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MINISTRY OF HEALTH-ETHIOPIA

Health center/Clinic/Hospital Drug Dispensing Register

_____	_____	_____	_____	_____
Region	Zone/Sub city/Woreda	Health Facility Name	Begin Date	End Date

Instruction for Dispensing Register

This register is kept at Dispensing unit

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 number starting from 1 until the budget year end and start again from 1 at the first day of new budget year
(2)	MRN	Write unique individual identifier Medical Record Number used on medical information folder, for HC and hospital.
(3)	Patient Name	Write name of the Patient /Clients
(4)	Age	Write age of patient (if it is under 1 month enter in days, followed by "0" if it is under 5 year followed by "M", enter in month and enter in year if it is above 5 year old)
(5)	Sex	Write sex of patient as M for Male and F for Female
(6)	Diagnosis (ESV_ICD11)	Write the diagnosis based on Ethiopia Simplified Version International Classification of Disease (ESV_ICD11) as it appears on hand book (do not abbreviate)
(7)	Drugs prescribed	Write the name of all drug prescribed per patient in one cell separated by coma. E.g. Amoxicillin 500mg, Paracetamol 500mg...
(8)	Total prescribed	Write total number of drugs prescribed per individual patient
(9)	# on FSML	Write the number of drugs prescribed from facility specific medicine list (FSML)
(10)	All dispensed	Enter '1' only if all the prescribed drugs are dispensed and enter '0' if one or more medicines are not dispensed.
(11)	Antibiotics	Enter '1' only if at least one antibiotics has been prescribed (except antiprotozoal, anti-helminthic, or anti-tuberculosis) and '0' if no antibiotics prescribed per individual patient
(12)	Remark	Write anything regarding the patient or other related to medicine



Health Facility Dispensing Registration Book

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MINISTRY OF HEALTH-ETHIOPIA

Region _____ Woreda _____ Name of Health Facility _____

S.N	MRN	Patient Name	Age	Sex (M/F)	Diagnosis (ESV_ICD11)		Medicines Prescribed	Total # of Pre-scribed Meds	# of Meds from *FSML	All dispensed (1,0)	Antibiotics (1,0)	Remark
(1)	(2)	(3)	(4)	(5)	(6)	ESV_ICD11 Code	(7)	(8)	(9)	(10)	(11)	(12)
Count/ Sum												

FSML: Facility Specific Medicine List