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Data Collection Tools

Clinical and Community Action to Address Postpartum Hemorrhage TOOL KIT

Facility Supervisory Checklist

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Non-Pneumatic Anti-Shock Garment (NASG) Case Study Form

Primary-Level Facility Patient Logbook

Secondary-Level Facility Patient Logbook

Tertiary-Level Facility Patient Logbook

Clinical and Community Action to Address Postpartum Hemorrhage

Facility Supervisory Checklist

Instructions: The Facility Supervisory Checklist is used to assess facility-based services for the prevention and management of postpartum hemorrhage. The State Coordinator should complete this checklist once a month for each project facility. Together, facility staff and the State Coordinator should review the completed checklist and identify strengths and areas where corrective actions need to be made. One copy of the completed checklist should be left in a binder at the facility and one copy should be submitted to the M&E Officer at the central office by the first Friday of each month. During the next visit to the facility, the State Coordinator should review the checklist and progress toward agreed-upon corrective actions with staff. The Facility Supervisory Checklist is in two parts "Facility Review" and "Observation of Delivery Practices". Observation of deliveries, when possible, is part of the routine supervisory visit.

Name of Person Completing Form: _____
Name of Facility: _____
Facility level: _____
State: _____ Date: _____

PART I. FACILITY REVIEW (To be completed once for each facility visit)

A. BLOOD LOSS ESTIMATION

1. Does the facility have a method for measuring blood loss? Y__ N__
2. What method is being used to measure blood loss (check all that apply)
 - a. Calibrated measuring jug Y__ N__
 - b. Blood drape Y__ N__
 - c. Observation Y__ N__
 - d. Other (explain) _____
3. *Observe:* Is the device for measuring blood loss available at the time of visit? Y__ N__
4. How is the blood drape disposed of (if applicable)? _____

A. DISINFECTION

1. *Observe:* Is Chlorine available for disinfection? Y__ N__
2. Is attendant able to correctly describe the chlorine/water mixture for disinfection? Y__ N__
3. Is attendant able to describe the correct steps for disinfecting the NASG and blood collection device (if applicable), including processing time? Y__ N__
4. *Observe (if possible):* NASG cleaned & disinfected properly¹ for each cleaning observed? Y__ N__

B. AVAILABILITY OF NASG

1. *Observe:* Number of NASG in good condition that are available at the facility _____
2. *Observe:* Is the NASG accessible (e.g. not locked-up)? Y__ N__
3. Does the facility have a plan in place for disposing of NASG that are in poor condition? Y__ N__
4. Does the facility have a plan in place to return NASG with referral facilities? Y__ N__

IDENTIFY WEAKNESSES AND NOTE CORRECTIVE ACTION

¹ Proper cleaning steps: gloved hands, .05% bleach solution prepared, NASG completely submerged for 10 minutes max, scrub NASG, rinse in clean water, ring out access water, hang in sun to dry

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C. MANAGEMENT TOOLS AND JOB AIDES

- | | | |
|--|-------|-----|
| 1. Did the facility receive job aides from Pathfinder? | Y__ | N__ |
| 2. <i>Observe:</i> Check which of the following are displayed in labor room: | | |
| a. AMTSL flow chart | Y__ | N__ |
| b. Management of Shock flow chart | Y__ | N__ |
| c. Applying the NASG flowchart | Y__ | N__ |
| d. Removing the NASG flowchart | Y__ | N__ |
| e. Care and cleaning of the NASG flow chart | Y__ | N__ |
| f. Visual estimation of blood loss job aide | Y__ | N__ |
| g. Using the blood collection drape flow chart | Y__ | N__ |
| h. Mixing bleach solution | Y__ | N__ |
| 3. <i>Observe:</i> Is there a sufficient supply (minimum one month) of referral forms available? | Y__ | N__ |
| 4. Total number of referral forms completed during the past calendar month ² | _____ | |
| 5. Total number of forms with every item completed ³ | _____ | |
| 6. <i>Observe:</i> Has the log book been completely filled and is up-to-date? | Y__ | N__ |
| 7. <i>Observe:</i> Is there a sufficient supply of logbooks (at least 2 months) available? | Y__ | N__ |

D. AVAILABILITY AND STORAGE OF UTEROTONICS (*Observe: Check both labor ward and pharmacy*)

- | | Labor Ward | Pharmacy |
|--|-------------------|-----------------|
| 1. Is Ergometrine available? | Y__ N__ | Y__ N__ |
| 2. Is Ergometrine stored in closed containers? | Y__ N__ | Y__ N__ |
| 3. Is Oxytocin available? | Y__ N__ | Y__ N__ |
| 4. Is Oxytocin stored in a refrigerator? | Y__ N__ | Y__ N__ |
| 5. Is Misoprostol available? | Y__ N__ | Y__ N__ |
| 6. Did you observe any expired uterotonics? | Y__ N__ | Y__ N__ |

E. TRAINING

- | | |
|---|-------|
| 1. Number of PPH-trained staff needed at this facility ⁴ | _____ |
| 2. Number of current providers who have completed the CC-PPH training | _____ |
| 3. Number of PPH-trained providers who have left this facility since last visit | _____ |

IDENTIFY WEAKNESSES AND NOTE CORRECTIVE ACTION

² Calendar month should be the first date to the last date of the last completed month

³ A referral form is only considered **complete** if every line item has been filled in with the requested information

⁴ Insert staffing level based on facility assessment and other factors.

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PART II. OBSERVATION OF DELIVERY PRACTICES *(To be filled in for each delivery observed)*

DELIVERY STEP	DELIVERY 1		NOTES		DELIVERY 2		NOTES		DELIVERY 3		NOTES
	Observed				Observed				Observed		
	Y	N	Y	N	Y	N	Y	N			
1. Given correct dose of an appropriate uterotonic within 1 minute of delivery of baby (note type)											
2. Placenta delivered through controlled cord traction											
3. Received uterine massage after delivery of placenta											
4. Patient record filled in correctly and completely following delivery.											
5. Blood loss estimated and recorded in patient record.											

