MINISTRY OF HEALTH-ETHIOPIA

Health Center/Clinic/Hospital Operation Register

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

INSTRUCTIONS FOR OPERATION (OR) REGISTER

The operation register is completed from patient card by service provider.
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)

SN	Datum	Comment
1	S.N	Write Sequential serial number in registration book; on client's registration book for later identification in register
2	MRN	Write Unique individual identifier used on medical information folder, for HC & Hospital
3	Sex	Write M for Male or F for Female
4	Age	Write Age of the patient. If the patient is less than 5 years of age, enter the Client's age in months -M For example, a 4-month-old child is entered as 4M or If the patient is 5 years of age or older, enter the Client's age in years -YY. For example, a 6-year-old child is entered as 06.
5	Date of visit for operation	Write date of operation service provision, DD/MM/YY
6	Ward	Write the ward where the patient was admitted: medical, surgical, pediatric etc
7	Pre-operative diagnose	Write the diagnose before operation (during admission/preoperative care)
Operation Procedure		
8	Operation performed	Write the kind operation or procedure performed
9	OR Type: Elective (L) or Emergency (E) (write L or E)	Write L if the Operation procedure type is Elective and write E if it is Emergency
10	Post operative diagnose	Write post operative diagnose when it is different from preoperative Dx, and Write 'same' when the Dx is similar with preoperative Dx
11	Type of anesthesia: General	Tick (√) if the provided anesthesia was General
12	Type of anesthesia: Regional	Tick (√) if the provided anesthesia was Regional
Operation procedure Duration		
13	Starting Time	Write the time when the procedure is started in hour and Minute (HH:MM)
14	End Time	Write the time when the procedure is completed/end in hour and Minute (HH:MM)
Operation/Scrub Team		
15	Surgeon	Write full name of surgeon etc
16	1st Assistant	Write full name of 1st Assistant
17	2nd Assistant	Write full name of 2nd Assistant
18	Anesthetist	Write full name of anesthetist
19	Scrub nurse	Write full name of scrub nurse
20	Runner	Write full name of Runner
Peri-Operation out come: Patient/client		
21	Stable	Tick (√) if the condition of the patient/client is stable
22	Critical	Tick (√) if the condition of the patient/client is critical
23	Died	Tick (√) if the condition of the patient/client is died Peri-operative death in OR: Death occurred in operation theatre before transferred to surgical ward
Transfer to		
24	1. ICU 2. Ward	Write "1" if the patient is transferred to ICU Write "2" if the patient is transferred to Ward
25	Remark	Any comment, suggestion etc the provider would like to document

HEALTH CENTER/CLINIC/HOSPITAL OPERATION REGISTER

MINISTRY OF HEALTH-ETHIOPIA

Personal Information						Pre-Operative Diagnosis	Operation Procedure			Type of Anesthesia		Operation procedure duration		Operation/Scrub Team — Name of						Peri-Operation Outcome			Transfer to	Remark
S.N	MRN	Sex (F/M)	Age	Date (DD/MM/YY)	Ward		Operation Performed	OR Type: Elective (L) or Emergency (E) procedure (write L or E)	Post Operative Dx (Write "SAME" if Similar Dx to preoperative Dx)	General(√)	Regional(√)	Starting Time (HH:MM)	End Time (HH:MM)	Surgeon	1st Assistant	2nd Assistant	Anesthetist	Scrub nurse	Runner	Stable(√)	Critical(√)	Died(√)	1. ICU 2. Ward	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)

Count Operation Performed

Count	
Elective Surgery	
Emergency Surgery	

Count	
Died	