

## Hospital Surgery Register

**Zone/Subcity/Woreda** 

**Health Facility Name** 

**Begin Date** 

**End Date** 



## **INSTRUCTIONS FOR SURGICAL WARD REGISTER**

Register kept in surgical ward (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)								

	Descript	tion 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 Added to Waiting List (DD/MM/YY)	Write the date when the patient is added to the waiting list Day / Month / Year (DD/MM/YY)
(7)	Date of Admission (DD/MM/YY)	Write the date of admission to surgical ward, written as (EC) Day / Month / Year (DD/MM/YY)
(8)	Delay for elective surgical admission (in days)	Write the delay in days (the delay is the difference between the day the patient added to the waiting list and the date of admission to surgical ward)
(9)	Pre-Operative Length of Stay (in days)	Write the length of stay in surgical ward in days (calculate the difference between the date of Operation and the date of admission)
(10)	Pre-Operative Diagnosis	Write the diagnose at admission/preoperative care
(11)	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
(12)	Post Operative Dx (Write "SAME" if Similar Dx to preoperative Dx)	Write post operative diagnose when it is different from preoperative Dx, and Write 'same' when the Dx is similar with preoperative Dx
(13)	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 coun	seling (PICT)											
(14) H	HIV Test Offered	Tick ( $\sqrt{\ }$ ) if HIV test offered under provider initiated HIV counseling and testing guidelines											
(15) H	HIV Test performed	Tick ( $$ ) if client tested for HIV/AIDS.											
(10)	Targeted population catego- ry	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											
(17) H	HIV Test result (P/N)	Write <b>P</b> in red pen if test result is Positive; <b>N</b> in normal color of pen if test result is negative;											
TB scree	ening												
(18)	Screened for TB	Tick $()$ if a patient is screened for TB											
(19)	TB screening result	Write "N" if a patient is screened negative or "P" if a patient is screened positive											
(20) Type of diagnostic evalua-		Write code for the type of diagnostice evaluation as:  1. Sputum smear microscopy  2. Sputum GeneXpert  3. X-ray/other imaging  4. Histopathologic test  5. other (specify)  6. Not done											
(21) F	Result of TB screening	Write code for TB screening result of the diagnostic evaluation as: TB, No TB, Not decided (ND)											
	Discharge												
(//)	Date of Discharge (DD/MM/YY)	Write the date of discharge from surgical ward, written as (EC) Day / Month / Year (DD/MM/YY)											
(23) L	Length of stay (in days)	Write the number of days in which the patient Stayed in surgical ward (Date of discharge minus date of admission)											
(24)	Surgical ward outcome*	Write 'A'for improved, 'B' for same, 'C' for deteriorated, 'D' for left against medical advice (LAMA), 'E' for Post-operation death, 'F' for died without operation 'G' for referred to higher facility, and 'H' for absconded.											
(25) E	ESV_ICD11	Write the diagnosis based on Ethiopia Simplified Version International Classification of Disease (ESV_ICD11) as it appears on hand book (do not abbreviate)											
Death N	otification Given												
(26)	Yes/No	Write "Yes" if notification is given for the death occurred in the Surgical Ward Write "No" if notification is not given for the death occurred in the Surgical Ward											
Finance													
(27) A	Amount charged (birr)	Write the amount of money in Birr charged by service provider during the admission											
(28) A	Amount paid (birr or free)	Write the payment presented by service recipient for the service throughout his/her stay											
<del></del>	· · · · · · · · · · · · · · · · · · ·	Write the voucher number on receipt for payment											
(29)	Voucher No	Twitte the voucher number of receipt for payment											



## **Surgery Register**

Name of Ward:	
ITALICO OL TTALAL	

G. Partners of PLHIV

H. Other MARPS

I. General population

Emergency

Surgery

Vehicle

occupant

Identification				Admission				Post Operation			Provider initiated counseling and testing (PICT)			nd		Screen vestiga		Discharge					Death No- tification Given						
S/ No	MRN	Age	Sex (M/F)	Wore- da/Sub city	Date Added to Waiting List (DD/ MM/YY)	Admis- sion	Delay for elective surgical admission (in days)	erative Length of Stay (in	Pre-Op- erative	OR Type: Elective (L) or Emer- gency (E) procedure (write L or E)	Dx (Write "SAME" if Similar Dx	3.Vehiclle	ccident: Pedes- trian Motorcy- clist Vehiclle ccupant	HIV Test performed $(\checkmark)$	Targeted population category (code)	HIV Test result (P or N)	Screened for LB (v) TB screening result (P/N)	Type of diagnostic evaluation (write	Result of TB screening(code: TB, No TB, Not decided (ND))	Date of Dis- charge (DD/MM/ YY)	Length of stay (days)	Surgical ward out- come*	ESV_ICD11		Y=Yes/N=No	Amount charged (birr)		Vouch- er No	Remarl
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	16) (	(17) (1	18) (19	) (20)	(21)	(22)	(23)	(24)	(25)	ESV_ICD1 Code	(26)	(27)	(28)	(29)	(30)
Targ	eted po	opula	tion c	ategory	Col. 16						Count					Surgical ward outco					lumn 24	<b>\</b>							<b>-</b>
A. Female Commercial Sex workers B. Long distance drivers E. OVC C. Mobile/Daily Laborers F. Children of PLHIV D. Prisoners C. Postpore of PLHIV					CountCountElectivePedestrianSurgeryMotorcyclist						A. Improved B. Same C. Deteriorated D. Left against medical advice (LAMA)				Em	Count Post-OP Death Emergency Surgery				Co									

G. Referred to higher H. Absconded

**Elective Surgery** 

E. Post-Opration death

F. Died without operation