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MINISTRY OF HEALTH-ETHIOPIA

# Health Centre /Clinic/Hospital Leishmanises Register

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Region

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Zone/Subcity/Woreda

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Health Facility Name

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Begin Date

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End Date



# INSTRUCTIONS FOR LEISHMANISES REGISTER

Location information to be completed at front of register:

Description	
Region	Write region name where the facility is located
Zone/Sub-City /Woreda	Write Zone/Sub-City /Woreda name where the facility is located.
Name of Health Facility	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)

Column	Datum	Comments
Identification: Personal Information		
1	S.No	Write Sequential serial number in registration book
2	Date of admission (DD/MM/YY)	Write Date of Admission as Day / Month / Year (DD/MM/YY)(EC)
3	MRN	Write Unique individual identifier used on integrated medical records folder at HC and hospital
4	Name / Father, grandfather name	Write the patient's first name in the upper space and father's and grandfather name in the lower space
5	Age	If the patient is less than 5 years of age, enter the patient's age in months -MM For example, a 4-month-old child is entered as 4M. If the patient is 5years of age or older, enter the patient's age in years -YY. For example, a 6-year-old child is entered as 06.
6	Sex(M/F)	Write sex of patient as M for male and F for Female
7	Woreda/Kebele Name	Write Patient Woreda on the upper row and the patient, Kebele in the lower row(for ingenious case)
8	Country	Write name of the Country for imported case i.e. the patient come from neighboring country of the health facility
9	Travel History (Y/N)	Write Travel history to VL endemic area as: Y for yes,N for No based on the response of the patient about his/her travel to known Leishmaniases endemic areas.
10	No. of Months sick before admission	Write the number months the patient is sick before admission
11	Pregnancy(Y/N/NA) / Trimester	In the Upper row : If the patient is female, document her pregnancy status Y for 'Yes' ,N for 'No' and 'NA' if not applicable (in case of male and children)
		In the lower row : write the trimester as 1 <sup>st</sup> , 2 <sup>nd</sup> or 3 <sup>rd</sup> .
	Diagnosis	Tick (✓) the type of the case diagnosed it could be: Primary VL, Relapse VL, PKDL, CL or MCL
VL (Viseral Leishmaniasis)		
19-21	Lab Result (DAT/RDT/ Aspirate)	▪ Write the Lab result :
		▪ VL diagnostic lab result as: DAT: P for Positive, N for Negative, or BL for borderline.
		▪ RDT ( RK39): P for Positive or N for Negative,
		▪ Aspirateresult with the parasitic load of spleen aspirate/bone marrow aspirate/lymph node aspirate as0, +1, +2, +3, +4, +5, +6)
22	Nutritional Status (Normal, MAM ,SAM)	Write the nutritional status of the KA /VL patient as follows :
		- Normal if BMI>18.5, for adult and Wt/Ht >80%, MUAC>12cm for children,
		-MAM (Moderate Acute Malnutrition) if BMI is between 16 and 18.5 inclusive for adult and Wt/Ht between 70% to 80% inclusive or MUAC between 11cm and 11.9cm for children or
		-SAM if BMI < 16, for adult and Wt/Ht <70% or MUAC <11cm for children or Nutritional edema
23	concomitant and other OI	Write concomitant infection(s)as
		1.Tuberculosis, 2.Pneumonia, 3.Skin infection, 4 Sepsis
		5.Others.....
24	Drug Side Effect	Write drug side effect as 1.Cardiotoxicity, 2. Pancrearatitis
		3.Nephrotoxicity, 4. Hepatotoxicity, 5. Others
		6. Unknown
25	Treatment Regimen	Write VL drug given to the patient as 1=SSG+PM, 2=SSG, 3=Ambisome ,4=Ambisome + Miltefosine 6=Other, specify
26	Initial treatment outcome	Write the initial treatment outcome as 1=Cured, 2=referral 3=Defaulted, 4=Relapse, 5=Died 5=Treatment Failure
27	Conformation of Cure (C/P)	Write Conformation of Cure 'C' for clinical or 'P' for parasitological
28	Date of Discharge (DD/MM/YY)	Write Date of Discharge as Day / Month / Year (DD/MM/YY)(EC)
CL (Cutaneous Leishmaniasis)		
29	Test Result by Direct Exam.(P/N/In)	Write CL Test Result by Direct Exam as P=Positive, N=Negative or In=Inconclusive
30	Size of Lessons (<4cm, >4cm)	Write Size of the CL Lesion(s)if measured(categorized is under <4cm or >4cm )
31	Time elapsed (in days)	Write the number of days elapsed between onset of the CL symptoms and its diagnosis
32	Treatment Regimen	Write CL treatmentgiven to the patient as 1=MeglumineAntimonial(glucantime), 2=SSG, 3=cryotherapy 4=SSG+Cryotherapy 5=Other specify
33	Date of Discharge (DD/MM/YY)	
34	Initial treatment outcome	
35	HIV test offered (✓)	Tick (✓) if HIV test offered under provider initiated HIV counseling and testing guidelines
36	HIV test performed (✓)	Tick (✓) if client tested for HIV/AIDS and received test result
37	HIV Test results (R/NR)	Write <b>R</b> in red pen if test result is <b>Positive</b> ; <b>NR</b> in normal color of pen if test result is <b>negative</b>
38	Remark	Write any additional remarks about patient and/or operation.



**YEAR 20**\_\_\_\_\_

1. Cardiotoxicity,
2. Pancreatitis
3. Nephrotoxicity,
4. Hepatotoxicity,
5. Others
6. Unknown