STANDARD OPERATING PROCEDURES (SOPs)

FOR MEDICINE (03)

Book 1

Department of Health & Family Welfare, GNCTD

SOP for Medicine
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Quality Assurance Cell
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The SOPs have been prepared by a Committee of Experts and are being circulated for customization and adoption by all hospitals. These are by no means exhaustive or prescriptive. An effort has been made to document all dimensions / working aspects of common processes / procedures being implemented in provision of healthcare in different departments. This document pertains to Medicine. The individual hospital departments may customize / adapt / adopt the SOPs relevant to their settings and resources. The customized final SOPs prepared by the respective Departments must be approved by the Medical Director / Medical Superintendent and issued by the Head of the concerned department. HOD shall ensure that all stakeholders are trained and familiarized with the SOPs and the existing relevant technical guidelines / STGs / Manuals mentioned in the SOPs are made available to the stakeholders.

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AMENDMENT SHEET

S.No.	Page no.	Date of amendment	Details of the amendment	Reasons	Signature of the reviewing authority	Signature of the approval authority

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1 - MEDICINE OUTPATIENT DEPRTMENT

MINIMUM REQUIRED CONTENTS OF SOP FOR MEDICINE OPD

Nomenclature:

- **Officer In-charge OPD**: for Administrative Responsibility - DMS OPD & for clinical and patient care responsibility -Head of the unit respective unit/HOD
- **Consultant OPD**: for Clinical responsibility - teaching or non-teaching specialist posted in Medicine OPD.
- **Qualified doctor on duty**: having a post-graduate degree in general medicine posted in Medicine OPD, designated as either senior resident or medical officer.
- **Trainee**: PG or non-PG Junior Resident, Intern or any other trainee posted in Medicine OPD to get experience.
- **Staff nurses-OPD on duty**: As per duty roster posted in Medicine OPD for patient care.
- **Nursing sister-OPD**: for administrative nursing responsibility
- **Technicians- ECG** technicians appropriately trained for recording ECG of patients.

1.1. 1. SOP FOR REGISTRATION CONSULTATION AND DRUG DISPENSING FOR PATIENTS SEEN IN OPD MORNING AND SPECIALITY CLINICS-AFTERNOON

1 Title: SOP for OPD-medicine and sub –specialties
2 Scope: It will apply to all patients registered in OPD
3 Purpose: OPD Services are preventive, diagnostic, curative and rehabilitative; also patients after discharge will need treatment and rehabilitation till they are fully recovered.

- OPD shall be located near the entrance from the main road.
- All OPD services in various discipline including special clinics should be situated in one complex.

4 Responsibility: HOD / Officer In-charge of Unit/Unit Heads/qualified doctors on duty shall be responsible for executing the SOP and training with support and guidance from faculty.
5 Procedure: Under various subheads: **from 1.1-1.6 as given below**

1.1 Department has documented procedure for registration of all patients				
1.1.1	Title	Procedure for registration of all OPD patients		
1.1.2	Scope	OPD-Morning and afternoon clinics		
1.1.3	Purpose	Urgent/Immediate stabilization and initiation of treatment		
1.1.4	Responsibility	DMS –OPD for administrative implementation/Registration counter workforce on duty for implementation		
1.1.5	Procedure	As given below		
Sl. No.	**Activity**		**Responsibility**	**Document/Record**
A)	The OPD entrance of the hospital must have a reception with person deputed and a board displaying the Room number for registration. The Registration worker shall make the registration slip and instruct the patient regarding further procedure. A patient shall become eligible for obtaining medical help of this hospital only after getting himself/herself registered. Preliminary registration is done in the waiting hall on the ground floor of the OPD. The registration counter opens from 8.30 a.m. to 11.30 a.m. However patients with online registration		Registration worker, Social Worker, Reception Staff. Screening OPD-Medical officers/PSM specialists-for screening and appropriate referral	Registration slip/referral slip for polyclinic/ Mohalla clinic

	to proceed to OPD rooms directly. All patients registered to be screened at the Screening OPD and depending on the graveness of the illness either refereed to concerned specialty/ given consultation/ or sent to the nearest Poly clinic/Mohalla Clinic or Dispensary. The Screening OPD must be run by Medical officers or PSM Dept. as found appropriate to the concerned Hospital.		
B)	On appropriate place near registration counter and Screening OPD the map displaying various rooms in the OPD, attached Poly/ Mohalla Clinics/Dispensaries and Drug Dispensing counter must be displayed.	DMS OPD	Patient information booklet to be kept at appropriate place having maps of hospital outlay, prominent signboards.
C)	Patients and attendants must stand in a queue and security guards should guide the public in maintenance of discipline and avoid queue Jumping. All categories of the staff working in the OPD must be in their uniform and with the name badge for identification.	Security guards and workers deputed in OPD areas	
D)	All OPD rooms to be numbered for the convenience of patient Colour coded directional lines may be laid down. Senior citizen/ disabled shall be given priority and separate queue counter for registration to be there. The doctor may see seriously ill patient out of turn.	OPD staff, qualified doctors on duty.	
E)	The OPD waiting area shall have a reception and board displaying various rooms assigned for sample collection for investigations, dispensing of medicines, collection of reports. It should also have boards displaying the room number of the officers to contact in case of any grievance. It should also have a box to put any feedback.		

