

FISTULA REGISTRATION FORM

Date of Admission ___/___/_____

PATIENT/CLIENT OPD NO.....IPD NO.....

Section A: Patient's Bio Data	
100: First Name.....Last Name.....Other Name.....	
101: Date of Birth ___/___/___ Age in years <input type="text"/>	102: Sex Male.....1 Female.....2
103: Are you currently attending school? Yes.....1 No.....2	104: What is the highest level of education you have attained? None.....0 Adult Literacy Training.....88 Primary level.....1 Secondary level.....2 Certificate.....3 Diploma.....4 University.....5 Others (Specify).....96
105a: Marital Status (Before fistula) Single (never married).....1 Married living with partner.....2 Married but not living with spouse/partner.....3 Widowed.....4 Divorced/separated.....5 Others (Specify).....96	105b: Marital Status (After fistula) Single (never married).....1 Married living with partner.....2 Married but not living with spouse/partner.....3 Widowed.....4 Divorced/separated.....5 Others (Specify).....96
106: Home Address District..... Sub county..... Parish..... Village..... Patient's Tel contacts.....	107: Name of next of Kin..... Relationship..... Tel contacts.....
108: Discharge Summary: Discharge date ___/___/___ Status of fistula at discharge (by dye test)..... Any complications (mention them)..... Follow-up appointment date ___/___/___	109: Referral for; Social reintegration.....1 Economic reintegration.....2 Family planning.....3 Others (Specify).....96
110a: Were you referred for fistula repair services? Yes.....1 No.....2 110b: If Yes mention source of referral..... 110c: Referral Letter Yes.....1 No.....2	111: Source of Information about fistula services in this facility Media (TV, Radio, Newspapers).....1 Religious gatherings/meetings.....2 Community outreaches.....3 Health worker.....4 VHTs.....5 Others (Specify).....96
112: Modes of transport used to the facility Boda Boda/Motorcycle.....1 Bicycle.....2 Commuter Taxi/Bus.....3 Special Hire Vehicle.....4 Foot.....5 Others (Specify).....96	113: Distance from your home.....(in KMs) 114: Time spent travelling to the facility.....(in hours) 115: Cost of the whole journey.....(in UGX)
Section B: Obstetric History:	
200: Are you incontinent of? Urine.....1 Stool.....2 Both.....3	201: How long have you been incontinent? Less than a month.....1 1-12 months.....2 1 -2 years.....3 2 -5 years.....4 Over 5 years (specify the number of years).....96

202: How did this condition happen? Did it follow; Delivery.....1 Sexual Violence.....2 Trauma.....3 Others (Specify).....96	203: Do you have any difficulties in walking and standing? Yes.....1 No.....2
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204: Parity					
Delivery Number	Date	Mode of delivery (normal vaginal, C-section, destructive, assisted, symphysiotomy)	Sex of baby & birth weight	Outcome (Abortion, still or live birth, early neonatal death)	Maternal outcome (ruptured uterus, fistula or both)

Causative Delivery	
205: Where did the delivery that caused the fistula take place?	Your home.....1 Home of traditional birth attendant.....2 Health center (private or government).....3 Hospital (private or government).....4 Others (Specify).....96
206: How many hours did you spend in labour?	At home.....hours On the way to place of delivery.....hours At place of delivery.....hours
207: Who assisted the delivery?	Doctor.....1 Nurse/midwife.....2 Medical Assistant/clinical officer.....3 Nursing assistant.....4 Relative/Peer.....5 Traditional birth attendant.....6 Self/None.....7 Others (Specify).....96

Section C: Gynecological History			
300: Previous repairs			
Number	Date of repair	Where repair took place	Outcome
Menarche.....LNMP			

Section D: Family planning History	
400: Have you ever used any family planning methods? (skip question)	Yes.....1 No.....2
401: What family planning methods have you ever used?	Pills1 Injectables2 Male condoms3 Female condoms.....4 IUD.....5

	Implants6 Female condoms7 Moon beads8 Breast feeding (LAM).....9 Rhythm / Periodic abstinence10 Withdrawal11 Others (Specify).....96
402: Are you currently using any family planning methods? (f no skip question 403)	Yes.....1 No.....2
403: What family planning method(s) are you using?	Pills1 Injectables2 Male condoms3 Female condoms.....4 IUD5 Implants6 Female condoms7 Moon beads8 Breast feeding (LAM).....9 Rhythm / Periodic abstinence10 Withdrawal11 Others (Specify).....96
Section E: 500: Past Medical History	
Section F: Physical Examination	
General Exam -Comment/report on the following;	
600: Oriented to Place, Person, Time	
601: Nutritional Status	
602: Smell	

