Health Center /Clinic/ Hospital Emergency Unit/ Department Register

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

Instruction for Emergency department/unit register

This register is kept at emergency department/unit triage area

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	Write 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 date of visit for emergency care
(3)	MRN	Write Medical Record number from individual folder
(4)	Patient Name	Write patient name from his/her individual folder
(5)	Age	Write age of patient (if it is under 1 month enter in days, followed by "0" if it is under 5 year, enter in month followed by "M" and enter in year if it is above 5 year old)
(6)	Sex (M) (F)	Write sex of patient as M for male and F for Female
7	Tme of Arrival at HF HH:MM	Write the hour and minute of arrival at Health Facility
8	Time seen by traige officer (HH:MM)	Write the hour and minute the patient seen by triage officer
9	Mode of Arrival (Ambulance, Police car,Other specify)	Write the code of Mode of Arrival as 1. Ambulance 2. Walk in 3. Police Car 4. Motored Vehicles 5.Other means of transport
10	Patient Handover from Ambulance	Write the response as 1. No handover (if patient was not handovered due to any reason) 2. With form (if a standard pre-hospital form is used to handover the patient) 3. Withour form (if a standard pre-hospital form is not used to handover the patient)
11	Referral Source (Self, HC, Hospital,or Other)	Write referral source (name and type of health facility) from the choice as (Self, HC, Primary Hospital, General Hospital, Specialized/Teritiary Hospital, Speciality Center, Private Clinic, Private Hospital)
12	Triage category*	Write the code from the description on the foot note: 1 = red, 2 = orange, 3 = yellow, 4 = green, 5 = black
13	Diagnosis at arrival (ESV_ICD11)	Write the diagnosis **(name and code)** based on Ethiopia Simplified Version International Classification of Disease (ESV_ICD11) as it appears on the hand book Table on computer (do not abbreviation)
14	New	Tick (√) if visit is for a new episode of illness.
(15)	Repeat	Tick(√) if visit is follow-up for a previous episode of illness.
16	Road **Traffic Accident**	Write the code for those patients who have RTA as: 1. Pedestrian (person who have RTA by any type of vehicle . This doesn't include Vehicle occupants) 2.Motorcyclist(person who have RTA in vehicle with 3 wheels or less) 3.Vehicle occupant(person who have RTA in vehicles with 4 and above wheels)
17	Immediate action After Triage	Write the code from the description on the foot note:1 = Resuscitation, 2 = procedure/OR , 3 = Examination room/area, 4 = Waiting area
HIV assessment		
(18)	HIV test offered	Tick (√) if patient is offered HIV test
19	HIV test performed	Tick (√) if patient is tested
20	Targeted population category	Write the code target population category listed below the register.An individual needs to be assigned only in one category that best describe him/her. E. OVC A. Female Commercial Sex workers F. Children of PLHIV B. Long distance drivers G. Partners of PLHIV C. Mobile/Daily Laborers H. Other MARPS D. Prisoners I. General population
21	HIV test result (P/ N)	Write **P** in red pen if test result is Positive; **N** in normal color of pen if test result is negative;
(22)	Diagnosis at Disposition from Emergency Department or Unit (ESV_ICD11)	Write the diagnosis **(name and code)** based on Ethiopia Simplified Version International Classification of Disease (ESV_ICD11) as it appears on the hand book Table on computer (do not abbreviation)
23	Date and time of decision of disposition	Enter the date and time of Clinician's decision of the disposition as DD:MM:YY for date and HH:MM:SS for time- -
24	Date & Time of Actual Disposition	Enter the date and time of actual disposition (when the patient walks out of the ER for admission, to home or is referred) as DD:MM:YY for date and HH:MM:SS for time- -
25	length of stay in hour	Calculate and enter length of stay as >=24 and < 24
Patient out come		
26	Reffered	Tick (√) if patient is referred or transferred out
27	Stabilizeded and discharge	Tick (√) if the patient is stabilized and discharged
28	Admitted	Tick (√) if the patient is admitted to inpatient department
29	Died	Tick(√) if the patient is died
30	Death Notification	Write Yes or No for deaths notified using appropriate death notification form and do not write Cause of death as Cardio pulmonary arrest or Respiratory Failure
31	Remark	Write any thing regarding the patient or other

Emergency Unit/ Department Register

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MINISTRY OF HEALTH - ETHIOPIA

S.N	Service Date (DD/MM/YY)	MRN	Patient Name	Age	Sex M/F	Time of Arrival at HF (HH:MM)	Time seen by traige officer (HH:MM)	Mode of Arrival* write code	Patient Handover from Ambulance write code	Referral Source (Name & type of facility_Self, HC, Primary Hosp, Gen Hosp, Specialized/ Teritiary Hosp, Speciality Center, Private Clinic, Private Hosp)	Triage category** write code	Diagnosis on Arrival [ESV_ICD11] Name	Code	New(√)	Repeat(√)	Road Traffic Accident: 1. Pedestrian 2.Motorcyclist 3. Vehicle occupant	Immediate Action After Triage **	HIV test offered(√)	HIV test performed(√)	Targeted population category	HIV test result (P, N)	Diagnosis at Disposition from (ESV_ICD11) Name	Code	Date & Time of Decision for Disposition	Date and time of Actual Disposition	Length of stay in hour	Reffered (√)	Stabilized and discharge (√)	Admitted (√)	Died (√)	Death Notification given	Remark
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)		(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)		(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	31

HIV Assessment (columns 18–21)

Outcome at Disposition (columns 26–29)

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*Mode of Arrival col (9)
1. Ambulance
2. Walk in
3. Police Car
4. Motored Vehicles
5. Other means of transport

Count total emergency attendances

**Triage category col (12)
1 = Red
2 = Orange
3 = Yellow
4 = Green
5 = Black

Count with Ambulance

Pre-Health Facilities	B/n Health Facilities

Patient Handing over col (10)
1. Not handed over
2. Handed over with form 3. Handed without form

Count Referral Source

Self	Health Facility

** Action (17)
1 = Resuscitation
2 = Procedure/OR
3 = Examination room/area
4 = Waiting area"

Targeted population category (20)
A. Female Commercial Sex workers
B. Long distance drivers
C. Mobile/Daily Laborers
D. Prisoners
E. OVC
F. Children of PLHIV
G. Partners of PLHIV
H. Other MARPS
I. General population

Count stayed >=24 hours	Count death with 24hours	Count death >=24 hours	Count death age <=15 male	Count death age <=15 female	Count death age >15 Female	Count death age >15 male	Counted notified deaths