	It should also have notice board displaying various warning and duties expected of the individual while receiving treatment from the hospital like	
1.1.6	PROCESS EFFICIENCY CRITERIA	No.Of new and old patients seen per opd No of patient complaint received regarding registration problems Audit of complaints/monthly meeting with DMS
1.1.7	REFERENCE DOCUMENTS	1.Residents manual; All India Institute of Medical Sciences, 2003 First edition 2003 Second edition July 2005 2. Outpatient Performance Improvement Programme 2012 – 2015 document and The Management of Outpatients Services – January 2013, Edition 1.0

1.2. Department has documented procedure for OPD CONSULTATION And FUNCTIONING				
1.2.1	Title	Procedure for consultation in OPD and Special Clinics		
1.2.2	Scope	Medicine – morning and sub-speciality OPD(evening)		
1.2.3	Purpose	To streamline process consultation in the OPD and special/sub speciality clinics.		
1.2.4	Responsibility	HOD / Head of Unit-medicine for implementation/qualified doctors and trainee doctors for execution		
1.2.5	Procedure	As given below		
Sl No.	**Activity**		**Responsibility**	**Document/Record**
A)	a) The patients treated in the OPD are usually ambulatory and with minor ailments. Acutely ill patients must not be referred to the outpatient department. They must be managed in the casualty b) All rooms shall have name boards of the doctors and other staff attending the room. The Head of Unit/ Department to make daily roster for OPD and ensure punctuality and other		DMS OPD/CMO –Casualty- execution Staff/peon on duty in OPD. Staff nurse on duty posted in each OPD.	OPD registration slip of the patient

	things to ensure smooth running of the OPD c) Every registered patient must be given an OPD card at the registration counter by the staff on duty mentioning the date,OPD no, Patient's Name, address, age, sex, father and mother name and Room no. of the attending doctor/consultant. Each OPD card should have the stamp of unit and name of the OPD and its unit in-charge. Patient's name/age and OPD No. is also to be recorded in the OPD register. d) On Reaching the specified OPD, the patient should be received by the OPD staff/ Peon who must give a token/number to the patient. e) All OPD rooms shall have a number displaying system outside the room. The OPD staff/ Peon WOULD CALL/Change the next Patient once the previous patient has been done with the consultation. f) Once the OPD staff/ Peon have called the patient he/she would be received by the staff nurse. All OPD rooms must have a staff nurse deputed. The Staff nurse receiving the patient should document the vitals (Temp, Pulse, BP) of the patient on the registration slip and hand over the patient to the Doctor attending the room. g) After consultation with the doctor the patient should again go to the staff nurse posted in the room for instructions and clarifications regarding further procedure for getting investigations, drugs from the hospital etc. Patient seen in one OPD and referred to other OPD shall be seen on priority basis and should be		

	entertained on the same OPD Ticket. He/ She shall be instructed that on next visit he/she must get a fresh card made of referred OPD. h) Each OPD room shall be deployed with both male and female doctors.(if unavailable respective gender staff nurse) and screens to maintain patient Privacy and confidentiality. Only one patient at a time must be allowed to enter the room at a time for consultation. i) All rooms in the OPD to be equipped with all the required instruments such as thermometer, torch, BP apparatus, Ophthalmoscope, stethoscope, Glucometer, Pulse Oximeter, Various Stationary, soap, Mask, Hand Sanitizers etc. The staff nurse deputed in a particular room shall be made responsible for the availability of above working instruments. j) Patients shall be prescribed medicines as per formulary list of OPD medicines. The list of the medicines available for OPD Patients must be circulated to all the attending doctors periodically for their knowledge. The list shall be periodically reviewed to update it. k) All special medicines per rule are to be given by special slips signed by consultant/ Medical officer.		
B)	If deemed necessary separate OPD room may be assigned for staff/VIP patients but no requests for consultation without line to be entertained to maintain the harmony among patients standing in queue.	DMS OPD/MO /specialists to be separately posted for staff/VIP patients	
C)	A patient shall be given medicine usually for 3-4 days but not more than 07 days in any case. In special case it may be given	**Drug store in-charge/**	

