetamines, while 3,4-methylenedioxy-methamphetamine (MDMA) or ecstasy is a synthetic drug that functions to modify mood and perception of the abusers to produce feelings of euphoria, increased energy, distorted senses along with altered time perceptions

KRATUM / KETUM

A tropical deciduous tree (*Mitragyna speciosa*) native to Southeast Asia, with leaves that contain many compounds, including mitragynine, a psychoactive (mind-altering) opioid. Kratom is consumed for mood-lifting effects and pain relief and as an aphrodisiac.

CANNABIS

Known as **marijuana** is a psychoactive drug from the *Cannabis* plant that intended for medical or recreational use. The main psychoactive part of cannabis is tetrahydrocannabinol.

ALCOHOL

An alcoholic drink is a drink that contains ethanol, a type of alcohol.

MECHANISM

- Many drugs of abuse bind to specific neuronal membrane proteins that produce effects on cellular signaling and ultimately on behaviour
- With repeated administration of a drug, individuals often develop tolerance, and discontinuation of drug use following chronic administration typically results in withdrawal symptoms

TYPES OF DRUG ABUSED 2010-2016 IN MALAYSIA

Year	Opiate*	Opium	Methamphetamine	Cannabis	ATS Pills**	Psychotropics***	Others****	TOTAL
2010	11,664	31	4,026	3,011	4,525	94	291	23,642
2011	9,629	9	7,034	2,026	604	58	171	19,531
2012	8,472	9	4,761	1,427	286	66	80	15,101
2013	16,035	0	2,901	1,885	476	18	46	21,361
2014	14,496	0	4,117	1,919	1,774	6	43	22,355
2015	16,616	0	8,133	1,389	1,309	7	25	27,479
2016	16,985	0	10,107	1,236	3,395	18	23	31,764

Notes :

i.*Heroin & Morphine

ii.**Amphetamine & Methamphetamine

iii. ***Benzodiazepine, Psychotropic Pill

v.****Kratum, Antidepressant, Dissociative, Hallucinogen, Inhalant, etc.

vi. TOTAL: does not reflect total number of drug addicts since one drug addict can use more than one drugs

DRUG	ANTIDOTE
HEROIN	NALOXONE
MORPHINE	NALOXONE
METHAMPHETAMINE	NO FDA APPROVED MEDICATION
KRATUM	NO CLINICAL TRIAL
CANNABIS	NO FDA APPROVED MEDICATION

MISCONCEPTIONS ABOUT MENTAL ILLNESS

By: Rathibaranesh A/P Ganapathy



WHAT IS MENTAL ILLNESS?

A condition that **DISRUPTS** a person's **thinking, feeling, mood, behaviors, and interactions with other people.**

(Examples : Schizophrenia, Depression)

MYTH : "You don't need therapy. Just take a pill."

FACT : While medication can help, it may not be the only thing a person needs to feel their absolute best. A combination of therapy and medication provides the best outcomes.

MYTH : People with mental illness should be isolated from the community.

FACT : Improvements in treatment over recent decades mean that most people live in their communities, and there is no need for the confinement and isolation that was commonly used in the past.

MYTH : People with mental illness are violent and dangerous.

FACT : Most people with mental illness are not violent and dangerous. There is no need to fear them. They are normal human beings who experiencing a difficult time. Embrace them for who they are.

MYTH : People with mental illness cannot tolerate the stress of holding down a job.

FACT : People with mental illness are just as productive as other employees. They may actually be better at managing stress than people who haven't experience mental illness.

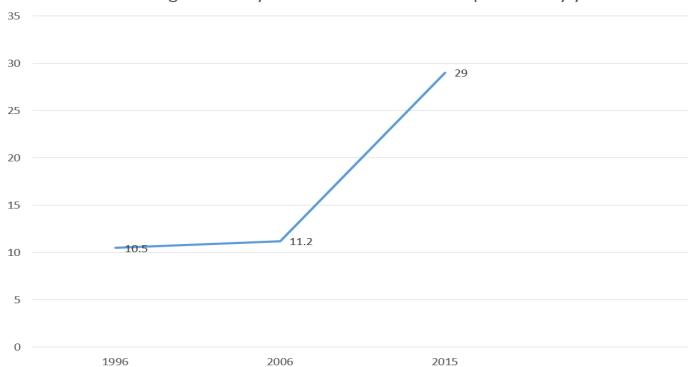
MYTH : People with mental illness are "damaged" and different.

