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MINISTRY OF HEALTH-ETHIOPIA

Hospital Intensive Care Unit Register

Region

Zone/Subcity/Woreda

Health Facility Name

Begin Date

End Date

Instruction for Intensive Care Unit register

This register is kept at ICU	
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	MRN	Enter unique identifier Medical Record Number of the Patients
3	Patient name	Write patient name from his/her individual folder
4	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)
5	Sex	Write sex of patient as M for male and F for Female
6	Date admitted	Enter date patient admitted at ICU
7	Diagnosis at admission (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)
HIV assessment		
8	HIV test offered	Tick if patient is offered HIV test
9	HIV test performed	Tick if patient is tested
10	Targeted population category	Write the code from target population category listed at the bottom of the register . Individual needs to be assigned only in one category that best describe him/her. <div> <div>A. Female Commercial Sex workers</div> <div>B. Long distance drivers</div> <div>C. Mobile/Daily Laborers</div> <div>D. Prisoners</div> <div>E. OVC</div> <div>F. Children of PLHIV</div> <div>G. Partners of PLHIV</div> <div>H. Other MARPS</div> <div>I. General population</div> </div>
11	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;
Invasive mechanical ventilation		
12	Yes/No	Write yes if patient received mechanical ventilation if not write No
13	Days in number	Enter number of days patient on mechanical ventilation
Ventilator Associated Pneumonia (VAP)		
14	Yes/No	Write "yes" if the patient developed pneumonia after mechanical ventilation Write "No" if the patient did not developed pneumonia after mechanical ventilation
15	Yes/No	Write "yes" if the patient is assessed for malnutrition, otherwise write "No"
16	Yes/No	Write "yes" if the patient is given nutritional support, otherwise write "No"
17	1. Enteral 2. Parenteral	Write the feeding tpye either "Enteral" or "Parenteral"
18	Date discharged	Enter when patient get discharged date irrespective of the outcome
19	Diagnosis at discharge (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)
20	Length of stay in ICU in days	Write the length of stay in the ICU in days (calculate the difference between the date of ICU discharge and the date of ICU admission) NB: If the patient discharged on the admission day, then the length of stay will be zero
21	Patient outcome at discharge	Write the code from the description on the foot note: 1 = discharged alive 2 =Admitted to inpatient Department 3 = died 4. referred or transfered out 5= other
Death in the ICU		
22	Within 24 hours/After 24 hours	Write "1" if the death in the ICU occurred within 24 hours Write "2" if the death in the ICU occurred after 24 hours
Death Notification Given		
23	Yes/No	Write "Yes" if notification is given for the death occurred in the ICU Write "No" if notification is not given for the death occurred in the ICU
ICU Readmission		
24	Yes/No	Write "Yes" if the patient is readmitted to the ICU Write "No" if the patient is not readmitted to the ICU
25	1. Within 48 hrs 2. After 48 hrs	Write "1" if the patient is readmitted within 48 hours Write "2" if the patient is readmitted after 48 hours
26	Remark	Write any thing regarding the patient or other

Intensive Care Unit Register

S.N	MRN	Patient Name	Age	Sex M/F	Date admitted DD/MM/YY	Diagnosis at admission (ESV_ICD11)		HIV Assessment				Invasive mechanical ventilation		VAP Deve- loped	Nutrition Services			Patient information at discharge					Death in the ICU	Death Notifi- cation Given	ICU Readmission		Remark
								HIV Test Offered (✓)	HIV Test performed (✓)	Targeted population category (code)	HIV test result (P,N)	Y=Yes/N=No	Days in number	Y=Yes/N=No	Nutritional Assessment conducted (Yes/No)	Nutritional Support given (Yes/No)	Feeding Type (1. Enteral 2. Parenteral)	Date dis- charged DD/MM/ YY	Diagnosis at discharge (ESV_ICD11)		Length of stay in ICU (in days)	Patient outcome at discharge** (1,2,3,4, 5)	1. Within 24 hrs 2. After 24 hrs	Y=Yes/N=No	Y=Yes/N=No	1. Within 48 hrs 2. After 48 hrs	
						Name	Code												Name	Code							
(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)

Targeted population category Col. 10

A. Female Commercial Sex workers

E. OVC

B. Long distance drivers

F. Children of PLHIV

C. Mobile/Daily Laborers

G. Partners of PLHIV

D. Prisoners

H. Other MARPS

I. General population

Patient outcome at discharge
code* Col.21

1 = Discharged
2 = Admitted to inpatient Department
3 = Died
4 = Referred
5 = Other

Count	
Patient on Mechanical ventilation	
Death with MV	
Death without MV	
Death within 24 hrs	
Death After 24 hrs	

Count	
VAP Developed	
Length of stay in days in ICU	
Total Discharge	
Death Notification Given	