	for 14 days with permission from senior consultant/ OPD in-charge. The list of medicines out of OPD list, not available to be displayed on the notice board outside the dispensary. Dispensary timings shall be displayed on each window along with special counters for senior citizens, special medicines etc.	**Pharmacists posted in OPD**	
D)	List of diagnostic procedures which are chargeable to be displayed outside where such services are available along with chargeable amount. Medical certificate and fitness certificate shall be kept under lock and key by nursing sister in-charge. Only medical officer and Faculty/specialist shall issue certificates.Those issued by SR need to be countersigned by Specialist/Faculty.	DMS OPD/Nursing sister in-charge	
1.2.6	PROCESS EFFICIENCY CRITERIA	1. Number of new and old patients seen per OPD 2. No of complaints received viz.consultation and treatment issues 3. No of complaints received viz administrative issues and audit thereof.	
1.2.7	REFERENCE DOCUMENTS	1. Residents manual; All India Institute of Medical Sciences, 2003 First edition 2003 Second edition July 2005 2.OutpatientPerformance Improvement Programme 2012 – 2015 document and The Management of Outpatients Services – January 2013, Edition 1.0	
1.3 Department has documented procedure for OPD Treatment and follow up			
1.3.1	Title	Procedure for clinical assessment and reassessment of the patient in OPD	
1.3.2	Scope	OPD clinics	
1.3.3	Purpose	To ensure continued assessment of patients and the	

		documentation thereof for all aspects of OPD care and follow-up.		
1.3.4	Responsibility	HOU/DMS OPD for implementation of the SOP. Qualified doctors/trainee doctors for execution.		
1.3.5	Procedure	Defined individually		
Sl No.	**Activity**		**Responsibility**	**Document/Record**
A)	Junior residents' postgraduate medical student and senior resident shall first treat the patient clinically and minimize reference to X- ray department and laboratory investigation. No investigation/ X-ray/other diagnostic procedure to be carried out on patient's demand. Seriously ill patient or patients on second visit requiring faculty or specialist examination must be referred to them. Referral of patient to other department must be done in consultation with specialist/Faculty only. For obtaining the opinion of other specialties, the exact problem for which the patient is being referred must be written down on the OPD card and the patient shall be directed to the relevant OPD. Usually there is no need for re-registration of the patient in the out-patient department on the same day where he or she is being referred. However, if the patient is to be transferred to the other specialty then a new registration number of that OPD will be necessary on next visit . Cases requiring immediate attention must be seen by senior resident and shifting of patient to emergency to be done immediately after stabilizing the patient. When no definite diagnosis is made, patient shall not be shuttled from one place to another. He shall be admitted and proper references obtained from concerned departments.		Junior resident/post graduate and SR	OPD slip of the patients

1.3.6	Process Efficiency Criteria	1. Number of new and old patients seen per OPD 2. Average waiting time per patient 3. No of complaints received viz.consultation and treatment issues 4. No of complaints received viz administrative issues and audit thereof
1.3.7	Reference Documents	1.Residents manual; All India Institute of Medical Sciences, 2003 First edition 2003 Second edition July 2005 2. Standard operating procedures: Hospital manual, 2011, Directorate general of health services (DGHS)

1.4 Department has documented procedure for speciality clinics				
1.4.1	Title	**Consultation of the patients in speciality clinics**		
1.4.2	Scope	Speciality clinics		
1.4.3	Purpose	To streamline care of patients referred to special clinics and to define need for special clinic care		
1.4.4	Responsibility	Head of units/consultants/qualified doctors for implementation		
1.4.5	Procedure	Defined below		
Sl. No.	**Activity**		**Responsibility**	**Document/Record**
A)	The reference to these clinics comes from two sources. Firstly, patients examined in general OPD, having an obvious problem belonging to a specialty, may be referred to these clinics for further follow up and management. Secondly, at the time of their discharge from our hospital the in-patients may be asked to report to a specialty clinic for follow up treatment. The registration for these clinics is done on the floors where the clinics are held.		Qualified doctor on duty.	OPD registration slip
B)	The procedure for getting the investigations done on speciality clinic patients is exactly the same as for general		Qualified doctors/trainee doctors	OPD registration and investigation slips

	OPD patients. The investigation forms must boldly and clearly mention the name of the speciality clinic; otherwise the reports can get misplaced. To facilitate the patient care in these clinics the indoor patients being referred to speciality clinics at the time of discharge, shall either be given an extra copy of the discharge summary so that the patient can supply it for the clinic records**,** or the patient may be registered in the clinic even before discharge. This shall avoid inconvenience to the patient.		
C)	Speciality clinics should not be used as a 'dumping ground' Patients with minor, trivial or ordinary routine problems must not be referred there. Efforts must be made to get the preliminary base line work up done in the general OPD. The standard treatment must be started in the OPD by the Residents/specialist/faculty members. If, after a few weeks of this treatment, the patients are still not relieved, the patient shall be referred to the speciality clinics. These clinics are already overcrowded. Sending undeserving patients to these clinics will defeat their very purpose	Qualified doctor/trainee doctors	

1.4.6	Process Efficiency Criteria	1.Monitoring the ratio of total patients seen per speciality OPD to Morning OPD 2.Audit of complaints received specifically for speciality clinics and remedial measures thereof.
1.4.7	Reference Documents	1.Residents manual; All India Institute of Medical Sciences, 2003