IDENTIFY WEAKNESSES AND NOTE CORRECTIVE ACTION

CLINICAL AND COMMUNITY ACTION TO ADDRESS POSTPARTUM HEMORRHAGE

Patient Referral Sheet

The Patient Referral Sheet should be completed by the referring provider for each patient who is experiencing hemorrhage and is referred to another facility where providers have been trained on the continuum of care, including the NASG. The referral form should be sent with the patient to provide a brief report of the patient's condition prior to referral, which will assist the facility accepting the referral to act quickly and appropriately. Keep this form with the patient's clinical records for a complete record of treatment.

Date: **Referred to:**

Referring Health Facility Information: Name of Doctor/Midwife/CHEW Name/Location of Health Facility	
Patient's Information: Name: Age: Number of previous pregnancies..... Number of previous miscarriage: Number of children alive: Mobile Phone Number: Index pregnancy: Delivered/undelivered (please tick): If delivered, what was the outcome? (Please tick): Alive ... Fresh still birth Macerated birth	
Brief History/Complaint: (Please continue on reverse side of this sheet for complete history.)	Findings on Examination: Vital signs at time of referral: Blood pressure: Pulse Rate: Respiratory Rate: Temperature: Estimate of blood loss (mls) Visual: Use of blood drape:
Test Results: Hb: PCV: Blood Group: Urinalysis:	
Diagnosis: Reason for Referral:	
Treatment Given: IVF given: Number: Type: Blood Transfusion: Number: Uterotonic Given: Oxytocin (units) Ergometrine (dose) Misoprostol (dose) Other treatment given: Antibiotics: Surgical procedures:	

If NASG is applied on the patient before referral, please provide the NASG number in the box below

Clinical and Community Action to Address Postpartum Hemorrhage

NASG CASE STUDY FORM

State: **Name of facility:** **Date:**

Patient's Information:
 Initials: Age: Mobile Phone Number: File number:
 Date of admission: Date/Time of delivery:
 Where delivery took place (please tick): Home Health Facility

Place of onset of PPH (please tick): Home Health facility Time of onset of PPH.....
 Number of previous pregnancies..... Number of previous miscarriage: Number of children alive:
 Index pregnancy: Delivered/undelivered (please circle one)
 If delivered, what was the outcome? (please tick): Alive Fresh still birth Macerated birth

Brief History/Complaint: (Please continue on reverse side of this sheet for complete history.)

Findings on Examination

Vital signs: Blood pressure: Pulse Rate:
 Respiratory Rate: Temperature:
 Estimated blood loss (mls):
 How was the estimate done? (please tick)
 Visual Use of blood drape Another measuring device (specify).....
 Level of consciousness (LOC): Normal (N)
 Agitated/confused Unconscious (UC)

Test Results:
 Hb: Urinalysis:
 Blood Group:
 Urine output after 24 hours:
 PCV on admission:

Date/time of onset of shock:
 Date/time of NASG application:
 Date/time of NASG removal:
 Response to NASG: Date/time systolic BP = or >90
 Date/time pulse < 100
 Date/time LOC changed from UC to N

Cause of Hemorrhage (please tick): uterine atony genital tract tear retained placenta retained product of conception others (please specify).....

Treatment Given: IVF: Volume (mls): Type: Start time of first IVF administration (military time):
 Blood Transfusion: Start time of first blood transfusion (military time).....# units.....
 Uterotonic Given: Oxytocin (mg)..... Ergometrine/methergine (mg) Misoprostol (µg)..... Other
 Other treatment given: Antibiotics (name): Other (please specify)
Abdominal surgical procedures (Please tick, more than one may apply): Salpingostomy/Salpingectomy
 C/Section Uterine compression sutures Uterine artery ligation/devascularization
 Emergency hysterectomy Other (please specify)
 Vaginal surgical procedures (may be more than one): Repair cervix Repair vagina Repair perineum
 Evacuation Manual removal of placenta Other

(continue on reverse side)



Treatment outcome (please tick): Alive Died

Alive with complications (Please state the complications)

If died, obstetrical cause of death and name of organ failure (please tick):

Single organ failure (heart, lung, kidney, brain) (please specify).....

Multi-organ Dysfunction Syndrome (MODS) (please specify).....

Please provide as much detail as possible describing the woman's condition and response to treatment, delays in treatment, lack of blood, fluid supply etc.

Clinical and Community Action to Address Postpartum Hemorrhage

Guidance and Definitions for Filling out Primary Health Center Logbook

Every patient coming to this facility for the following should be recorded in the logbook:

1. Childbirth delivery
2. With complications after childbirth (up to 42 days post-partum)
3. With complications after having a non-live birth outcome {miscarriage, stillbirth or unsafe abortion (performed elsewhere)} up to 42 days post-partum

The following information corresponds to the column number in the logbook.

- 1. Reference #:** Number assigned to the patient by the facility. Use whatever number has been assigned to the patient according to the facility's recording system.

Codes are assigned to columns 2 through 15. Use the corresponding codes to enter information in the logbook

2. Admission Type

D- if direct admission (i.e. woman came on her own)

R-I-F- if referred in by a private or public facility/private skilled provider/CHEW due to PPH, PAH, ECL and OOH

R-I-C- if referred in by community (chief, ASHA, TBA, other) due to PPH, PAH, ECL and OOH

3. Delivery took place outside of a skilled facility

OF- if patient delivered **outside of** a primary, secondary or tertiary facility

N- if delivery took place in a primary, secondary or tertiary facility

4. Arrived in Shock

SHK- if patient was already in hypovolemic shock secondary to hemorrhage when she was admitted to this institution either from home or from another facility

N- if patient was not admitted with shock

5. Blood Drape

BD- if the blood drape is placed under this woman immediately after the delivery of the placenta

N- if no blood drape was used

6. PPH (postpartum hemorrhage)

N- if no PPH or if blood loss is <350 mL

PPH-A- alert to PPH if blood loss after delivery is 350-499 mL and/or is diagnosed by provider with PPH-A

PPH- if blood loss after delivery is 500-999 mL and/or is diagnosed by provider with PPH

PPHS- severe PPH if blood loss after delivery is ≥ 1000 mL and/or diagnosed by provider with PPHS

PAH- post-abortion with hemorrhage (determined by clinical sign)

