PROFORMA FOR MONITORING OF PAEDIATRIC ICU REPORT

Name of Institution.....Month & Year.....

Name of the PICU	Total No. of any admission in PICU	No. of AES/ JE Admission			Total No. of CSF samples taken for testing	Total +ve for JE	Outcome of AES/JE							
							No. Treated and discharged			No. of Deaths			No. of cases with neurological & physiological disability at the time of discharge	No. of LAMA
		Pediatric Patient (<15 yrs)	Adult Patient (>15 yrs)	Total			Pediatric Patient (<15 yrs)	Adult Patient (>15 yrs)	Total	Pediatric Patient (<15 yrs)	Adult Patient (>15 yrs)	Total		
1	2	3	4	5 = (3) + (4)	6	7	8	9	10 = (8)+ (9)	11	12	13	14	15

Signature of Competent Authority