



सत्यमेव जयते

Indian Public Health Standards (IPHS)

for

101 to 200 bedded District Hospitals

January
2007



Directorate General of Health Services
Ministry of Health & Family Welfare
Government of India

Foreword

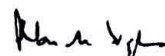
District Hospital is an integral part of the District Health System (DHS), which is, the point of origin for implementing various health policies and delivery of health care. It fulfills the need of secondary level of health care acting as a centre for curative, preventive, and promotive health care services as well as interface with institutions controlled by non-government and private voluntary health organizations. The current functioning of most of the District Hospitals is below the level of expectations due to non-uniformity in staff/bed strength, equipments and service availability and population coverage.

The National Rural Health Mission (NRHM) launched by the Hon'ble Prime Minister of India on 12th April, 2005 aims to restructure the delivery mechanism for health towards providing universal access to equitable, affordable and quality health care that is accountable and responsive to the peoples needs, reducing child and maternal deaths as well as stabilizing population and ensuring gender and democratic balance. As envisaged under NRHM, Sub-districts/Sub-divisional Hospitals would be upgraded from its present level to a level of set of Standards called 'Indian Public Health Standards (IPHS)'.

The Indian Public Health Standards (IPHS) for District Hospitals has been worked out by constituting an Expert Group comprising of various stakeholders under the Chairmanship of Director General Health Services, Ministry of Health & Family Welfare, Government of India. These Standards have been prepared bed strength-wise for 101-200 beds, 201-300 beds and 301-500 beds. The Indian Public Health Standards (IPHS) for District Hospital has been prepared, keeping in view the minimum resources available and mention functional level of the Hospitals in terms of space, manpower, instruments, drugs and other basic health care services. Constitution of Rogi Kalyan Samittee /Management Committee with involvement of PRIs, Citizen Charter are expected to make improvement in the functioning and accountability of these Hospitals.

Of course, setting Standards is a dynamic process and this document provides at this stage the standards for a minimum functional grade for a District Hospital. I hope that this document will be useful to all the stake holders. Any comment for further improvement is most welcome.

I would like to acknowledge the efforts put in by the Director General of Health Services and Infrastructure Division in preparing the Guidelines.



(Naresh Dayal)

Secretary (H&FW)

Ministry of Health & Family Welfare

Government of India

New Delhi

Dated : 16th May, 2007

Preface

District Hospitals function as a secondary level of health care which provides curative, preventive and promotive healthcare services to the people in the district. It is also the fundamental platform for implementing various health policies and delivery of healthcare and management of health services for defined geographical areas. The Government of India through the National Rural Health Mission (NRHM) is committed to strengthen these Hospitals to a level of Indian Public Health Standards (IPHS).

Standards are a means of describing a level of quality that health care organizations are expected to meet or aspire to. The performance of these Hospitals can then be assessed against the set of Standards prescribed. For the first time under National Rural Health Mission (NRHM), an effort has been made to prepare Indian Public Health Standards (IPHS) for District Hospitals in the country.

The Standards have been prepared in consultation with the Expert Group constituted for this purpose and taking in to consideration the minimum functional level needed for providing a set of assured services.

Setting Standards is a dynamic process and this document is not an end in itself. Further revision of Standards will occur as and when these Hospitals achieve a minimum functional grade. The contribution of the Expert Group members, and the efforts made by the Infrastructure Division of the Ministry of Health & Family Welfare in bringing out the first document of IPHS for District Hospitals is well appreciated.

I hope that this document will be of immense help to the State governments and other stakeholders in bringing up these Hospitals to the level of Indian Public Health Standards.



(Dr. R.K. Srivastava)

Director General of Health Services
Ministry of Health & Family Welfare
Government of India

New Delhi

Dated: 16th May, 2007

Acknowledgements

Indian Public Health Standards (IPHS) for the District Hospitals fulfill the needs of secondary level of healthcare providing curative, preventive and promotive healthcare services to the people in the district. The document is the result of efforts put in by both the government and non-government organizations. As the population and geographical area of a district varies in different States and UTs, an attempt has been made to formulate IPHS for District Hospitals having different bed strengths such as 101-200, 201-300 and 301-500 bedded hospitals. This document contains the Standards set for 101-200 bedded hospital at district level.

I gratefully acknowledge the valuable contribution made by all the members of the Expert Group constituted to formulate Indian Public Health Standards (IPHS) for the District Hospitals. I am thankful to them individually and collectively.

I also gratefully acknowledge the initiative, encouragement and guidance provided by Dr. R.K. Srivastava, Director General of Health Services and Smt. S. Jalaja, Additional Secretary. The help and encouragement provided by Shri Amarjeet Sinha, Joint Secretary(H&FW), M/o Health & Family Welfare, Government of India is also gratefully acknowledged.

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(Dr. S.K. Satpathy)
Member Secretary – Expert Group
Director
Central Health Education Bureau
Directorate General of Health Services
Ministry of Health & Family Welfare
Government of India

New Delhi
Dated: 16th May, 2007

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1. Introduction

India's Public Health System has been developed over the years as a 3-tier system, namely primary, secondary and tertiary level of health care. District Health System is the fundamental basis for implementing various health policies and delivery of healthcare, management of health services for defined geographic area. District hospital is an essential component of the district health system and functions as a secondary level of health care which provides curative, preventive and promotive healthcare services to the people in the district.

Every district is expected to have a district hospital linked with the public hospitals/health centres down below the district such as Sub-district/Sub-divisional hospitals, Community Health Centres, Primary Health Centers and Sub-centres. As per the information available, 609 districts in the country at present are having about 615 district hospitals. However, some of the medical college hospitals or a sub-divisional hospital is found to serve as a district hospital where a district hospital as such (particularly the newly created district) has not been established. Few districts have also more than one district hospital.

The Government of India is strongly committed to strengthen the health sector for improving the health status of the population. A number of steps have been taken to that effect in the post independence era. One such step is strengthening of referral services and provision of speciality services at district and sub-district hospitals. Various specialists like surgeon, physicians, obstetricians and gynecologists, pediatrics, orthopedic surgeon, ophthalmologists, anesthetists, ENT specialists and dentists have been placed in the district headquarter hospitals.

The district hospitals caters to the people living in urban (district headquarters town and adjoining areas) and the rural people in the district.

District hospital system is required to work not only as a curative centre but at the same time should be able to build interface with the institutions external to it including those controlled by non-government and private voluntary health organization. In the first changing scenario, the objectives of a district hospital need to unify scientific thought with practical operations which aim to integrate management techniques, interpersonal behaviour and decision making models to serve the system and improve its efficiency and effectiveness.

The current functioning of the most of the district hospitals in the public sector are not up to the expectation especially in relation to availability, accessibility and quality. The staff strength, beds strength, equipment supply and service availability and population coverage are not uniform among all the district hospitals.

As per Census 2001, the population of a district varies from as low as 32,000 (Yanam in Pondicherry, Lahaul & Spiti in Himachal Pradesh) to as high as 30 lakhs (Ludhiana, Amritsar districts). The bed strength also varies from 75 to 500 beds depending on the size, terrain and population of the district. As per the second phase of the facility survey undertaken by the Ministry of Health & Family Welfare, Government of India, covering 370 district hospitals from 26 states have revealed that 59% of the surveyed district hospitals have tap water facility. The electricity facility is available in 97% of the districts with a stand by generator facility in 92% of the cases. Almost all the DHs in India have one operation theatre and 48% of them have an OT specifically for gynecological purpose. About 73% of the surveyed district hospitals have laboratories. A separate aseptic labor room is found in only 45% of the surveyed district hospitals. Only half of the total number of district hospitals have OPD facility for RTI/STI. As regards manpower 10% of the district hospitals do not have O&G specialists and pediatricians. 80% of the DHs have at least one pathologist and 83% of the total DHs have at least

one anesthetist. The position of general duty officers, staff nurses, female health workers and laboratory technicians are available in almost all district hospitals. Only 68% of the district hospitals have linkage with the district blood banks.

Most of the district hospitals suffer from large number of constraints such as

- ◆ Buildings are either very old and in dilapidated conditions or are not maintained properly.
- ◆ The facilities at district hospitals require continuation upgradation to keep pace with the advances in medical knowledge, diagnostic procedures, storage and retrieval of information. It has been observed that development of hospitals is not keeping pace with the scientific development.
- ◆ A typical district hospital lacks modern diagnostics and therapeutic equipments, proper emergency services, intensive care units, essential pharmaceuticals and supplies, referral support and resources.
- ◆ There is a lack of trained and qualified staff for hospitals management and for the management of other ancillary and supportive services viz. medical records, central sterilization department, laundry, house keeping, dietary and management of nursing services.
- ◆ There is lack of community participation and ownership, management and accountability of district hospitals through hospital management committees.

District Hospitals have come under constantly increasing pressure due to increased utilization as a result of rapid growth in population, increase awareness among common consumers, biomedical advancement, resulting in the use of sophisticated and advanced technology in diagnosis and therapies, and constantly rising expectation

level of the use of the services. The need for evaluating the care being rendered through district hospitals has gained strength of late. There is an urgent need to provide guidance to those concerned with quality assurance in district hospitals services to ensure efficiency and effectiveness of the services rendered.

Standards are a means of describing the level of quality that health care organization are expected to meet or aspire to. The key aim of the standard is to underpin the delivery of quality services which are fair and responsive to clients' needs, which should be provided equitably and which deliver improvements in health and well being of the population. Standards are the main driver for continuous improvements in quality. The performance of district hospitals can be assessed against a set of standards.

The National Rural Health Mission (NRHM) has provided the opportunity to set Indian Public Health Standards (IPHS) for various health institutions at various levels starting from Sub-centres, Primary Health Centres, Community Health Centres and so on up to the district level hospitals.

The present draft guidelines are an effort to prepare Indian Public Health Standards for the District Hospitals. This is not to say that standards for various hospitals do not exist in the country. The Bureau of Indian standards(BIS) have developed standards for hospitals services for 30 bedded and 100 bedded hospitals and standards for 250 bedded, 500 bedded teaching and non teaching and 750 bedded teaching and non teaching will be published by BIS later. However, these standards are considered very resource intensive and lack the processes to ensure community involvement, accountability, the hospital management, and citizens' charter etc peculiar to the public hospitals. In this context a set of standards are being recommended for district hospitals to be called as **Indian Public Health Standards (IPHS) for**

District Hospitals. Setting standards is a dynamic process. The current effort is only to workout standards for a minimum functional grade level district hospital. Reference has been made to the BIS Standard for 100 bedded hospitals; Rationalisation of Service Norms for Secondary Care Hospitals prepared by Govt. of Tamil Nadu; District Health Facilities, Guidelines for Development and Operations, WHO, 1998 and Indian Public Health Standards (IPHS) for Community Health Centres. This document contains the standards to bring the District Hospitals to a minimum acceptable functional grade with scope for further improvement in it.

Most of the existing hospitals below district level (31-50 Bed category) are located in older buildings in urbanized areas / towns as compared to most Primary Health Centres / Sub-centres. The expansions already done have resulted in construction touching the boundaries walls with no scope of further expansions. As far as possible, States should not dislocate the said hospitals to a new location (in case of dislocating to a new location, the original client group will not be able to have same access to the desired health facilities).

Setting standards is a dynamic process. This document contains the standards to bring the District Hospitals to a minimum acceptable functional grade with scope for further improvement in it. These standards are flexible as per the requirements and resources available to the concerned State/UT Government. The timeframe for implementation and achievement of these Standards could be extended for five years and to be done in phases.

