Child Healthcare Problem Identification Programme

Monthly Deaths Register

ChIP v2.0

Hospital: _____ Year: _____

Ward: _____ Month: _____

Deaths Register No.	Surname Name	Folder number	Age	Date of Admission	Date of Death	Weight (N/UWFA/Severe malnutrition)	Discharge (death) Diagnosis	Folder in ChIP box?	ChIP form completed?	Entered on PC?