OOH- if other obstetric hemorrhage (e.g. placenta previa or any other anomaly of placenta implantation)

7. Uterotonic received for management of PPH

OXY- if Oxytocin received to manage bleeding due to PPH

EGT- if Ergometrine received to manage bleeding due to PPH

MISO- if Misoprostol received to manage bleeding due to PPH

N- if no uterotonic was given to manage a woman who is experiencing PPH

8. Crystalloid (IV fluids) in first hour for management of PPH

IVC-PPH- if Ringers Lactate, Hartmann's Solution or Normal Saline is used for the management of PPH

N- if no IV crystalloid is used

Clinical and Community Action to Address Postpartum Hemorrhage

9. Hypovolemic Shock (developed after admission)

HYP-SHK- if clinical signs of decompensation of circulatory system due to excessive blood loss. Blood loss may be revealed (as in PPH from uterine atony) or partially concealed (as in abruption or ruptured uterus). Vital signs change so that the pulse is > 120 BPM, systolic blood pressure < 90 mmHG, the patient may become diaphoretic, confused, agitated or unconscious.

N- if no signs of hypovolemic shock

10. NASG (Non-Pneumatic Anti-shock Garment) received

NASG- if received NASG before transfer

N- if did not receive NASG before transfer

11. Crystalloid (IV fluids) for the management of shock

IVC-SHK- if Ringers Lactate, Hartmann's Solution or Normal Saline is used for the management of shock

N- if no IV crystalloid is used

12. ECL (pre-eclampsia/eclampsia)

ECL-R- if pre-eclampsia (or eclampsia) and referred out to another facility

ECL-T- if pre-eclampsia (or eclampsia) and treated at the facility

ECL-T-R- if pre-eclampsia (or eclampsia) and treated at the facility and referred to higher level

N- if no pre-eclampsia (or eclampsia)

13. Refer-Out

REF-O- if referred out to other hospital for PPH, PPHS, PAH or OOH

N- if no referral

14. Death (deaths that only occur at facility)

Died- if the woman died

N- if the woman survived

15. Obstetrical cause of death (if died, write obstetrical cause of death as one of the following categories)

PPH/PPHS- if blood loss after delivery is ≥ 500 mL or provider diagnosis PPH/PPHS as cause of death

PAH- if post-abortion hemorrhage

ECL- if eclampsia

OOH- if other obstetric hemorrhage (e.g. placenta previa or any other anomaly of placenta implantation)

OTHER- if other causes

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Primary-Level Facility Monthly Delivery Statistics

Month: _____ Year: 20 _____ Name of Facility: _____ Sub-district: _____ District: _____ State: _____

Instructions: This form is for reporting monthly (1) total number of women who came to the hospital for delivery services, (2) type of services received by women, and (3) conditions observed among the women. The form will be filled in with information from the Patient Logbook in which a brief description of each item is given. A list of definitions of the items is given in a separate page. The shaded section of the table is for women who were referred from another facility (recorded as RIF) or from the community (recorded as RIC). Write the total number of women who were referred to THIS facility from another facility or community in the box at the top of the section. The other section (to the left of the shaded section) of the table is for those women who came directly to the facility (not referred) or came on their own. Write the total number of women who came directly to THIS facility in the box at the top of the section. The Patient Logbook is to record data for EACH PATIENT ADMITTED to the facility on which SERVICES SHE RECEIVED and/or any conditions SHE HAD. Transfer the data from the Facility Patient Logbook onto the tally sheets by making a tally mark (/) in the COLUMN next to the corresponding NAME of service or condition. Make a tally for EVERY SERVICE AND CONDITION received by EVERY PATIENT as recorded in the monthly logbook. Count the MARKS and write the TOTAL numbers in the boxes in the "Total" column on this sheet. Record separately totals for referred from another facility (RIF) and referred from community (RIC). Number of deaths can be tallied as described above.

Total number of women coming DIRECTLY to the facility for delivery or related services (not referred):		Total number of PPH, PAH, ECL, OOH cases referred to this facility from ANOTHER FACILITY or from the COMMUNITY:	
Services/conditions	Total	Services/conditions	RIC (Total)
Delivered outside of a skilled facility (OF) (3) ¹		Delivered outside of a skilled facility (OF) (3)	
Arrived in shock (SHK) (4)		Arrived in shock (SHK) (4)	
Use of blood drape (BD) (5)		Use of blood drape (BD) (5)	
Postpartum hemorrhage alert (PPH-A) (350-499) (6)		Postpartum hemorrhage alert (PPH-A) (350-499) (6)	
Postpartum hemorrhage (PPH) (500-999) (6)		Postpartum hemorrhage (PPH) (500-999) (6)	
Postpartum hemorrhage severe (PPHS) (≥1000) (6)		Postpartum hemorrhage severe (PPHS) (≥1000) (6)	
Post-abortion hemorrhage (PAH) (6)		Post-abortion hemorrhage (PAH) (6)	
Other obstetric hemorrhage (OOH) (6)		Other obstetric hemorrhage (OOH) (6)	
Received uterotonic for management of PPH (OXY) (7)		Received uterotonic for management of PPH (OXY) (7)	
Received uterotonic for management of PPH (EGT) (7)		Received uterotonic for management of PPH (EGT) (7)	
Received uterotonic for management of PPH (MISO) (7)		Received uterotonic for management of PPH (MISO) (7)	
Received IV crystalloid in first hour for management of PPH (IVC-PPH) (8)		Received IV crystalloid in first hour for management of PPH (IVC-PPH) (8)	
Hypovolemic shock developed after admission (HYP-SHK) (9)		Hypovolemic shock developed after admission (HYP-SHK) (9)	
Received NASG (NASG) (10)		Received NASG (NASG) (10)	
Received IV crystalloid for management of shock (IVC-SHK) (11)		Received IV crystalloid for management of shock (IVC-SHK) (11)	
Pre-eclampsia/eclampsia referred out (ECL-R) (12)		Pre-eclampsia/eclampsia referred out (ECL-R) (12)	
Pre-eclampsia/eclampsia and treated (ECL-T) (12)		Pre-eclampsia/eclampsia and treated (ECL-T) (12)	
Pre-eclampsia/eclampsia treated and referred (ECL-T-R) (12)		Pre-eclampsia/eclampsia treated and referred (ECL-T-R) (12)	
Referral out to other facilities of cases with PPH, PPHS, PAH or OOH (REF-O) (13)		Referral out to other facilities of cases with PPH, PPHS, PAH or OOH or OOH (REF-O) (13)	
Death at this facility (DIED) (14)		Death at this facility (DIED) (14)	

