MINISTRY OF HEALTH

HMIS MCH 011
NEWBORN INPATIENT REGISTER

HEALTH FACILITY: .... CODE .... LEVEL ....

SUB-COUNTY / DIVISION: ....

HSD: .... DISTRICT: ....

DATE OPENED: .... DATE CLOSED:..

HMIS MCH 011: NEWBORN INPATIENT REGISTER

DESCRIPTION AND INSTRUCTIONS:

Objective: To maintain brief record of age, sex, diagnoses, interventions and final status of each inpatient who is 0-28 days old.

Copies: One copy which stays at the health unit in the respective ward.

Responsibility: In-charge of the Ward.

PROCEDURE:

1. The date the register was started, the name of health unit, name of ward, and the date the register was finished are written on the front cover.

2. This register is used to record inpatient admission and discharge information. The registration will normally be at a central location. Wards can keep a record of their inpatients if they wish; however, the registration of inpatients (and allocation of inpatient numbers) should be done at one central place in order that each patient gets a different IP number.

3. In case of emergencies or at night, an INPATIENT TREATMENT SHEET without an IPD Num. (Inpatient number) can be issued. Proper registration should be done as soon as possible. The (night duty) clinician could make a list of all admissions for the medical records staff to follow up on the next morning. But also, the ward nurse can easily identify unregistered patients because the sheet lacks an Inpatient Number (IPD Num.).

4. At registration the first eight columns are completed, and the file for the inpatient is started. At discharge (or death), the Inpatient's file is returned to the registration office, and the remaining columns are completed. The Inpatient File is then stored according to the IPD Num.

5. It is from the INPATIENT REGISTER that all diagnoses of admissions and deaths are tallied. The tallies should normally be done daily. A tick (√) is written in front of a line after the diagnoses have been tallied to keep track of those tallied. This is necessary because patients are not discharged in the same order as they are admitted. More information on tallying is given in TABLE 7: INPATIENT / LABORATORY AND X-RAY SERVICES.

6. The Ministry of Health has provided a list of diagnoses of interest to summarize monthly. The Medical Superintendent and the DHO will determine other additional diagnoses of interest to be summarized monthly. All diagnoses will be summarized and reported at the end of each quarter and also at the end of the year.

DESCRIPTION OF COLUMNS:

MOTHER'S INFORMATION

1. **IPD No:**

   This is a unique serial number given to an inpatient during his/her stay. IPD Number begins with 1 at the beginning of the financial year (July) and ends at the end of the financial year (June).

2. **NATIONAL IDENTIFICATION NUMBER (NIN):**

   Write the baby's mother National Identification Number.

3. **NAME AND CONTACT:**

   Write the name and contact of the baby's mother.

4. **CLIENT CATEGORY:**

   Record the origin of the patient if the patient is a Ugandan, write "National" (N), the Patient is a Refugee (R) and If the patient is a foreigner – write F .

5. **ADDRESS:**

   Write the mother's District, Subcounty, Parish and Village.

6. **AGE:**

   Write the age of the baby's mother.

7. **HIV STATUS CODE:**

   Write the HIV status code to indicate the HIV status of the mother.

BABY'S INFORMATION

8. **AGE:**

   Write the baby's age in days

9. **SEX**:

   Write the sex of the baby.

10. **DATE OF BIRTH**:

    Write the baby's date of birth in the following format DD/MM/YYYY.

TIME OF BIRTH:

   Write the baby's time of birth.

11. **BABY PLACE OF BIRTH:**

    Write the place where the baby was born. Write (1) for Hospital, (2) for HC IV, (3) for HC III, (4) for HC II and (5) for Traditional Birth Attendant (TBA), (6) Others specify

12. **MODE OF DELIVERY:**

    Write the mode of delivering the baby. Write (1) for Spontaneous Vaginal Delivery (SVD), (2) for Assisted Spontaneous Vaginal Delivery (ASVD) and (3) for Cesarean Section (CS).

13. **BIRTH WEIGH**T:

    Write the baby's weight at birth in Kilograms.

14. **HOW MANY BABIES?** :

    Write whether a child was born as a Singleton (1), Twin (2), Triplet (3), Quadruplet (4) and Other (5).

