



नेपाल सरकार
स्वास्थ्य तथा जनसंख्या मन्त्रालय
स्वास्थ्य सेवा विभाग
स्वास्थ्य व्यवस्थापन सूचना प्रणाली

नवजातशिशु तथा बालरोगको एकीकृत व्यवस्थापन रजिष्टर

INTEGRATED MANAGEMENT OF NEONATAL & CHILDHOOD ILLNESS
(IMNCI) REGISTER

स्वास्थ्य संस्थाको नाम:

प्रदेश जिल्ला : न.पा/गा.पा: वडा नं.:

प्रयोग मिति: आर्थिक वर्ष: देखि सम्म

IMNCI REGISTER FOR CHILDREN

SN., MRN, SRN	Date, Name, Caste and Ethnicity code, Address				Sex, Age, Weight, Temperature, and Referral		Patients signs and symptoms (Circle all the codes that													
							1. General danger signs (GDS)		2. Acute respiratory infection (ARI)		3. Diarrhoea				4. Fever					
1	2				3	4	5	6	7	8	9		10	11		12				
	Date	DD	MM	YY	Female	1	Yes	1	Yes	1	Yes	1	Yes	1	Yes	1				
							No	2	No	2	No	2	No	2	No	2				
	Name				Male	2	Unable to drink		Days:		Days		Days		Days					
					Age in months						Blood		3	Malaria risk	Yes	3				
	Caste				Weight (kg)				Respiratory rate		Lethergic/ Unconscious		4	Stiff neck		5				
					Temp (.C)		Vomiting all				Irritable		5	Nasal discharge		6				
	Ethnicity code				Referred by				Chest indrawing		1	Sunken eyes		6	Microscopic		+ve	7		
	Address				FCHV	1	Convulsion				Unable to drink		7	RDT		+ve	9			
	District								Stridor		2	Drinks eagerly		8	Falciparum		-ve	10		
	Rural/Municipality, Ward no				PHC/ORC	2	Lethargic/ Unconscious				Skin pinch very slowly		9	Non Falciparum		12	Hazy Cornea/Oral Ulcer (deep & spread)		14	
					HF	3			Wheezing		3	Skin pinch slowly		10	General rash		13	Pus from eye/ Oral ulcer		15
	Date	DD	MM	YY	Female	1	Yes	1	Yes	1	Yes	1	Yes	1	Yes	1				
							No	2	No	2	No	2	No	2	No	2				
	Name				Male	2	Unable to drink		Days:		Days		Days		Days					
					Age in months						Blood		3	Malaria risk	Yes	3				
	Caste				Weight (kg)				Respiratory rate		Lethergic/ Unconscious		4	Stiff neck		5				
					Temp (.C)		Vomiting all				Irritable		5	Nasal discharge		6				
	Ethnicity code				Referred by				Chest indrawing		1	Sunken eyes		6	Microscopic		+ve	7		
	Address				FCHV	1	Convulsion				Unable to drink		7	RDT		+ve	9			
	District								Stridor		2	Drinks eagerly		8	Falciparum		-ve	10		
	Rural/Municipality, Ward no				PHC/ORC	2	Lethargic/ Unconscious				Skin pinch very slowly		9	Non Falciparum		12	Hazy Cornea/Oral Ulcer (deep & spread)		14	
					HF	3			Wheezing		3	Skin pinch slowly		10	General rash		13	Pus from eye/ Oral ulcer		15
	Date	DD	MM	YY	Female	1	Yes	1	Yes	1	Yes	1	Yes	1	Yes	1				
							No	2	No	2	No	2	No	2	No	2				
	Name				Male	2	Unable to drink		Days:		Days		Days		Days					
					Age in months						Blood		3	Malaria risk	Yes	3				
	Caste				Weight (kg)				Respiratory rate		Lethergic/ Unconscious		4	Stiff neck		5				
					Temp (.C)		Vomiting all				Irritable		5	Nasal discharge		6				
	Ethnicity code				Referred by				Chest indrawing		1	Sunken eyes		6	Microscopic		+ve	7		
	Address				FCHV	1	Convulsion				Unable to drink		7	RDT		+ve	9			
	District								Stridor		2	Drinks eagerly		8	Falciparum		-ve	10		
	Rural/Municipality, Ward no				PHC/ORC	2	Lethargic/ Unconscious				Skin pinch very slowly		9	Non Falciparum		12	Hazy Cornea/Oral Ulcer (deep & spread)		14	
					HF	3			Wheezing		3	Skin pinch slowly		10	General rash		13	Pus from eye/ Oral ulcer		15
	Date	DD	MM	YY	Female	1	Yes	1	Yes	1	Yes	1	Yes	1	Yes	1				
							No	2	No	2	No	2	No	2	No	2				
	Name				Male	2	Unable to drink		Days:		Days		Days		Days					
					Age in months						Blood		3	Malaria risk	Yes	3				
	Caste				Weight (kg)				Respiratory rate		Lethergic/ Unconscious		4	Stiff neck		5				
					Temp (.C)		Vomiting all				Irritable		5	Nasal discharge		6				
	Ethnicity code				Referred by				Chest indrawing		1	Sunken eyes		6	Microscopic		+ve	7		
	Address				FCHV	1	Convulsion				Unable to drink		7	RDT		+ve	9			
	District								Stridor		2	Drinks eagerly		8	Falciparum		-ve	10		
	Rural/Municipality, Ward no				PHC/ORC	2	Lethargic/ Unconscious				Skin pinch very slowly		9	Non Falciparum		12	Hazy Cornea/Oral Ulcer (deep & spread)		14	
					HF	3			Wheezing		3	Skin pinch slowly		10	General rash		13	Pus from eye/ Oral ulcer		15

