



EMT-MDS Daily Reporting Form(ver1.0)



Team information	a	Organization name:				
	b	Team name:				
	c	Type 1 mobile	Type 1 fixed	Type 2	Type 3	Specialized cell
		d Contact Person(s) name(s):				
		e Phone No.:				
	f Email:					
	g Estimated date of departure (dd/mm/yyyy):					

h	Date of activity (dd/mm/yyyy):
i	Time of reporting (dd/mm/yyyy/hh:mm(24h)):
Location †	
j	Province (admin1)
k	District (admin2)
l	Village etc. (admin3)
m	Facility name:
n	Geo-tag _____ (Lat) _____ (Long)

† Submit one form per one activity day and location. For Admin 1 = e.g. State, Province, Governorate; Admin 2 = e.g. County, District, City, Municipality; Admin 3 = e.g. Sub-district, Village, Payam.

Daily Summary		Number of patient / Bed Count		
Patients	o	Total Number of new consultation †	36	
	p	New admission (=MDS40)	37	
	q	Live Birth	38	
Bed	r	Total bed capacity	39	
	s	Empty inpatient bed (Non-ICU)	41	
	t	Empty Intensive Care Unit Bed (ICU)	42	
	Outcome	u		43
Protection		Discharge without medical follow-up	44	
		Discharge with medical follow-up	45	
		Discharge against medical advice	46	
		Referral	47	
		Dead on arrival	48	
Relation		Death within facility *	49	
		Requiring long term rehabilitation *	50	
		Directly related to event		
		Indirectly related to event		
		Not related to event		
		Vulnerable child *		
		Vulnerable adult *		
		Sexual Gender Based Violence (SGBV) *		
		Violence (non-SGBV) *		

‡ Consider 24 hours period from midnight or other agreed cut off time for reporting. MDS statistics report outpatient consultations, inpatient admissions, as well as preformed procedures (MDS No.30-35), outcomes (MDS 36-43) and contextual issues (MDS No.44-50) newly counted during the reported period. MDS No.43 is a subset of MDS No.37-38. MDS No.47-50 are a subset of MDS No.53.

Demographic	MDS statistics	No	Age Categories	<1	1-4	5-17	18-64	65-	Total
		1	Male						
2	Female non-preg.								
3	Female pregnant								

Needs and Risks	
Free text reporting to EMTCC / MOH on the following issues.	
51	Unexpected death * <input type="checkbox"/>
52	Notifiable disease * <input type="checkbox"/>
53	Protection issues # <input type="checkbox"/>
54	Critical incident to EMT and/or community <input type="checkbox"/>
55	Any other issue requiring immediate reporting <input type="checkbox"/>
56	WASH <input type="checkbox"/>
57	Community / suspected over infectious disease <input type="checkbox"/>
58	Environmental risk / exposure <input type="checkbox"/>
59	Shelter / Non food items <input type="checkbox"/>
60	Food insecurity <input type="checkbox"/>
61	Logistics / operational support <input type="checkbox"/>
62	Supply <input type="checkbox"/>
63	Human resources <input type="checkbox"/>
64	Finance <input type="checkbox"/>
65	Others <input type="checkbox"/>

Health Events and Procedure	MDS statistics	No	Health Events	<5	>=5	Total
		4	Major head / spine injury			
5	Major torso injury					
6	Major extremity injury					
7	Moderate injury					
8	Minor injury					
9	Acute respiratory infection					
10	Acute watery diarrhea					
11	Acute bloody diarrhea					
12	Acute jaundice syndrome					
13	Suspected measles					
14	Suspected meningitis					
15	Suspected tetanus					
16	Acute flaccid paralysis					
17	Acute haemorrhagic fever					
18	Fever of unknown origin					
19	Malaria					
20						
21						
22						
23	Surgical emergency (Non-trauma)					
24	Medical emergency (Non-infectious)					
25	Skin disease					
26	Acute mental health problem					
27	Obstetric complications					
28	Severe Acute Malnutrition (SAM) *					
29	Other diagnosis, not specified above					
Procedure						
30	Major procedure (excluding MDS31)					
31	Limb amputation excluding digits *					
32	Minor surgical procedure					
33	Normal Vaginal Delivery (NVD)					
34	Caesarean section					
35	Obstetrics others					

Detailed comment for (No.)	
Detailed comment for (No.)	
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Detailed comment for (No.)	

* Line list (including detailed information) should be submitted with this MDS form to relevant authorities. § Additional are used for context specific reporting items indicated by the relevant authorities e.g. Malaria / Dengue / TB / Leptospirosis / Rabies / Hazmat etc. # Protection issues to be reported confidentially to appropriate authority or protection cluster in locally agreed manner.