Number of deaths in this reporting month (15)

Total # of deaths:	Deaths from PPH/PPHS:	Deaths from PAH:
	Deaths from ECL:	Deaths from OOH:
		Deaths from OTHER:

¹ Number in **Bold** represents the column in the logbook the indicator is associated with

**CCA-PPH Project, Pathfinder International
Tally Sheets**

Tally for women coming directly to the facility for related services

<i>Services/conditions</i>	<i>Tally</i>	TOTAL
Delivered outside of a skilled facility (OF) (3)²		
Arrived in shock (SHK) (4)		
Use of blood drape (BD) (5)		
Postpartum hemorrhage alert (PPH-A) (350-499) (6)		
Postpartum hemorrhage (PPH) (500-999) (6)		
Postpartum hemorrhage severe (PPHS) (≥1000) (6)		
Post-abortion hemorrhage (PAH) (6)		
Other obstetric hemorrhage (OOH) (6)		
Received uterotonic for management of PPH (OXY) (7)		
Received uterotonic for management of PPH (EGT) (7)		
Received uterotonic for management of PPH (MISO) (7)		
Received IV crystalloid in first hour for management of PPH (IVC-PPH) (8)		
Hypovolemic shock developed after admission (HYP-SHK) (9)		
Received NASG (NASG) (10)		
Received IV crystalloid for management of shock (IVC-SHK) (11)		
Pre-eclampsia/eclampsia referred out (ECL-R) (12)		
Pre-eclampsia/eclampsia and treated (ECL-T) (12)		
Pre-eclampsia/eclampsia treated and referred (ECL-T-R) (12)		
Referral out to other facilities of cases with PPH, PPHS, PAH or OOH (REF-O) (13)		
Death at this facility (DIED) (14)		

Tally for PPH, PAH, ECL, OOH cases referred to this facility from another facility

² Number in **Bold** represents the column in the logbook the indicator is associated with

<i>Services/conditions</i>	RIF TALLY	TOTAL
Delivered outside of a skilled facility (OF) (3)		
Arrived in shock (SHK) (4)		
Use of blood drape (BD) (5)		
Postpartum hemorrhage alert (PPH-A) (350-499) (6)		
Postpartum hemorrhage (PPH) (500-999) (6)		
Postpartum hemorrhage severe (PPHS) (≥ 1000) (6)		
Post-abortion hemorrhage (PAH) (6)		
Other obstetric hemorrhage (OOH) (6)		
Received uterotonic for management of PPH (OXY) (7)		
Received uterotonic for management of PPH (EGT) (7)		
Received uterotonic for management of PPH (MISO) (7)		
Received IV crystalloid in first hour for management of PPH (IVC-PPH) (8)		
Hypovolemic shock developed after admission (HYP-SHK) (9)		
Received NASG (NASG) (10)		
Received IV crystalloid for management of shock (IVC-SHK) (11)		
Pre-eclampsia/eclampsia referred out (ECL-R) (12)		
Pre-eclampsia/eclampsia and treated (ECL-T) (12)		
Pre-eclampsia/eclampsia treated and referred (ECL-T-R) (12)		
Referral out to other facilities of cases with PPH, PPHS, PAH or OOH (REF-O) (13)		
Death at this facility (DIED) (14)		

Tally for PPH, PAH, ECL, OOH cases referred to this facility from community

<i>Services/conditions</i>	RIC TALLY	TOTAL
Delivered outside of a skilled facility (OF) (3)		
Arrived in shock (SHK) (4)		
Use of blood drape (BD) (5)		
Postpartum hemorrhage alert (PPH-A) (350-499) (6)		
Postpartum hemorrhage (PPH) (500-999) (6)		
Postpartum hemorrhage severe (PPHS) (≥ 1000) (6)		
Post-abortion hemorrhage (PAH) (6)		
Other obstetric hemorrhage (OOH) (6)		
Received uterotonic for management of PPH (OXY) (7)		
Received uterotonic for management of PPH (EGT) (7)		
Received uterotonic for management of PPH (MISO) (7)		
Received IV crystalloid in first hour for management of PPH (IVC-PPH) (8)		
Hypovolemic shock developed after admission (HYP-SHK) (9)		
Received NASG (NASG) (10)		
Received IV crystalloid for management of shock (IVC-SHK) (11)		
Pre-eclampsia/eclampsia referred out (ECL-R) (12)		
Pre-eclampsia/eclampsia and treated (ECL-T) (12)		
Pre-eclampsia/eclampsia treated and referred (ECL-T-R) (12)		
Referral out to other facilities of cases with PPH, PPHS, PAH or OOH (REF-O) (13)		
Death at this facility (DIED) (14)		

Clinical and Community Action to Address Postpartum Hemorrhage

Guidance and Definitions for Filling out Secondary Facility Logbook

Every patient coming to this facility for the following should be recorded in the logbook:

1. Childbirth delivery
2. With complications after childbirth (up to 42 days post-partum)
3. With complications after having a non-live birth outcome {miscarriage, stillbirth or unsafe abortion (performed elsewhere)} up to 42 days post-partum

The following information corresponds to the column number in the log book.

- 1. Reference #:** Number assigned to the patient by the facility. Use whatever number has been assigned to the patient according to the facility's recording system.