		First edition 2003 Second edition July 2005 2. Standard operating procedures: Hospital manual, 2011, Directorate general of health services (DGHS)

1.5 Department has documented procedure for drug dispensing to all patients				
1.5.1	Title	Procedure for distribution/dispensing of drugs to all patients		
1.5.2	Scope	OPD		
1.5.3	Purpose	To streamline the process of drug dispensing and minimize the waiting times.		
1.5.4	Responsibility	DMS OPD /HOU/qualified doctors on duty, for implementation		
1.5.5	Procedure	As given below		
Sl. No.	**Activity**		**Responsibility**	**Document/Record**
A)	Dispensary of the hospital must be located in or very near to OPD Block Timings of the services by dispensary to suit the requirement of the patient both outdoor and indoor discharged patients. Lists of the drugs available and not available out of OPD list must be displayed prominently in the waiting hall of the dispensary. Essential drugs, which are not available, must be replaced immediately through Medical store of the Hospital. Drugs to be issued for a maximum of 14 days in rare cases it may be given for 30 days with permission of unit head/OPD in-charge and speciality clinics medicine to be given for 04 weeks. CGHS/DGEHS patients may require 3 monthly prescriptions.		Pharmacist posted in dispensary	Registration Slip
B)	Special slips of medicine issued to patients to be kept under lock and key by issuing pharmacist. Surprise check of stock of drugs to be done periodically by the Medical officer Incharge of the Dispensary.		Pharmacy in-charge under supervision of Medical officer Incharge - Dispensary.	Drug slips

1.5.6	PROCESS EFFICIENCY CRITERIA		
1.5.7	REFERENCE DOCUMENTS	1Residents manual; All India Institute of Medical Sciences, 2003 First edition 2003 Second edition July 2005 2. Standard operating procedures: Hospital manual, 2011, Directorate general of health services (DGHS)	
2 Department has documented procedure for Dressing/Injection and physiotherapy and rehabilitation care			
1.6.1	Title	Dressing/Injection and physiotherapy and rehabilitation care	
1.6.2	Scope	Dressing room/minor OT/injection room/physiotherapy room	
1.6.3	Purpose	Urgent/Immediate stabilization and initiation of treatment	
1.6.4	Responsibility	DMS OPD/HOU/Doctor on duty	
1.6.5	Procedure	As given below	
Sl. No.	**Activity**	**Responsibility**	**Document/Record**
A)	**DRESSINGS AND PRECAUTIONS:** Majority of the dressings are done by nursing staff and assisted by orderlies and dresser otherwise dressings to be done by junior residents. Aseptic precautions to be followed. Universal precaution to be followed as per WHO guidelines by all health care workers while coming in contact with patient's blood, body fluid or tissue. All used gauze/ dressings should be disposed off as per hospital waste disposal policy.	DMS OPD/Staff Nurse on duty in /dressers /trained nursing orderlies to assist the staff nurses.	OPD slip/Discharge card
B)	**<u>INJECTION ROOM</u>** Injection room should be located near the casualty or OPD where services of doctors can be availed. All life-saving drugs & equipments, (Resuscitation kit) suction machine, source of oxygen like filled oxygen cylinders or central supply of oxygen, oxygen face masks, IV fluids, IV cannula, infusion sets, syringes etc must be available in injection rooms.	Nursing staff/sister in charge	OPD slip/case file of patient Injection entry register

	Specially trained staff to be put on duty in the injection room. All injections to be administered carefully by the nursing staff. Sensitivity test must be done whenever required. Proper record of all expensive injections/i.e. anti-rabies, tetanus vaccine /injection to be maintained. Entries of the injection given must be made on patient's card also in the entry register maintained in the room on monthly basis.		
C)	**PHYSIOTHERAPY AND REHABLITATION CENTRE** A physiotherapy and rehabilitation centre must be located in the main OPD building. A physiotherapist along with assistant shall be available in OPD hours. Physiotherapy to the patient will be given as per the advice of physician or surgeon only. Cases to be seen by appointment only where limited number of patients are visiting the department. Where a large number of the patients visiting the hospital work to be systematically organized amongst the physiotherapist and also by doctors (Junior residents). Proper records must be maintained by the department. All the related equipment's must be properly calibrated and functional and a stock register of the same to be maintained by the in-charge physiotherapy clinic. Services which are available to be exhibited on the display board	Qualified physiotherapists	OPD slip of the patient
D)	Resuscitation room and procedure The injection room would serve as the resuscitation room also as and when the	Trained nursing staff/sister in Basic life support should be posted in the room at all times during working	

	need arises since it is fully equipped for the purpose.It should be located in the OPD premises itself.	hours.
1.6.6	PROCESS EFFICIENCY CRITERIA	1. Audit of no. of routine dressings/injections/physiotherapy services.
1.6.7	REFERENCE DOCUMENTS	1.. Standard operating procedures: Hospital manual, 2011, Directorate general of health services (DGHS)

