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MINISTRY OF HEALTH-ETHIOPIA

Health Centre /Clinic/Hospital HTN and DM Treatment Cohort Register

Region

Zone/Subcity/Woreda

Health Facility Name

Begin Date

End Date

Instruction on how to complete HTN and DM Treatment Cohort Register

Register (HC/Private Clinic/Hospital-HTN-DM Treatment Cohort Register); kept in NCD/Chronic Follow-up/HTN-DM Referral Clinic and completed by the HTN/DM care provider.	
Location information to be completed at front of register:	
Region	Write region name where the health facility providing HTN/DM service is located.
Zone/sub-city/ woreda	Write the Zone/sub-city/ woreda where the the health facility providing HTN/DM service is located.
Health Facility	Write the name of the health facility where the NCD/Chronic Followup/ HTN-DM Referral Clinic is located.
Begin Date	Write the date of the first entry in the register, written as (EC) Day / Month / Year (DD/MM/YY)
End Date	Write the date of the last entry in the register, written as (EC) Day / Month / Year (DD/MM/YY)

SN	Datum	Comments														
Identification: Personal information																
1	1. Unique NCD Treatment Number	<p>Write unique NCD treatment number and it should be assigned when the client is enrolled to HTN/DM care. Unique NCD treatment number assigned as:- Region number / facility type code / specific facility code / patient/client assigned number. Region number: the following code numbers are used:</p> <table border="0"> <tr> <td>Tigray:- 01</td> <td>SNNPR:- 07</td> </tr> <tr> <td>Afar:- 02</td> <td>Gambella :- 12</td> </tr> <tr> <td>Amhara:- 03</td> <td>Harar :- 13</td> </tr> <tr> <td>Oromia:- 04</td> <td>Addis Ababa :- 14</td> </tr> <tr> <td>Somali:- 05</td> <td>Dire Dawa :- 15</td> </tr> <tr> <td>Benishangul Gummuz :-06</td> <td>Sidama:-16</td> </tr> <tr> <td></td> <td>South West Ethiopia:-17</td> </tr> </table> <p>Facility type code: Hospital =08 Health Center = 09</p> <p>Specific facility code: Each HC / hospital in the regions is coded with four digits starting from 0001. These specific facility codes are assumed to be given by regions together with federal, which means it is pre-coded and given to each facility centrally.</p> <p>Patient assigned number: A unique 6-digit number is given within the facility; the first patient to be enrolled for HTN/DM care in the clinic will be given 0000 01 Example Unique NCD Treatment No. for the first hypertension/dm patient enrolled at NCD clinic in a hospital in Tigrai: 01/08/001/000001</p>	Tigray:- 01	SNNPR:- 07	Afar:- 02	Gambella :- 12	Amhara:- 03	Harar :- 13	Oromia:- 04	Addis Ababa :- 14	Somali:- 05	Dire Dawa :- 15	Benishangul Gummuz :-06	Sidama:-16		South West Ethiopia:-17
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2	MRN	Enter Medical Record Number (MRN) used on Individual medical folder														
3	Treatment Enrollment date (dd/mm/yyyy):	Enter the date in Ethiopian Calendar when clients are enrolled to HTN/DM care.This is the date when the client is either put on lifestyle management and/or drug treatment for the first time at the health facility.														
4	Patient name and Address of the HTN/DM patient	Upper space: Write the patient's full name (individual, father, grandfather); Lower space: Write the address of patient (woreda, kebele, House No, Phone No) in column 4														
5	Sex (M/F)	Write the patient's sex: M=Male; F=Female in column 5														
6	Age	Write the patient's age in years in column 6.														
7	Treatment supporter Name and address	Write treatment supporter name and address in column 7. Upper space: Enter 'Treatment Supporter full Name ' (individual, father, grandfather) Lower space: 'Treatment supporter address ' (woreda, kebele, House No, Phone No,)														
8	Entry point:	Entry point should be written in column 8. Select and put codes from the list of 'Entry Points" as described in the bottom of the register. E.g. if client is referred from OPD, write '5' NB. Previously in care: means any hypertensive or diabetic patient who was diagnosed to have hypertension or diabetes and started either healthy life style counseling or drug treatment or both in any other public or private health facility and presented to the NCD or chronic follow up clinic or HTN/DM referral clinic for registration or enrollment to care.														
Baseline clinical data at enrollment																
9	Weight and height:	Enter weight and height in column 9. Upper space: enter 'Weight (in kg)' of the client; Lower space: enter 'Height(cm)														
10	BMI (Kg/m2):	Enter BMI status as Weight in Kg divided by the square of Height in Meters (kg/m2) in column 10. E.g. if client's weight is 58 and Height is 1.60m, the Client's BMI 22.56 kg/m2 which in normal range so write code for BMI as number 2 in column 10 as mentioned under the BMI list at the bottom of the register.														