Codes are assigned to columns 2 through 16. Use the corresponding codes to enter information in the logbook

2. Admission Type

D- if direct admission (i.e. woman came on her own)

R-I-F- if referred in by a private or public facility/private skilled provider/CHEW due to PPH, PPHS, PAH, ECL or OOH

R-I-C- if referred in by community (chief, ASHA, TBA, other) due to PPH, PPHS, PAH, ECL or OOH

3. Delivery took place outside of a skilled facility

OF- if patient delivered **outside of** a primary, secondary or tertiary facility

N- if delivery took place in a primary, secondary or tertiary facility

4. Arrived in Shock

SHK- if patient was already in hypovolemic shock secondary to hemorrhage when she was admitted to this institution either from home or from another facility

N- if patient was not admitted with shock

5. PPH (postpartum hemorrhage)

N- if no clinical signs of PPH or if blood loss is <500 mL

PPH- if blood loss after delivery is 500-999 mL and/or diagnosed by provider with PPH

PPHS - severe PPH if blood loss after delivery is ≥ 1000 mL and/or diagnosed by provider with PPHS

PAH- post-abortion with hemorrhage (determined by clinical sign)

OOH- if other obstetric hemorrhage (e.g. placenta previa or any other anomaly of placenta implantation)

6. Uterotonic received for management of PPH

OXY- if Oxytocin received to manage bleeding due to PPH

EGT- if Ergometrine received to manage bleeding due to PPH

MISO- if Misoprostol received to manage bleeding due to PPH

N- if no uterotonic was given to manage a woman who is experiencing PPH

7. Crystalloid (IV fluid) in first hour for management of PPH

IVC-PPH- if Ringers Lactate, Hartmann's Solution or Normal Saline is used for management of PPH

N- if no IV Crystalloid is used

8. Hypovolemic Shock (developed after admission)

HYP-SHK- if clinical signs of decompensation of circulatory system due to excessive blood loss. Blood loss may be revealed (as in PPH from uterine atony) or partially concealed (as in abruption or ruptured uterus). Vital signs change so that the pulse is > 120 BPM, systolic blood pressure < 90 mmHG; the patient may become diaphoretic, confused, agitated or unconscious.

N- if no signs of hypovolemic shock

Clinical and Community Action to Address Postpartum Hemorrhage

9. NASG (Non-Pneumatic Anti-shock Garment) Applied

NASG- if NASG applied before transfer

N- if NASG not applied before transfer

10. Crystalloid (IV fluid) for the management of shock

IVC- SHK if received Ringers Lactate, Hartmann's Solution or Normal Saline for management of SHK

N- if no IV Crystalloid is used

11. Blood Transfusion

BL-TRNFS- if received a blood transfusion

N- if no blood transfusion was received

12. Operations/Procedures

HYST- if surgical removal of the uterus to stop intractable obstetrical hemorrhage

C-Sec- if had C-section

MRP- if placenta was manually removed to manage hemorrhage in the third stage of labor

LAP- if intractable PPH was managed by open abdominal surgery to ligate uterine/internal iliac arteries or to repair a possible uterine rupture

N- if no procedure was performed

13. ECL (pre-eclampsia/eclampsia)

ECL-R- if pre-eclampsia (or eclampsia) and **referred out to** another facility

ECL-T- if pre-eclampsia (or eclampsia) and treated at the facility

ECL-T-R- if pre-eclampsia (or eclampsia) and treated at the facility and referred to higher level

N- if no pre-eclampsia (or eclampsia)

14. Refer-Out for PPH, PPHS, PAH and OOH

Ref-O- if referred out to other hospital for PPH, PPHS, PAH or OOH

N- if no referral

15. Death (deaths that only occur at facility)

Died- if the woman died

N- if the woman survived

16. Obstetrical cause of death (if died, write obstetrical cause of death as one of the following categories)

PPH/PPHS- if bleeding after delivery is ≥ 500 mL

PAH- if post-abortion hemorrhage

ECL- if eclampsia

OOH- if other obstetric hemorrhage (e.g. placenta previa or any other anomaly of placenta implantation)

Other- if other causes

Clinical and Community Action to Address Postpartum Hemorrhage

Secondary-level Facility Monthly Delivery Statistics

Month: _____ Year: 20____ Name of Facility: _____ City: _____ State: _____

Instructions: This form is for reporting monthly (1) total number of women who came to the hospital for delivery or other related services, (2) type of services received by women, and (3) conditions observed among the women. The form will be filled in with information from the Facility Patient Logbook in which a brief description of each item is given. A list of definitions of the items is given in a separate page. The shaded section of the table is for women who were referred by PHCs, another SCs, or from communities. Write the total number of women who were referred to THIS facility from another facility or community in the box at the top of the section. The other section (to the left of the shaded section) of the table is for those women who came directly to THIS facility (not referred) or came on their own. Write the total number of women who came directly to THIS facility in the box at the top of the section. The Facility Patient Logbook is to record data for EACH PATIENT ADMITTED to the facility on which SERVICES SHE RECEIVED and/or any conditions SHE HAD. Transfer the data from the Facility Patient Logbook onto the tally sheets by making a tally mark (/) in the COLUMN next to the corresponding NAME of service or condition. Make a tally for EVERY SERVICE AND CONDITION received by EVERY PATIENT as recorded in the monthly logbook. Count the MARKS and write the TOTAL numbers in the boxes in the "Total" column on this sheet. Note totals for referred from another facility (RIF) and referred from community (RIC) are recorded separately. Number and causes of deaths can be tallied as described above.