FACT : A mental illness does not make someone any less of a person. They just have different experiences that not everyone has to face.

MYTH : People with mental illness will never recover.

FACT : Studies show that people with mental illness get better and many recover completely. There are more treatments, services, and community support systems than ever before, and they work.

Percentage of Malaysians with mental health problem by year



■ The prevalence of mental health problems among Malaysian adults increased from 10.7% in 1996, to 11.2% in 2006, to 29.2% in 2015. A study showed that females, younger adults, other Bumiputras, and adults from low income families, seemed to be at risk of mental health problems.

■ Back in 2013, the Health Ministry's findings warned that by the year 2020, 10% of Malaysians will be affected by mental illness.

References:

- Mental Disorder is Going to Affect over 3 Millions Malaysians By 2020 by Malaysian Digest
- 8 Dispelling Myths On Mental Illness By National Alliance on Mental Illness

FASTING & MEDICINE

By: Nik Nor Roszakimah Ibrahim@Nik Yusoff

IF YOU ARE A DIABETIC PATIENT, CAN YOU FAST?

If in good control, yes you can!!!

GUIDELINES FOR DIABETIC PATIENT THAT ARE ALLOWED TO FAST :

Diet	<ul style="list-style-type: none"> • Reduce high fat food • Encouraged to take food rich in complex carbohydrate (rice, bread, wheat, bean) during sahur • Simple carbohydrate (milk, juice, syrup) appropriate to be taken during iftar, followed by complex carbohydrate • Drink enough water
Exercise	<ul style="list-style-type: none"> • Maintain routine physical activity as usual • Excessive physical activity is not recommended a few hours before iftar • Tarawih is considered as one of the daily light exercises
Medicine	<ul style="list-style-type: none"> • Get advice from doctors / pharmacists on dosage modification and drug administration time • Recognize signs of hypoglycaemia (low blood sugar levels), hyperglycemia (high blood sugar levels) and dehydration (lack of water) • If there are any signs of hypo- or hyperglycemia, need to eat/drink immediately
Blood glucose monitoring	<ul style="list-style-type: none"> • Must be routinely checked especially during Ramadhan as following schedule : • Before sahur & iftar : < 4.4 – 6.1 mmol/L • 2 hours after sahur & iftar < 4.4 – 8.0 mmol/L)

MEDICATIONS THAT BREAK THE FAST

- ◆ **Tablet**
- ◆ **Oral solution**
- ◆ **Inhaler**
- ◆ **Pessary**
- ◆ **Suppository and enema**
- ◆ **General anaesthetic**

Symptoms of hypoglycaemia (LOW blood glucose level)

- ◆ Nervous
- ◆ Tired
- ◆ Hungry
- ◆ Sweating
- ◆ Pale
- ◆ Palpitations
- ◆ Trembling
- ◆ Dizziness
- ◆ Collapse

BREAK FAST IMMEDIATELY if :

- * There is a sign of hypoglycaemia or blood glucose level <3.8 mmol/L
- * Blood glucose level <3.8 mmol/L after few hours of fasting
- * Blood glucose level more than 16.7 mmol/L
- * Not feeling well (fever, infection, etc)

Symptoms of hyperglycaemia (HIGH blood glucose level)

- ◆ Needing to pee frequently
- ◆ Increased thirst
- ◆ Blurred vision
- ◆ Obsessed with sweet foods and drinks

Symptoms of dehydration (lacks of water)

- ◆ Extremely thirst
- ◆ Dryness of skin

MEDICATION GUIDE

Frequency	Administration time	
	Before meal	After meal
Once a day	- Before sahur	- After iftar
2 times a day	- Before sahur	- After sahur
	- After iftar (before main meal)	- After iftar
3 times a day	- Before sahur	- After sahur
	- After iftar (before main meal)	- After iftar
	- Before bedtime	- Before bedtime
4 times a day	Depending on the type of illness or asking for alternatives if you want to fast. Please consult your doctor/pharmacist.	

