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MINISTRY OF HEALTH-ETHIOPIA

Health center/Clinic/Hospital ICU Service Tally Sheet

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

ICU Service Tally Sheet

MINISTRY OF HEALTH-ETHIOPIA

Woreda------------------------- Facility Name------------------ Month----------------- Year-----------------------

Data element	Tally	Count
Patient on Mechanical ventilation		
Death with MV		
Death without MV		
Death within 24 hrs		
Death After 24 hrs		
VAP Developed		
Length of stay in the ICU in days		
Total ICU discharged case		
Death Notification Given		