Table 29: Sample of Hospitalization Register

Republic of Rwanda

Ministry of Health

Sample of Hospitalization Register

Hospital serial number	Patient file number	Name in Full Upper space Surname Lower space given name	Address			origin (Z, HZ,HD)	New Cases (NC) / Old Cases (AC)	Registration status 1. Referred 2. Reglar patient 3. Counter referral	AGE							Sex (M/F)	*Weight*	Clinical signs and symptoms
			Family head	Upper row: District Lower row: Sector	Upper row: Cell Lower row: village				0-11 months	1-4 years	5-14 years	15-19 years	20-34 years	35-49 years	50+ years			

Diagnosis			Investigations / laboratory examinations	Examination results		*HIV Screening* **P=**positif **N=**negatif **PF=**not done	*STI Screening* **P=**positif **N=**negatif **PF=**not done **PA=**not applicable	*Internal referrals**	*Date of admission*	*Date of exit*	*Length of stay (days)*	***Rea-son for exit (C,R,D,E)***	*Type of health insurance*
Main	Disease Code	Secondary			Treatment / Action taken								

*:**Références Internes** :
Indicate if it is atransfer to another health unity and mention it or to another health service (PIT) and mention it

‡reason for exit:
1. Authorized discharge
2. Unauthorized discharge
3. Death <24 hours
4. Death >24 hours
5. Referral