603: Pallor			
604: Jaundice			
605: Oedema			
Vital Signs:			
606: BP..... 607: Pulse 608: Temperature 609: Respiratory rate.....			
Systemic Examination: -Comment/report on the following;			
610: CVS			
611: RS			
612: CNS			
613: GIT			
614: MSS			
Pelvic Examination: External Genitalia Inspection			
Condition	Yes	No	Additional Comments
615: Dermatitis			
616: Female genital mutilation			

Condition	Yes	No	Additional Comments
617: Smell			
618: Tears			
619: Obvious leakage of urine and or stool soiling			
620: Other abnormal discharges/Ulcers/Growths			
Digital Examination: -Comment/report on the following;			
621: Scarring			
622: Vaginal capacity			
623: Mobility of the tissue			
624: Presence of the fistula			
Speculum Examination			
625: Presence of the fistula			
626: Site of the fistula			
627: Size of the fistula			
628: Number of fistulae			
629: Cervix			
630: Urethral length			
631: Bladder capacity by sounding			

Section G: Results of the Dye Test (bladder filling under gravity or filling by syringing)	
700: Indicate whether positive or negative	
701: If positive indicate site and number of fistulae	
702: If negative do a bladder capacity by volume and continence test.	
Diagram (please illustrate, both views) <div> <div>AP view</div> <div>Lateral view :</div> </div>	
Pre operative fistula classification (use the one that you are familiar with) 703: Diagnosis:	
Section H: Management plan	
Investigations	
800: Laboratory tests - Routine (Hb or haemogram , blood group and HIV) Other lab tests are optional or as indicated	

801: Radiology/Imaging (Optional/as indicated)

802: Drugs

803: Supportive care (physiotherapy, counseling, nutrition)

804: Operative/Referral plan

Note: Refer to the consent form before proceeding.

Operation Notes Sheet:

Date:.....

Name:..... I.P. No.....

Sex.....:..... Age.....

Indication of Surgery..... Operation/Procedure.....

Surgeon.....Assistant.....

Scrub Nurse.....

Anaesthetist..... Type of Anaesthesia.....

Operation/Procedure Notes (Remember to include EUA findings, type of repair, dye test, bladder capacity and vaginal pack. Illustrate with a diagram, blood loss, condition of patient, post operative plan - frequency of vital signs, IV fluids, drug regimens, vaginal pack and catheter removal protocol)

Note: Insert AP and lateral views

Signature of the surgeon..... Date.....

Anaesthetist Notes

Name:..... I.P. No.....

Sex..... Age.....

Operation/Procedure.....Anaesthetist.....

Type of Anaesthesia.....

Signature of the Anaesthetist..... Date.....

Date:.....

Clinical Notes: *(Remember to do daily reviews and document findings)*

Section I: Follow-up Assessment

900: Do you have a fistula client card?

Yes.....1

No.....2

If No, please provide the client card.

901. Number of follow-ups.....

902: Date of follow-up.....

903: Do you have any complaints at the moment?

Yes.....1

No.....2

904: If yes please perform assessments as required.

Section J: Current social status	
1000: What is your current marital status?	Single (never married).....1 Married living with partner.....2 Married but not living with spouse/partner.....3 Widowed.....4 Divorced/separated.....5 Others (Specify).....96
1001: Have you resumed sexual activity?	Yes.....1 No.....2
1002: Have you had your menstruation?	Yes.....1 No.....2
1003: Have you received any family planning methods?	Yes.....1 No.....2
1004: If Yes what family planning methods did you receive or were counseled on?	Pills1 Injectables2 Male condoms3 Female condoms.....4 IUD.....5 Implants6 Female condoms7 Moon beads8 Breast feeding (LAM).....9 Rhythm / Periodic abstinence.....10 Others (Specify).....96
1005: How many pregnancies have you had since the last repair?	None.....1 One.....2 Two.....3 Three.....4 Others (Specify).....96
1006: What is your current occupation?	Currently not working.....1 Subsistence Farmer (produces mainly for own consumption).....2 Commercial Farmer (produces mainly for sale).....3 Market/road side vendor.....4 Others (Specify).....96
1007: Indicate referrals made.	

1008: Follow-up appointment date: __/__/____