15. **APGAR SCORE:**

    Write the baby's Apgar score for 5 minutes.

16. **MODE OF FEEDING:**

    Write the mode of feeding the baby. Write Exclusive Breast Feeding (1), Formula (2), Both (3), and Other Feeds (4).

17. **INDICATE PRETERM OR TERM BIRTH:**

    Write (1) if it was a Preterm birth and (2) if it was a Term birth.

18. **SOURCE OF WARMTH:**

    Please write or record;

    1 - for Incubator,

    2 – Kangaroo Mother Care (KMC)

    3 - Mothers warmth without special consideration; and

    4 - others specify.

HMIS MCH 011: NEWBORN INPATIENT REGISTER

19. IMMUNIZATION:

Write Y if baby received BCG and Polio or N if the baby did not receive the respective immunization antigen(s).

20. DATE OF ADMISSION:

Write the date when the child was admitted.

TIME OF ADMISSION:

Write the time when the child was admitted.

21. REASON FOR ADMISSION / PROVISIONAL DIAGNOSIS:

From the patient's Outpatient Card or other documentation, write the diagnosis upon admission.

22. BLOOD TRANSFUSION

Indicate the specific blood type the baby has received and the units in the watermarks provided.

23. FINAL DIAGNOSIS:

From the INPATIENT TREATMENT SHEET write the FINAL diagnoses. If abbreviations are used, ensure that they are standard and used consistently.

24. REFERRAL FROM:

Indicate the name of health facility or ward referring the new-born child to this ward or health facility.

25. TREATMENT:

At a minimum, the names of the drugs/devices and quantities given in accordance with the age and/ weight of the patient. Quantities given should be written in the format: Number of units per dose x number of doses per day x number of days the drug is to be taken.

26. DISCHARGE WEIGHT:

Write the baby's weight at discharge in Kilograms.

27. STATUS AT 7 DAYS AND DATE

Tick as appropriate: "D" for discharge (this includes the MF 74 categories of recovered, improved and unchanged), "T" for transferred to another ward, "R" for referred out to another health unit, "RAB" if patient referred abroad "DD" if the patient died, and "S" for self-discharges/ runaways.

28. STATUS AT 28 DAYS AND DATE

Tick as appropriate: "D" for discharge (this includes the MF 74 categories of recovered, improved and unchanged), "T" for transferred to another ward, "R" for referred out to another health unit, "RAB" if patient referred abroad "DD" if the patient died, and "S" for self-discharges/ runaways.

29. SERVICE PROVIDER:

Write the name and cadre of the health worker who provided the healthcare service.

HMIS MCH 011: NEWBORN INPATIENT REGISTER

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	
	MOTHER'S INFORMATION						**BABY'S INFORMATION**												
IPD No.	NIN	Name & Contact	Client Category	Address	Mothers Age in yrs	HIV Status Code	Baby'sAge (In Days)	Sex	Date Of Birth / Time Of Birth	Place Of Birth	Mode Of Delivery	Birth Weight (Kg)	How Many Babies born	Apgar Score 5 Min	Mode of Feeding (Use Codes)	Term (T)/ Pre-Term (P) (Use Codes)	Source Of Warmth (Use Codes)	Immunization	
																		BCG	Polio
		Surname / Given Name / Phone Contact	N/R/F	Village / Parish / Subcounty / District				M/F	DD/MM/YY / HH:MM									Yes/No	Yes/No
		Surname / Given Name / Phone Contact	N/R/F	Village / Parish / Subcounty / District				M/F	DD/MM/YY / HH:MM									Yes/No	Yes/No
		Surname / Given Name / Phone Contact	N/R/F	Village / Parish / Subcounty / District				M/F	DD/MM/YY / HH:MM									Yes/No	Yes/No
		Surname / Given Name / Phone Contact	N/R/F	Village / Parish / Subcounty / District				M/F	DD/MM/YY / HH:MM									Yes/No	Yes/No
		Surname / Given Name / Phone Contact	N/R/F	Village / Parish / Subcounty / District				M/F	DD/MM/YY / HH:MM									Yes/No	Yes/No
		Surname / Given Name / Phone Contact	N/R/F	Village / Parish / Subcounty / District				M/F	DD/MM/YY / HH:MM									Yes/No	Yes/No
		Surname / Given Name / Phone Contact	N/R/F	Village / Parish / Subcounty / District				M/F	DD/MM/YY / HH:MM									Yes/No	Yes/No
		Surname / Given Name / Phone Contact	N/R/F	Village / Parish / Subcounty / District				M/F	DD/MM/YY / HH:MM									Yes/No	Yes/No
		Surname / Given Name / Phone Contact	N/R/F	Village / Parish / Subcounty / District				M/F	DD/MM/YY / HH:MM									Yes/No	Yes/No
		Surname / Given Name / Phone Contact	N/R/F	Village / Parish / Subcounty / District				M/F	DD/MM/YY / HH:MM									Yes/No	Yes/No
		Surname / Given Name / Phone Contact	N/R/F	Village / Parish / Subcounty / District				M/F	DD/MM/YY / HH:MM									Yes/No	Yes/No

