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MINISTRY OF HEALTH-ETHIOPIA

Health Center /Clinic/ Hospital Admission/ Discharge Register

Region

Zone/Subcity/Woreda

Health Facility Name

Begin Date

End Date

INSTRUCTIONS FOR INPATIENT ADMISSION/ DISCHARGE REGISTER

Register kept in IPD room (HC/Hospital-AdmDisReg). Completed by nurse at time of admission and discharge.

Location information to be completed at front 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
Identification		
(1)	S.N	Write sequential serial number in registration book; to be entered on patient's summary sheet to link integrated medical records folder with register
(2)	MRN	Write unique individual identifier used on integrated medical records folder
(3)	Age	Write age in years. If patient is under 1 year, enter age in months, followed by M.If patient is under 1 month, enter age in days, followed by D.
(4)	Sex	Write M for Male or F for Female
(5)	Woreda/Sub city	Write woreda/Sub city name where patient resides
Admission		
(6)	Date of Admission (DD/MM/YY)	Write the date of admission in IPD, written as (EC) Day / Month / Year (DD/MM/YY)
(7)	ESV_ICD11 Diagnosis	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)
(8)	Road Traffic Accident	Write the code for Road Traffic Accident (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)
Provider initiated testing and counseling (PITC)		
(9)	HIV Test Offered	Tick (✓) if HIV test offered under provider initiated HIV counseling and testing guidelines
(10)	HIV Test performed	Tick (✓) if client tested for HIV/AIDS.
(11)	Targeted population category	Write the target population category code listed at the bottom of the register. An individual needs to be assigned only in one category that best describe him/her. 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
(12)	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;
Travel History to Malarious Area		
(13)	Travel History to malarious area	Tick (✓) if a patient has travel history to malarious areas
TB screening		
(14)	Screened for TB	Tick (✓) if a patient is screened for TB
(15)	TB screening result	Write "N" if a patient is screened negative or "P" if a patient is screened positive
(16)	Type of diagnostic evaluation	Write code for the type of diagnostic evaluation as: 1. Sputum smear microscopy 2. Sputum GeneXpert 3. X-ray/other imaging 4. Histopathologic test 5. other (specify) 6. Not done
(17)	Result of TB screening	write code for TB screening result of the diagnostic evaluation as: TB, No TB, Not decided (ND)
Discharge		
(18)	Date of Discharge (DD/MM/YY)	Write the date of discharge from IPD, written as (EC) Day / Month / Year (DD/MM/YY)
(19)	Length of stay (days)	Write the number of days in which the patient Stayed in hospital (Date of discharge minus date of admission)
(20)	Condition at discharge	Write 'A'for improved, 'B' for same, 'C' for deteriorated, 'D' for left against medical advice (LAMA), 'E' for died 'F' for referred to higher facility, and 'G' for absconded.
(21)	ESV_ICD11 Diagnosis	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)
Death in the IPD		
(22)	Within 24 hours/After 24 hours	Write "1" if the death in the IPD occurred within 24 hours Write "2" if the death in the IPD occurred after 24 hours
Death Notification Given		
(23)	Yes/No	Write "Yes" if notification is given for the death occurred in the IPD Write "No" if notification is not given for the death occurred in the IPD
Finance		
(24)	Amount charged (birr)	Write the amount of money in Birr charged by service provider during the admission
(25)	Amount paid (birr or free)	Write the payment presented by service recipient for the service throughout his/her stay
(26)	Voucher No	Write the voucher number on receipt for payment
(27)	Remark	Any comment suggestion, follow up that the provider would like to document.



Name of Ward:_____

Condition at discharge (Col. 20)

A. Improved E. Died
B. Same F. Referred to higher
C. Deteriorated G. Absconded
D. Left against medical