

नेपाल सरकार

स्वास्थ्य तथा जनसंख्या मन्त्रालय

स्वास्थ्य सेवा विभाग

स्वास्थ्य व्यवस्थापन सूचना प्रणाली

## बिरामी डिस्चार्ज रजिष्टर

## PATIENT DISCHARGE REGISTER

अस्पतालको नाम:

प्रदेश: नगर/गाउँपालिका: वडा नं.:

प्रयोग मिति: आर्थिक वर्ष: देखि सम्म

## **DISCHARGE RE**

	Inpatient No.				Date and time of admission			Length	First, middle and	Caste/	National	Age / Sex								
SN		Date and	time of	discharge								0-7 days		8- 28 days		29days-11months		· ·		
		Date and time of discharge			Date and time of admission			(days)	family name	ethnicity code		Days		Days		Months		Years		
								Female				Female		Female		Female				
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	
			Date			Date		+	First and middle name											
		DD	MM	YY	DD	MM	YY		Thou and made name											
			Time	•		Time	•	]	Family name											
		AM		PM	AM		PM													
			Date			Date			First and middle name											
		DD	MM	YY	DD	MM	YY													
			Time	l		Time			Family name											
									raililly lialile											
			Date	T		Date	T		First and middle name											
		DD	MM	YY	DD	MM	YY													
			Time			Time														
		AM		PM	AM		PM		Family name										S	
			Date			Date			First and middle name											
		DD	MM	YY	DD	MM	YY													
			Time	•		Time	•		Family name											
		AM		PM	AM		PM													
		Date		Date																
		DD	MM	YY	DD	MM	YY		First and middle name											
			Time			Time		]	Family name											
		AM		PM	AM		PM													

<sup>\*</sup>Column 11: Caste Code: Dalit 1, Janjati 2, Madhesi 3, Muslim 4, Brahman/Chhetri 5, Other 6

<sup>\*</sup>Column 20: 1 General Medicine, 2 General Surgery, 3 Pediatrics, 4 Obstetric, 5 Gynecology, 6 ENT, 7 Orthopedics, 8 Psychiatric, 9 Dental, 10 Others

## **:GISTER**

		Name and type of cu	Post OP infection		Final diagnosis at	ICD Code	Outcome	If died				(	Police				
Type of care*	Ward/	Name and type of surgery						٦rs	٦	Immediate Cause		ial	Total cost		ca	se	
Typ g	Bed No.	Name	Type*	Yes	No	discharge		(Code)*	<48 Hrs	31 >48 Hrs	Underlying Cause	Full	Partial	exempted (NRs.) 35	Code*	Yes	No
21	22	23	24	25	26	27	28	29	30		32	33				37	38
	Ward			1	2				1	2	Immediate Cause	1	2			1	2
	Bed No.										Underlying Cause						
	Ward			1	2				1	2	Immediate Cause	1	2			1	2
											Underlying Cause						
	Ward			1	2				1	2	Immediate Cause	1	2			1	2
	Bed No.										Underlying Cause						
	Ward			1	2				1	2	Immediate Cause	1	2			1	2
	Bed No.										Underlying Cause						
	Ward			1	2				1	2	Immediate Cause	1	2			1	2
	Bed No.										Underlying Cause						

Column 24: 1 = Major, 2 = Intermediate, 3 = Minor

Column 29: Outcome: 1= Cured/Recovered; 2= Stable; 3= Referred out; 4= DOR/LAMA/DAMA, 5 = Absconded; 6= Died

Column:36: Code: 1 = Destitute people; 2 = Poor people; 3 = People living with disabilities; 4 = Senior citizens (60+ years); 5 = Female community health volunteers; 6 = Others = 6 (Specify)

परिमार्जितः आ. ब २०७८/७९ छपाई: आ.ब २०७८/७९