2 - MEDICINE IN PATIENT ADMISSIONS

Nomenclature:

- **Officer In-charge:** for Administrative Responsibility. - Head of Unit (Respective Unit)
- **Consultant-on duty**: for Clinical responsibility - teaching or non-teaching specialist posted in the ward.
- **Qualified doctoron duty**: having a post-graduate degree in Internal medicine. Having experience of working in Medicine wards, posted in medicine wards as senior resident or medical officer (with PG qualification).
- **Trainee**: PG or non-PG Junior Resident, Intern or any other trainee posted in wards.
- **Staff nurse on duty**: Staff nurse posted in the medicine ward as per duty roster
- **Nursing sister:** Sister in-charge of the unit
- **Nursing orderly-**posted in the ward as per roster

Procedure outline-

1. Receiving And Initial assessment
2. Admission ,shifting and referral of patients
3. Collection of reports-routine and special investigations including Radiology, pathology and biochemistry.
4. Blood transfusion protocols.
5. Maintenance of patient rights and dignity.
6. Maintenance of records and consent documentation.
7. Discharge procedure including counselling, drug distribution and follow up care.
8. Environmental cleaning and processing of equipment.
9. Sorting and distribution of clean linen to the patients.
10. Procedure for end of life care.

2.1- 2- SOP FOR PATIENT MANAGEMENT IN THE MEDICINE WARDS

1. Title: SOP for Medicine inpatient wards, CCU, RCU, dialysis, HDCC, Tetanus ward.

2. Scope: It will apply to all admitted inpatients

3. Purpose: To provide a standard life saving management with quality assurance to the critically sick patient without any delay for optimizing and improving the clinical outcome.

4. Responsibility: HOD / Officer In-charge of Ward/Consultant –Medicine on duty shall be responsible for implementing the SOP and training.Actual implementation will be carried out by qualified doctors on duty assisted by trainee doctors.Staff nurses to assist as per procedures.

5. Procedure: Under various subheads: from 2.1 to 2.11

	2.1 Department has documented procedure for receiving and initial assessment of patient in emergency			
2.1.1	Title	Procedure for receiving and initial assessment of patient in emergency ward		
2.1.2	Scope	Medicine emergency		
2.1.3	Purpose	Diagnosis and treatment after initial stabilization		
2.1.4	Responsibility	Implementation-qualified doctor on duty.		
2.1.5	Procedure	As given below		
Sl. No.	**Activity**		**Responsibility**	**Document/Record**
A)	Every patient along with inpatient file (case sheet of the patient) will be received by nursing staff on duty in emergency on the "Patient Receiving Register" from the casualty.		Staff Nurse on duty in ward	"Patient Receiving Register" from the casualty dept.
B)	Upon receiving the patient in the EMERGENCY from casualty, qualified doctor on duty will assess the patient quickly and initiate the treatment without delay. The care will focus on the initial diagnosis and treatment.		Qualified doctor on duty in emergency to be assisted by trainees and staff nurse.	Inpatient file of the patient

C)	After initiating treatment, qualified doctor on duty will assess the patient thoroughly and will chart out the treatment and note it in the case sheet as per a provisional diagnosis and clinical condition of the patient.	Qualified doctor on duty in emergency, Trainee doctors,staff nurse and support staff	Inpatient file of the patient
D)	Relevant If necessary, referrals to other departments will be sent by the qualified doctor on duty through the nursing staff. Qualified doctors will inform/update the consultant on call and also on rounds in the emergency about patient condition.	Consultant on call in emergency, Qualified doctor on duty in emergency,trainee doctors, staff nurse and nursing orderly for implementation of order.	Inpatient file of the patient

2.1. Department has documented procedure for admission, shifting ,daily follow up care and referral of patients				
2.2.1	Title	Procedure for admission and further inpatient care in emergency and medicine wards after stabilization		
2.2.2	Scope	Medicine emergency/Medicine wards/RCU/CCU/Haemodialysis/HDCC		
2.2.3	Purpose	To streamline process of admission of patients to wards;and optimize utilization of beds.		
2.2.4	Responsibility	HOD / consultant In-charge of ward for implementation.Qualified doctor on duty for execution		
2.2.5	Procedure	As given below		
Sl No.	**Activity**		**Responsibility**	**Document/Record**
A)	Medicine emergency shall have a separate "Admission Register" to document admission of every patient. Documentation will be done by nursing staff on duty. It will include date & time of admission with all details of the patient including name, age, gender, name with relation and phone number of the person to be contacted in emergency, central registration number, diagnosis, admitting/treating department, unit and name of unit head under which patient has been admitted.		Staff Nurse on duty in emergency/ward	Admission Register of emergency/ward.
B)	Patients must be transferred to the ward from the emergency accompanied by a nursing orderly and very sick patients to be accompanied by doctors.		Sister in-charge emergency and medicine ward, senior resident on duty to send a doctor with sick patient.	Case fileof the patient,transfer register
C)	A formal institutional admission policy must be formulated. It should define admission criteria, as well as deciding authority.Policy could also lay down norms regarding admission/refusal for patients already on the point of death		HOD/ Officer of concerned unit Head **to be consulted by the qualified doctor on duty.**	Case files of the patient,local institutional policicies.