2. Objectives of Indian Public Health Standards (IPHS) for District Hospitals:

The overall objective of IPHS is to provide health care that is quality oriented and sensitive to

the needs of the people of the district. The specific objectives of IPHS for DHs are:

- i. To provide comprehensive secondary health care (specialist and referral services) to the community through the District Hospital.
- ii. To achieve and maintain an acceptable standard of quality of care.
- iii. To make the services more responsive and sensitive to the needs of the people of the district and the hospitals/centers from which the cases are referred to the district hospitals

3. Definition of District Hospital

The term District Hospital is used here to mean a hospital at the secondary referral level responsible for a district of a defined geographical area containing a defined population.

4. Grading of District Hospitals:

The size of a district hospital is a function of the hospital bed requirement, which in turn is a function of the size of the population it serves. In India the population size of a district varies from 35,000 to 30,00,000 (Census 2001). Based on the assumptions of the annual rate of admission as 1 per 50 populations and average length of stay in a hospital as 5 days, the number of beds required for a district having a population of 10 lakhs will be around 300 beds. However, as the population of the district varies a lot, it would be prudent to prescribe norms by grading the size of the hospitals as per the number of beds.

Grade I: District Hospitals norms for 500 beds

Grade II: District Hospitals norms for 300 beds

Grade III: District Hospitals norms for 200 beds

Grade IV: District Hospital norms for 100 beds.

The disease prevalence in a district varies widely in type and complexities. It is not possible to

treat all of them at district hospitals. Some may require the intervention of highly specialist services and use of sophisticated expensive medical equipments. Patients with such diseases can be transferred to tertiary and other specialized hospitals. A district hospital should however be able to serve 85-95% of the medical needs in the districts. It is expected that the hospital bed occupancy rate should be at least 80%.

The minimum functional grade of the different grades of district hospitals requiring the physical infrastructure, manpower, diagnostic and investigation facilities, equipment norms, drugs and other supportive services etc. has been given.

5. Functions

A district hospital has the following functions:

1. It provides effective, affordable healthcare services (curative including specialist services, preventive and promotive) for a defined population, with their full participation and in co-operation with agencies in the district that have similar concern. It covers both urban population (district headquarter town) and the rural population in the district.
2. Function as a secondary level referral centre for the public health institutions below the district level such as Sub-divisional Hospitals, Community Health Centres, Primary Health Centres and Sub-centres.
3. To provide wide ranging technical and administrative support and education and training for primary health care.

6. Essential Services

Services include OPD, indoor, emergency services.

Secondary level health care services regarding following specialties will be assured at hospital:

6.1 Consultation services with following specialists:

General Medicine
General Surgery
Obs & Gyne
Paediatrics including Neonatology
Emergency (Accident & other emergency) (Casualty)
Critical care (ICU)
Anaesthesia
Ophthalmology
ENT
Dermatology and Venerology including STI/ RTI
Orthopaedics
Radiology
Dental care
Public Health Management

6.2 Paraclinical services

Laboratory Services
X-Ray Facility
Sonography (Ultrasound)
ECG
Blood transfusion and storage facilities
Physiotherapy
Dental Technology (Dental Hygiene)
Drugs and Pharmacy

6.3 Support Services

Medico-legal/postmortem*

Ambulance services

Dietary services

Laundry services

Security services

Counseling services for domestic violence, gender violence, adolescents, etc. Gender and socially sensitive service delivery be assured.

Waste management

Ware housing/central store

Maintenance and repair

Electric Supply (power generation and stabilization)

Water supply (plumbing)

Heating, ventilation and air-conditioning

Transport

Communication

Medical Social Work

Nursing Services

Sterilization and Disinfection

Horticulture (Landscaping)

Lift and vertical transport

Refrigeration

for computerized medical records with anti-virus facilities whereas alternate records should also be maintained)

(ii) Procurement

(iii) Personnel

(iv) Housekeeping and Sanitation

(v) Education and Training

(vi) Inventory Management

Financial powers of Head of the Institution

Medical Superintendent to be authorized to incur and expenditure up to Rs.17.00 lakhs for repair/upgrading of impaired equipments/instruments with the approval of executive committee of RKS. Financial accounting and auditing be carried out as per the rules along with timely submission of SOEs/UCs.

No equipment/instruments should remain non-functional for more than 30 days. It will amount to suspension of status of IPHS of the concerned institutions for absence period.

Outsourcing of services like laundry, ambulance, dietary, housekeeping and sanitation, waste disposal etc. to be arranged by hospital itself. Manpower and outsourcing work could be done through local tender mechanism.

6.5. Services under various National Health and Family Welfare Programmes

6.6. Epidemic Control and Disaster Preparedness

Following services mix of procedures in medical and surgical specialties would be available:

* Subject to location at District Headquarter.

6.4. Administrative services

(i) Medical records (Provision should be made

SERVICE MIX OF PROCEDURES IN MEDICAL AND SURGICAL SPECIALITIES

S. No.	Name of Procedure
MEDICAL	
1	Pleural Aspiration
2	Pleural Biopsy
3	Bronchoscopy
4	Lumbar Puncture
5	Pericardial tapping
6	Skin scraping for fungus / AFB
7	Skin Biopsies
8	Abdominal tapping
9	Liver Biopsy
10	Liver Aspiration
11	Fiberoptic Endoscopy
12	Peritoneal dialysis
13	Hemodialysis
14	Bone Marrow Biopsy
OPD Procedures (Including IPD)	
1	Dressing (Small, Medium and Large)
2	Injection (I/M & I/V)
3	Catheterisation
4	Steam Inhalation
5	Cut down (Adult)
6	Enema
7	Stomach Wash
8	Douche
9	Sitz bath
10	CVP Line

11	Blood Transfusion
12	Hydrotherapy
13	Bowel Wash
Skin Procedures	
1	Chemical Cautery
2	Electro Cautery
3	Intra Lesional Injection
4	Biopsy
Paediatric Procedures	
1	Immunization (BCG, OPV, DPT, Measles, DT) / Children Ward / ORT corner
2	Services related to new borne care + all other procedures as mentioned in IMNCI
2.1	- only cradle
2.2	- Incubator
2.3	- Radiant Heat Warmer
2.4	- Phototherapy
2.5	- Gases (oxygen)
2.6	- Pulse Oxemeter
2.7	- Lum bar Puncture
2.8	- Bone Marrow
2.9	- Exchange Transfusion
2.10	- Cut down
2.11	- Plural/Acite Tap
2.12	- Ventilator
2.13	- Live Biopsy u/s guided
Cardiology Procedures and Diagnostic Tests	
1	ECG
2	T M T
3	Holter
4	Thrombolytic Therapy

5	C V P Line
6	Defibrillator Shock
7	NTG/Xylocard Infusion
8	ECHO Cardiography
Endoscopic Specialised Procedures and Diagnostic	
1	Gastroscopy (Oesophagus, stomach, deudenum) (Diagnostic and Therapeutic)
2	Sigmoidoscopy and Colonoscopy
3	Bronchoscopy and Foreign Body Removal
4	Arthros copy (Diagnostic and Therapeutic)
5	Lapros copy (Diagnostic and Therapeutic)
6	Colposcopy
7	Hysteroscopy
Psychiatry Services	
1	Modified ECT
2	Narcoanalysis
Physiotherapy Services	
1	With Electrical Equipments
1.1	- Computerised Traction (Lumbar & Cervical)
1.2	- Short wave diathermy
1.3	- Electrical Stimulator with TENS
1.4	- Electrical Stimulator
1.5	- Ultra Sonic Therapy
1.6	- Paraffin Wax Bath
1.7	- Infra Red Lamp (Therapy)
1.8	- U V (Therapeutic)
1.9	- Electric Vibrator
1.10	- Vibrator Belt Massage
2	With Mechanical Gadgets/Exercises
2.1	- Mechanical Traction (Lumber & Cervical)

2.2	- Exercycle
2.3	- Shoulder Wheel
2.4	- Shoulder Pulley
2.5	- Supinator Pronator Bar
2.6	- Gripper
2.7	- Visco Weight Cuffs
2.8	- Walking Bars
2.9	- Post Polio Exercise
2.10	- Obesity Exercises
2.11	- Cerebral Palsy – Massage
2.12	- Breathing Exercises & Postural Drainage
Eye Specialist Services (Ophthalmology)	
1	OPD Procedures
1.1	- Refraction (by using snellen's chart)
1.2	- Refraction (by auto refractro meter)
1.3	- Syringing and Probing
1.4	- Foreign Body Removal (conjuctival)
1.5	- Foreign Body Removal (Corneal)
1.6	- Epilation
1.7	- Suture Removal
1.8	- Subconj Injection
1.9	- Retrobulbar Injection (Alcohol etc.)
1.10	- Tonometry
1.11	- Biometry / Keratometry
1.12	- Automated Perimetry
1.13	- Pterygium Excision
1.14	- Syringing & Probing
1.15	- I & C of chalazion
1.16	- Wart Excision

1.17	- Styne
1.18	- Cauterization (Thermal)
1.19	- Conjunctival Resuturing
1.20	- Corneal Scarping
1.21	- I & D Lid Abscess
1.22	- Uncomplicated Lid Tear
1.23	- Indirect Ophthalmoscopy
1.24	- Retinoscopy
2	IPD Procedures
2.1	- Examination under GA
2.2	- Canthotomy
2.3	- Paracentesis
2.4	- Air Injection & Resuturing
2.5	- Enucleation with Implant
2.6	- Enucleation without Implant
2.7	- Perforating Coneo Scleral Injury Repair
2.8	- Cataract Extraction
2.9	- Glaucoma (Trabeculectomy)
2.10	- Cutting of Iris Prolapse
2.11	- Small Lid Turnour Excision
2.12	- Conjunctival Cyst
2.13	- Capsulotomy
2.14	- Ant. Chamber Wash
2.15	- Evisceration
ENT Services	
1	OPD Procedures
1.1	- Foreign Body Removal (Ear and Nose)
1.2	- Syringing of Ear
1.3	- Chemical Cauterization (Nose & Ear)

1.4	- Eustachian Tube Function Test
1.5	- Vestibular Function Test/Caloric Test
2	Minor Procedures
2.1	- Therapeutic Removal of Granulations (Nasal, Aural, Oropharynx)
2.2	- Punch Biopsy (Oral Cavity & Oropharynx)
2.3	- Cautrization (Oral, Oropharynx, Aural & nasal)
3	Nose Surgery
3.1	- Packing (Anterior & Posterior Nasal)
3.2	- Antral Punchure (Unilateral & Bilateral)
3.3	- Inter Nasal Antrostomy (nilateral & Bilateral)
3.4	- I & D Septal Abscess (Unilateral & Bilateral)
3.5	- S M R
3.6	- Septoplasty
3.7	- Fracture Reduction Nose
3.8	- Fracture Reduction Nose with Septal Correction
3.9	- Transantral Procedures (Biopsy, Excision of cyst and Angiofibroma Excision)
3.10	- Transantral Biopsy
3.11	- Rhinoplasty
3.12	- Septoplasty with reduction of terbine (SMD)
4	Ear Surgery
4.1	- Mastoid Abscess I & D
4.2	- Mastoidectomy
4.3	- Stapedotomy
4.4	- Examination under Microscope
4.5	- Myringoplasty
4.6	- Tympanoplasty
4.7	- Myringotomy
4.8	- Ear Piercing
4.9	- Hearing Aid Analysis and Selection

