



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

आकस्मिक सेवा रजिष्टर
EMERGENCY SERVICE REGISTER

अस्पतालको नाम:

प्रदेश:

जिल्ला:

नगर/गाउँपालिका:

प्रयोग मिति:

आर्थिक वर्ष:

देखि

सम्म

EMERGENCY SER

Date: (DD/MM/YY) DD MM YY

SN	Registration No	Date and Time of Registration			First, Middle and Family Name	Caste/ Ethnicity Code*	National ID No.	Age / Sex								Address			Name and Contact Number of Guardian
								0-7 days		8- 28 days		29days-11months		≥ 1 year		District Municipality, Ward Village/Tole			
								Days		Days		Months		Years					
								Female	Male	Female	Male	Female	Male	Female	Male	7	8	9	
1	2	3			4	5	6	7	8	9	10	11	12	13	14	15	16		
		Date			First and Middle Name											District	Name		
		DD	MM	YY															
		Time			Family name											Municipality, Ward	Contact number		
		AM	PM																
		Date			First and middle name											District	Name		
		DD	MM	YY															
		Time			Family name											Municipality, Ward	Contact number		
		AM	PM																
		Date			First and middle name											District	Name		
		DD	MM	YY															
		Time			Family name											Municipality, Ward	Contact number		
		AM	PM																
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		AM	PM																
		Date			First and middle name											District	Name		
		DD	MM	YY															
		Time			Family name											Municipality, Ward	Contact number		
		AM	PM																
		Date			First and middle name											District	Name		
		DD	MM	YY															
		Time			Family name											Municipality, Ward	Contact number		
		AM	PM																

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

VICE REGISTER

Source of Admission		Signs and Symptoms (Main Complaints on Admission)	Brought Dead	Investigations	Diagnosis	ICD Code	Treatment / Medicines prescribed	Observation		Date and Time of Discharge			Outcome (Code)*	If Died, cause of death		Cost Exemption				Police Case		
Self	Referred in (Name of HF)							Yes	No					Immediate Cause	Underlying Cause	Full	Partial	Total Cost Exempted (NRs.)	Code*	Gender	Violence	Yes
										31	32	33										
17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	
1			1					1	2	Date				Immediate Cause	1	2			1	1	2	
										DD	MM	YY		Underlying Cause								
										Time												
										AM		PM										
1			1					1	2	Date				Immediate Cause	1	2			1	1	2	
										DD	MM	YY		Underlying Cause								
										Time												
										AM		PM										
1			1					1	2	Date				Immediate Cause	1	2			1	1	2	
										DD	MM	YY		Underlying Cause								
										Time												
										AM		PM										
1			1					1	2	Date				Immediate Cause	1	2			1	1	2	
										DD	MM	YY		Underlying Cause								
										Time												
										AM		PM										
1			1					1	2	Date				Immediate Cause	1	2			1	1	2	
										DD	MM	YY		Underlying Cause								
										Time												
										AM		PM										

* Column 30: Recovered = 1, Stable =2, Referred = 3, LAMA = 4, Absconded = 5, Admitted = 6, Death = 7