	Total #:		Total #:
Total number of women coming DIRECTLY to the Facility for delivery or related services:		Total number of PPH, PPHS, PAH, ECL or OOH cases referred to this facility from ANOTHER FACILITY or from the COMMUNITY :	
<i>Services/conditions</i>	<i>Total</i>	<i>Services/conditions</i>	<i>RIF (total) RIC (total)</i>
Delivered outside of a skilled facility (OF) (3) ¹		Delivered outside of a skilled facility (OF) (3)	
Arrived in shock (SHK) (4)		Arrived in shock (SHK) (4)	
Postpartum hemorrhage (PPH) (500-999) (5)		Postpartum hemorrhage (PPH) (500-999) (5)	
Severe postpartum hemorrhage (PPHS) (≥ 1000) (5)		Severe postpartum hemorrhage (PPHS) (≥ 1000) (5)	
Post-abortion hemorrhage (PAH) (5)		Post-abortion hemorrhage (PAH) (5)	
Other obstetric hemorrhage (OOH) (5)		Other obstetric hemorrhage (OOH) (5)	
Uterotonic for management of PPH (OXY) (6)		Uterotonic for management of PPH (OXY) (6)	
Uterotonic for management of PPH (EGT) (6)		Uterotonic for management of PPH (EGT) (6)	
Uterotonic for management of PPH (MISO) (6)		Uterotonic for management of PPH (MISO) (6)	
Received IV crystalloid for the management of PPH (IVC-PPH) (7)		Received IV crystalloid for the management of PPH (IVC-PPH) (7)	
Hypovolemic shock developed after admission (HYP-SHK) (8)		Hypovolemic shock developed after admission (HYP-SHK) (8)	
NASG Applied (NASG) (9)		NASG Applied (NASG) (9)	
Received IV crystalloid for the management of shock (IVC-SHK) (10)		Received IV crystalloid for the management of shock (IVC-SHK) (10)	
Received blood transfusion (BL-TRNSF) (11)		Received blood transfusion (BL-TRNSF) (11)	
Had operation/procedure done (HYST) (12)		Had operation/procedure done (HYST) (12)	
Had operation/procedure done (C-Sec) (12)		Had operation/procedure done (C-Sec) (12)	
Had operation/procedure done (MRP) (12)		Had operation/procedure done (MRP) (12)	
Had operation/procedure done (LAP) (12)		Had operation/procedure done (LAP) (12)	
Pre-eclampsia/eclampsia and referred out (ECL-R) (13)		Pre-eclampsia/eclampsia and referred out (ECL-R) (13)	
Pre-eclampsia/eclampsia treated (ECL-T) (13)		Pre-eclampsia/eclampsia treated (ECL-T) (13)	
Pre-eclampsia/eclampsia treated and referred out (ECL-T-R) (13)		Pre-eclampsia/eclampsia treated and referred out (ECL-T-R) (13)	
Referral to other facility of cases with PPH, PPHS, PAH or OOH (Ref-O) (14)		Referral to other facility of cases with PPH, PPHS, PAH or OOH (Ref-O) (14)	
Death at this facility (Died) (15)		Death at this facility (Died) (15)	

Number of deaths in this reporting month (16)

Total # of deaths:	Deaths from PPH/PPHS:	Deaths from PAH:
	Deaths from PPH:	Deaths from PAH:
	Deaths from ECL:	Deaths from OOH:
		Deaths from Other:

¹ The number in **Bold** is the column the indicator is associated with in the logbook

Clinical and Community Action to Address Postpartum Hemorrhage
Tally Sheets

Tally for women coming directly to the facility for related services

<i>Services/conditions</i>	<i>Tally Column</i>	<i>Total</i>
Delivered outside of a skilled facility (OF) (3)²		
Arrived in shock (SHK) (4)		
Postpartum hemorrhage (PPH) (500-999) (5)		
Severe postpartum hemorrhage (PPHS) (≥ 1000) (5)		
Post-abortion hemorrhage (PAH) (5)		
Other obstetric hemorrhage (OOH) (5)		
Uterotonic for management of PPH (OXY) (6)		
Uterotonic for management of PPH (EGT) (6)		
Uterotonic for management of PPH (MISO) (6)		
Received IV crystalloid for the management of PPH (IVC-PPH) (7)		
Hypovolemic shock developed after admission (HYP-SHK) (8)		
NASG Applied (NASG) (9)		
Received IV crystalloid for the management of shock (IVC-SHK) (10)		
Received blood transfusion (BL-TRNSF) (11)		
Had operation/procedure done (HYST) (12)		
Had operation/procedure done (C-Sec) (12)		
Had operation/procedure done (MRP) (12)		
Had operation/procedure done (LAP) (12)		
Pre-eclampsia/eclampsia and referred out (ECL-R) (13)		
Pre-eclampsia/eclampsia treated (ECL-T) (13)		
Pre-eclampsia/eclampsia treated and referred out (ECL-T-R) (13)		
Referral to other facility of cases with PPH, PPHS, PAH or OOH (Ref-O) (14)		
Death at this facility (Died) (15)		

Tally for PPH, PAH, ECL, OOH cases referred to this facility from another facility

<i>Services/conditions</i>	RIF TALLY	TOTAL
Delivered outside of a skilled facility (OF) (3)		
Arrived in shock (SHK) (4)		
Postpartum hemorrhage (PPH) (500-999) (5)		
Severe postpartum hemorrhage (PPHS) (≥ 1000) (5)		
Post-abortion hemorrhage (PAH) (5)		
Other obstetric hemorrhage (OOH) (5)		
Uterotonic for management of PPH (OXY) (6)		
Uterotonic for management of PPH (EGT) (6)		
Uterotonic for management of PPH (MISO) (6)		
Received IV crystalloid for the management of PPH (IVC-PPH) (7)		
Hypovolemic shock developed after admission (HYP-SHK) (8)		
NASG Applied (NASG) (9)		
Received IV crystalloid for the management of shock (IVC-SHK) (10)		

² The number in **Bold** is the column the indicator is associated with in the logbook

Received blood transfusion (BL-TRNSF) (11)	
Had operation/procedure done (HYST) (12)	
Had operation/procedure done (C-Sec) (12)	
Had operation/procedure done (MRP) (12)	
Had operation/procedure done (LAP) (12)	
Pre-eclampsia/eclampsia and referred out (ECL-R) (13)	
Pre-eclampsia/eclampsia treated (ECL-T) (13)	
Pre-eclampsia/eclampsia treated and referred out (ECL-T-R) (13)	
Referral to other facility of cases with PPH, PPHS, PAH or OOH (Ref-O) (14)	
Death at this facility (Died) (15)	

