MINISTRY OF HEALTH - ETHIOPIA

Hospital / Clinic
Neonatal Intensive Care Unit (NICU)
Register

| Region | Zone/Subcity/Woreda | Health Facility Name | Begin Date | End Date |

Register for Hospitals with neonatal Intensive care unit only

MINISTRY OF HEALTH-ETHIOPIA

Location information to be completed at front of register:

Region	Write the region where the facility is located
Woreda / Sub-City	Write the woreda/sub-city where the facility is located.
Name of Health Facility	Write the name of the health facility where the NICU services are provided.
NICI- level	Write the level as (I),(II),(III)
Register begin date	Enter the date of the first entry in the register, written as (EC) Day / Month / Year (DD/MM/YY)
Register end date	Enter the date of the last entry in the register, written as (EC) Day / Month / Year (DD/MM/YY)

Patient's information		
Col.	Datum	Comments
Identification		
1	S.N	Write Sequential serial number in registration book
2	MRN	WriteUnique individual identifications used on medical information folder fill only at HC and hospital.
3	Name of newborn	Write the connotation "Baby" followed by the mother's name. E.g "Baby Asede"
4	Sex (M/F)	Write Child's sex: M=Male; F=Female
5	Name of the mother	Write the full name of the newborn's mother (Name, Father's name, grandfather's name)
6	Zone/Woreda	Write Zonein upper row and Woreda in the lower row
7	Kebele/Gote	Write Kebele in upper row and Gote in the lower row
Admission Information		
8	Admission Date and Time (DD/MM/YY - 00:00)	Write the date the newborn has been admitted to the NICU (In Ethiopian calendar with Day / Month / Year) AND write the time the newborn has been admitted to the NICU (In Ethiopian time, Hour/minute)
9	Admission Weight (gm)	Write the weight of the newborn at the time of admission to the NICU in grams
10	Temperature (^{0}C)	Write the temperature of the newborn at the time of admission in degree Celsius (^{0}C)
11	Respiratory Rate (RR) per '	Write how many times the newborn breathes per one minute at a time of admission.(#/minute)
12	Apical Heart Rate(AHR) per '	Write how many times the newborns heart beats per one minute at a time of admission (#/minute)
Delivery Information		
13	Gestational Age (in weeks)	Write the gestational age the of the newborn by using Ballard's scoring method (Write the estimation in Weeks)
14	Delivery Date and Time (DD/MM/YY - 00:00)	Write the date of the newborn (In Ethiopian Calendar, with Date/Month/Year) AND write the time the newborn was born (Ethiopian time, with Hour/minute)
15	Mode of delivery write code	Write the code for newborn mode delivery 1.Spontanous2. CS3.instumental
16	Place of deliverywrite the code	Write the code for newborn place of delivery 1.Home delivery, 2.Same Facility, 3.Refered from other facility
17	APGAR Score 1'/5' (At birth)	Write the APGAR score of the newborn at the first and fifth minute of birth (1st minute /5th minute)
18	Birth weight (gm)	Write the weight of the newborn at the time of delivery in gram
Maternal Condition		
19	PITC (P/N)	Write **P** if the mother of the newborn is HIV positive and write **N** if the mother of the newborn is HIV negative
20	Hepatitis B (P/N)	Write **P** if the Mother is Positive for Hepatitis B surface antigen AND write **N** if the mother is negative to Hepatitis B surface antigen (HBsAg)
21	Hepatitis C (P/N)	Write **P** if the Mother is Positive for Hepatitis C antibody AND write **N** if the mother is negative to Hepatitis C antibody (HCAb)
22	VDRL (R/NR)	Write **R** if the VDRL (venereal disease research laboratory) test for syphilis for the mother is Reactiveor write NR if Not reactive
23	A= Alive /D =died	Write the code A if the mother is alive and D if the mother is died
Admission Problem (24-32)		
24	Prematurity (✓)	Tick(✓)if the newborn is diagnosed with prematurity (Born less than 37th week of gestation) OR (If less than 37 week of gestation by Ballard's scoring)
25	LBW (low birth weight) (✓)	Tick (✓)if the newborn is diagnosed with Low Birth Weight (if less than 2500gms)
26	Sepsis (✓)	Tick (✓)if the newborn is diagnosed with sepsis
27	Respiratory Distress syndrome (✓)	Tick(✓)if the newborn is diagnosed with Respiratory distress syndrome (RDS)
28	Perinatal Asphyxia (PNA) (✓)	Tick(✓)if the newborn is diagnosed with Perinatal Asphyxia (PNA)
29	Congenital Malformation (✓)	Tick (✓)if the newborn is diagnosed to have any form of congenital Malformation
30	Meconium Aspiration syndrome (✓)	Tick (✓) if the newborn is diagnosed with meconium aspiration syndrome
31	Hyperbilirubinemia (✓)	Tick (✓) if the newborn is diagnosed with hyperbilirubinemia
32	Other (specify)	Write if the newborn is diagnosed with other problem(specify) during admission
Managements (33-44)		
33	Continuous Positive Air way Pressure CPAP (✓)	Tick(✓)if the newborn is treated with Continuous Positive Air way Pressure CPAP
34	Resuscitation (✓)	Tick (✓)if the newborn is resuscitated with Bag and Mask
35	Prolonged skin to skin thermal care (KMC)	Tick(✓)if KMC (kangaroo mother care) was initiated for the newborn
36	Antibiotics (✓)	Tick(✓)if the newborn is treated with any form of antibiotic
37	Anticonvulsants (✓)	Tick(✓)if the newborn is treated with anticonvulsant
38	Phototherapy (✓)	Tick (✓)if the newborn has received phototherapy treatment