11, 22, 27	BP:	Enter the BP readings of the client in column 11, 22,27. Upper Space: Enter the first BP reading of the client. This is usually the second reading after two measurements are taken 1-2 minutes apart.This BP reading is the raised BP reading at OPD before the date of enrollment. If 3 measurements are taken, the average of the last two should be recorded.
		Lower space: enter the second BP reading of the client.This is the BP reading on the date of confirmation of hypertension diagnosis and/or enrollment to care.This is again the second BP reading of the client after two measurements are taken 1-2 minutes apart.If 3 measurements are taken, the average of the last two measurements should be recorded.For grade 3 hypertension since hypertension diagnosis is confirmed on same date,enter the second BP reading taken 1-2 minutes apart.If 3 readings are taken, again record the average of the last two measurements.
12	Risk factors:	Select and enter codes from the list of ‘Risk factors” as mentioned in the bottom of the register. E.g. if client is using tobacco, then write number 1 in column 12.
13, 23, 28	Fasting and Random blood sugar test	Enter FBS or RBS or HBA1c result in columns 13, 23, 28. Upper space: Enter the FBS test result in mg/dl Lower space: enter RBS test in mg/dl or HBA1c test result in % if available
14	CVD risk assessment:	CVD risk score should be entered in column 14.Enter the ‘10 years cardiovascular disease (CVD) risk score ‘from the codes mentioned at the bottom of the register e.g. if the clients CVD risk is 15% using lab based risk prediction chart , then put number ‘1’.
15	Diagnosis:	Enter the diagnosis in column 15.Enter the diagnosis of the client based on the national NCDs management protocols 2021. Upper space: Enter the diagnosis of hypertension as per the grading category mentioned at the bottom of the register e.g if the diagnosis is grade 2 hypertension, put number ‘2’ in the upper space of column 15. Lower space: enter the diagnosis of diabetes as per the types of diabetes classification mentioned at the bottom of the register e.g if the diagnosis is Type 2 diabetes, put number‘5’ in the lower space of column 15. At the bottom of columb 15 always summarize the sum of hypertension and diabetic patienets diagnosed and enrolled to care when the list of patients on the same page of the register is full.
16	Type of treatment at month 0:	Enter the type of treatment for either hypertension or diabetes patients or both in column 16. Upper left space: If the type of treatment provided to hypertensive patients is life style modification or healthy life style counseling only, put ‘HLC’ in the upper left space.If the type of treatment provided to hypertensive patients is drug treatment in addition to life style modification, put the code of the antihypertensive drug as mentioned in the bottom of the register e.g if the drug treatment given to the patient is amlodipine in addition to LSM, put code‘1/HLC’ at the upper left space. Upper right space: If the type of treatment provided to diabetic patients is life style modification or healthy life style counseling only, put ‘HLC’ in the upper right space.If the type of treatment provided to diabetic patients is drug treatment in addition to life style modification, put the code of the antidiabetic drug as mentioned in the bottom of the register e.g if the drug treatment prescribed to the patient is metformin in addition to LSM, put code‘5/HLC’ at the upper right space. Lower space: enter code of the name of the drug in the lower space of column 16 if statin is given to the patient e.g if simvastatin is prescribed to the patient, put code‘1’ in the lower space of column 16.
17	TB Screening for DM patients:	Tick if the DM patient is screened for TB in the upper Space ; Enter the screening result and result of TB diagnosis in the lower space in column 17.
18	Result of TB diagnosis	Write the result TB Diagnosis
Type of treatment and Patient Outcome Evaluation Status		
19, 24, 29, 32, 35	Drug / HLC HTN; Drug / HLC DM and On statin	Enter the type of treatment for either hypertension or diabetes patients or both in column 19, 24, 29, 32, 35. Upper left space: If the type of treatment provided to hypertensive patients at month 3, 6, 12, 24, or 36 is drug treatment in addition to life style modification, put the code of the antihypertensive drug as mentioned in the bottom of the register e.g if the drug treatment given to the patient is amlodipine in addition to LSM, put code‘1/HLC’ at the upper left space. Upper right space: If the type of treatment provided to diabetic patients at month 3, 6, 12, 24, and 36 is drug treatment in addition to life style modification, put the code of the antidiabetic drug as mentioned in the bottom of the register e.g if the drug treatment prescribed to the patient is metformin in addition to LSM, put code‘5/HLC’ at the upper right space. Lower space: enter code of the name of the drug in the lower space of column 19, 24, 29, 32, 35; if statin is given to the patient at month 3, 6, 12, 24, and 36. e.g if simvastatin is prescribed to the patient, put code‘1’ in the lower space of column 19, 24, 29, 32, 35.
20, 25, 30, 33, 36	RX Outcome of HTN	Enter HTN Rx Outcome based on the options given at the bottom of the register.e.g if the last two consecutive BP readings are below 140/90mmgh, put the code for controlled outcome status at end of the evaluation periods (month 3, 6, 12, 24, or 36) as ‘1’. At the bottom of columns 20, 25, 30, 33 or 36 always summarize the number of hypertension patients with controlled status out of those diagnosed and /or registered when the list of entries on the same page is full. E.g if the number of hypertension patients registered is 4 and number of registered patients with controlled outcome status at month 3 is 1, you should summarize it as 1/4 at the bottom of column 20, 25, 30, 33, 36.
21, 26, 31, 34, 37	RX Outcome of DM	Enter DM Rx Outcome based on the options given at the bottom of the register.e.g. if the last two consecutive FBS results are below130mg/dl, put the code for controlled oucome status at month 3 as ‘6’. At the bottom of column 21, 26, 31, 34 or 37 always summarize the number of diabetes patients with controlled status out of those diagnosed and /or registered when the list of entries on the same page is full. E.g if the number of diabetes patients registered is 4 and number of registered patients with controlled outcome status at month 3 is 1, you should summarize it as 1/4 at the bottom of column 21. NB: Lost follow up- means when hypertensive or diabetic patients do not report to the health center or hospital for more than 28 days after last appointment date. Dead means: A hypertension or diabetes patient who died during the course of pharmacologic or non-pharmacologic treatment. Transferred out means a hypertensive or diabetes patient who has been transferred out to another health facility during the last 3 months followup period.
38	Remarks	Write any additional information about the patient that may assist the treatment sevice provision. Enter any remarks you have during patient followup such as side effects encountered and medication switched, complications developed or patient becoming refractory to treatment in the remark section on the last column of the register.

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