5	Throat Surgery
5.1	- Adenoidectomy
5.2	- Tonsillectomy
5.3	- Adenoidectomy + Tonsillectomy
5.4	- Tongue Tie excision
6	Endoscopic ENT Procedures
6.1	- Direct Laryngoscopy
6.2	- Hypopharyngoscopy
6.3	- Direct Laryngoscopy & Biopsy
6.4	- Broncoscopic Diagnostic
6.5	- Broncoscopic & F B Removal
7	General ENT Surgery
7.1	- Sticking of LCW (Nose & Ear)
7.2	- Preauricular Sinus Excision
7.3	- Tracheostomy
8	Audiometry
8.1	- Audiogram (Pure tone and Impedence)
Obstetric & Gynecology Specialist Services	
1	Episiotomy
2	Forceps delivery
3	Craniotomy-Dead Fetus/Hydrocephalus
4	Caeserean section
5	Female Sterilisation (Mini Laparotomy & Laparoscopic)
6	D&C
7	MTP
8	Hysterectomy
9	Bartholin Cyst Excision
10	Suturing Perimeal Tears
11	Ovarian Cystectomy / Oophrectomy

12	Vaginal Hysterectomy
13	Haematocolpes Drainage Colpotomy
14	Casserian Hystrectomy
15	Assisted Breech Delivery
16	Cervical Biopsy
17	Cervical Cautery
18	Nomal Delivery
19	Casserian
20	E U A
21	Midtrimestor Abortion
22	Ectopic Pregnancy Ruptured
23	Retain Placenta
24	Suturing Cervical Tear
25	Assisted Twin Delivery
Dental Services	
1	Dental Caries/Dental Abcess/Gingivitis
2	Periodontitis <div style="margin-left: 40px;"> ↗ Cleaning ↘ Surgery </div>
3	Minor Surgeries, Impaction, Flap
4	Malocclusion
5	Prosthodontia (Prosthetic Treatment)
6	Trauma including Vehicular Accidents
7	Maxillo Facial Surgeries
8	Neoplasms
9	Sub Mucus Fibrosis (SMF)
10	Scaling and Polishing
11	Root Canal Treatment
12	Extractions

13	Light Cure
14	Amalgum Filling (Silver)
15	Sub Luxation and Arthritis of Temporomandibular Joints
16	Pre Cancerous Lesions and Leukoplakias
17	Intra oral X-ray
18	Fracture wiring
19	Apiscectomy
20	Gingivectomy
21	Removal of Cyst
22	Complicated Extractions (including suturing of gums)
SURGICAL	
1	Abcess drainage including breast & perianal
2	Wound Debridement
3	Appendicectomy
4	Fissurotomy or fistulectomy
5	Hemorrhoidectomy
6	Circumcision
7	Hydrocele surgery
8	Herniorraphy
9	Suprapubic Cystostomy
10	Urethral Dilatation
11	Cystoscopy
12	Endoscopy
13	Esophagoscopy
14	Diagnostic Laparoscopy
15	Colonoscopy
16	Sigmoidoscopy
17	Colposcopy

18	Hysteroscopy
19	Arthroscopy
20	Tonsillectomy
21	Mastoidectomy
22	Stapedotomy
23	Craniotomy (Neurosurgical)
24	Episiotomy
25	Forceps delivery
26	Craniotomy-Dead Fetus/Hydrocephalus
27	Caesarean section
28	Female Sterilisation (Mini Laparotomy & Laparoscopic)
29	Vasectomy
30	D&C
31	MTP
32	Hysterectomy
33	FNAC
34	Total Parotidectomy
35	Intra-oral removal of submandibular duct Calculous
36	Excision Branchial Cyst or Fistula/sinus
37	Lingual Throid
38	Thyroid Adenoma Resection / Enucleation
39	Hemithyroidectomy (Sub total Thyroidectomy/Lobectomy)
40	Cysts and Benign Tumour of the Palate
41	Excision Submucous Cysts
Breast	
1	Excision fibroadenoma – Lump
2	Simple Mastectomy
3	Halstead's Radical, Mastectomy/Patey's Operation
4	Sectoral Mastectomy/Microdochectomy/Lumpectomy

5	Wedge Biopsy
6	Excision Mammary Fistula
Hernia	
1	Ingunial Hernia repair reinforcement
2	Ingunial Hernia repair with mesh
3	Femoral Hernia repair
4	Epigastric/Ventral Hernia repair
5	Recurrent Ingunial Hernia repair
6	Ventral Hernia repair with mesh
7	Strangulated Ventral or Incisional Hernia/Ingunial
8	Recurrent Incisional Hernia
9	Diaphargmatic Hernia
Abdomen	
1	Exploratory Laparotomy
2	Gastrostomy or Jejuncstomy
3	Simple Closure of Perforated Ulcer
4	Reamstedt's Operation
5	Gastro-Jejunostomy
6	Vagotomy & Drainage Procedure
7	Adhesonolysis or division of bands
8	Mesenteric Cyst
9	Retroperitoneal Tumour Excision
10	Intussuception (Simple Reduction)
11	Burst Abdomen Repair
Spleen and Portal Hypertension	
1	Splenectomy
Pancreas	
1	Drainage of Pseudopancreatic Cyst
2	Retroperitoneal Drainage of Abscess

Appendix	
1	Emergency Appendisectomy
2	Interval Appendisectomy
3	Appendicular Abscess Drainage
Small Intestine	
1	Resection and Anastomosis
2	Intussusception
3	Intestinal Fistula
4	Multiple Resection and Anaestomosis
5	Intestinal Perforation
Liver	
1	Open Drainage of liver abscess
2	Drainage of Subdia, Abscess/Perigastric Abscess
Biliary System	
1	Cholecystostomy
2	Cholecystectomy
3	Cholecystectomy and Choledocholithotomy
Colon, Rectum and Anus	
1	Fistula in a low level
2	Fistula in a high level
3	Perianal Abscess
4	Catheters
5	IV Sets
6	Colostomy Bags
7	Ischiorectal Abscess
8	Ileostomy or colostomy alone
9	Sigmoid Myotomy
10	Right Hemicolectomy
11	Sigmoid & Descending Colectomy

12	Haemorrhoidectomy
13	Sphincterotomy of Fissurectomy
14	Tube Caecostomy
15	Closure of loop colostomy
16	Rectal Prolapse Repair
17	Anal Sphincter Repair after injury
18	Thiersch's operation
19	Volvulus of colon
20	Resection anastomosis
21	Imperforate anus with low opening
22	Pilonidal Sinus
Penis, Testes, Scrotum	
1	Circumcision
2	Partial amputation of Penis
3	Total amputation of Penis
4	Orchidopexy (Unilateral & Bilateral)
5	Orchidectomy (Unilateral & Bilateral)
6	Hydrocele (Unilateral & Bilateral)
7	Excision of Multiple sebaceous cyst of scrotal skin
8	Reduction of Paraphimosis
Other Procedures	
1	Suture of large laceration
2	Suturing of small wounds
3	Excision of sebaceous cyst
4	Small superficial tumour
5	Large superficial tumour
6	Repair torn ear lobule each
7	Incision and drainage of abscess
8	Lymph node biopsy

9	Excision Biopsy of superficial lumps
10	Excision Biopsy of large lumps
11	Injection Haemorrhoids/Ganglion/Keloids
12	Removal of foreign body (superficial)
13	Removal of foreign body (deep)
14	Excision Biopsy of Ulcer
15	Excision Multiple Cysts
16	Muscle Biopsy
17	Tongue Tie
18	Debridment of wounds
19	Excision carbuncle
20	Ingrowing Toe Nail
21	Excision Soft Tissue Tumour Muscle Group
22	Diabetic Foot Abscess carbuncle
Urology	
1	Pyelolithotomy
2	Nephrolithotomy
3	Simple Nephrostomy
4	Implantation of ureters Bilateral
5	Vesico-vaginal fistula
6	Nephrectomy
7	Uretrolithotomy
8	Open Prostatectomy
9	Closure of Urethral Fistula
10	Cystolithotomy Suprapubic
11	Dilatation of stricture urethra under GA
12	Dilatation of stricture urethra without anaesthesia
13	Meatotomy

14	Testicular Biopsy
15	Trocar Cystostomy
Plastic Surgery	
1	Burn Dressing Small, medium (10% to 30%), large 30% to 60%, extensive > 60%
2	Ear lobules repair one side (bilateral)
3	Simple wound
4	Complicated wound
5	Face Scar – Simple
6	Cleft Lip – One side
7	Small wound skin graft
8	Simple injury fingers
9	Finger injury with skin graft
10	Multiple finger injury
11	Crush injury hand
12	Full thickness graft
13	Congenital Deformity (Extra digit, Syndactly, Constriction brings)
14	Reconstruction of Hand (Tendon)
15	Polio Surgery
16	Surgery concerning disability with Laprosy
17	Surgery concerning with TB
Paediatric Surgery	
1	Minor Surgery, I & D, Prepuceal Dilatation, Meatotomy
2	Gland Bipsy, Reduction Paraphimosis, small soft Tissue tumour (Benign)
3	Rectal Polyp removal, deep abscess
4	Big soft tissue tumour
5	Branchial cyst/fistula/sinus
6	Ingunial Herniotomy (Unilateral & Bilateral)
7	Orchidopexy 9Unilateral & Bilateral)
8	Pyoric Stenosis Ramsteadt operation

9	Exploratory Laprotomy
10	Neonatal Intestinal Obstruction / Resection / Atresia
11	Gastrostomy, colostomy
12	Umbilical Hernia / Epigastric Hernia
13	Sacrocaecygeal Teratoma
14	Torsion of Testis
15	Hypospadias single stage (first stage)
Orthopaedic Surgery	
1	Hip Surgery
1.1	Femoral Neck nailing with or without plating replacement prosthesis / Upper Femoral Osteotomy; Innominate Osteotomy/Open Reduction of Hip dislocation; DHS/Richard Screw Plate
1.2	Synovial or bone biopsy from HIP
1.3	Girdle stone Arthroplasty
2	Fractures
2.1	Open reduction int, fixation of femur, tibia, B. Bone, Forearm Humerus inter-condylar fracture of humerus and femur and open reduction and int. Fixation bimalleolar fracture and fracture dislocation of ankle Monteggia fracture dislocation
2.2	Medical concyle of humerus fracture lateral condyle of humerus Olecranon fracture, head of radius lower end of radius, medial malleolus patella fracture and fracture of calcaneum talus single forearm, bone fracture
2.3	External Fixation Application Pelvis femur, tibia humerus forearm
2.4	Ext. fixation of hand & foot bones
2.5	Tarsals, Metatarsals, Phalanges carpals, Metacarples, excision head fibula, lower and of Inia
2.6	Drainage of fracture
2.7	Interlocking nailing of long bones
2.8	Debridement & Secondary closure
2.9	Percutaneous Fixation (small and long bones)
3	Closed Reduction
3.1	Hand, Foot bone and cervicle
3.2	Forearm or Arm, Leg, Thigh, Wrist, Aknle

3.3	Dislocation elbow, shoulder, Hip, Knee
3.4	Closed Fixation of hand / foot bone
4	Open Reduction
4.1	Shoulder dislocation, knee dislocation
4.2	Acromioclavicular or sternoclavicular Jt. Clavicle
4.3	Ankle Bimalleolar Open reduction, Ankle Trimalleolar open reduction
4.4	Wrist dislocation on intercarpal joints
4.5	MP & IP Joints
4.6	Knee Synovectomy / Meniscectomy
4.7	Fasciotomy leg/forearm
4.8	High Tibial Osteotomy
4.9	Arthodesis (Shoulder/Knee Ankle, Triple/elbow, Wrist/Hip)
4.10	Arthodesis – MP & IP Joints
4.11	Excision Exostosis long bones, single / two
4.12	Currentage Bone Grafting of Bone Tumour of humerus/tibia Humerus & forearm
4.13	Surgery tumours of small bone hand and foot
4.14	Debridement primary closure of compounds fracture of tibia, femur forearm without fixation
4.15	Debridement of hand/foot
4.16	Debridement primary closure of compound fractures of tibia, femur forearm with fixation
4.17	Tendon surgery soft tissue release in club foot
4.18	Internal fixation of small bone (Single, Two , More than two)
4.19	Tendon Surgery (Repair and Lengthening)
4.20	Surgery of chronic Osteomyelitis (Saucerization, Sequestrectomy of femur, Humerus, Tibia)
4.21	Fibula Radius Ulna (Clavicle) and Wrist, Ankle, Hand foot
4.22	Amputation (Thigh or arm, leg or forearm, feet or hand, digits)
4.23	Disarticulation of hip or shoulder (Disarticulation of knee elbow/wrist/ankle; Fore-quarter or hind-quarter)
4.24	POP Application (Hip Spica, Shoulder spica POP Jacket; A-K/A-E POP; B-K/B-E POP)
4.25	Corrective Osteotomy of long bones