AGED 2 - 59 MONTHS

apply)				Classification & Code			Treatment and counseling							Follow up			Remarks
5. Ear infection		6. Nutrition status		Major classifications	Number	ICD Code	Medicine	Counselling to mother		Treatment Outcome	Referred to	Date (DDMMYY)	Result				
13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	
Yes	1	Severe	1					Food	1	Improved	1						
No	2	wasting											Day:	Improved	1		
Ear pain	3	Oedema feet	2					Fluid	2	Improved			Day:	Improved			
Ear discharge	4	Very low weight	3					Immediate visit	3	Referred	2		Month:	Same	2		
		Low weight	4														
Days:		Normal weight	5					Regular follow up	4	LAMA/ Absconded	3		Year:	Worse	3		
		MUAC															
		Red	6														
Tender swelling behind the ear	5	Yellow	7					Regular follow up	4	LAMA/ Absconded	4		Year:	Worse	3		
		Green	8				Others										
		Severe pallor	9														
		Some pallor	10														
Yes	1	Severe	1					Food	1	Improved	1						
No	2	wasting											Day:	Improved	1		
Ear pain	3	Oedema feet	2					Fluid	2	Improved			Day:	Improved			
Ear discharge	4	Very low weight	3					Immediate visit	3	Referred	2		Month:	Same	2		
		Low weight	4														
Days:		Normal weight	5					Regular follow up	4	LAMA/ Absconded	3		Year:	Worse	3		
		MUAC															
		Red	6														
Tender swelling behind the ear	5	Yellow	7					Regular follow up	4	LAMA/ Absconded	4		Year:	Worse	3		
		Green	8				Others										
		Severe pallor	9														
		Some pallor	10														
Yes	1	Severe	1					Food	1	Improved	1						
No	2	wasting											Day:	Improved	1		
Ear pain	3	Oedema feet	2					Fluid	2	Improved			Day:	Improved			
Ear discharge	4	Very low weight	3					Immediate visit	3	Referred	2		Month:	Same	2		
		Low weight	4														
Days:		Normal weight	5					Regular follow up	4	LAMA/ Absconded	3		Year:	Worse	3		
		MUAC															
		Red	6														
Tender swelling behind the ear	5	Yellow	7					Regular follow up	4	LAMA/ Absconded	4		Year:	Worse	3		
		Green	8				Others										
		Severe pallor	9														
		Some pallor	10														
Yes	1	Severe	1					Food	1	Improved	1						
No	2	wasting											Day:	Improved	1		
Ear pain	3	Oedema feet	2					Fluid	2	Improved			Day:	Improved			
Ear discharge	4	Very low weight	3					Immediate visit	3	Referred	2		Month:	Same	2		
		Low weight	4														
Days:		Normal weight	5					Regular follow up	4	LAMA/ Absconded	3		Year:	Worse	3		
		MUAC															
		Red	6														
Tender swelling behind the ear	5	Yellow	7					Regular follow up	4	LAMA/ Absconded	4		Year:	Worse	3		
		Green	8				Others										
		Severe pallor	9														
		Some pallor	10														

