Republic of Kenya – Ministry of Health

Inpatient (IP) Register MOH 301

County:			
Sub-County:			
Health Facility:			
KMHFL Code:			
Type:		**Man. Agency:**	
Start date:		**End date:**	

Revised: APRIL 2019

The register is for all patients to be admitted to the hospital/hospitalized for treatment care regardless of age.

COLUMN	TITLE	DATA DEFINITIONS / EXPLANATIONS
A	Date of Admission	Record Date when the patient is admitted (recorded as DD/MM/YYYY)
B	In-patient No	This is a unique identification number given to a patient on admission. **Note:** Unlike the OPD number which changes every calendar year, once admitted the patient retains the same number throughout his or her life of medical care in your facility.
C	Full Names	Record at least **THREE** names of the patient
D	Age in Years	Record the actual stated age of the patient expressed in figures/ numbers. Age here must be indicated in years and **NOT** '**A' for Adult or 'C' for Child**
E	Sex	This should be recorded as **M** for male and **F** for female
F	County/Sub County	This refers to client's residential County/Sub County
G	Village / Estate / Landmark	This refers to client's residential village / estate/Landmark
H	Telephone Number	The telephone numbers should be written in this column to enable tracing or follow-ups
I	HIV- intervention , (1=Counselled, 2=Tested 3= Not Done)	Record using the appropriate key provided i.e. (1=Counselled, 2=Tested, 3=Not done)
J	HIV- Status, 1-Known postive 2-Positive this visit 3-Negative, 4-Unkwown	Record using the appropriate key provided i.e. (1= Known postive 2= Positive this visit 3 = Negative, 4 =Unkwown)
K	Diagnosis	This is the final diagnosis that is made by the clinician for the patient on discharge. If a patient suffers from more than one diagnosis, all must be entered into the diagnosis column.
L	Treatment/ Prescription Number/code (Remove prescription number)	Record the name and number of Drugs from the prescription or drug codes if provided
M	Nutrition Support: 1=Nutrition education 2=Nutrition supplements 3= Nutrition Assessment	For all patients, Record using the appropriate key provided i.e. (1=Nutrition Assessment 2=Nutrition education 3 =Nutrition supplements)
N	Date of Discharge	Record the day the patient leaves your facility or ward
O	Outcome: A = Alive, D = Dead, ABS= Abscodee	Record the Outcome result of illness - either Alive = A , Dead = D
P	If 'D' at column O Indicate Cause of death or else N/A	If a patient is recorded as Dead, record the Cause of Death in this column; otherwise indicator 'N/A'
Q	Referrals: 1=From Other HF, 2= From CU	If patient was referred to this facility, record as per provided codes: 1=From Other Health Facility, 2=From Community Unit
R	Referrals: 3=TO other HF, 4= TO CU	If you refer the patient to another faciility or to a CU, record as per provided codes: 3=To other Health Facility, 4=To Community Unit
S	Remarks	Any comments for the individual patient e.g absconded.

Date of Admission (DD/MM/YYYY)	In-patient No	Full Names (three names)	Age	Sex	County/Sub County	Village / Estate / Landmark	Telephone Number	HIV: 1=Counselled 2=Tested 3= Not Done	HIV Status: 1=Known postive 2=Positive this visit 3=Negative 4=Unknown	Diagnosis	Treatment	Nutrition Support: 1= Nutrition assesment 2=Nutrition education 3=Nutrition supplements	Date of Discharge (DD/MM/YYYY)	Outcome: A = Alive D = Dead	If 'D' at column O Indicate Cause of death or else N/A	Referrals: 1=From Other HF; 2= From CU	Referrals: 3=To Other HF; 4=To CU	Remarks
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S