4.26	Excision Arthroplasty of elbow & other major joints; Excision Arthroplasty of small joints
4.27	Operation of hallus valgus
4.28	Bone Surgery (Needle biopsy, Axial Skelton, Non-Axial)
4.29	Removal K Nail AO Plates
4.30	Removal Forearm Nail, Screw, Wires
4.31	Skeletal Traction Femur, Tibia, Calcaneum, Elbow
4.32	Bone Grafting (small grafting and long bone)
4.33	Ingrowing toe-nail
4.34	Soft tissue Biopsy
4.35	Skin Graft (small, medium and large)
4.36	Patellectomy
4.37	Olecranon fixation
4.38	Open Ligament repair of elbow, Ankle & Wrist
4.39	Arthrotomy of hip/shoulder/elbow
4.40	Carpal Tunnel Release
4.41	Dupuytren's contracture
4.42	Synovectomy of major joint shoulder/hip/ Elbow
4.43	Repair of ligaments of knee
4.44	Closed Nailing of long bones
4.45	External fixator readjustment dynamisation removal of external fixation/removal of implant
4.46	Excision of soft tissue tumour muscle group

RECOMMENDED SERVICE MIX (SUGGESTED ACTIONS) FOR DIFFERENT ILLNESSES CONCERNING DIFFERENT SPECIALITIES:

OBSTETRIC & GYNECOLOGY

S. No	NAME OF THE ILLNESS	RECOMMENDED SERVICE MIX (SUGGESTED ACTIONS)
1	Bleeding during first trimester	Treat and provide blood transfusion
2	Bleeding during second trimester	Treat and provide blood transfusion
3	Bleeding during third trimester	Treat and provide blood transfusion
4	Normal Delivery	Yes
5	Abnormal labour (Mal presentation, prolonged labour, PROM, Obstructed labour)	Treat
6	PPH	Treat
7	Puerperal Spesis	Treat and refer if necessary
8	Ectopic Pregnancy	Treat
9	Hypertensive disorders	Treat and refer if necessary
10	Septic abortion	Treat
11	Medical disorders complicating pregnancy (heart disease, diabetes, hepatitis)	Refer and follow up services
12	Bronchial asthma	Treat
Gynecology		
1	RTI / STI	Treat
2	DUB	Treat
3	Benign disorders (fibroid, prolapse, ovarian masses) Initial investigation at PHC / Gr III level	Treat
4	Breast Tumors	Instigate and refer
5	Cancer Cervix screening Initial investigation at PHC / Grade III level	Collection of PAP SMEAR and biopsy

6	Cancer cervix /ovarian Initial investigation at PHC / Gr III level	Diagnose and refer
7	Infertility	Investigate and refer
8	Prevention Of MTCT	Pretest and post test and counseling and treatment
9	MTP / MVA services	Treat
10	Tubectomy	Yes

GENERAL MEDICINE

S. No	NAME OF THE ILLNESS	RECOMMENDED SERVICE MIX (SUGGESTED ACTIONS)
1	Fever -a) Short duration (<1 week)	Basic investigation and Treatment
	Fever -b) Long duration (>1 week)	Investigation and treatment Refer if necessary
	c) Typhoid	Treat
	d) Malaria / Filariasis	Treat
	e) Pulmonary Tuberculosis.	Treat
	f) Viral Hepatitis	Treat If HBs, Ag +ve refer to tertiary care
	g) Leptospirosis / Meningitis and Haemorrhagic fever	Refer to Gr-I / G-II District level
	h) Malignancy	Refer to Gr-I / G-II District
2	COMMON RESP. ILLNESSES :	
	Bronchial Asthma / Pleural effusion / Pneumonia / Allergic Bronchitis/COPD	Diagnose and Treat
3	COMMON CARDIAC PROBLEMS	
	a) Chest pain (IHD)	Treat and decide further management
4	G I TRACT	
a)	G I Bleed / Portal hypertension / Gallbladder disorder	Emergencies - Ref. To Gr-II / Gr-I - District Hospital
b)	AGE / Dysentery / Diarrhoeas	Treat

5	NEUROLOGY	
a)	Chronic Hpeadache	Investigate, treat & decide further
b)	Chronic Vertigo/CVA/TIA/Hemiplegia/ Paraplegi	Ref. To Gr - I / G-II district
6	HAEMATOLOGY	
a)	Anaemia	Basic investigation and Treatment Refer if necessary
b)	Bleeding disorder	Stabilise Ref. To tertiary
c)	Malignancy	Ref. To Gr - I / G-II district
7	COMMUNICABLE DISEASES	
	Cholera Measles Mumps Chickenpox	Treat
8	PSYCHOLOGICAL DISORDERS	
	Acute psychosis / Obsession / Anxiety neurosis	Screening, emergency care and referral

PAEDIATRICS

S. No	NAME OF THE ILLNESS	RECOMMENDED SERVICE MIX (SUGGESTED ACTIONS)
1	ARI/ Bronchitis Asthmatic	Investigate Diagnose with facility for nebulisation, Treat Refer if no improvement
2	Diarrohoeal Diseases	Diagnose Treat
3	Protein Energy Malnutrition and Vitamin Deficiencies	Investigate Diagnose Treat Refer
4	Pyrexia of unknown origin	Investigate Dagnose

		Treat Refer if no improvement
5	Bleeding Disorders	Investigate diagnose Treat Refer if no improvement
6	Diseases of Bones and Joints	Investigate diagnose Treat Refer if no improvement
7	Childhood Malignancies	Early Diagnosis and Refer
8	Liver Disorders	Investigate diagnose Treat Refer if no improvement
9	Paediatric Surgical Emergencies	Investigate and Diagnose Refer
10	Poisoning, Sting, Bites	Treat

NEONATOLOGY

S. No	NAME OF THE ILLNESS	RECOMMENDED SERVICE MIX (SUGGESTED ACTIONS)
1	Attention at birth (to prevent illness)	5 cleans warm chain
2	Hypothermia	Warm chain
3	Birth asphyxia	Resuscitation And Treatment
4	Hypoglycemia	Treat
5	Meconium aspiration syndrome	Treat & refer if no improvement.
6	Convulsions (seizures)	Treat and Refer if no improvement.
7	Neonatal Sepsis	Investigate & Treat
8	LBW	Treat
9	Neonatal Jaundice	Treat including exchange transfusion
10	Preterm	Warm chain, feeding, kangaroo care, Treat
11	Congenital malformations	Examine and refer

12	R.D.S,ARI	Manage and Refer
13	Dangerously ill baby	Identify and manage & refer if needed.
14	Feeding Problems	Identify and manage
15	Neonatal diarrhoea	Diagnosis and manage
16	Birth injury	Minor -manage; major -refer
17	Neonatal Meningitis	Manage
18	Renal problems/Congenital heart disease/ Surgical emergencies	Refer
19	HIV/AIDS	Exclusive breast feeding & refer to ART Centre
20	Hypocalcemia	Manage
21	Metabolic Disorders	Identify & Refer
22	Hyaline Membrane diseases	Diagnose & refer
23	Neonatal Malaria	Manage
24	Blood disorders	Manage
25	Developmental Delays	CBR
26	UTIs	Manage& refer
27	Failure to Thrive	Manage & Refer

DERMATOLOGY

S. No	NAME OF THE ILLNESS	RECOMMENDED SERVICE MIX (SUGGESTED ACTIONS)
1	Infections a) Viral - HIV - Verrucca Molluscum Contagiosa	Treat
	Pityriasis Rosea LGV HIV	Treat
	b) Bacteria Pyoderma Chancroid	Treat
	Gonorrhea Leprosy Tuberculosis	Treat

	c) Fungal Sup. Mycosis Subcut – Mycetoma	Identify / Treat and refer
	d) Parasitic Infestation Scabies / Pediculosis/Larva Migrans	Treat
	e) Spirochaetes Syphilis	Diagnosis and Treat
2	Papulosquamous Psoriasis (classical)-uncomplicated/ Lichen Planus	Treat
3	Pigmentary Disorder Vitiligo	Treat
4	Keratinisation Disorder Ichthyosis/Traumatic Fissures	Treat
5	Autoimmune Collagen Vascular DLE, Morphea	Treat / Refer
6	Skin Tumors, Seb. Keratosis, Soft Fibroma, Benign Surface Tumors / Cysts, Appendageal Tumors	Treat
7	Miscellaneous a) Acne Vulgaris, Miliaria, Alopecia, Nail disorder, Toxin induced	Treat
	b) Leprosy - Resistant/ Complications / reaction Allergy - EMF / SJS / TEN Psoriasis/ Collagen Vascular/Auto immune Disorders	Treat / Refer
	c) Deep Mycosis, STD Complications	Treat / Refer
	d) Genetically Determined Disorders	Refer

CHEST DISEASES

S. No	NAME OF THE ILLNESS	RECOMMENDED SERVICE MIX (SUGGESTED ACTIONS)
1	Fever	Investigation and Treatment

2	Cough with Expectoration / Blood Stained	Treatment
3	Hemoptysis	Investigation and Treatment, Bronchoscopy
4	Chest Pain	Investigation Treatment
5	Wheezing	Treatment, PFT
6	Breathlessness	Investigation and Treatment Chest Physiotherapy

PSYCHIATRY

S. No	NAME OF THE ILLNESS	RECOMMENDED SERVICE MIX (SUGGESTED ACTIONS)
1	Schizophrenia	Follow up
2	Depression	Follow up
3	Mania	Follow up
4	Anxiety Disorders	Follow up
5	Mental Retardation	Follow up
6	Other Childhood Disorders	Follow up
7	Alcohol and Drug Abuse	Follow up
8	Dementia	Follow up

DIABETOLOGY

S. No	NAME OF THE ILLNESS	RECOMMENDED SERVICE MIX (SUGGESTED ACTIONS)
1	Screening for Diabetes	Diagnose and Treat
2	Gestational Diabetes/DM with Pregnancy	Diagnose and Treat
3	DM with HT	Diagnose and Treat
4	Nephropathy/Retinopathy	Diagnose and Refer
5	Neuropathy with Foot Care	Diagnose and Treat
6	Emergency :- i) Hypoglycemia ii) Ketosis iii) Coma	Diagnose and Treat

NEPHROLOGY

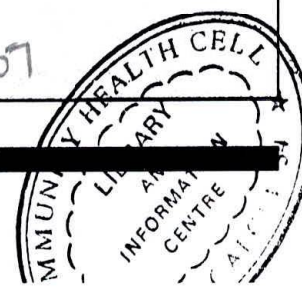
S. No	NAME OF THE ILLNESS	RECOMMENDED SERVICE MIX (SUGGESTED ACTIONS)
1	Uncomplicated UTI	Treat
2	Nephrotic Syndrome - Children/ Acute Nephritis	Treat
3	Nephrotic Syndrome - Adults	Refer to Tertiary
4	HT, DM	Treat
5	Asymptomatic Urinary Abnormalities	Refer to the District
6	Nephrolithiasis	Refer to District Hospital
7	Acute renal Failure/ Chronic Renal Failure	Suspect / Refer to District level
8	Tumors	Refer to Tertiary