IMNCI REGISTER FOR CHILDREN

SN, MRN, SRN	Date, Name, Caste and Ethnicity code				Sex, Age, Weight, Temperature, and Referral		Patients signs and symptoms (Circle all the codes) that									
							1. PSBI/LBI/NBI/Pneumonia			2. Diarrhoea			3. Breast feeding problem/Low weight			
1	2				3	4	5			6	7		8	9		10
	Date	DD	MM	YY	Female	1	Convulsion			1	Yes		1	Breastfed		1
	Name of Mother				Male	2	Respiratory rate (RR):				No		2	Difficult feeding		2
	Name of Child				Age in weeks		Severe chest indrawing			2	How many days?			How many times in 24 hours		
	Caste				Weight (kg)		Nasal flaring			3	Receive other food/ drinks		3	Receive other food/ drinks		3
	Referred by				Temp (.C)		Grunting			4	Blood		3	How often? Times:		
	Ethnicity Code				Temp >37.5 C		Unable to feed			5	Lethargic/ Unconscious		4	Feed by bottle		4
	Address:				Temp <35.5 C		Umbilicus red or with Pus			6	Restless/ Irritable		5	Feed by spoon		5
	District				Umbilicus infection to skin		Temp >37.5 C			7	Sunken eyes		6	Very low weight		6
	Rural/ Municipality, Ward no.				Umbilicus red or with Pus		Skin pustules: Severe or >10			8	Skin pinch very slowly		7	Low weight		7
	FCHV				Temp <35.5 C	1	Skin pustules: < 10			9	Skin pinch slowly		8	Normal weight		8
	PHC/ORC				Skin pustules: Severe or >10	2	Lethargic/ Unconscious			10	Skin pinch very slowly		7	Oral Ulcer/Thrush		9
	HF				Less than normal movement	3	Jaundice upto hands feet			11	Skin pinch slowly		8	Oral Ulcer/Thrush		9
	Date	DD	MM	YY	Female	1	Jaundice			12	Yes		1	Breastfed		1
	Name of Mother				Male	2	Pus from Eye			13	No		2	Difficult feeding		2
	Name of Child				Age in weeks		Severe chest indrawing			14	How many days?			How many times in 24 hours		
	Caste				Weight (kg)		Nasal flaring			15	Receive other food/ drinks		3	Receive other food/ drinks		3
	Referred by				Temp (.C)		Grunting			16	Blood		3	How often? Times:		
	Ethnicity Code				Temp >37.5 C		Unable to feed			17	Lethargic/ Unconscious		4	Feed by bottle		4
	Address:				Temp <35.5 C		Umbilicus red or with Pus			18	Restless/ Irritable		5	Feed by spoon		5
	District				Umbilicus infection to skin		Temp >37.5 C			19	Sunken eyes		6	Very low weight		6
	Rural/ Municipality, Ward no.				Umbilicus red or with Pus		Skin pustules: Severe or >10			20	Skin pinch very slowly		7	Low weight		7
	FCHV				Temp <35.5 C	1	Skin pustules: < 10			21	Skin pinch slowly		8	Normal weight		8
	PHC/ORC				Skin pustules: Severe or >10	2	Lethargic/ Unconscious			22	Skin pinch very slowly		7	Oral Ulcer/Thrush		9
	HF				Less than normal movement	3	Jaundice upto hands feet			23	Skin pinch slowly		8	Oral Ulcer/Thrush		9
	Date	DD	MM	YY	Female	1	Jaundice			24	Yes		1	Breastfed		1
	Name of Mother				Male	2	Pus from Eye			25	No		2	Difficult feeding		2
	Name of Child				Age in weeks		Severe chest indrawing			26	How many days?			How many times in 24 hours		
	Caste				Weight (kg)		Nasal flaring			27	Receive other food/ drinks		3	Receive other food/ drinks		3
	Referred by				Temp (.C)		Grunting			28	Blood		3	How often? Times:		
	Ethnicity Code				Temp >37.5 C		Unable to feed			29	Lethargic/ Unconscious		4	Feed by bottle		4
	Address:				Temp <35.5 C		Umbilicus red or with Pus			30	Restless/ Irritable		5	Feed by spoon		5
	District				Umbilicus infection to skin		Temp >37.5 C			31	Sunken eyes		6	Very low weight		6
	Rural/ Municipality, Ward no.				Umbilicus red or with Pus		Skin pustules: Severe or >10			32	Skin pinch very slowly		7	Low weight		7
	FCHV				Temp <35.5 C	1	Skin pustules: < 10			33	Skin pinch slowly		8	Normal weight		8
	PHC/ORC				Skin pustules: Severe or >10	2	Lethargic/ Unconscious			34	Skin pinch very slowly		7	Oral Ulcer/Thrush		9
	HF				Less than normal movement	3	Jaundice upto hands feet			35	Skin pinch slowly		8	Oral Ulcer/Thrush		9
	Date	DD	MM	YY	Female	1	Jaundice			36	Yes		1	Breastfed		1
	Name of Mother				Male	2	Pus from Eye			37	No		2	Difficult feeding		2
	Name of Child				Age in weeks		Severe chest indrawing			38	How many days?			How many times in 24 hours		
	Caste				Weight (kg)		Nasal flaring			39	Receive other food/ drinks		3	Receive other food/ drinks		3
	Referred by				Temp (.C)		Grunting			40	Blood		3	How often? Times:		
	Ethnicity Code				Temp >37.5 C		Unable to feed			41	Lethargic/ Unconscious		4	Feed by bottle		4
	Address:				Temp <35.5 C		Umbilicus red or with Pus			42	Restless/ Irritable		5	Feed by spoon		5
	District				Umbilicus infection to skin		Temp >37.5 C			43	Sunken eyes		6	Very low weight		6
	Rural/ Municipality, Ward no.				Umbilicus red or with Pus		Skin pustules: Severe or >10			44	Skin pinch very slowly		7	Low weight		7
	FCHV				Temp <35.5 C	1	Skin pustules: < 10			45	Skin pinch slowly		8	Normal weight		8
	PHC/ORC				Skin pustules: Severe or >10	2	Lethargic/ Unconscious			46	Skin pinch very slowly		7	Oral Ulcer/Thrush		9
	HF				Less than normal movement	3	Jaundice upto hands feet			47	Skin pinch slowly		8	Oral Ulcer/Thrush		9