	without appropriate ICU bed/ventilator availability and need for superspeciality intervention. Although broad admission criteria may be laid down, every case must be considered on individual merits**.**		
D)	DAILY INPATIENT CARE AND FOLLOW UP-UTMOST IMPORTANT a) Faculty will be responsible for overall guidance and **supervision of patient care**-in form of daily rounds along with **teaching/training of UG/PG/Dental students** posted in the wards. b) The faculty/specialist are assisted by qualified doctors on duty. Qualified doctor on duty shall be responsible for **daily patient care** supervision and informing/discussing pertinent cases with the teaching faculty.. c) . The resident and the nursing team will be responsible for 24 hour inpatient care of the patients, case sheet documentation-including histories,investigation and explanation of progress, prognosis and final outcomes.For this they shall take daily rounds, maintain inpatient records up-to date and inform the faculty/specialists on rounds about each patient's progress daily. The faculty takes daily rounds and special attention is paid to sick and undiagnosed patients. d) The nursing sister shall take daily rounds and attend to nursing and other complaints of the patients. The unknown patients admitted shall be properly nursed and their daily care shall be the responsibility of the nursing staff.	HOU/faculty for implementation. Qualified doctors/trainees for execution. Trained nursing staffs consisting of ward nursing sister and staff nurses posted 24 x 7 are present for patient care, drug administration and execution of orders as given by the treating doctors.	

E)	ADMINISTRATIVE ISSUES	**Administrative Responsibility:**Administrative work of **Medical ward block** is looked after by **Deputy Medical Superintendent (DMS**) who also looks after administrative work of special ward. He/She are responsible for maintenance.Cleanliness, availability of adequate number of nurses, paramedics, nursing orderlies, cleansers and other service providers
2.2.6	PROCESS EFFICIENCY CRITERIA	a. Daily Check on availability of life saving medicines b. Maintenance of register for daily checking of life saving equipment's functioning. c. Auditing and random check of inpatient case sheets for notes , reports etc. d. Time in attending a patient call at bedside. e. Drug delivery and intake timings.Random check on time taken in routine and emergency investigations biochemical , pathological , radiological f. Referral time-audit

2.2. Collection Of reports				
2.3.1	Title	Procedure for collection of reports in wards		
2.3.2	Scope	Medicine emergency/Medicine wards/RCU/CCU/Haemodialysis/HDCC		
2.3.3	Purpose	To ensure timely sending and collection of reports and timely action on these reports thereof.		
2.3.4	Responsibility	HOD / Officer In-charge of ward for implementation,qualified doctor on duty for implementation.		
2.3.5	Procedure			
Sl No.	**Activity**		**Responsibility**	**Document/Record**
A)	All investigations as decided by faculty/SR/JR on day to day basis are		Planning-faculty/qualified	Investigation slips and reports thereof

	sent as per requirement on urgent/routine basis a. The investigation slips are made by the treating doctors and the nurses assist in blood sampling and entering the investigation in the record book. b. The nursing orderlies carry the samples and subsequently the reports to and fro from the labs. Similarly requisitions for radiological investigations are made. c. Urgent outsourced investigations need consultant approval/stamp. d. The reports are shared with consultants on regular basis.	doctor. Execution-doctors on duty/trainee/staffs nurse/nursing orderly	to be entered in patient case file.
B)	Process Efficiency Criteria	1.Audit of average collection time of special reports like biopsies 2.no. of lost reports per month	

2.3. Blood transfusion Protocols				
2.4.1	Title	Blood transfusion protocols		
2.4.2	Scope	Medicine Ward		
2.4.3	Purpose	To follow proper blood and product transfusion pathways and report adverse reactions		
2.4.4	Responsibility	HOD / HOU of unit, for implementation-qualified doctors for execution.		
2.4.5	Procedure	As given below		
Sl. No.	**Activity**		**Responsibility**	**Document/Record**
A)	All requisitions for **blood and** blood products are sent along with labelled samples. b) Transfusion will be initiated after cross checking by the staff nurse on duty and then by the residents and will be under doctor supervision and constant monitoring by the staff nurses on duty. c)Any adverse events are to be reported immediately and blood products returned to the blood bank after documentation in the case file and hospital records		Residents/staff nurses on duty-sample taking and labelling Carrying of blood products-nursing orderlies	Case files for transfusion and adverse event reports
2.4.6	PROCESS EFFICIENCY CRITERIA		Audit of blood and products transfused per month and rate and reason of adverse drug reactions	
2.4.7	REFERENCE DOCUMENTS		1. Standard operating procedures: Hospital manual, 2011, Directorate general of health	

2.4. **<u>Maintenance of patient dignity and rights-</u>** All patients have a right to be informed about diagnosis/prognosis and this shall be the duty of all the attending staff including doctors and nurses. All patients also have a right to be treated with dignity and privacy/confidentiality are to be maintained as far as possible. However the distribution of work i.e between doctors, nurses, paramedics, and orderlies shall be permanently deployed in all wards to avoid any confusion.