NEURO MEDICINE AND NEURO SURGERY

S. No	NAME OF THE ILLNESS	RECOMMENDED SERVICE MIX (SUGGESTED ACTIONS)
1	Epilepsy	Investigate and Treat
2	C.V.A.	Investigate and Treat
3	Infections	Investigate and Treat
4	Trauma	Investigate and Treat, Refer if necessary
5	Chronic headache	Investigate and Treatment
6	Chronic Progressive Neurological disorder	Referral

GENERAL SURGERY

S No	Major Classification	NAME OF THE ILLNESS	RECOMMENDED SERVICE MIX (SUGGESTED ACTIONS)
1	Basic Techniques	a. Minor Cases under LA Abscess I&D/Suturing, Biopsy/ Excision of Lipoma / Ganglion / Lymph of Lipoma / Ganglion / Lymph Node, Seb-Cyst / Dermoid / Ear Lobe Repair / Circumcision	Treat

PH-110 P07
12056PH-100
10203 P07

		b. FNAC Thyroid, Breast Lumps, Lymphnodes, Swelling	Investigate/Diagnosis and Refer
2	Elective Surgeries	a. Genitourinary tract Hydrocele, Hernia, Circumcision, Supra pubic cystostomy	Treat
		b. Gastrointestinal disorder Appendicitis/Anorectal abscesses / Rectal prolapse/Liver abscess/ Haemorrhoids/Fistula	Treat
3	Emergency surgeries	Assault injuries/Bowel injuries/ Head injuries/Stab injuries/Multiple injuries/ Perforation/Intestinal obstruction	Treat
4	Benign/ Malignant Diseases	Breast/Oral/GI tract/Genitourinary (Penis, Prostate, Testis)	Treat
5	Others	Thyroid, Varicose veins	Treat
6	Burns	Burns < 15% >15%	Treat first and then Refer
7	Medico legal	a) Assault / RTA	AR entry / Treat
		b) Poisonings	AR entry / Treat
		c) Rape	AR entry / Treat
		d) Postmortem	Done

OPHTHALMOLOGY

S. No.	NAME OF THE ILLNESS	RECOMMENDED SERVICE MIX (SUGGESTED ACTIONS)
1	Superficial Infection	Treatment with drugs
2	Deep Infections	Treat
3	Refractive Error	Treat
4	Glaucoma	Treat
5	Eye problems following systemic disorders	Treat
6	Cataract	Treat
7	Foreign Body and Injuries	Treat

8	Squint and Amblyopia/Corneal Blindness (INF, INJ, Leucoma)/ Oculoplasty	Refer
9	Malignancy/Retina Disease	Refer
10	Paediatric Ophthalmology	Refer

EAR, NOSE, THROAT

S. No.	NAME OF THE ILLNESS	RECOMMENDED SERVICE MIX (SUGGESTED ACTIONS)
EAR		
1	ASOM/SOM/CSOM	Treat/Surgical if needed
2	Otitis External / Wax Ears	Treat
3	Polyps	Surgical Treatment
4	Mastoiditis	Treatment (Medical), Surgery if needed
5	Unsafe Ear	Diagnose and Refer
THROAT		
1	Tonsillitis/Pharyngitis/Laryngitis	Treat
2	Quinsy	Surgery
3	Malignancy Larynx	Diagnose and Refer
4	Foreign Body Esophagus	Diagnose and Refer
NOSE		
1	Epistaxis	Treat
2	Foreign Body	Treat
3	Polyps	Treat (Removal)
4	Sinusitis	Treat (surgery if needed)
5	Septal Deviation	Treat (surgery if needed)

ORTHOPADICS		
S. No.	NAME OF THE ILLNESS	RECOMMENDED SERVICE MIX (SUGGESTED ACTIONS)
1	Osteomyelitis	All Stabilisations Surgery
2	Rickets /Nutritional Deficiencies	Manage with Physiotherapy
3	Poliomyelitis with residual Deformities/JRA/RA	Corrective Surgery/ Physiotherapy
4	RTA/Polytrauma	Manage

UROLOGY

S. No.	NAME OF THE ILLNESS	RECOMMENDED SERVICE MIX (SUGGESTED ACTIONS)
CHILDREN		
1	Hydronephrosis	Diagnose and refer
2	Urinary Tract Injuries	Diagnose and refer
3	PUV/ Posterior Urethral Valve	Diagnose and refer
4	Cystic Kidney	Diagnose and refer
5	Urinary Obstruction	Urethral Catheter Insertion Referral
6	Undesended Testis	Diagnose and refer
7	Hypospadias and Epispadias	Diagnose and refer
8	Mega Ureter	Diagnose and refer
9	Extrophy	Diagnose and refer
10	Tumours - Urinary Tact	Diagnose and refer
ADULT		
	All above and	
1	Stricture Urethra	Diagnose and refer
2	Stone Diseases	Diagnose and refer
3	Cancer - Urinary and Genital Tract	Diagnose and refer

4	Trauma Urinary Tact	Diagnose and refer
5	GUTB	Diagnose and refer
OLD AGE		
1	Prostate Enlargement and Urinary Retention	Urethral Catheter Insertion Referral
2	Stricture Urethra	Diagnose and refer
3	Stone	Diagnose and refer
4	Cancer (Kidney, Bladder, Prostate, Testis, Penis and Urethra)	Diagnose and refer
5	Trauma Urinary Tract	Diagnose and refer

DENTAL SURGERY

S. No.	NAME OF THE ILLNESS	RECOMMENDED SERVICE MIX (SUGGESTED ACTIONS)
1	Dental Caries/Dental Abscess/Gingivitis	Treat
2	Periodontitis → Cleaning → Surgery	Treat
3	Minor Surgeries, Impaction, Flap	Cleaning Treat Surgery if necessary and refer
4	Malocclusion	Refer
5	Prosthodontia (Prosthetic Treatment)	Treat with appliances
6	Trauma	Treat (wiring and planting)
7	Maxillo Facial Surgeries	Refer
8	Neoplasms	Refer

7. Physical infrastructure

7.1. Size of the hospital:

The size of a district hospital is a function of the hospital bed requirement which in turn is a function of the size of the population served. In India the population size of a district varies from 50,000 to 15,00,000. For the purpose of convenience the average size of the district is taken in this document as one million populations. Based on the assumptions of the annual rate of admission as 1 per 50 populations. And average length of stay in a hospital as 5 days. The number of beds required for a district having a population of 10 lakhs will be as follows:

The total number of admissions per year = $10,00,000 \times 1/50 = 20,000$

Bed days per year = $20,000 \times 5 = 1,00,000$

Total number of beds required when occupancy is 100% = $1,00,000/365 = 275$

Total number of beds required when occupancy is 80% = $1,00,000/365 \times 80/100$

7.2. Area of the hospital:

An area of 65-85 m² per bed has been considered to be reasonable. The area will include the service areas such as waiting space, entrance hall, registration counter, etc. In case of specific requirement of a hospital, flexibility in altering the area be kept.

7.3. Site information:

Physical description of the area which should include bearings, boundaries, topography, surface area, land used in adjoining areas, limitation of the site that would affect planning, maps of vicinity and landmarks or centers, existing utilities, nearest city, port, airport, railway station, major bus stand, rain fall and data on weather and climate. Hospital Management Policy should emphasize on quake proof, fire proof and flood proof buildings. Infrastructure should be eco-friendly and disabled

(physically and visually handicapped) friendly. Provision should be made for water harvesting, generating back-up, solar energy / power back-up, and horticulture services including herbal garden. Local agency Guidelines and By-laws should strictly be followed. A room for horticulture to store garden implements, seeds etc will be made available.

7.4. Factors to be considered in locating a district hospital

- ◆ The location may be near the residential area.
- ◆ Too old building may be demolished and new construction done in its place.
- ◆ It should be free from dangers of flooding; it must not, therefore, be sited at the lowest point of the district.
- ◆ It should be in an area free of pollution of any kind, including air, noise, water and land pollution.
- ◆ It must be serviced by public utilities: water, sewage and storm-water disposal, electricity, gas and telephone. In areas where such utilities are not available, substitutes must be found, such as a deep well for water, generators for electricity and radio communication for telephone.
- ◆ Necessary environmental clearance will be taken.
- ◆ Disability Act will be followed.

7.5. Site selection criteria

A rational, step-by-step process of site selection occurs only in ideal circumstances. In some cases, the availability of a site outweighs other rational reasons for its selection, and planners and architects are confronted with the job of assessing whether a piece of land is suitable for building a hospital. In the case of either site selection or evaluation of adaptability, the following items must be considered: size, topography, drainage, soil

conditions, utilities available, natural features and limitations.

7.6 In the already existing structures of a district hospital

- ◆ It should be examined whether they fit into the design of the recommended structure and if the existing parts can be converted into functional spaces to fit in to the recommended standards.
- ◆ If the existing structures are too old to become part of the new hospital, could they be converted to a motor pool, laundry, store or workshop or for any other use of the district hospital.
- ◆ If they are too old and dilapidated then they must be demolished. And new construction should be put in place.

7.7. Building and Space Requirements

Administrative Block:

Administrative block attached to main hospital along with provision of MS Office and other staff will be provided.

Circulation Areas

Circulation areas like corridors, toilets, lifts, ramps, staircase and other common spaces etc. in the hospital should not be more than 55% of the total floor area of the building.

Floor Height

The room height should not be less than approximately 3.6 m measured at any point from floor to floor height.

Entrance Area

Physical Facilities

Ambulatory Care Area (OPD)

Waiting Spaces

Registration, assistance and enquiry counter facility be made available in all the clinics.

Main entrance, general waiting and subsidiary waiting spaces are required adjacent to each consultation and treatment room in all the clinics.

Clinics

The clinics should include general, medical, surgical, ophthalmic, ENT, dental, obstetric and gynaecology, paediatrics, dermatology and venereology, psychiatry, neonatology, orthopaedic and social service department. The clinics for infectious and communicable diseases should be located in isolation, preferably, in remote corner, provided with independent access. For National Health Programme, adequate space be made available.

Nursing Services

Various clinics under Ambulatory Care Area require nursing facilities in common which include dressing room, side laboratory, injection room, social service and treatment rooms, etc.

Nursing Station: On an average, one nursing station per ward will be provided. However, it should be ensured that nursing station caters to about 40-45 beds. Out of these half will be for acute and chronic patients.

Diagnostic Services

Imaging

Role of imaging department should be radio-diagnosis and ultrasound along with hire facilities depending on the bed strength. The department should be located at a place which is accessible to both OPD and wards and also to operation theatre department. The size of the room should depend on the type of instrument installed. The room should have a sub-waiting area with toilet facility and a change room facility, if required. Film developing and processing (dark room) shall be provided in the department for loading, unloading, developing and processing of X-ray films. Separate Reporting Room for doctors should be there.

Clinical Laboratory

For quick diagnosis of blood, urine, etc., a small sample collection room facility shall be provided.

Separate Reporting Room for doctors should be there.

Blood Bank

Blood bank shall be in close proximity to pathology department and at an accessible distance to operation theatre department, intensive care units and emergency and accident department. Blood Bank should follow all existing guidelines and fulfill all requirements as per the various Acts pertaining to setting up of the Blood Bank.

Separate Reporting Room for doctors should be there.

Intermediate Care Area (Inpatient Nursing Units)

General

Nursing care should fall under following categories:

General Wards: Male / Female

Private Wards:

Wards for Specialities

Depending upon the requirement of the hospital and catchment area, appropriate beds may be allowed for private facility. 10% of the total bed strength is recommended as private wards beds.

Location

Location of the ward should be such to ensure quietness and to control number of visitors.

