



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

SNCU/ NICU/ KMCU REGISTER

स्वास्थ्य संस्थाको नाम:

प्रदेश:

जिल्ला:

नगर/गाउँपालिका:

वडा नं.:

प्रयोग मिति:

आर्थिक वर्ष:

देखि

सम्म

रजिष्टर भर्नेतरिका

Special Newborn Care Unit /Neonatal Intensive Care Unit मा भर्ना भएका शिशुहरुको लागि

महल नं.	महलशीर्षक		निर्देशन
१	SN	SN	सि.नं. प्रत्येक महिनाको १ बाट सुरु गरी क्रमशः लेख्दै जानुपर्दछ ।
२	Date& Time of Admission	Date	सेवाग्राही दर्ता भएको मिति (गते, महिना, साल) लेख्नुपर्दछ । DD/MM/YYYY
		Time	सेवाग्राही दर्ता भएको समय AM or PM को सम्बन्धित महलमा लेख्नुपर्दछ ।
३, ४	Inpatient No	First Visit	प्रथम पटक जाँच गर्न SNCU/NICU मा भर्ना भएका नवजात शिशुहरुको Inpatient No उल्लेख गर्नुपर्दछ ।
		Repeated Visit	SNCU NICU मा दोहोर्याएर जाँच गर्न आउनेले नवजात शिशुहरुको Inpatient No उल्लेख गर्नुपर्दछ ।
५	Bed No		यस महलमा बिरामी शिशुको Bed No लेख्नुपर्दछ ।
६	Referred from	Within Hospital or Other Hospital	यस महलमा नवजात शिशुलाई प्रेषण गरिएको संस्थालाई गोलो लगाउनु पर्दछ । सोही अस्पतालबाट प्रेषण गरेको खण्डमा ओ.पि.डी., डेलिवरि वार्ड र इमर्जेन्सी मध्ये कुनै एकमा गोलो लगाउनुहोस । OPD, Delivery Ward, Emergency: अन्य अस्पतालबाट गरिएको खण्डमा अन्यमा लगाउनु पर्दछ ।
७,८	Neonates Information	Age in Days	महलको यस कोठामा बिरामी शिशुको पूरा भएको उमेर दिनमा लेख्नुपर्दछ ।
		Sex	यस महलमा बिरामी शिशु पुरुष, महिला खुलाएर लेख्नुपर्दछ ।
९-१२	Mother Details	Name	यस महलमा बिरामी शिशुको आमाको नाम लेख्नुपर्दछ ।
		Contact No	यस महलमा बिरामी शिशुको आमाको सम्पर्क नम्बर लेख्नु पर्दछ ।
		Age in years	यस महलमा बिरामी शिशुको आमाको उमेर लेख्नुपर्दछ ।
		Address	यस महलमा बिरामी शिशुको आमाको ठेगाना लेख्नुपर्दछ । Ward; वडा नं Municipality; गाउँ/नगरपालिका, District; जिल्लाको नाम
		Caste/Ethnicity	यस महलमा बिरामी शिशुको आमाको जातको कोड लेख्नुपर्दछ । सो कोड Register को तल उल्लेख गरिएको छ । Ethnicity Code: १.Dalit, २Janajati, ३Madhesi, ४ Muslim, ५ Brahmin/Chhetri, ६ Others
१३-१६	Delivery Details	Date	यस महलमा प्रसूति भएको मिति लेख्नुपर्दछ ।
		Time	यस महलमा प्रसूति भएको समय लेख्नुपर्दछ ।
		Place of Delivery	यहाँ प्रसूति भएको ठाउँको कोड लेख्नुपर्दछ । सो कोड Register को तल उल्लेख गरिएको छ । Code:१-Institutional स्वास्थ्य संस्थामा सुत्केरी भएको खण्डमा, २-Home घरमा सुत्केरी भएको खण्डमा, ३- Others (On the way or-) स्वास्थ्य संस्था जाने क्रममा र अन्य ठाउँमा
		Mode of Delivery	यस कोठामा उल्लेखित प्रसूति विधिको कोड लेख्नुपर्दछ । Code: १-SVD (Spontaneous Vaginal Delivery), २-Instrumental, ३-C-section

