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## Order Report For Mji wa Huruma Dispensary Ministry of Health Health Commodities Management Platform

MFL No: 13093	Health Facility Name:	Total OPD Visits & Revisits: 1400	Level:	Dispensary	Health Centre
County: Nairobi	District: Westlands	In-patient Bed Days :0	Order Date: 07 Sep, 2014	Order no. 1	Reporting Period Start Date: End Date: 07 Sep, 2014

KEMSA Code	Description	Order Unit Size	Order Unit Cost	Opening Balance	Total Receipts	Total issues	Adjustments(-ve)	Adjustments(+ve)	Losses	Closing Stock	No days out of stock	Order Quantity (Packs)	Order Quantity (Units)	Order cost(Ksh)	Comment
1. Tablets and	. Tablets and Capsules														
PM07AMT001	Amitriptyline Tablets 25mg	1000s	330	0	0	1000	0	0	0	0	0	0	0	0.00	N/A
PM01AMX004	Amoxicillin cap 250mg	1000s	1350	0	0	5000	0	0	0	0	0	10	10	13,500.00	N/A
PM13CHL004	Chlorpheniramine Tablets 4mg	1000s	56	5000	0	2000	0	0	0	3000	0	10	10	560.00	N/A
PM01CTX004	Co-trimoxazole Tablets 480mg	1000s	800	-1000	0	10000	0	0	0	0	0	4	4	3,200.00	N/A
PM11CMT001	Compound Magnesium trisilicate Tablets 370mg	1000s	210	5000	0	0	0	0	0	5000	0	3	3	630.00	N/A
PM07DAZ002	Diazepam Tablets 5mg	1000s	116	0	0	100	0	0	0	0	0	0	0	0.00	N/A
PM01DXY001	Doxycycline Capsules100mg	1000s	1275	0	0	1000	0	0	0	0	0	0	0	0.00	N/A
PM01FLU001	Flucloxacillin Capsules 250mg	1000s	2730	0	0	8000	0	0	0	0	0	3	3	8,190.00	N/A
PM02GRF001	Griseofulvin Tablets 125mg	1000s	1600	14000	0	0	0	0	0	14000	0	0	0	0.00	N/A

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PM05BRU002	Ibuprofen Tablets f/c 200mg	1000s	380	5000	0	6000	0	0	0	0	0	10	10	3,800.00	N/A
PM03MET003	Metronidazole Tablets 200mg	1000s	430	0	0	7800	0	0	0	0	0	0	0	0.00	N/A
PM05PAR005	Paracetamol Tablets500mg	1000s	340	0	0	8000	0	0	0	0	0	10	10	3,400.00	N/A
PM13SAL006	Salbutamol Tablets 4mg (scored)	1000s	193	0	0	6000	0	0	0	0	0	0	0	0.00	N/A
PM03TND001	Tinidazole Tablets 500mg (f/c)	500s	443	4000	0	0	0	0	0	4000	0	0	0	0.00	N/A
PM09ZNC001	Zinc sulphate Tablets 20mg	100s	133	0	0	1000	0	0	0	0	0	0	0	0.00	N/A
2. Oral liquids															
PM01AMX005	Amoxicillin oral Susp 125mg/5mL	100ml	27	200	0	800	0	0	0	0	0	0	0	0.00	N/A
PM13CHL003	Chlorpheniramine syrup 2mg/5mL	51	175	20	0	12	0	0	0	8	0	0	0	0.00	N/A
PM03MET002	Metronidazole Susp 200mg/5mL	100ml	30	200	0	112	0	0	0	88	0	100	100	3,000.00	N/A
PM02NYS001	Nystatin oral susp 100000 IU/ ml	30 ml	28	20	0	20	0	0	0	0	0	0	0	0.00	N/A
PM09REH001	ORS sachet (for 500ml) low osmolality (100)	100s	407	0	0	200	0	0	0	0	0	2	2	814.00	N/A
PM05PAR002	Paracetamol Syrup 120mg/5mL	51	338	7	0	0	0	0	0	7	0	4	4	1,352.00	N/A
3. Injections															
PM01PEN001	Benzathine penicillin Inj 2.4 MU vial pfr	vial	22	10	0	0	0	0	0	10	0	0	0	0.00	N/A

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PM01PEN002	Benzylpenicillin Inj 600mg (1 MU) vial pfr	vial	6	150	0	0	0	0	0	150	0	0	0	0.00	N/A
PM13CHL001	Chlorpheniramine Inj 10mg/1ml amp	amp	9	30	0	0	0	0	0	30	0	0	0	0.00	N/A
PM01GEN002	Gentamicin sulphate Inj 40mg/ml, 2ml amp	amp	10	300	0	0	0	0	0	300	0	0	0	0.00	N/A
PM09DEX004	Glucose (dextrose) IV infusion 10% (hypertonic) 500ml	bottle	40	20	0	0	0	0	0	20	0	0	0	0.00	N/A
PM09DEX004	Glucose (dextrose) IV infusion, 10% (hypertonic) 500ml	bottle	40	48	0	0	0	0	0	48	0	0	0	0.00	N/A
PM09SDU002	Sodium chloride IV infusion 0.9%, 500ml (Normal saline)	bottle	38	10	0	23	0	0	0	0	0	0	0	0.00	N/A
4. Dermatologi	cals														
PM12CLT002	Clotrimazole pessary 200mg 3s	pack of 3s	17	0	0	60	0	0	0	0	0	200	200	3,400.00	N/A
PM12HYD001	Hydrocortisone ointment 1% 15g	tube	37	550	0	0	0	0	0	550	0	100	100	3,700.00	N/A
PM12SLV001	Silver sulphadiazine cream 1% 250g	Jar	250	1	0	0	0	0	0	1	0	5	5	1,250.00	N/A

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PM12GEN002	Gentamicin sulphate solution 0.3% w/v (eye/ear drops) 5ml	bottle	14	10	0	0	0	0	0	10	0	0	0	0.00	N/A
PM12TET001	Tetracycline eye ointment 1% 5g	tube	14.5	50	0	0	0	0	0	50	0	0	0	0.00	N/A
6. Disinfectants	6. Disinfectants & Antiseptics														
PD01SHS001	Sodium hypochlorite solution 4-6%	51	255	1	0	3	0	0	0	0	0	1	1	255.00	N/A

Total Order Value:

KSH 47,051.00

Drawing Rights Available Balance: KSH 462,054.00

EACH ITY TEL NO	EACH ITY EMAIL						
FACILITY TEL NO:	FACILITY EMAIL:						
Prepared by (Name/Designation) mary kathure	Tel: 254712242883	Date: 07 Sep, 2014	Signature				
Email: kathurekimaita@gmail.com		• ′	J				
Checked by (Name/DPF/DPHN)							
Email:	Tel:	Date: N/A	Signature				
Authorised by (Name/DMoH)	Tel:	Date:	Signature				
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