Ward Unit

The basic aim in planning a ward unit should be to minimize the work of the nursing staff and provide basic amenities to the patients within the unit. The distances to be traveled by a nurse from bed areas to treatment room, pantry etc. should be

kept to the minimum. Ward unit will include nursing station, doctors' duty room, pantry, isolation room, treatment room, nursing store along with wards and toilets as per the norms. On an average one nursing station per ward will be provided. It should be ensured that nursing station caters to above 40-45 beds, out of which half will be for acute and chronic patients.

Private ward:

Depending upon the requirement of the hospital and catchment area appropriate beds may be allocated for private facilities. However, 10% of the total bed strength is recommended as private wards beds.

Pharmacy (Dispensary)

The pharmacy should be located in an area conveniently accessible from all clinics. The size should be adequate to contain 5 percent of the total clinical visits to the OPD in one session.

Pharmacy should have component of medical store facility for indoor patients and separate pharmacy with accessibility for OPD patients.

Intensive Care Unit and High Dependency Wards

General

In this unit, critically ill patients requiring highly skilled life saving medical aid and nursing care are concentrated. These should include major surgical and medical cases, head injuries, severe haemorrhage, acute coronary occlusion, kidney and respiratory catastrophe, poisoning etc. It should be the ultimate medical care the hospital can provide with highly specialized staff and equipment. The number of patients requiring intensive care may be about 2 to 5 percent total medical and surgical patients in a hospital. The unit shall not have less than 4 beds nor more than 12 beds. Number of beds will be restricted to 5% of the total bed strength. Out of these, they can be equally divided among ICU and

High Dependency Wards. For example, in a 500-bedded hospital, total of 25 beds will be for Critical Care. Out of these, 13 may be ICU beds and 12 will be allocated for High Dependency Wards. Changing room should be provided for.

Location

This unit should be located close to operation theatre department and other essential departments, such as, X-ray and pathology so that the staff and ancillaries could be shared. Easy and convenient access from emergency and accident department is also essential. This unit will also need all the specialized services, such as, piped suction and medical gases, uninterrupted electric supply, heating, ventilation, central air conditioning and efficient life services. A good natural light and pleasant environment would also be of great help to the patients and staff as well.

Number of beds for both the units will be restricted to 5% of the total bed strength. Out of these, they can be equally divided among ICU and High Dependency Wards. For example, in a 500 bedded hospital, total of 25 beds will be for critical care. Out of these 13 may be ICU beds and 12 will be allocated for high dependency wards.

Facilities

- Nurses Station
- Clean Utility Area
- Equipment Room

Critical Care Area (Emergency Services)

It should preferably have a distinct entry independent of OPD main entry so that a very minimum time is lost in giving immediate treatment to casualties arriving in the hospital. There should be an easy ambulance approach with adequate space for free passage of vehicles and covered area for alighting patients.

Therapeutic Services

Operation Theatre

Operation theatre usually have a team of surgeons anesthetists, nurses and sometime pathologist and radiologist operate upon or care for the patients. The location of Operation theatre should be in a quite environment, free from noise and other disturbances, free from contamination and possible cross infection, maximum protection from solar radiation and convenient relationship with surgical ward, intensive care unit, radiology, pathology, blood bank and CSSD. This unit also need constant specialized services, such as, piped suction and medical gases, electric supply, heating, air-conditioning, ventilation and efficient life service, if the theatres are located on upper floors. Zoning should be done to keep the theatres free from micro organisms. There may be four well defined zones of varying degree of cleanliness namely, Protective Zone, Clean Zone, Aseptic or Sterile Zone and Disposal or Dirty Zone. Normally there are three types of traffic flow, namely, patients, staff and supplies. All these should be properly channelized. An Operation Theatre should also have Preparation Room, Pre-operative Room and Post Operative Resting Room. Operating room should be made dust-proof and moisture proof. There should also be a Scrub-up room where operating team washes and scrub-up their hands and arms, put on their sterile gown, gloves and other covers before entering the operation theatre. The theatre should have sink / photo sensors for water facility. Laminar flow of air be maintained in operation theatre. It should have a central air conditioning facility. It should have a single leaf door with self closing device and viewing window to communicate with the operation theatre. A pair of surgeon's sinks and elbow or knee operated taps are essential. Operation Theatre should also have a Sub-Sterilizing unit attached to the operation theatre limiting its role to operating instruments on an emergency basis only.

Theatre refuse, such as, dirty linen, used instruments and other disposable / non disposable items should be removed to a room after each operation. Non-disposable instruments after initial wash are given back to instrument sterilization and rest of the disposable items are disposed off and destroyed. Dirty linen is sent to laundry through a separate exit. The room should be provided with sink, slop sink, work bench and draining boards.

Delivery Suite Unit

The delivery suit unit be located near to operation theatre.

The delivery Suit Unit should include the facilities of accommodation for various facilities as given below:

- Reception and admission
- Examination and Preparation Room
- Labour Room (clean and a septic room)
- Delivery Room
- Neo-natal Room
- Sterilizing Rooms
- Sterile Store Room
- Scrubbing Room
- Dirty Utility

Physiotherapy

The physiotherapy department provides treatment facilities to patients suffering from crippling diseases and disabilities. The department is more frequently visited by out-patients but should be located at a place which may be at convenient access to both outdoor and indoor patients with privacy. It should also have a physical and electro-therapy rooms, gymnasium, office, store and toilets separate for male and female. Normative standards will be followed.

Hospital Services

Hospital Kitchen (Dietary Service)

The dietary service of a hospital is an important therapeutic tool. It should easily be accessible from outside along with vehicular accessibility and separate room for dietician and special diet. It should be located such that the noise and cooking odours emanating from the department do not cause any inconvenience to the other departments. At the same time location should involve the shortest possible time in delivering food to the wards.

Central Sterile and Supply Department (CSSD)

As the operation theatre department is the major consumer of this service, it is recommended to locate the department at a position of easy access to operation theatre department. It should have a provision of hot water supply.

Hospital Laundry

It should be provided with necessary facilities for drying, pressing and storage of soiled and cleaned linens.

Medical and General Stores

There are of medical and general store should have vehicular accessibility and ventilation, security and fire fighting arrangements.

Mortuary

It provides facilities for keeping of dead bodies and conducting autopsy. It should be so located that the dead bodies can be transported unnoticed by the general public and patients.

Engineering Services

Electric Engineering

Sub Station and Generation

Electric sub station and standby generator room should be provided.

Illumination

The illumination and lightning in the hospital should be done as per the prescribed standards.

Emergency Lighting

Shadow less light in operation theatre and delivery rooms should be provided. Emergency portable light units should be provided in the wards and departments.

Call Bells

Call bells with switches for all beds should be provided in all types of wards with indicator lights and location indicator situated in the nurses duty room of the wards.

Ventilation

The ventilation in the hospital may be achieved by either natural supply or by mechanical exhaust of air.

Mechanical Engineering

Air-conditioning and Room Heating in operation theatre and neo-natal units should be provided. Air coolers or hot air convectors may be provided for the comfort of patients and staff depending on the local needs.

Hospital should be provided with water coolers and refrigerator in wards and departments depending upon the local needs.

Public Health Engineering

Water Supply

Arrangement should be made for round the clock piped water supply along with an overhead water storage tank with pumping and boosting arrangements. Approximately 10000 litres of potable water per day is required for a 100 bedded hospital. Separate provision for fire fighting and water softening plants be made available.

Drainage and Sanitation

The construction and maintenance of drainage and sanitation system for waste water, surface water, sub-soil water and sewerage shall be in accordance with the prescribed standards. Prescribed standards and local guidelines shall be followed.

Waste Disposal System

National guidelines on Bio-Medical Waste Management and a Notification of Environment and Forests are at Annexure - I

Trauma Centre

Guidelines to be followed

Fire Protection

Telephone and Intercom

Medical Gas

Cooking Gas: Liquefied petroleum gas (LPG)

Laboratory Gas: Liquefied petroleum gas (LPG) and other specified gases.

Building Maintenance: Provision for building maintenance staff and an office-cum store will be provided to handle day to day maintenance work

Parking: Sufficient parking place as per the norms will be provided

Administrative Services: Two sections (i) General section to deal with overall upkeep of the hospital and welfare of its staff and patients (ii) Medical Records section.

Committee Room: A meeting or a committee room for conferences, trainings with associated furniture.

Residential Quarters

All the essential medical and para-medical staff will be provided with residential accommodation.

8. MANPOWER REQUIREMENT

8.1. MAN POWER – DOCTORS

S. No	Staff	District Headquarters Hospital (101-200) bedded
1	Hospital Superintendent	1
2	Medical Specialist	3
3	Surgery Specialists	2
4	O&G specialist	4
5	Psychiatrist	1
6	Dermatologist / Venereologist	1
7	Paediatrician	2
8	Anesthetist (Regular / trained)	2
9	ENT Surgeon	1
10	Ophthalmologist	1
11	Orthopedician	1
12	Radiologist	1
13	Microbiologist	1
14	Casualty Doctors / General Duty Doctors	6
15	Dental Surgeon	1
16	Forensic Expert	1
17	Public Health Manager ¹	1
18	AYUSH Physician ²	2
19	Pathologists	2
	Total	34

Note:

¹May be a public Health Specialist or mangement specialist trained in public health

²Provided there is no AYUSH hospital/dispensary in the district haedquarter

8.2. MAN POWER – PARA MEDICAL

S. No	Staff	District Head quarters Hospital (101-200) bedded
1	Staff Nurse*	75 to 100
2	Hospital worker (OP/ward +OT+ blood bank)	20
3	Sanitary Worker	15
4	Ophthalmic Assistant / Refractionist	1
5	Social Worker / Counsellor	1
6	Cytotechnician	1
7	ECG Technician	1
8	ECHO Technician	1
9	Audiometrician	
10	Laboratory Technician (Lab + Blood Bank)	12
11	Laboratory Attendant (Hospital Worker)	4
12	Dietician	1
13	PFT Technician	-
14	Maternity assistant (ANM)	6
15	Radiographer	2
16	Dark Room Assistant	1
17	Pharmacist ¹	5
18	Matron	1
19	Assistant Matron	2
20	Physiotherapist	1
21	Statistical Assistant	1
22	Medical Records Officer / Technician	1
23	Electrician	1
24	Plumber	1

*1 Staff Nurse for every eight beds with 25% reserve.

¹ One may from AYUSH

8.3. MANPOWER- ADMINISTRATIVE STAFF

S. No.	Staff	District Headquarters Hospital plus JD-HS Office 101-200 Bedded Hospitals
1	Manager (Administration)	-
2	Junior Administrative Officer	1
3	Office Superintendent	1
4	Assistant	2
5	Junior Assistant / Typist	2
6	Accountant	2
7	Record Clerk	1
8	Office Assistant	1
9	Computer Operator	1
10	Driver	2
11	Peon	2
12	Security Staff*	2
	Total	17

Note : Drivers post will be in the ratio of 1 Driver per 1 vehicle. Driver will not be required if outsourced

* The number would vary as per requirement and to be outsourced.