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		Delivery conducted by	यस महलमा प्रसूति गराउने स्वास्थ्यकर्मीको प्रकारको कोड लेख्नुपर्दछ । Code १- SBA: SBA तालिम प्राप्त प्रसूति कर्मीले प्रसूति गराइएको खण्डमा Code २- SHP:Skilled Health Professional- Doctors, Nurses, Gynae ले प्रसूति गराइएको खण्डमा Code ३- Others:अन्य स्वास्थ्यकर्मीको सहायताबाट सो कोड Register को तलउल्लेख गरिएको छ ।
१७-२०	Newborn Details	Gestational age at birth in weeks	नवजात शिशुको Gestational age at birth लाई हप्तामा लेख्नुपर्छ ।
		Weight of baby in grams	यस महलमा बच्चाको तौल (ग्राममा) लेख्नुपर्दछ । At birth: जन्मतौल (ग्राममा) At the time of Admission: बच्चाको तौल admission मा At the time of Discharge: बच्चाको तौल discharge मा
		Apgar Score	यस महलमा बच्चाको Apgar Score लेख्नुपर्दछ । At १ Minute & At ५ Minute
		OFC & Fetal Crown Length	यस कोठामा शिशुको OFC/ Fetal Crown Length लेख्नुपर्दछ । OFC Fetal Crown Length
२१	Complication	Birth Asphyxia (Peri/Neonatal)	नवजात शिशुले श्वास नफेरेको खण्डमा Yes नवजात शिशुले श्वास फेरेको खण्डमा No लेख्नुपर्दछ ।
		Newborn complications at time of birth	प्रसूति को समयमा नवजात शिशुमा देखिएको तल उल्लेखित जटिलताहरुमा गोलो लगाउनु पर्छ । (Listed Complications: Asphyxia, Respiratory Distress, Prematurity, Low Birth Weight, Meconium Aspiration Syndrome, IUGR, Hypothermia, Hypoglycemia, Rh Incompatibility, Shoulder Dystocia, Sepsis, Others, No Complications)
		Complications of mother at the time of delivery	प्रसूति को समयमा आमामा देखिएको तल उल्लेखित जटिलताहरुमा गोलो लगाउनु पर्छ । (Listed Complications: Gestational Hypertension/Eclampsia/Pre-Eclampsia, Gestational Diabetes Mellitus, Antepartum Hemorrhage, Post Partum Hemorrhage, Choriominitis, Sepsis, Severe Anaemia, Maternal Heart Disease, Hypo/Hyperthyroidism, Others, No Complications)
२२	Major Congential Anomaly		यस महलमा तल उल्लेखित congenital anomalies मा गोलो लगाउनु पर्छ । (Major CongentialAnamoly: Neural Tube Defect, Oro-facial clefts: Cleft lip/palate, Talipes Equinovirus Clubfoot, Limb Reduction Defects, Hypospadias, Exomphalos/Omphalocele, Gastroschisis, Imperforate anus, minor defects, other defects, No Anomoly detected)
२३	Cause of Admission		यस महलमा नवजात शिशुको SNCU/NICU भर्ना हुनुको कारण लेख्नुपर्दछ । (Cause of Admission: Low Birth Weight, IUGR, Prematurity/Pre-term, Hypoglycemia, Hypothermia, Hyperbilirubinemia, Neonatal Sepsis, Premature Rupture of Membrane, Respiratory Distress, Perinatal Asphyxia, Congential Heart Disease,Congential Anomaly, Meconium Aspiration Syndrome, NecrotisingEnterolitis, Pustulitis, Vitamin K Deficiency Bleeding, Aspiration,Seizure, Others)
२४	Investigation & Management		नवजात शिशुको जटिलता व्यवस्थापनको लागि गरिएका उल्लेखित विधिहरुमा गोलो लगाउनु पर्छ । (Investigation & Management: Alternative feeding, KMC, Safe administration of oxygen, Injectable Antibiotics for Neonatal Sepsis, Management of shock, Intravenous fluid, Management of Hypoglycemia, Effective Phototherpay, Seizure Management, Continuous positive airway pressure, Mechanical/assisted Ventilation, Exchange/Partial Transfusion, Retinopathy of prematurity, Hypothermia Management, Blood Transfusion, Management of Pnuemothorax/Chest Tube/Needle Puncture, Others)
२५-२६	Discharge Details	Date of Discharge	यस महलमा नवजात शिशुलाई Discharge SNCU/NICU गरेको मिति लेख्नु पर्दछ ।

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		Outcome of baby at the time of discharge	Discharge समयको शिशुको अवस्थाको कोड लेख्नुपर्दछ । सो कोड Register को तल उल्लेख गरिएको छ । Code १- Improved:अवस्थामा सुधार आएमा, २- Referred प्रेषण गरेको खण्डमा, ३- Died: शिशुको मृत्यु भएको खण्डमा, ४- LAMA/Absconded
२७	Duration of stay in the hospital	Length of stay in hospital	नवजात शिशुको उपचारका लागि लागेको समय दिनमा लेख्नु पर्दछ ।
२८	Referred to		नवजात शिशुको अवस्थालाई हेरेर प्रेषण गर्न परेमा यहाँ लेख्नु पर्दछ ।
२९	Newborn Care Package Provided		यस महलमा नवजात शिशु उपचार र व्यवस्थापनको लागि गरिएको नवजात शिशु स्याहार प्याकेजको कोड लेख्नुपर्दछ । सो कोड Register को तल उल्लेख गरिएको छ । Code १- Package A, २- Package B, ३- Package A+B, ४- Package A+B+C
३०	Remarks		थप जानकारी भए यस महलमा उल्लेख गर्नुपर्दछ ।

Month..... Fiscal Year.....