Mode Of Feeding Codes:
1 = Exclusive Breast Feeding
2 = Formula
3 = Both
4 = Other Feeds

Term (T)/Pre-Term (P) Codes
1= Preterm birth
2 = if it was a Term birth.

Source of Warmth:
1 - for Incubator,
2 – Kangaroo Mother Care (KMC)
3 - Mothers warmth without special consideration
4 - others specify.

(Print version September, 2019)

HMIS MCH 011: NEWBORN INPATIENT REGISTER

20	21	22	23	24	25	26	27						28						29
							DISCHARGE INFORMATION												
DOA	**Reason For Admission/ Provisional Diagnosis**	**Blood Transfusion**	**Final Diagnosis**	**Referral From?**	**Treatment**	**Discharge Weight (Kg)**	**Status at 7 Days and Date**						**Status at 28 Days and Date**						**Service Provider**
TOA							D	DD	T	RAB	S	R	D	DD	T	RAB	S	R	
DD/MM/YY		*Blood Type*		*Name of Health Facility*			*Status*						*Status*						*Name*
HH:MM		*Blood Transfusion Units*					*Date*						*Date*						*Cadre*
																			Date
DD/MM/YY		*Blood Type*		*Name of Health Facility*			*Status*						*Status*						*Name*
HH:MM		*Blood Transfusion Units*					*Date*						*Date*						*Cadre*
																			Date
DD/MM/YY		*Blood Type*		*Name of Health Facility*			*Status*						*Status*						*Name*
HH:MM		*Blood Transfusion Units*					*Date*						*Date*						*Cadre*
																			Date
DD/MM/YY		*Blood Type*		*Name of Health Facility*			*Status*						*Status*						*Name*
HH:MM		*Blood Transfusion Units*					*Date*						*Date*						*Cadre*
																			Date
DD/MM/YY		*Blood Type*		*Name of Health Facility*			*Status*						*Status*						*Name*
HH:MM		*Blood Transfusion Units*					*Date*						*Date*						*Cadre*
																			Date
DD/MM/YY		*Blood Type*		*Name of Health Facility*			*Status*						*Status*						*Name*
HH:MM		*Blood Transfusion Units*					*Date*						*Date*						*Cadre*
																			Date
DD/MM/YY		*Blood Type*		*Name of Health Facility*			*Status*						*Status*						*Name*
HH:MM		*Blood Transfusion Units*					*Date*						*Date*						*Cadre*
																			Date
DD/MM/YY		*Blood Type*		*Name of Health Facility*			*Status*						*Status*						*Name*
HH:MM		*Blood Transfusion Units*					*Date*						*Date*						*Cadre*
																			Date
DD/MM/YY		*Blood Type*		*Name of Health Facility*			*Status*						*Status*						*Name*
HH:MM		*Blood Transfusion Units*					*Date*						*Date*						*Cadre*
																			Date
DD/MM/YY		*Blood Type*		*Name of Health Facility*			*Status*						*Status*						*Name*
HH:MM		*Blood Transfusion Units*					*Date*						*Date*						*Cadre*
																			Date
DD/MM/YY		*Blood Type*		*Name of Health Facility*			*Status*						*Status*						*Name*
HH:MM		*Blood Transfusion Units*					*Date*						*Date*						*Cadre*
																			Date