Health Center /Clinic/ Hospital IPD Service Tally Sheet

_____   _____   _____   _____   _____

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

IPD Service Tally Sheet

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

Data element	Tally	count
Inpatient discharge cases		
Inpatient deaths		
Length of stay at discharge		
Deaths in the IPD Within 24 hours		
Deaths in the IPD After 24 hours		
Death Notification Given		