2.5. **<u>Maintenance of records and consent documentation-</u>** All the case sheets have to be updated daily with progress notes and workup plan as suggested by the consultants/SR on rounds. Consent for admission, procedures and discharge will also

be maintained by the residents on duty. This will be done by JR/PG/SR.All other records including transfer-in and inter-ward transfer shall be maintained by staff nurses.Nurses are to put daily care notes.

2.6. Department has documented procedure for discharge ,advice and follow up care **of the patient**				
2.7.1	Title	Discharge of the patient from Medicine ward.		
2.7.2	Scope	Medicine emergency/Medicine wards/RCU/CCU/Haemodialysis/HDCC		
2.7.3	Purpose	To ensure appropriate advice and follow up care on discharge/LAMA/MLC cases.		
2.7.4	Responsibility	HOD / HOU of unit, for implementation-qualified doctors for execution.		
2.7.5	Procedure			
Sl. No.	**Activity**		**Responsibility**	**Document/Record**
A)	The discharge process is initiated by the qualified doctor who advices discharge. The trainee doctors write a summary of the case on the discharge card. The treatment is written by the senior resident. The Consultant/Senior resident countersign summary of the case and hand over the discharge summary to the nurse on duty. The nurse enters the personal information of the patient into the discharge register and discharge summary with clear follow up advice after the Signature of senior resident is attached to the case sheets. Staff nurses or resident doctors explain the content of the discharge summary to the patient's relatives. The nurse then hand over one copy of the discharge summary to the patient's relative and attaches another copy into the case sheet of the patient. Advise for OPD follow shall also be explained.		Supervision-consultant/HOU Execution-qualified doctor on duty/trainee doctors Assistance-staff nurse on duty	Discharge card of the patient.

	The above procedure is followed in cases of **DOR** (Discharge on Request). In case the patient **absconds** from the wards. Information is sent to the police chowki by the resident doctors for further necessary action and notes are recorded on the case sheet. In case of patients death; Death certificate is filled up by the doctor on duty and death summary in duplicate is attached to case sheets and is signed by the resident on duty. The resident then hands over the death certificate to the nurse on duty. After entering the patient's information in the discharge register the nurse hand over one copy of the death certificate to the patient's relatives and attaches another copy into the case sheet of the patient. The dead body is handed over to the patient's relatives after completing all formalities.		
B)	LAMA- This refers to patients not willing for further management in the ward. Consent for LAMA is documented in the admission sheet and patient / attendants counselling is done by the residents on duty assisted by staff nurse.In case of LAMA a summary of treatment may be given to the patient for further treatment at the point of his choice.	Qualified doctors/trainee doctors/staff nurse	LAMA slip
2.7.6	Process Efficiency Criteria	1. Hospital death review committee to review files for completion/audit. 2. Departmental death review committee . 3.	

2.7.7	Reference Documents	1. Standard operating procedures: Hospital manual, 2011, Directorate general of health services.GOI.

3.8. Environmental cleaning and processing of equipment-

All the disposal of waste is tobe done according to the hospital policy after segregation into various bags(red,yellow,black bags and blue boxes respectively) right at the point of waste generation. Disposal of waste shall be strictly done by the Safaikaramcharis under the supervision of staff nurses on duty.

3.9. Sorting and distribution of clean linen to the patients-

All the bedsheets, top sheets, blankets are to be changed as per schedule and replaced by fresh sheets by the nursing staff under the direct supervision of the nursing sister .VIBGYOR pattern to be followed wherever possible to ensure daily change of sheets.

3.10. Procedure for end of life care				
2.10.1	Title	Relatives of terminally ill patients to be prognosticated about the condition of the patient and survival issues		
2.10.2	Scope	Medicine emergency/Medicine wards/RCU/CCU/Hemodialysis/HDCC		
2.10.3	Purpose	Further treatment /therapeutic decisions in terminally ill patients needs family consent.		
2.10.4	Responsibility	HOD / Officer In-charge of ward for implementation, qualified doctor on duty for implementation		
2.10.5	Procedure			
Sl. No.	**Activity**		**Responsibility**	**Document/Record**
A)	a. In case of death the appropriate procedure for transfer of the deceased to be made as per protocol described above. b. However, hospice cares at tertiary care centre needs further strengthening. c. Physicians objective and subjective assessment of medical futility and the dying process d. Consensus among all care givers e. Honest, accurate, and early disclosure of the prognosis to the		Implementation-Heads of unit/consultants. Execution-qualified doctors on duty	Case file of the patients

	family f. Discussion and communication of modalities of end-of-life care with the family g. Shared decision-making – consensus through open and repeated discussions h. Transparency and accountability through accurate documentation i. Ensure consistency among caregivers. j. Implementing the process of withholding or withdrawing life support and declaration of brain stem death as per ANA criteria/Institutional policy. k. Effective and compassionate palliative care to patient and appropriate support to the family l. Bereavement care support		
2.10.6	Process Efficiency Criteria	Audit of patient complaints if received regrding EOLC issues.	
2.10.7	Reference Documents	AAN guidelines.	

