**AYDER COMPRHENSIVE SPECIALIZED HOSPITAL**

**HANDOVER, KMC PATIENT/S**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**REPORT** Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E.C

|  |  |  |
| --- | --- | --- |
| **Activity** | **quantity** | **Remark** |
| (1) Number of newborns enrolled  |  |  |
| (2) Number of new newborns admitted |  |  |
| (3) Number of newborns discharged |  |  |
| (4) Number of newborn died |  |  |
| (5) Number of transferred out to HC/ down |  |  |
| (6) Number of returned to NICU |  |  |
| (7) Number of left against medical advice |  |  |
| (8) Number of total newborn patients |  | =(1+2)-(3+4+5+6+7) |
|  |  |  |

 **Reported by: Handover by:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEKELLE HOSPITAL**

**HANDOVER, KMC PATIENT/S**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**REPORT** Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E.C

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Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEKELLE HOSPITAL**

**HANDOVER, KMC PATIENT/S**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**REPORT** Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E.C

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