

MONTHLY WORKLOAD REPORT FOR HOSPITALS

District:Health Facility:Sirisia Level 4 Hospital

Month: Year:Facility Code:

NOTE: Complete every line- leave no blanks. If the health institution does not provide a specific service, write "NS" ("No Service"). If the institution provides the service, but workload data are unavailable, write "NR" ("Not Recorded").
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A. OUTPATIENT SERVICES							
A.1 GENERAL OUTPATIENTS(FILTER CLINICS)		NEW		RE-ATT		TOTAL	
A .1.1	Over 5 years - Male	219		138		357	
A.1.2	Over 5 years - Female	454		415		869	
A.1.3	Children Under 5 years - Male	65		49		114	
A.1.4	Children Under 5 years - Female	71		32		103	
A 1.5	Over 60 years	92		144		236	
A.1.6	TOTAL GENERAL OUTPATIENTS	901		778		1679	
A.2. CASUALTY							
A.3 SPECIAL CLINICS(if recorded separately from General Filter Clinics)							
A.3.1	E.N.T. Clinic	0		0		0	
A.3.2	Eye Clinic	0		0		0	
A.3.3	TB and Leprosy	0		0		0	
A.3.4	Comprehensive Care Clinic (CCC)	0		0		0	
A.3.5	Psychiatry Attendance	0		0		1	
A.3.6	Orthopaedic Clinic	0		0		0	
A.3.7	Occupational Therapy Attendance	0		1		1	
A.3.8	Physiotherapy Attendance	4		0		4	
A.3.9	Medical Attendance	0		1		1	
A.3.10	Surgical Clinics attendances	0		0		0	
A.3.11	Paediatrics attendances	4		1		5	
A.3.12	Obstetrics/Gynaecology Attendance	0		1		1	
A.3.13	Nutrition Clinic	0		0		0	
A.3.14	Oncology Clinic	0		0		0	
A.3.15	Renal Clinic	0		0		0	
A.3.16	All other Special Clinics	0		0		0	
A.3.17	TOTAL SPECIAL CLINICS	8		5		13	
A.4 MCH/FP CLIENTS							
A.4.1	CWC Attendances						
A.4.2	ANC Attendances						
A.4.3	PNC Attendances						
A.4.4	FP Attendances						
A.4.5	TOTAL MCH/FP						
A.5 DENTAL CLINIC							
A.5.1	Attendances (Excluding fillings and extractions)						
A.5.2	Fillings						
A.5.3	Extractions						
A.5.4	TOTAL DENTAL SERVICES						
A.6 TOTAL OUTPATIENT SERVICES (= A.1.5 + A.2 + A.3.8 + A.4.5 + A.5.4)							
A.7 MEDICAL EXAMINATIONS (except p3)				A.10 INJECTIONS			
A.8 MEDICAL REPORTS (incl. P3, compensation, insurance, etc)				A.11 STITCHING			
A.9 DRESSINGS				A.12 P.O.P			

B. IN-PATIENT SERVICES								
B.1 IN-PATIENTS		MEDICAL	SURGICAL	PAEDS	MATERNIT Y Mothers Only	NBU	AMENITY	TOTALS
B.1.1	Discharges	36	0	19	118	8	0	173
B.1.2	Deaths	1	0	1	0	0	0	2
B.1.3	Absconders	0	0	0	0	0	0	0
B.1.4	TOTAL	37	0	20	118	8	0	183
B.1.9	Admissions 0-28 days	93	0	26	129	10	10	
B1.9a	Inpatient Admissions Under 5	18	0	15	6	10	10	
B1.9b	Inpatient Admissions Over Five	76	0	11	123	0	0	
B1.9c	Under 5's admitted with severe Malaria	0	0	0	0	0	0	
B1.9d	Over 5's admitted with severe Malaria	0	0	0	0	0	0	
B.1.10	Paroles	0	0	0	0	0	0	
B.1.11	Occupied Bed Days- NHIF Members	0	0	0	0	0	0	

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B.1.1a	Occupied Bed Days- Non-NHIF Members	0	0	0	0	0	0	
B.12	Well Persons Days	0	0	0	0	0	0	
B.1.5	Beds- Authorized	94	0	26	129	10	10	
B.1.6	Beds- Actual Physical							
B.1.7	Cots- Authorized	0	0	0	0	0	0	
B.1.8	Cots- Actual Physical							

B.2 MATERNITY		NUMBER
B.2.1	Vaginal delivery (includes Normal and assisted delivery)	
B.2.2	Caesarian Sections	

B.3 OPERATIONS		NUMBER
B.3.1	Minor Surgeries (excluding circumcision)	
B.3.2	Circumcision	
B.3.3	Major Sugeries	

D MORTUARY		NUMBER
D.1	Body Days	
D.2	Embalment	
D.3	Post-Moterm	
D.4	Unclaimed Body Days	

C. PHARMACY - No. of Doses Dispensed		TOTAL
C.1	Common Drugs	341
C.2	Antibiotics	488
C.3	Special drugs	80
C.4	Drugs for Children	89
C.5	General	0

E. MEDICAL RECORDS ISSUED		NUMBER
E.1	New Files	
E.2	Outpatient Records	

F. SPECIAL SERVICES (includes both inpatients and outpatients)				No.		No.		No.
F.1	Laboratory - Number of Tests		Routine		Special		Total	
F.2	X-Ray - Number of Examinations	Plain without enhancement			Enhancement with contrast media		Ultrasound	
		Special with Magnetic process (MRI, CT scan)					Total Radiology Examinations	
7.3	Physiotherapy - Number of Treatments		Private		Non-Private		Total	
7.4	Occupational Therapy - Number of Treatments		Private		Non-Private		Total	
7.5	Orthopaedic Technology - No of ITEMS e.g a pair of crutches, Prosthesis etc count as one item		Private		Non-Private		Total	

	Name	Designation	Signature	Date
Prepared By:				
Checked By:				
Entered By:				