8.4. MAN POWER – OPERATION THEATRE

S. No.	Staff	District Headquarters Hospital 101-200 Bedded Hospitals	
		Emergency / FW OT	General OT
1	Staff Nurse	8	1
2	OT Assistant	4	2
3	Sweeper	3	4
	Total	15	4

8.5. MAN POWER – BLOOD BANK / STORAGE

S. No	Staff	Blood Bank	Blood Storage
1	Staff Nurse	8	1
2	MNA/FNA	1	1
3	Lab Technician	1	1
4	Safar Karamchari	1	1
	Total	6	3

9. EQUIPMENT NORMS

Equipment norms are worked out keeping in mind the assured service recommended for various grades of the district hospitals. The equipments required are worked out under the following headings

1. Imaging equipments
2. X Ray Room Accessories
3. Cardiac Equipments
4. Labour ward & Neo Natal Equipments
5. Ear Nose Throat Equipments
6. Eye Equipments
7. Dental Equipments
8. Operation Theatre Equipment
9. Laboratory Equipments
10. Surgical Equipment Sets
11. PhysioTherapy Equipments
12. Endoscopy Equipments
13. Anaesthesia Equipments
14. Furniture & Hospital Accessories
15. PM equipments
16. Linen
17. Teaching Equipments
18. Administration
19. Refrigeration & AC
20. Hospital Plants
21. Hospital Fittings & Necessities
22. Transport

I. IMAGING EQUIPMENT

S. No.	Name of the Equipment	District Headquarters Hospital 101-200 Bedded Hospitals
1	500 M.A. X-ray machine*	
2	300 M.A. X-ray machine	1
3	100 M.A. X-ray machine	1
4	60 M.A. X-ray machine (Mobile)	
5	C arm with accessories *	
6	Dental X ray machine	1
7	Ultra Sonogram (Obs & Gyne. department should be having a separate ultra-sound machine of its own)	1 + 1
8	C.T. Scan	
9	Mammography Unit *	
10	Echocardiogram*	

* To be provided as per need.

II. X-RAY ROOM ACCESSORIES

S. No.	Name of the Equipment	District Headquarters Hospital 101-200 Bedded Hospitals
1	X.ray developing tank	1
2	Safe light X.ray dark room	3
3	Cassettes X.ray	12
4	X.ray lobby single	6
5	X.ray lobby Multiple	1
6	Lead Apron	2
7	Intensifying screen X-ray	1

III. CARDIAC EQUIPMENTS

S. No.	Name of the Equipment	District Headquarters Hospital 101-200 Bedded Hospitals
1	ECG machine computerized	1
2	ECG machine ordinary	1
3	12 Channel stress ECG test equipments Tread Mill *	
4	Cardiac Monitor	4
5	Cardiac Monitor with defibrillator	2
6	Ventilators (Adult)	1
7	Ventilators (Paediatrics)	1
8	Pulse Oximeter	3
9	Pulse Oximeter with NIB.P*	1
10	Infusion pump	2
11	B.P.apparatus table model	10
12	B.P.apparatus stand model	10
13	Stethoscope	5

* To be provided as per need.

IV. LABOUR WARD & NEO NATAL EQUIPMENTS

S. No.	Name of the Equipment	District Headquarters Hospital 101-200 Bedded Hospitals
1	Baby Incubators	1
2	Phototherapy Unit	2
3	Emergency Resuscitation Kit-Baby	2
4	Radiant Warmer	2
5	Room Warmer	2
6	Foetal Doppler	2
7	CTG Monitor	2
8	Delivery Kit	10
9	Episiotomy kit	2
10	Forceps Delivery Kit	2
11	Crainotomy	1
12	Vacuum extractor metal	2
13	Silastic vacuum extractor	2
14	Pulse Oximeter baby and adult	1 each
15	Cardiac monitor baby	1
16	Nebulizer baby	2
17	Weighing machine adult	3
18	Weighing machine infant	3

V. EAR NOSE THROAT EQUIPMENT

S. No.	Name of the Equipment	District Headquarters Hospital 101-200 Bedded Hospitals
1	Audiometer	1
2	Operating Microscope (ENT)	
3	Head light (ordinary) (Boyle Davis)	2
4	ENT Operation set including headlight, Tonsils	1
5	Mastoid Set	1
6	Micro Ear Set myringoplasty	1
7	Stapedotomy Set	1
8	Stapeidoplasty	1
9	ENT Nasal Set (SMR, Septoplasty, Polypectomy, DNS, Rhinoplasty)	1
10	Laryngoscope fiberoptic ENT	
11	Laryngoscope indirect	2
12	Otoscope	2
13	Oesophagoscope Adult	1
14	Oesophagoscope Child	1
15	Head Light (cold light)	1
16	Tracheostomy Set	2
17	Tuning fork	1

VI. EYE EQUIPMENTS

S. No.	Name of the Equipment	District Headquarters Hospital 101-200 Bedded Hospitals
1	Cryo Surgery Unit	1
2	Ophthalmoscope - Direct	2
3	Slit Lamp	1
4	Retino scope	1
5	Perimeter	1
6	IOL Operation set	2
7	Laser Photocoagulometer*	

* - to be supplied by Blindness Control Society

VII. DENTAL EQUIPMENTS

S. No.	Name of the Equipment	District Headquarters Hospital 101-200 Bedded Hospitals
1	Air Rotor	1
2	Dental Unit with motor for dental OP	1
3	Dental Chair	1
4	Dental Lab	
5	Dental Kit	2

VIII. OPERATION THEATRE EQUIPMENT

S. No.	Name of the Equipment	District Headquarters Hospital 101-200 Bedded Hospitals
1	Auto Clave HP Horizontal	
2	Auto Clave HP Vertical (2 bin)	2
3	Operation Table Ordinary Paediatric*	
4	Operation Table Hydraulic Major	2
5	Operation table Hydraulic Minor	2
6	Operating table non-hydraulic field type	1
7	Operating table Orthopedic *	
8	Autoclave with Burners 2 bin*	
9	Autoclave vertical single bin	1
10	Shadowless lamp ceiling type major*	1
11	Shadowless lamp ceiling type minor*	1
12	Shadowless Lamp stand model	1
13	Focus lamp Ordinary	2
14	Sterilizer big (Instrument)	2
15	Sterilizer Medium (Instrument)	3
16	Steriliser Small (Instruments)	3
17	Bowl Steriliser - big*	2
18	Bowl steriliser - Medium*	1
19	Diathermy Machine (Electric Cautery)	1
20	Suction Apparatus - Electrical	4
21	Suction Apparatus - Foot operated	3
22	Dehumidifier*	1
23	Ultra violet lamp philips model 4 feet	4
24	Ethylene Oxide sterilizer*	1
25	Microwave sterilizer*	1

* To be provided as per need.

IX. LABORATORY EQUIPMENTS

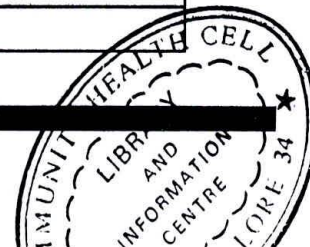
S. No.	Name of the Equipment	District Headquarters Hospital (101-200 bedded)
1	Binocular Microscope	6
2	Chemical Balances	2
3	Simple balances	2
4	Electric Calorimeter	2
5	Auto analyser	
6	Semi auto analyser	1
7	Micro pipettes of different volumes	10
8	Water bath	2
9	Hot Air oven	3
10	Lab Incubator	3
11	Distilled water Plant	2
12	Electric centrifuge, table top	3
13	Cell Counter Electronic	1
14	Hot plates	3
15	Rotor / Shaker	3
16	Counting chamber	3
17	PH meter	2
18	Paediatric Glucometer / Bilirubinometer	
19	Glucometer	1
20	Haemoglobinometer	2
21	TCDC count apparatus	1
22	ESR stand with tubes	4
23	Test tube stands	6
24	Test tube rack	6
25	Test tube holders	6
26	Spirit lamp	8
27	Rotary Microtome	1
28	Wax Embed Bath	
29	Auto Embedic Station	1
30	Timer stop watch	2
31	Alarm clock	1
32	Elisa Reader cum washer	1
33	Blood gas analyser	1
34	Electrolyte Analyser	1
35	Glycosylated Haemoglobinometer	1

36	Blood Bank Refrigerator	3
37	Haematology Analyser with 22 parameters	1
38	Blood Collection Monitor	1
39	Laboratory Autoclaves	3
40	Blood Bank Refrigerator	4
41	Ordinary Refrigerator	3
42	Flootation Bath	1
43	Emergency Drug Trolley with auto cylinder	1
44	Dialected Tube Scaler	
45	Class – I Bio Safety Cabinet	1
46	Knife Sharpner	1
47	Air Conditioner with Stabilizer	1
48	Cyto Spin	1
49	RO Plant	1
50	Computer with UPS and Printer	1

X. SURGICAL EQUIPMENT SETS

S. No.	Name of the Equipment	District Headquarters Hospital (101-200 bedded)
1	P.S.set	2
2	MTP Set	2
3	Biopsy Cervical Set	1
4	D & C Set	2
5	I.U.C.D. Kit	2
6	LSCS set	2
7	MVA Kit	2
8	Vaginal Hysterectomy	2
9	Proctoscopy Set	2
10	P.V. Tray	2
11	Abdominal Hysterectomy set	2
12	Laparotomy Set	2
13	Formaline dispenser	3
14	Kick Bucket	8
15	General Surgical Instrument Set Piles, Fistula, Fissure	2
16	Knee hammer	5
17	Hernia, Hydrocele	2
18	Varicosevein etc	1

12056
PH-110
POT 10203
POT



19	Gynaec Electric Cautery	1
20	Vaginal Examination set	8
21	Suturing Set	5
22	MTP suction apparatus	1
23	Thoracotomy set	
24	Neuro Surgery Craniotomy Set	
25	I M Nailing Kit	1
26	SP Nailing	1
27	Compression Plating Kit	1
28	AM Prosthesis	
29	Dislocation Hip Screw Fixation	
30	Fixation Fracture Hip	1
31	Spinal Column Back Operation Set	
32	Thomas Splint	7
33	Paediatric Surgery Set	1
34	Mini Surgery Set	2
35	Urology Kit	1
36	Surgical Package for Cholecystectomy	
37	Surgical package for Thyroid	
38	GI Operation Set	2
39	Appendicectomy Set	2
40	L.P.Tray	5
41	Urethral Dilator Set	4
42	TURP resectoscope	1
43	Haemodialysis Machine	
44	Amputation set	1
45	Universal Bone Drill	
46	Crammer wire splints	8
47	Heamo dialysis machine	

XI. PHYSIOTHERAPY EQUIPMENTS

S. No.	Name of the Equipment	District Headquarters Hospital (101-200 bedded)
1	Skeleton traction set	1
2	Interferential therapy unit	1
3	Short Wave Diathermy	1

XII. ENDOSCOPY EQUIPMENTS

S. No.	Name of the Equipment	District Headquarters Hospital (101-200 bedded)
1	Endoscope fibre Optic (OGD) *	
2	Arthroscope	
3	Laparoscope operating major with accessories *	
4	Laparoscope diagnostic and for sterilisation *	1
5	Colonoscope and sigmoidoscope*	
6	Hysteroscope *	1
7	Colposcope *	1

* - to be provided as per need

XIII. ANAESTHESIA EQUIPMENTS

S. No.	Name of the Equipment	District Headquarters Hospital (101-200 bedded)
1	Anaesthetic - laryngoscope magills with four blades	3
2	Endo tracheal tubes sets	2
3	Magills forceps (two sizes)	6
4	Connector set of six for E.T.T	6
5	Tubes connecting for ETT	6
6	Air way female*	10
7	Air way male*	20
8	Mouth prop*	8
9	Tongue depressors*	10
10	O2 cylinder for Boyles	10
11	N2O Cylinder for Boyles	10
12	CO2 cylinder for laparoscope*	
13	PFT machine	1
14	Boyles Apparatus with Fluotec and circle absorber	1
15	Exchange Transfusion Sets*	