Annexures-

1. Sixstep approach in EOLC Process

2. Infrastructure requirements for good End of life Care

Annexure 1: Six step approach in EOLC(End of life care)

STEPS	**DESCRIPTION**
Identify	"When to initiate" "Whom to initiate"
Assess	Assessment of physical symptoms and distress Assessment of nonphysical issues. Assessment of communication needs

Plan	Site of care Review existing care protocol/ medication chart and stop all unnecessary interventions /medications/ investigations Anticipatory prescription writing Communication, consensus, consent
Provide	Access to essential medication for EOLC symptom control dedicated space and round the clock staff. Special care needs of the patient and family After death care and bereavement support
Reassess	Ensure adequate control of pain and other symptoms through on –going assessment Document any variance and initiate prompt action
Reflect	Improving the EOLC process by constant reflection and mindful practice

Annexure-2

B) Infrastructural requirements for good end-of-life care

Policy

Presence of a guiding hospital policy
Awareness and implementation of policy

Space and staff

Specially allocated area in the hospital
A suitable room that ensures necessary privacy
Round the clock Staff.

Education/Training

Education to doctors , nurses, social workers and all involved health care professionals, on end of life care.
Hands on training and mentorship to junir staff.

Documentation

End of life care apthway
Standardized forms on withholding and withdrawing life support
Patient information leaflet on the end of life care

Special Support

Contact details of religious leaders to meet end of life religious needs
Clinical psychologists to meet extreme grief reactions
Contact details of funeral directors/undertakers to faclitate after death care
Contact information of embalmers/ body tranfer ambulances e.t.c.

2.2 Department has documented procedure for intra-hospital transport of critically ill patient				
2.11.1	TITLE	Procedure for intra-hospital transport of critically ill patient		
2.11.2	SCOPE	ICU, wards, investigation rooms e.g., radiology department.		
2.11.3	PURPOSE	Safe intra-hospital transport of critically ill patients		
2.11.4	RESPONSIBILITY	HOD / Officer In-charge of concerned ward and/or ICU/Consultant-ICU and/or ward; shall be responsible for training, familiarization, and implementation of the SOPs.		
2.11.5	PROCEDURE	As given below		
Sl.No.	**Activity**		**Responsibility**	**Document/Record**
A)	All equipment/monitoring required and available for the transport should be checked prior to initiating the transport (in the area where patient is admitted and being cared for).		Technician /Staff nurse In-charge; To be cross-checked by Qualified doctor on duty of concerned area caring for the patient.	Checklist for essential equipment required and available.
B)	The oxygen cylinder for transport must be full/expected to last the anticipated duration of usage.		Technician/Staff nurse In-charge of concerned area caring for the patient.	
C)	All required life-saving medications/equipment must be carried along the patient in a state of appropriate readiness during transport.		Qualified doctor on duty in concerned area caring for the patient.	
D)	For unstable patients or those who may deteriorate, a doctor capable of performing tracheal intubation and managing the patient's condition must accompany during the transport. This is in addition to other nursing staff/technical or other assistants accompanying the patient. There must be a minimum of 2 people in the transport team at all times, including a doctor.		Qualified doctor/Consultant on duty in concerned area caring for the patient.	
E)	The patient should be prepared for		Qualified doctor	

	transport. This should include care of all drains and lines in situ, and revising due medications, or giving appropriate medications. A plan for the transport, and the reason thereof, must be discussed with the entire transport team as required.	on duty in concerned area caring for the patient.	
F)	Patient care should continue during the transport. This must include continuation of oxygen therapy/ventilation, and intravenous infusions etc.; and appropriate patient position depending upon the patients clinical condition.	Entire transport team.	
G)	Patient care during the transport must be documented.	Doctor in the transport team.	Entries in the patient's BHT.
H)	Transport of patient must be initiated only after confirmation in writing is received from the accepting area. The aim is to minimize any waiting period for these patients.	Qualified doctor on duty in Receiving area.	Documentation of the anticipated receiving time in patients BHT.
2.11.6	**PROCESS EFFICIENCY CRITERIA**	Incidence of complications/mortality associated with intra-hospital transfer.	
2.11.7	**REFERENCE DOCUMENTS**	None	

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