

Date of visit:

Signature of the Doctor

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FORM F_1: ABSCESS MANAGEMENT REGISTER
(FOR IDU INTERVENTION only)

Sl. No.	HRG details		Abscess			Advice given
	Name	I.D. No.	New/Old*	Clinical Details	Treatment provided	

Guideline

- The register shall serve as a record for abscess management
- This register is to be filled by the ANM/Counsellor at the DIC along with the Doctor on a daily basis.
- The register should be filled every time a HRG avails services for abscess, be it on a daily basis or new case.
- If an HRG who has been treated for abscess in a particular region gets an abscess in another region, it should be recorded as a new abscess.

* **New** = Community Member visited for the first time to the clinic during the project period

Old = Any community member who has come for the second time or more to the clinic is treated as **old**.