Tally for PPH, PAH, ECL, OOH cases referred to this facility from community

<i>Services/conditions</i>	RIC TALLY	TOTAL
Delivered outside of a skilled facility (OF) (3)		
Arrived in shock (SHK) (4)		
Postpartum hemorrhage (PPH) (500-999) (5)		
Severe postpartum hemorrhage (PPHS) (\geq 1000) (5)		
Post-abortion hemorrhage (PAH) (5)		
Other obstetric hemorrhage (OOH) (5)		
Uterotonic for management of PPH (OXY) (6)		
Uterotonic for management of PPH (EGT) (6)		
Uterotonic for management of PPH (MISO) (6)		
Received IV crystalloid for the management of PPH (IVC-PPH) (7)		
Hypovolemic shock developed after admission (HYP-SHK) (8)		
NASG Applied (NASG) (9)		
Received IV crystalloid for the management of shock (IVC-SHK) (10)		
Received blood transfusion (BL-TRNSF) (11)		
Had operation/procedure done (HYST) (12)		
Had operation/procedure done (C-Sec) (12)		
Had operation/procedure done (MRP) (12)		
Had operation/procedure done (LAP) (12)		
Pre-eclampsia/eclampsia and referred out (ECL-R) (13)		
Pre-eclampsia/eclampsia treated (ECL-T) (13)		
Pre-eclampsia/eclampsia treated and referred out (ECL-T-R) (13)		
Referral to other facility of cases with PPH, PPHS, PAH or OOH (Ref-O) (14)		
Death at this facility (Died) (15)		

Clinical and Community Action to Address Postpartum Hemorrhage

Guidance and Definitions for Filling out Tertiary Facility Logbook

Every patient coming to this facility for the following should be recorded in the logbook

1. Childbirth delivery
2. With complications after childbirth (up to 42 days post-partum)
3. With complications after having a non-live birth outcome {miscarriage, stillbirth or unsafe abortion (performed elsewhere)} up to 42 days post-partum

The following information corresponds to the column number in the log book.

- 1. Reference #:** Number assigned to the patient by the facility. Use whatever number has been assigned to the patient according to the facility's recording system.

Codes are assigned to columns 2 through 16. Use the corresponding codes to enter information in the logbook

2. Admission Type

D- if direct admission (i.e. woman came on her own)

R-I-F- if referred in by a private or public facility/private skilled provider/CHEW due to PPH, PPHS, PAH, ECL or OOH

R-I-C- if referred in by community (chief, ASHA, TBA, other) due to PPH, PPHS, PAH, ECL or OOH

3. Delivery took place outside of a skilled facility

OF- if patient delivered **outside of** a primary, secondary or tertiary facility

N- if delivery took place in a primary, secondary or tertiary facility

4. Arrived in Shock

SHK- if patient was already in hypovolemic shock secondary to hemorrhage when she was admitted to this institution either from home or from another facility

N- if patient was not admitted with shock

5. PPH (postpartum hemorrhage)

N- if no clinical signs of PPH or if blood loss is <500 mL

PPH- if blood loss after delivery is 500-999 mL and/or diagnosed by provider with PPH

PPHS - severe PPH if blood loss after delivery is ≥ 1000 mL and/or diagnosed by provider with PPHS

PAH- post-abortion with hemorrhage (determined by clinical sign)

OOH- if other obstetric hemorrhage (e.g. placenta previa or any other anomaly of placenta implantation)

6. Uterotonic received for management of PPH

OXY- if Oxytocin received to manage bleeding due to PPH

EGT- if Ergometrine received to manage bleeding due to PPH

MISO- if Misoprostol received to manage bleeding due to PPH

N- if no uterotonic was given to manage a woman who is experiencing PPH

7. Crystalloid (IV fluid) in first hour for management of PPH

IVC-PPH- if Ringers Lactate, Hartmann's Solution or Normal Saline is used for management of PPH

N- if no IV Crystalloid is used

8. Hypovolemic Shock (developed after admission)

HYP-SHK- if clinical signs of decompensation of circulatory system due to excessive blood loss. Blood loss may be revealed (as in PPH from uterine atony) or partially concealed (as in abruption or ruptured uterus). Vital signs change so that the pulse is > 120 BPM, systolic blood pressure < 90 mmHG; the patient may become diaphoretic, confused, agitated or unconscious.

N- if no signs of hypovolemic shock

Clinical and Community Action to Address Postpartum Hemorrhage

9. NASG (Non-Pneumatic Anti-shock Garment) Applied

NASG- if NASG applied before transfer

N- if NASG not applied before transfer

10. Crystalloid (IV fluid) for the management of shock

IVC- SHK if received Ringers Lactate, Hartmann's Solution or Normal Saline for management of SHK

N- if no IV Crystalloid is used

11. Blood Transfusion

BL-TRNFS- if received a blood transfusion

N- if no blood transfusion was received

12. Operations/Procedures

HYST- if surgical removal of the uterus to stop intractable obstetrical hemorrhage

C-Sec- if had C-section

MRP- if placenta was manually removed to manage hemorrhage in the third stage of labor

LAP- if intractable PPH was managed by open abdominal surgery to ligate uterine/internal iliac arteries or to repair a possible uterine rupture

N- if no procedure was performed

13. ECL (pre-eclampsia/eclampsia)

ECL-R- if pre-eclampsia (or eclampsia) and **referred out to** another facility

ECL-T- if pre-eclampsia (or eclampsia) and treated at the facility

ECL-T-R- if pre-eclampsia (or eclampsia) and treated at the facility and referred to higher level

N- if no pre-eclampsia (or eclampsia)

14. Refer-Out for PPH, PPHS, PAH and OOH

Ref-O- if referred out to other hospital for PPH, PPHS, PAH or OOH

N- if no referral

15. Death (deaths that only occur at facility)

Died- if the woman died

N- if the woman survived

16. Obstetrical cause of death (if died, write obstetrical cause of death as one of the following categories)

PPH/PPHS- if bleeding after delivery is ≥ 500 mL

PAH- if post-abortion hemorrhage

ECL- if eclampsia

OOH- if other obstetric hemorrhage (e.g. placenta previa or any other anomaly of placenta implantation)