MEDICATIONS THAT DO NOT BREAK THE FAST

- ◆ **Eye, nose and ear drop**
- ◆ **Sublingual tablet**
- ◆ **Injection**
- ◆ **Topical preparation**
- ◆ **Gargle**
- ◆ **Nasal spray**
- ◆ **Local anaesthetic**

References :

- Pharmaceutical Services Division Ministry of Health Malaysia
- Fasting Guide for Patient JAKIM 2009

AMENDMENTS OF MINISTRY OF HEALTH MEDICINES FORMULARY (MOHMF) 1/2018

A. PERMOHONAN PINDAAN/TAMBAHAN KEPADA FUKKM YANG DILULUSKAN

BIL	NAMA UBAT	PINDAAN
1.	Dexlansoprazole 30 mg and 60 mg delayed release capsule	D1 – penyenaraian ubat baru
2.	Teriflunomide 14 mg tablet	
3.	Pimecrolimus 1% cream	
4.	Febuxostat 80 mg tablet	
5.	Sacubitril/Valsartan 50 mg, 100 mg and 200 mg tablet	
6.	Micafungin 50 mg injection	D1 – tambahan indikasi (<i>treatment of invasive candidiasis in children</i>)
7.	Insulin glargine 300 units/ml injection (pre-filled pen)	D2 – tambahan kekuatan
8.	Potassium Chloride 1 g/15 ml mixture	Pindaan kekuatan kepada Potassium Chloride 1 g/10 ml mixture
9.	Vildagliptin 50 mg tablet	D3 – pindaan kategori preskriber (A* kepada A/KK)
10.	Vildagliptin/Metformin HCl (50 mg/500 mg) tablet	
11.	Vildagliptin/Metformin HCl (50 mg/850 mg) tablet	
12.	Vildagliptin/Metformin HCl (50 mg/1000 mg) tablet	
13.	Bromhexine HCl 8 mg tablet	D3 – pindaan kategori preskriber (B kepada C)
14.	Hyoscine N-Butylbromide 10 mg tablet	
15.	Mefenamic acid 250 mg capsule	
16.	Miconazole 2% cream	
17.	Linagliptin 5 mg tablet	D5 – pemansuhan daripada FUKKM
18.	Glibenclamide 5 mg tablet	
19.	Rabeprazole sodium 20 mg tablet	
20.	Chloramphenicol 125 mg/5 ml suspension	
21.	Diphenhydramine hydrochloride 10 mg/5 ml oral solution	
22.	Ethosuximide 250 mg/5 ml syrup	
23.	Pneumococcal polysaccharide conjugate vaccine (adsorbed) 13-valent injection	Pindaan <i>prescribing restriction</i>
24.	Empagliflozin 10 mg and 25 mg tablet	

B. PERMOHONAN PINDAAN/TAMBAHAN KEPADA FUKKM YANG TIDAK DILULUSKAN

BIL	NAMA UBAT	CADANGAN PINDAAN	JUSTIFIKASI
1.	Fulvestrant 250 mg/5 ml injection	D1 – penyenaiaan ubat baru	Cost and formulation/route of administration are not favourable as compared to the available alternatives in FUKKM.
2.	Ibrutinib 140 mg capsule	D1 – penyenaiaan ubat baru	High cost implication that is not sustainable to MOH.
3.	Micafungin 50 mg injection	D1 – tambahan indikasi (<i>Prophylaxis of Candida infection in children and adult patients undergoing allogeneic haematopoietic stem cell transplantation or patients who are expected to have neutropenia</i>).	High cost implication that is not sustainable to MOH.
4.	Eltrombopag 25 mg tablet	D1 – tambahan indikasi	High cost implication that is not sustainable to MOH.
5.	Chlorpheniramine maleate 10mg/ml injection	D3 – pindaan kategori preskriber (B kepada C)	Medical officer assessment and prescription are mandatory when require IV formulation for moderate to severe hypersensitivity.
6.	Multivitamin tablet	D3 – pindaan kategori preskriber (B kepada C)	High cost implication to MOH.

C. PERMOHONAN PINDAAN KEPADA FUKKM YANG DITANGGUHKAN

BIL	NAMA UBAT	CADANGAN PINDAAN	JUSTIFIKASI PENANGGUHAN
1.	Fluticasone furoate/ vilanterol (100/25mcg & 200/25mcg) Inhalation powder	D1 – penyenaiaan ubat baru	To defer until review on the respiratory inhalers for the management of asthma and chronic obstructive pulmonary disease (COPD) in the FUKKM is completed.
2.	Vortioxetine 10 mg tablet	D1 – penyenaiaan ubat baru	To gather more information from relevant stakeholders on the selection of medicines in treatment of multiple depression disorder (MDD).
3.	Tegafur 100 mg & uracil 224 mg capsule	D1 – tambahan indikasi	To gather more information from relevant stakeholders on the preference of medicines in the treatment of colorectal cancer.
4.	Leucovorin Calcium (Calcium Folate) 15 mg tablet	D1 – tambahan indikasi	