AGED BELOW 2 MONTHS

apply)			Classification & Code			Treatment and Counselling					Referred to	Follow up			Remarks
4. Assess breast feeding			Major classifications	Number	ICD Code	Medicine		Counselling to mother	Treatment Outcome	Date (DDMMYY)		Result			
11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26
Includes all 4 points of attachment	Yes	1			Ampicillin	1	Breast feeding	1	Improved	1			Improved	1	
	No	2			Amoxycillin	2									
Includes all 4 points of Position	Yes	3					Keep warm	2	Referred	2			Same	2	
	No	4													
Suckling: Effectively	Yes	5	Number of classification:	ICD code for one major diagnosis:	If Gentamycin		Regular follow up	4	Death	4		Year:	Worse	3	
	No	6			Others	1									
Includes all 4 points of attachment	Yes	1			Ampicillin	1	Breast feeding	1	Improved	1			Improved	1	
	No	2			Amoxycillin	2									
Includes all 4 points of Position	Yes	3					Keep warm	2	Referred	2			Same	2	
	No	4													
Suckling: Effectively	Yes	5	Number of classification:	ICD code for one major diagnosis:	If Gentamycin		Regular follow up	4	Death	4		Year:	Worse	3	
	No	6			Others	1									
Includes all 4 points of attachment	Yes	1			Ampicillin	1	Breast feeding	1	Improved	1			Improved	1	
	No	2			Amoxycillin	2									
Includes all 4 points of Position	Yes	3					Keep warm	2	Referred	2			Same	2	
	No	4													
Suckling: Effectively	Yes	5	Number of classification:	ICD code for one major diagnosis:	If Gentamycin		Regular follow up	4	Death	4		Year:	Worse	3	
	No	6			Others	1									
Includes all 4 points of attachment	Yes	1			Ampicillin	1	Breast feeding	1	Improved	1			Improved	1	
	No	2			Amoxycillin	2									
Includes all 4 points of Position	Yes	3					Keep warm	2	Referred	2			Same	2	
	No	4													
Suckling: Effectively	Yes	5	Number of classification:	ICD code for one major diagnosis:	If Gentamycin		Regular follow up	4	Death	4		Year:	Worse	3	
	No	6			Others	1									
Includes all 4 points of attachment	Yes	1			Ampicillin	1	Breast feeding	1	Improved	1			Improved	1	
	No	2			Amoxycillin	2									
Includes all 4 points of Position	Yes	3					Keep warm	2	Referred	2			Same	2	
	No	4													
Suckling: Effectively	Yes	5	Number of classification:	ICD code for one major diagnosis:	If Gentamycin		Regular follow up	4	Death	4		Year:	Worse	3	
	No	6			Others	1									

जात/जाती अनुसार नवजातशिशु तथा बालरोगको एकीकृत व्यवस्थापन (IMNCI) सेवा पाएका सेवाग्राहीको समायोजन फारम

जात/जाती	लिङ्ग	महिना												जम्मा
		श्रावन	भाद्र	अस्विन	कार्तिक	मंसिर	पौष	माघ	फाल्गुन	चैत	बैसाख	जेष्ठ	असार	
१	२	३	४	५	६	७	८	९	१०	११	१२	१३	१४	१५
दलित	महिला													
	पुरुष													
जनजाति	महिला													
	पुरुष													
मधेसी	महिला													
	पुरुष													
मुस्लिम	महिला													
	पुरुष													
ब्राह्मण/क्षेत्री	महिला													
	पुरुष													
अन्य	महिला													
	पुरुष													
जम्मा														