Other- if other causes

Clinical and Community Action to Address Postpartum Hemorrhage

Tertiary-level Facility Monthly Delivery Statistics

Month: _____ Year: 20____ Name of Facility: _____ City: _____ State: _____

Instructions: This form is for reporting (1) total number of women who came to the hospital for delivery services, (2) type of services received by women, and (3) conditions observed. This form is for reporting monthly (1) total number of women who came to the hospital for delivery or other related services, (2) type of services received by women, and (3) conditions observed among the women. The form will be filled in with information from the Facility Patient Logbook in which a brief description of each item is given. A list of definitions of the items is given in a separate page. The shaded section of the table is for women who were referred by PHCs, another SC, or from communities. Write the total number of women who were referred to THIS facility from another facility or community in the box at the top of the section. The other section (to the left of the shaded section) of the table is for those women who came directly to THIS facility (not referred) or came on their own. Write the total number of women who came directly to THIS facility in the box at the top of the section. The Facility Patient Logbook is to record data for EACH PATIENT ADMITTED to the facility on which SERVICES SHE RECEIVED and/or any conditions SHE HAD. Transfer the data from the Facility Patient Logbook onto the tally sheets by making a tally mark (/) in the COLUMN next to the corresponding NAME of service or condition. Make a tally for EVERY SERVICE AND CONDITION received by EVERY PATIENT as recorded in the monthly logbook. Count the MARKS and write the TOTAL numbers in the boxes in the "Total" column on this sheet. Note totals for referred from another facility (RIF) and referred from community (RIC) are recorded separately. Number and causes of deaths can be tallied as described above.

	Total number of women coming DIRECTLY to the facility for delivery or related services: <input style="width: 50px;" type="text"/>	Total number of PPH, PPHS, PAH, ECL or OOH cases referred to this facility from ANOTHER FACILITY or from the COMMUNITY: <input style="width: 50px;" type="text"/>
<i>Services/conditions</i>	<i>Total</i>	<i>RIF (total)</i> <i>RIC (total)</i>
Delivered outside of a skilled facility (OF) (3) ¹		
Arrived in shock (SHK) (4)		
Postpartum hemorrhage (PPH) (500-999) (5)		
Severe postpartum hemorrhage (PPHS) (≥ 1000) (5)		
Post-abortion hemorrhage (PAH) (5)		
Other obstetric hemorrhage (OOH) (5)		
Uterotonic for management of PPH (OXY) (6)		
Uterotonic for management of PPH (EGT) (6)		
Uterotonic for management of PPH (MISO) (6)		
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NASG Applied (NASG) (9)		
Received IV crystalloid for the management of shock (IVC-SHK) (10)		
Received blood transfusion (BL-TRNSF) (11)		
Had operation/procedure done (HYST) (12)		
Had operation/procedure done (C-Sec) (12)		
Had operation/procedure done (MRP) (12)		
Had operation/procedure done (LAP) (12)		
Pre-eclampsia/eclampsia and referred out (ECL-R) (13)		
Pre-eclampsia/eclampsia treated (ECL-T) (13)		
Pre-eclampsia/eclampsia treated and referred out (ECL-T-R) (13)		
Referral to other facility of cases with PPH, PPHS, PAH or OOH (Ref-O) (14)		
Death at this facility (Died) (15)		

Number of deaths in this reporting month **(16)**

Total # of deaths:	Deaths from PPH/PPHS:	Deaths from PAH:	Deaths from ECL:	Deaths from OOH:	Deaths from Other:
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¹ The number in **Bold** is the column the indicator is associated with in the logbook

CC-PPH Project, Pathfinder International/India/Nigeria
Tally Sheets

Tally for women coming directly to the facility for related services

<i>Services/conditions</i>	<i>Tally Column</i>	TOTAL
Delivered outside of a skilled facility (OF) (3)²		
Arrived in shock (SHK) (4)		
Postpartum hemorrhage (PPH) (500-999) (5)		
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Pre-eclampsia/eclampsia treated (ECL-T) (13)		
Pre-eclampsia/eclampsia treated and referred out (ECL-T-R) (13)		
Referral to other facility of cases with PPH, PPHS, PAH or OOH (Ref-O) (14)		
Death at this facility (Died) (15)		

Tally for PPH, PAH, ECL, OOH cases referred to this facility from another facility

<i>Services/conditions</i>	RIF TALLY	TOTAL
Delivered outside of a skilled facility (OF) (3)		
Arrived in shock (SHK) (4)		
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NASG Applied (NASG) (9)		
Received IV crystalloid for the management of shock (IVC-SHK) (10)		

² The number in **Bold** is the column the indicator is associated with in the logbook

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Had operation/procedure done (HYST) (12)	
Had operation/procedure done (C-Sec) (12)	
Had operation/procedure done (MRP) (12)	
Had operation/procedure done (LAP) (12)	
Pre-eclampsia/eclampsia and referred out (ECL-R) (13)	
Pre-eclampsia/eclampsia treated (ECL-T) (13)	
Pre-eclampsia/eclampsia treated and referred out (ECL-T-R) (13)	
Referral to other facility of cases with PPH, PPHS, PAH or OOH (Ref-O) (14)	
Death at this facility (Died) (15)	

Tally for PPH, PAH, ECL, OOH cases referred to this facility from community

<i>Services/conditions</i>	RIC TALLY	TOTAL
Delivered outside of a skilled facility (OF) (3)		
Arrived in shock (SHK) (4)		
Postpartum hemorrhage (PPH) (500-999) (5)		
Severe postpartum hemorrhage (PPHS) (\geq 1000) (5)		
Post-abortion hemorrhage (PAH) (5)		
Other obstetric hemorrhage (OOH) (5)		
Uterotonic for management of PPH (OXY) (6)		
Uterotonic for management of PPH (EGT) (6)		
Uterotonic for management of PPH (MISO) (6)		
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Hypovolemic shock developed after admission (HYP-SHK) (8)		
NASG Applied (NASG) (9)		
Received IV crystalloid for the management of shock (IVC-SHK) (10)		
Received blood transfusion (BL-TRNSF) (11)		
Had operation/procedure done (HYST) (12)		
Had operation/procedure done (C-Sec) (12)		
Had operation/procedure done (MRP) (12)		
Had operation/procedure done (LAP) (12)		
Pre-eclampsia/eclampsia and referred out (ECL-R) (13)		
Pre-eclampsia/eclampsia treated (ECL-T) (13)		
Pre-eclampsia/eclampsia treated and referred out (ECL-T-R) (13)		
Referral to other facility of cases with PPH, PPHS, PAH or OOH (Ref-O) (14)		
Death at this facility (Died) (15)		