ACTIVITIES

By: Nor Azrene Elena bt Zahardi

JANUARI—APRIL 2018

1. MORNING ASSEMBLY OF PHARMACY DEPARTMENT JANUARY 2018



2. PHARMACY DEPARTMENT INTERNAL BADMINTON TOURNAMENT



3. 'CAKNA UBAT ANDA' ONLINE TALK



4. CHINESE NEW YEAR CELEBRATION IN PHARMACY DEPARTMENT



5. PHARMACIST WITH COMMUNITY: 'KAMPUNG ANGKAT DUTA PRIHATIN' KG SARING COMMUNITY PROGRAMME



6. HEALTH EXHIBITION AT KPJ IN CONJUNCTION WITH KIDNEY AND WOMEN'S HEALTH



7. KNOW YOUR MEDICINE CAMPAIGN IN CONJUNCTION WITH ORCHID, FLORA AND HERBS FIESTA



8. KNOW YOUR MEDICINE CAMPAIGN AT AEON MALL IN CONJUNCTION WITH HEALTH PROMOTION MONTH



WELCOMING NEW FAMILY MEMBERS

By: Nor Azrene Elena Zahardi



PUAN NILA SRIWATI BT HAMAT

Pharmacist UF52
Report duty in HRPZ II :
8 January 2018
Experience :
KK Bandar Kota Bharu 2006-2018



NUR HIDAYAH BT ISMAIL

Pharmacist UF41
Report duty in HRPZ II:
1 February 2018
Experience:
PRP at Hospital Sulatanah Bahiyah 2015-2016
Hospital Kuala Krai 2016-2018



SUHAINI BT MAT SEMAN

Pharmacist UF41
Report duty in HRPZ II :
2 April 2018
Experience :
PRP at HRPZ II 2016-2018



RAZALLE BIN DOLLAH

Assistant Pharmacist U38
Report duty in HRPZ II:
22 January 2018
Experience:
KK Air Lanas—Jan 1991-August 1991
Hospital Kota Bharu—1991– 2005
Hospital Tanah Merah—2005-2018



BAHRUM BIN MAT DIAH

Assistant Pharmacist U36
Report duty in HRPZ II:
2 April 2018
Experience:
KK Air Lanas— 1991-1993
KK Pulai Condong—1994-2001
KK Ktereh— 2002– 2009
KK Kok Lanas- 2009-2012
KK Lundang Paku -2012-2014
KK Bachok- 2014- 2018



ROSHILA BT IBRAHIM

Assistant Pharmacist U29
Report duty in HRPZ II:
1 March 2018
Experience:
Klinik Kesihatan Jinjang KL– 2010-2017
Hospital Kuala Krai - 2017-2018

PRP JANUARY 2018 INTAKE



From left: Syahida, Safiuddin, Tiun

PRP APRIL 2018 INTAKE



From left: Anis, Raidah, Zati Rusydina, Nadia, Fatin Afiqah, Dini, Izzati

STAFF TRANSFER

1. NOR MARDIANA BT MOHAMMED—KK KOTA BHARU
2. NUR THAQIFAH BT MD ADHANI– KK KTEREH
3. NURUL HIDAYAH BT BIDIN—KK WAKAF CHE YEH

NEWBORN BABIES

**PUAN TAZQIRAH MUHAMMAD
HANAN HUMAIRA BT MOHD
HAKIM
(28 JANUARY 2018)**

**PUAN NURUL AIDA MD ROSLY
ADEEBA TASNIM BT NUR IZAT
(6 FEBRUARY 2018)**

**EN AHMAD MUSTAQIM ARIFFIN
NUR MARYAM AUNI BT AHMAD
MUSTAQIM
(28 MARCH 2018)**

**EN RIZWAN RAMLI
MUHAMMAD AFFAAN BIN RIZWAN
(23 APRIL 2018)**

**EN WAN MOHD KHAIRUL WAN MAHMUD
WAN ASMA'SOLEHAH BT WAN MOHD
KHAIRUL
(13 MARCH 2018)**

**PUAN NORAINI MUHAMMAD
MIFTAAHUL ARDAAN MOHD MAZUKI YAHYA
(5 FEBRUARY 2018)**

**PUAN SITI RUWAEDA SALIM
WAN AHMAD WAFIY BIN W.MOHD HAFSHAM
(21 APRIL 2018)**

**MUNAWWARAH BINTI MD KAILANI
FARIHAH BT FATHULLAH
(28 APRIL 2018)**