SN	Date and Time of Admission			Inpatient No.		Bed No	Referred from		Neonates Informati		Mother Details				Delivery Details				Newborn Details				Complications																																						
				Age(In days)	Sex				Name & Contact No	Age(In years)	Address of Mother	Ethnicity Code	Date & Time	Place of Delivery	Mode of Delivery	Delivery conducted by*	Gestational Age at birth in weeks	Weight of baby in grams	Apgar Score	OFC & Fetal Crown Length	Birth Asphyxia	Newborn complications at time of birth			Complications to mother at																																				
1	2			3	4	5	6		7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22			23																																		
	Date										NAME		WARD		DD/MM/YY						AT BIRTH	AT 1 MINUTE	Occipito-Frontal Circumfernce (OFC)	1. Yes 2.NO	Asphyxia Respiratory Distress Prematurity Low Birth Weight Meconium Aspiration Syndrome IUGR Hypothermia Hypoglycemia Rh Incompatibility	1 2 3 4 5 6 7 8 9	Shoulder Dystocia Sepsis Others No complications	10 11 12 13	Gestational Hypertension/ Eclampsia/Pre-Eclampsia Gestational Diabetes Mellitus Antepartum Hemorrhage Post Partum Hemorrhage Chorioamnionitis Sepsis Severe Anaemia Maternal Heart Disease Hypothyroidism	1 2 3 4 5 6 7 8 9																															
	DD	MM	YY																												OPD	i	PALIKA	DISTRICT	AT ADMISSION	AT 5 MINUTE	Fetal Crown Length																								
													Time																									AM			Emergency	iii	Other Hospital	b																	
		Date																																	NAME		WARD		DD/MM/YY						AT BIRTH	AT 1 MINUTE	Occipito-Frontal Circumfernce (OFC)	1. Yes 2.NO	Asphyxia Respiratory Distress Prematurity Low Birth Weight Meconium Aspiration Syndrome IUGR Hypothermia Hypoglycemia Rh Incompatibility	1 2 3 4 5 6 7 8 9	Shoulder Dystocia Sepsis Others No complications	10 11 12 13	Gestational Hypertension/ Eclampsia/Pre-Eclampsia Gestational Diabetes Mellitus Antepartum Hemorrhage Post Partum Hemorrhage Chorioamnionitis Sepsis Severe Anaemia Maternal Heart Disease Hypothyroidism	1 2 3 4 5 6 7 8 9							
		DD	MM																																																				YY	OPD	i	PALIKA	DISTRICT	AT ADMISSION	AT 5 MINUTE
																																					Time																								
		Date										NAME			WARD		DD/MM/YY								AT BIRTH	AT 1 MINUTE	Occipito-Frontal Circumfernce (OFC)	1. Yes 2.NO	Asphyxia Respiratory Distress Prematurity Low Birth Weight Meconium Aspiration Syndrome IUGR Hypothermia Hypoglycemia Rh Incompatibility	1 2 3 4 5 6 7 8 9							Shoulder Dystocia Sepsis Others No complications									10 11 12 13	Gestational Hypertension/ Eclampsia/Pre-Eclampsia Gestational Diabetes Mellitus Antepartum Hemorrhage Post Partum Hemorrhage Chorioamnionitis Sepsis Severe Anaemia Maternal Heart Disease Hypothyroidism								1 2 3 4 5 6 7 8 9						
		DD	MM	YY																																																				OPD	i	PALIKA	DISTRICT	AT ADMISSION	AT 5 MINUTE
															Time																																														

Note: Please refer to instructions and NICU/SNCU Register Guideline for filling register.

Column 12: Ethnicity Code: 1. Dalit, 2 Janajati, 3 Madhesi, 4 Muslim, 5 Brahmin/Chhetri, 6 Others
Column 14: 1 Institutional, 2 Home, 3. Others (On the way & other.....)