39	Glucose (✓)	Tick(✓)if the newborn is treated with Glucose after admission
40	O2 (oxygen) (✓)	Tick(✓)if the newborn is treated with oxygen (With nasal prong or face-mask)
41	Blood Transfusion (✓)	Tick(✓)if the newborn has received blood transfusion
42	Incubator thermal care(✓)	Tick (✓)if the newborn was placed in an incubator for treatment
43	Exchange transfusion (✓)	Tick(✓) if the newborn has received exchange transfusion
44	Other (specify)	Write if the newborn is diagnosed with otherproblem (specify) during treatment.
Discharge Information(45-50)		
45	Discharge Date and Time (DD/MM/YY - 00:00)	Write the date the newborn has been discharged from the NICU (In Ethiopian calendar with Day / Month / Year) AND write the time the newborn has been discharged from the NICU (In Ethiopian time, Hour/minute)
46	Weight at Discharge (gm)	Write the weight of the Newborn at the time of discharge in grams (gm)
47	Discharge status write code	Write the code for treatment outcome of the newborn1. Recovered 2. Died 3.Transfered3.Others (specifylike: Absconded,Left against medical advice…….)
48	Survived after resuscitation (✓)	Tick(✓) the box below only if the Newborn has received resuscitation at the NICU and his/her condition has improved.
49	If died, (age in hours/ days)	Write age in hours or days if died
50	Cause of Death	Write code for cause of death 1. Prematurity 2. Sepsis 3. Prenatal Asphyxia 4. Congenital Malformation 5. Other (specify)
51	Length of stay /LOS/ (days)	Write Length of stay in days
Counseling on care for child(52-54)		
52	Counseled on Breast feeding/nutrition (✓)	Tick(✓) if the caregiver counseled on breast feeding/Nutrition
53	Counseled on Newborn care (✓)	Tick(✓) if the caregiver counseled on Newborn care
54	Counseled on Early Childhood Development (ECD)(✓)	Tick(✓) if the caregiver counseled on Early childhood development
55	Remark	If there is any additional, information that the provider thinks should be mentioned can be filled here. (referred to/referred from)

Neonatal Intensive Care Unit (NICU) Register

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				Identification							Admission Information					Delivery Information						Maternal Condition				
S.N	MRN		Name of newborn	Sex (M/F)	Name of mother	Zone / Woreda	Kebele / Gote	Admission date and Time (DD/MM/YY - 00:00)	Admission Weight (gm)	Temperature (0C)	Rispiratory Rate per '	Apical Heart Rate per '	Gestational Age (weeks)	Delivery date and Time (DD/MM/YY - 00:00)	Mode of delivery write code	Place of delivery write code	Apgar Score 1'/5'	Birth weight (gm)	PITC (P/N)	Heptitis B (P/N)	Hepetitis C (P/N)	VDRL (P/N)	A = Alive or D =Dead
(1)	(2)		(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)

Count Total admission

Mode of delivery code Col(15)
1.Spontanous
2. CS
3.Instumental

Place pf Delivery: col(16)
1. Home deliver
2. Same facility;
3. Referred from other facility
4. Other

count Low birth weight

Neonatal Intensive Care Unit (NICU) Register

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Admission Problem									Manegment												Discharge Information							Counseled on			
Prematurity (✓)	Low birth weight (✓)	Sepsis (✓)	RDS (✓)	Perinatal Asphyxia(✓)	Cong. Malformation(✓)	Meconium Aspiration syndrome (✓)	Hyperbilirubinemia (✓)	Other (specify)	CPAP (✓)	Resuscitation (✓)	KMC (✓)	Antibiotics (✓)	Anticonvulsants (✓)	Phototherapy (✓)	Glucose (✓)	O2 (oxygen) (✓)	Blood Transfusion (✓)	Incubator/thermal care(✓)	Exchange transfusion (✓)	Other (specify)	Discharge Date and Time **(DD/MM/YY - 00:00)**	Discharge weight (gm)	Discharge status write code	Survived after resusitation (✓)	If died, (age in hours or days)	cause of death write code	Length of stay /LOS/ (days)	Breast feeding/nutrition (✓)	Newborn care (✓)	Early Childhood Development/ECD (✓)	Remark/ Referred from or referred to
(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)	(33)	(34)	(35)	(36)	(37)	(38)	(39)	(40)	(41)	(42)	(43)	(44)	(45)	(46)	(47)	(48)	(49)	(50)	(51)	(52)	(53)	(54)	(55)

Sepsis

Cause of death: Col (49)
1. Prematurity;
2. Sepsis
3. prenatal Asphyxia
4. Congenital Malformation
5. Other (specify)

KMC

Discharge status: col (47)
1. Recovered;
2. Died;
3. Transfered;
4. Others (specify)

Recovered	
Dead	
Transferred	
Other	

Resucitated and Survived

count # of deaths

Within 0-24hrs	
Within 1-7 days	
Within 7 -28 days	

LOS