

Health Centre/Clinic/Hospital **Clients waiting for Elective Surgery** Register

Region **Zone/Subcity/Woreda** **Health Facility Name**

Begin Date

End Date



Instruction for Surgical Waiting List in register

This register is to be kept at Surgery Department						
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)					

Descripti	Description of the patients' information filled on main part of register						
Column	_						
Number	Datum	Description					
	c (h)	Enter sequentially starting from 1 until the budget year end and start					
1	S/No	again from 1 at the first day of new budget year					
2	Date	Write the date the patient is referred in as DD/MM/YY					
3	MRN	Enter Medical Record Number from individual folder					
4	Full name	Write the full name of the patient referred in					
5	Age	Write age of patient (if it is under 1 month enter in days, if it is under 5 year, enter in month and enter in year if it is above 5 year old)					
6	Sex	write sex of patient as M for male and F for Female					
7	Region	Write the current region of the patient					
8	Sub City/zone	Write the current sub city/zone of the patient					
9	Woreda	Write the current woreda of the patient					
10	Phone number	Write the correct phone number of the patient					
11	Department linked to (Case by Speciality)	Write the code of the department or subspeciality the patient is linked to 1. General surgery 2. Urology 3.Neurology 4. Orthopedics 5.Plastic 6. ENT 7. Opthalmology 8. Gynecology 9. Pediatrics 10. Others					
12	Date client added to the waiting list	The date on which patient was added to waiting list for elcetive surgery in the form as DD/MM/YY					
13	Date of Client's appointment for elective surgery	The date on which patient is appointed for ellective surgery					
14	Date of Client's admission for elective surgery	The date on which patient is addimitted for ellective surgery					
15	Number of days cleint waited	The number of days the client waited for admission (the time interval in days between date of admission and date added to waiting list)					
16	Dropped from waiting list	Tick on the patient who was contacted but dropped from the waiting list for any reason (the patient does not want the surgery anymore, or the patient has received the service somewhere else)					
17	Remark	Write any thing regarding the patient in the remark section					

NB: Active waiting list= Total waiting list (at the end of the month) -(Total number of patients admitted- Total number of Dropped)



Register for clients waiting for elective surgery

s/N	Service Date (DD/MM/ YY)	MRN	Full Name	Age	Sex	Region	Subcity/ Zone	Woreda	Phone number	Department linked to**	Date Client added to waiting list	Date of Client's appointment for elective surgery	Date of Client's admission for elective surgery	Number of days cleint waited	Dropped from waiting list	Remark
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
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** Department linked to (Col.	11):	
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1 = General surgery 5 = ENT

2 = Urology 6 = Opthalmology 3 = Neurology 7 = Gynecology 4 = Orthopedics 8 = Pediatrics 5 = Plastic 10 = Others

Sum of waiting days	
Count of admitted	
patients	