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MINISTRY OF HEALTH-ETHIOPIA

Health Center /Clinic/ Hospital Out Patient Department Register

Region

Zone/Subcity/Woreda

Health Facility Name

Begin Date

End Date

Instruction for Outpatient Department OPD Abstract Register

This register is kept at OPD	
Information filled at front page of register	
Region	Write name of the region which health facility is located
Zone	Write name of the zone which health facility is located
Woreda	Write name of the woreda which health facility is located
Facility Name	Write name of health facility which should be consistent with the name at Liscence
Register begin date	Enter the date of first entry in the register as DD/MM/YYYY
Register end date	Enter the date of last entry in the register as DD/MM/YYYY

Description of the patients' information filled on main part of register		
Column Number	Datum	Description
Identification		
(1)	S/No	Sequential serial number in registration book; to be entered on patient's summary sheet to link integrated medical records folder with the register
(2)	Service Date (DD/MM/YY)	Date of attendance at OPD, written as (EC) Day / Month / Year (DD/MM/YY)
(3)	MRN	Unique individual identifier used on integrated medical records folder
(4)	Age	Enter 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.
(5)	Sex (M/F)	M=Male; F=Female
(6)	Address	Write Woreda/ Kebele of patient
Diagnosis		
(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)	New (v)	Tick if visit is for a new episode of illness.
(9)	Repeat (v)	Tick if visit is follow-up for a previous episode of illness.
(10)	Road Traffic Accident	Write the code for those patients who have 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 HIV Counseling and Testing (PIHCT)		
(11)	HIV Test Offered (v)	Tick if HIV test offered under provider initiated HIV counseling and testing guidelines
(12)	HIV Test performed (v)	Tick if client tested for HIV/AIDS.
(13)	Targeted population category	Fill column 13 selecting from the list of target population category listed, 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
(14)	HIV Test result (P or N)	Enter P in red pen if test is positive ; N in normal color of pen if test is negative .
(15)	Travel histroy to malarious area (v)	Tick if a confirmed case of malaria had travel history to malarious areas, This should not ticked for un-confirmed cases.
TB screening & Investigation		
(16)	Screened for TB (v)	Tick if a patient is screened for TB
(17)	TB screening result (P/N)	Write "N" if a patient is screen negative or "P" it a patient is screen positive
(18)	Type of diagnostic evaluation (write code)	Write type of diagnostice evaluation 1. Sputum smear microscopy 2. Sputum GeneXpert 3. X-ray/other imaging 4. Histopathologic test 5. Other (specify) 6. Not done
(19)	Result of TB screening(code: TB, No TB, Not decided (ND))	Write code fpr TB screening result of the diagnostic evaluation (code: TB, No TB, Not decided (ND))
(20)	Referred to*	Enter 1 if patient referred to hospital; 2 if referred to Health Center; 3 if referred to Health Post; 4 if referred to MCH care; 5 if referred to ART; 6 if referred to SOPD (Surgical Outpatient Department); 7 if referred to Ob/ Gyn; 8 if referred to TB Clinic; 9 if referred to another service / health institution.
(21)	Died	Tick patient is died at OPD level (Dead on arrival (DOA) or while on tretament at the OPD level before admission.
(22)	Death notification	Tick if death notification form was filled and given to family members or the police
(23)	Remark	Any comment, suggestion follow-up etc, that the provider would like to document



Out Patient Department (OPD) Register

[illegible]

A. Female Commercial Sex workers

B. Long distance drivers

B. Long distance drivers

C. Mobile/Daily Laborers

D. Prisoners

I. General population

1. Sputum smear microscopy

2. Sputum GeneXpert

2. Sputum GeneXpert

3. X-ray/other imaging

4. Histopathologic

5. Other (specify):

1 = Hospital 5 = ART

2 = Health Center 6 = SOPD

2 = Health Center 6 = SOPD

3 = Health Post 7 = ObGyn

4 = MCH 8 = TB Clinic

9 = if referred to another service

Count	
Pedestrian	
Motorcyclist	
Vehicle occupant	

Count those with travel history

death