



ጤና ሚኒስቴር - ኢትዮጵያ
MINISTRY OF HEALTH-ETHIOPIA

Health Center /WorHo & Hospital Ambulance Service Register

Region

Zone/Subcity/Woreda

Health Facility Name

Begin Date

End Date

Instruction for Ambulance Call & Dispatch Service Register



This register is kept at woreda health office

Information filled at front page of register		
Region	Write region name where the facility is located	
Zone/Sub city /Woreda	Write Zone/Sub-City /Woreda name where the facility is located.	
Facility Name	Write the name of the health facility where the service was provided	
Register begin date	Write the date of the first entry in the register, written as (EC) Day / Month / Year (DD/MM/YY)	
Register end date	Write the date of the last entry in the register, written as (EC) Day / Month / Year(DD/MM/YY)	

Description of the patients' information filled on main part of register		
Column Number	Datum	Description
(1)	S/No	Enter sequentially starting from 1 until the budget year end and start again from 1 at the first day of new budget year
(2)	Date	Write the date received the call as DD:MM:YY
(3)	Time of call	Write the time received the call as HH:MM
4	Full Name of Call Handler	Write the name of the person who handled the call
5	Full Name of Caller	Write the name of the person who made the call
6	Phone number of Caller	Write the phone number of the caller
7	Name of patient	Write the name of the patient who need ambulance service
8	Sex	Write sex of patient as M for Male and F for Female
9	Age	Write age of patient (if it is under 1 month enter in days, if it is under 5 year, enter in month and enter in year if it is above 5 year old)
10	Sub city/Zone	Write the current sub city/zone of the patient
11	Woreda	Write the current woreda of the patient
12	Kebele/Gote	Write the current Kebele/Gote/Unique name of the neighborhood of the patient
13	Tel. Number	Write telephone number of the patient
14	Reason for Ambulance Request	Write the code of the reason for request as 1. Labor & Obstetric Emergency 2. Neonatal Emergency 3. RTA 4. Trauma (Specify)- Applies for Falling Down Accident, Fighting Accident, Occupational Accident,Animal Bite or Attack, others 5. Non-traumatic emergencies (Specify) 6. Burn 7. Poisoning
15	Ambulance Dispatched	Write the response as Yes or No for all requests
16	Reason (if ambulance is not dispatched)	Enter the codes given as reasons 1= Available ambulances dispatched 2= Inadequate or Missing medical equipment/materials/consumables 3. Professionals (HCW or Driver) not available 4. No Fuel 5. On Maintenance 6. Administration 7. Not ready for service (not cleaned or disinfected)
17	Type of Ambulance	Write the codes: 1. Unequipped basic ambulance, 2. Basic ambulances equipped based on the minimum basic ambulance requirement, 3. Standard advanced
18	Time of Call Directed to Ambulance Professional	Write the exact time at which the call handler informed the ambulance professionals of the case /ordered dispatch as HH:MM
19	Time of ambulance dispatch	Write the exact time the ambulance physically dispatched
20	Person accompanied the patient (1. EMT, 2.nurse or other health professional 3. Not accompanied)	Write 1 if it is accompanied by EMT , write 2 if it is nurse or other health professional and write 3 if Not accompanied
21	Time of arrival at the patient's location	Write the time of ambulance arrival at Client/ patient's location HH:MM which is filled by EMT
22	Condition of patient on arrival	Write the response as 1. Alive 2. Dead 3. Patient not found
23	Time of ambulance arrived at HF	Write the time of ambulance arrival at health facility as HH:MM
24	Critical Incident during transport Code (1,2,3,4,5)	Write the response using code as 1. Patient Deterioration (deterioration in vital signs or GCS) 2. Patient Arrest 3. Equipment failure/malfunction 4. Depletion of Consumables 5.External Factor (Ambulance breaks down, No Fuel, Roads are blocked crowded, Security/Safety Issues)
25	Name of receiving health facility	Write the name of Health facility the ambulance takes the patient
26	Remark	Write any thing regarding ambulance service or patient status, if any challenge faced during the service



Ambulance Service Register

[illegible]

Count total calls

Reason for Request col (14)

1. Labor & Obstetric Emergency
2. Neonatal Emergency
3. RTA
4. Trauma (Specify)-
5. Non-traumatic emergencies (Specify)
6. Burn
7. Poisoning

Count the cases for which ambulance was dispatched

Reason (if ambulance is not dispatched) col (16)

- 1= Available ambulances dispatched
- 2= Inadequate or missing medical equipment/consumables
3. Professionals (HCW or Driver) not available
4. No Fuel
5. On Maintenance
6. Administration
7. Not ready for service (not cleaned or disinfected)

Count

EMT

Nurse or other health professional

Not accompanied

Type of Ambulance Dispatched col (17)

1. Unequipped basic ambulance,
2. Basic ambulances equipped based on minimum requirements,
3. Standard advanced

Critical Incident during Transport col (24)

1. Deteriorate, 2. Arrest, 3. Equipment malfunction
4. Depletion of consumable
5. External factor