Column 15: 1.SVD (Spontaneous Vaginal Delivery), 2. Instrumental, 3. C-Section
Column 16: 1. SBA-ANM (Skilled Birth Attendant- ANM), 2. SHP- (Skilled Health Professional), 3. Others

ICU REGISTER

Month.....

				Discharge Details					
time of delivery	Major Congenital Anomaly	Cause of Admission	Management	Date	Outcome of baby at Discharge	Duration of stay in the hospital	Referred to	Newborn Care Package Provided	Remarks
	24	25	26	27	28	29	30	31	32
Hyperthyroidism 10 Others 11 No complications 12	Neural Tube Defect 1 Other Defect 10 Oro-facial Cleft: Cleft lip/palate 2 (Specify) Talipes Equinovarus- Club Foot 3 Limb Reduction Defect 4 Hypospadias 5 Omphalocele/Exomphalos 6 Gastroschisis 7 Imperforate Anus 8 No 11 Minor Defect (Specify.....) 9 Anomaly detected	Low Birth Weight 1 Congenital Heart Disease 11 IUGR 2 Congenital Anomaly 12 Prematurity/Pre term 3 Meconium Aspiration Syndrome 13 Hypoglycemia 4 Necrotising Enterolitis 14 Hypothermia 5 Pustulosis 15 Hyperbilirubinemia 6 Vitamin K Deficiency Bleeding 16 Neonatal Sepsis 7 Aspiration 17 Premature Rupture of Membrane 8 Seizure 18 Respiratory Distress 9 Neonatal AKI 19 Birth Asphyxia (Peri/Neonatal) 10 Others 20	Alternative Feeding if baby unable to breatfeed (Nasogastric/ Cup Feeding) 1 Seizure Management 9 Continuous Positive airway pressure 10 KMC (Partial or Continuous) 2 Mechanical/Assisted Ventilation 11 Safe Administration of Oxygen 3 Exchange Transfusion/ Partial transfusion 12 Injectable Antibiotics for Neonatal 4 Retinopathy of prematurity screening 13 Sepsis as per protocol 5 Hypothermia Management 14 Management of shock 6 Blood Transfusion 15 Intravenous fluid 7 Management of Pneumothrox/Chest 16 Hypoglcemia Management 8 Tube/Needle Puncture 17 Effective Phototherapy 8 Others 17	DD/MM/YYYY					
Hyperthyroidism 10 Others 11 No complications 12	Neural Tube Defect 1 Other Defect 10 Oro-facial Cleft: Cleft lip/palate 2 (Specify) Talipes Equinovarus- Club Foot 3 Limb Reduction Defect 4 Hypospadias 5 Omphalocele/Exomphalos 6 Gastroschisis 7 Imperforate Anus 8 No 11 Minor Defect (Specify.....) 9 Anomaly detected	Low Birth Weight 1 Congenital Heart Disease 11 IUGR 2 Congenital Anomaly 12 Prematurity/Pre term 3 Meconium Aspiration Syndrome 13 Hypoglycemia 4 Necrotising Enterolitis 14 Hypothermia 5 Pustulosis 15 Hyperbilirubinemia 6 Vitamin K Deficiency Bleeding 16 Neonatal Sepsis 7 Aspiration 17 Premature Rupture of Membrane 8 Seizure 18 Respiratory Distress 9 Neonatal AKI 19 Birth Asphyxia (Peri/Neonatal) 10 Others 20	Alternative Feeding if baby unable to breatfeed (Nasogastric/ Cup Feeding) 1 Seizure Management 9 Continuous Positive airway pressure 10 KMC (Partial or Continous) 2 Mechanical/Assisted Ventilation 11 Safe Administration of Oxygen 3 Exchange Transfusion/ Partial transfusion 12 Injectable Antibiotics for Neonatal 4 Retinopathy of prematurity screening 13 Sepsis as per protocol 5 Hypothermia Management 14 Management of shock 6 Blood Transfusion 15 Intravenous fluid 7 Management of Pneumothrox/Chest 16 Hypoglcemia Management 8 Tube/Needle Puncture 17 Effective Phototherapy 8 Others 17	DD/MM/YYYY					
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Column 28: 1 Improved, 2 Referred, 3 Died, 4 DOPR/LAMA
Column 31: 1 Package A, 2 Package B, 3 Package A+B, 4 Package A+B+C

जात/जाती अनुसार Special Newborn Care/ Neonatal Intensive Care Unit सेवा पाएका सेवाग्राहीको समायोजन फारम

जात/जाती	लि.	महिना												जम्मा
		श्रावण	भाद्र	आश्विन	कार्तिक	मंसिर	पौष	माघ	फाल्गुन	चैत	बैशाख	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														