* - to be provided as per need

XIV. FURNITURE & HOSPITAL ACCESSORIES

S. No.	Name of the Equipment	District Headquarters Hospital (101-200 bedded)
1	Doctor's chair for OP Ward, Blood Bank, Lab etc.	30
2	Doctor's Table	8
3	Duty Table for Nurses	10
4	Table for Sterilisation use (medium)	8
5	Long Benches(6 1/2' x 1 1/2')	30
6	Stool Wooden	30
7	Stools Revolving	10
8	Steel Cup-board	20
9	Wooden Cup Board	10
10	Racks -Steel – Wooden	10
11	Patients Waiting Chairs (Moulded) *	20
12	Attendants Cots *	10
13	Office Chairs	6
14	Office Table	6
15	Foot Stools *	20
16	Filing Cabinets (for records) *	8
17	M.R.D.Requirements (record room use) *	1
18	Paediatric cots with railings	5
19	Cradle*	3
20	Fowler's cot	1
21	Ortho Fracture Table*	1
22	Hospital Cots (ISI Model)	200
23	Hospital Cots Paediatric (ISI Model)	10
24	Wooden Blocks (Set)*	3
25	Back rest*	6
26	Dressing Trolley (SS)	6
27	Medicine Almairah	3
28	Bin racks (wooden or steel)*	8
29	ICCU Cots	6
30	Bed Side Screen (SS-Godrej Model)	6
31	Medicine Trolley(SS)	6
32	Case Sheet Holders with clip(S.S.)*	80
33	Bed Side Lockers (SS)*	0
34	Examination Couch (SS)	3
35	Instrument Trolley (SS)	8
36	Instrument Trolley Mayos (SS)	4
37	Surgical Bin Assorted	30
38	Wheel Chair (SS)	6
39	Stretcher / Patience Trolley (SS)	5

40	Instrument Tray (SS) Assorted	50
41	Kidney Tray (SS) - Assorted	50
42	Basin Assorted (SS)	50
43	Basin Stand Assorted (SS)	
	(2 basin type)	8
	(1 basin type)	10
44	Delivery Table (SS Full)	8
45	Blood Donar Table*	1
46	O2 Cylinder Trolley(SS)	10
47	Saline Stand (SS)	30
48	Waste Bucket (SS)*	50
49	Dispensing Table Wooden	1
50	Bed Pan (SS)*	30
51	Urinal Male and Female	30
52	Name Board for cubicals*	1
53	Kitchen Utensils*	
54	Containers for kitchen*	
55	Plate, Tumblers*	
56	Waste Disposal - Bin / drums	10
57	Waste Disposal - Trolley (SS)	2
58	Linen Almirah	3
59	Stores Almirah	3
60	Arm Board Adult*	10
61	Arm Board Child*	15
62	SS Bucket with Lid	8
63	Bucket Plastic*	10
64	Ambu bags	6
65	O2 Cylinder with spanner ward type	30
66	Diet trolley - stainless steel	2
67	Needle cutter and melter	20
68	Thermometer clinical *	25
69	Thermometer Rectal*	4
70	Torch light*	10
71	Cheatles forceps assorted*	10
72	Stomach wash equipment*	4
73	Infra Red lamp*	5
74	Wax bath*	1
75	Emergency Resuscitation Kit-Adult*	2
76	Enema Set*	6
77	Ceiling Fan\$	As per requirement

* - to be provided as per need

\$ - One fan per four beds in the ward.

XV. POST MORTEM EQUIPMENTS

S. No.	Name of the Equipment	District Headquarters Hospital (101-200 bedded)
1	Mortuary table (Stainless steel) *	2
2	P.M.equipments (list)	4
3	Weighing machines (Organs)	2
4	Measuring glasses(liquids)	3
5	Aprons*	10
6	PM gloves (Pairs)*	10
7	Rubber sheets*	
8	Lens	2
9	Spot lights	2

* - to be provided as per need

XVI. LINEN

S. No.	Name of the Equipment	District Headquarters Hospital (101-200 bedded)
1	Bedsheets	800
2	Bedspreads	1200
3	Blankets Red and blue	50
4	Patna towels	300
5	Table cloth	60
6	Draw sheet	100
7	Doctor's overcoat	60
8	Hospital worker OT coat	250
9	Patients house coat (for female)	600
10	Patients Pyjama (for male) Shirt	300
11	Over shoes pairs	80
12	Pillows	300
13	Pillows covers	600
14	Mattress (foam) Adult	200
15	Paediatric Mattress	20
16	Abdominal sheets for OT	150
17	Pereneal sheets for OT	150
18	Leggings	100
19	Curtain cloth windows and doors	
20	Uniform / Apron	
21	Mortuary sheet	50
22	Mats (Nylon)	100
23	Mackin tosh sheet (in meters)	200
24	Apron for cook	

XVII. TEACHING EQUIPMENT

S. No.	Name of the Equipment	District Headquarters Hospital (101-200 bedded)
1	Slide Projector	1
2	O.H.P	1
3	Screen	1
4	White / colour boards	1
5	Television colour	1
6	Tape Recorder* (2 in 1)	1
7	VCD Player	1
8	Radio	1
9	LCD Projectors	

* - to be provided as per need

XVIII. ADMINISTRATION

S. No.	Name of the Equipment	District Headquarters Hospital (101-200 bedded)
1	Computer with Modem with UPS, Printer with Internet Connection**	4
2	Xerox Machine	1
3	Typewriter (Electronic)*	1
4	Intercom (15 lines)*	
5	Intercom (40 lines)*	1
6	Fax Machine	1
7	Telephone	1
8	Paging System*	
9	Public Address System*	1
10	Library facility*	

* - to be provided as per need

** At least one for Medical Records and one for IDSP

XIX. REFRIGERATION & AC

Sl. No.	Name of the Equipment	District Headquarters Hospital (101-200 bedded)
1	Refrigerator 165 litres	4
2	Blood Bank Refrigerator	1
3	ILR	1
4	Deep Freezer	1
5	Coolers*	As per requirement
6	Air conditioners	8
7	Central A/C for OT	1

* One cooler per 8 beds in the wards.

XX. HOSPITAL PLANTS

S. No.	Name of the Equipment	District Headquarters Hospital (101-200 bedded)
1	Generator 40 / 50 KV	
2	Generator 75 KV	1
3	Generator 125 KV	
4	Portable 2.5 KV	1
5	Solar Water heater *	
6	Incinerator*	
7	Central supply of O ₂ , N ₂ O, Vacuum *	
8	Cold storage for mortuary *	

* - to be provided as per need

XXI. HOSPITAL FITTINGS & NECESSITIES

S. No.	Name of the Equipment	District Headquarters Hospital (101-200 bedded)
1	Ceiling Fans*	50
2	Exhaust Fan*	10
3	Pedestal Fan*	2
4	Wall Fan*	3
5	Hotwater geiser*	2
6	Fire extinguishers*	
7	Sewing Machine*	2
8	Lawn Mover*	2
9	Vaccum cleaner*	2
10	Aqua guard*	
11	Solar water heater *	
12	Neon sign for hospital*	
13	Garden equipment*	
14	Borewell motor OHT *	
15	Water dispenser / Water cooler*	
16	Laundry (steam) *	
17	Emergency lamp	
18	Emergency trauma set*	2
19	Tube lights*m	70
20	Drinking Water Fountain*	3

* - to be provided as per need

XXII. TRANSPORT

S. No.	Name of the Equipment	District Headquarters Hospital (101-200 bedded)
1	Ambulance	3
2	Van (Family Welfare)*	
3	Pickup vehicles Maruti (Omni)*	
4	Mortuary Van	1
5	Administrative vehicle (Car)*	
6	Minidor 3 wheeler*	
7	Bicycle*	
8	Camp Bus*	
9	Progamme vehicle*	
10	Motorcycle*	

* To be provided as per need.

10. **LABORATORY SERVICES AT DISTRICT HOSPITAL:** Following services will be ensured, for advanced diagnostic tests, a list of National Reference Laboratories has been provided as annexure:

S. No.	Speciality	Diagnostic Services/Tests	District Hospitals (101-200 bedded)
I.	CLINICAL		
	PATHOLOGY		
	a. Haematology	Haemoglobin estimation	Yes
		Total Leucocyte count	Yes
		Differential Leucocyte count	Yes
		Absolute Eosinophil count	Yes
		Reticulocyte count	Yes
		Total RBC count	Yes
		E.S.R.	Yes
		Bleeding time	Yes
		Clotting time	Yes
		Prothrombin time	Yes
		Peripheral Blood Smear	Yes
		Malaria/Filaria Parasite	Yes
		Platelet count	Yes
		Packed Cell volume	Yes
		Blood grouping	Yes
		Rh typing	Yes
		Blood Cross matching	Yes
		ELISA for HIV, HBS AG, and	
		HCV	Yes

S. No.	Speciality	Diagnostic Services/Tests	District Hospitals (101-200 bedded)
	b. Urine Analysis	Urine for Albumin, Sugar, Deposits, bile salts, bile pigments, acetone, specific gravity, Reaction (pH)	Yes
	c. Stool Analysis	Stool for Ovacyst (Eh)	Yes
		Culture and Sensitivity	
		Hanging drop for V.Cholera	Yes
		Occult blood	Yes
	d. Semen Analysis	Morphology, count	Yes

	e. CSF Analysis	Cell count, culture sensitivity etc, Gram Staining	Yes
	f. Aspirated fluids	Cell count cytology	Yes
II.	PATHOLOGY		
	a. PAP smear	Cytology	
	b. Sputum	Sputum cytology	Yes
	c. Haematology	Bone Marrow Aspiration	
		Coagulation disorders	
		Sickle cell anaemia	
		Thalassemia	
	d. Histopathology	All types of specimens, Biopsies	

S. No.	Speciality	Diagnostic Services/Tests	District Hospitals (101-200bedded)
III.	MICROBIOLOGY		
		Smear for AFB Bacilli), KLB (Diphtheria Bacilli)	Yes
		Culture and sensitivity for blood, sputum, pus, urine etc.	
		Stool culture for enteco pathogene	
		Supply of different Specimen collection and transportation media for peripheral Laboratories	
		KOH Study for Fungus	
		Grams Stain for Throat swab, sputum etc.	Yes
		Bacteriological analysis of water by Rapid H ₂ S test to be done in districts where there is no separate public health laboratory	
IV.	SEROLOGY		
		Pregnancy test (Urine gravindex)	Yes
		Coomb's tests,	Yes
		Lepto spirosis (Rapid test /	
		ELISA) WIDAL test	Yes
		RPR test	
		Elisa test for HIV, HBs Ag, HCV	Yes
		RA factor test	Yes

S. No.	Speciality	Diagnostic Services/Tests	District Hospitals (101-200bedded)
V.	BIOCHEMISTRY	Blood Sugar	Yes
		Glucose Tolerance Test	Yes
		Glycosylated Hemoglobin	Yes
		Blood urea, blood cholesterol	Yes
		Serum bilirubin	Yes
		Liver function tests	Yes
		Kidney function tests	Yes
		Lipid Profile	Yes
		Blood uric acid	Yes
		Serum calcium, sodium,	
		potassium	Yes
		Serum Phosphorous	Yes
		Serum Magnesium	Yes
		CSF for protein, sugar	Yes
		Blood gas analysis	Yes
		Estimation of residual chlorine in	
		water by OT test	Yes
		Thyroid T3 T4 TSH	
		CPK	
		Chloride	
		Iodometry Titration	

S. No.	Speciality	Diagnostic Services/Tests	District Hospitals (101-200bedded)
VI.	CARDIAC INVESTIGATIONS		
		a) ECG	Yes
		b) Stress tests	Yes
		c) ECHO	
VII.	OPHTHALMOLOGY	a) Refraction by using Snellen's chart	Yes
		Retinoscopy	Yes
		Ophthalmoscopy	Yes
VIII.	ENT	Audiometry	Yes
		Endoscopy for ENT	
IX.	RADIOLOGY	a) Xray for Chest, Skull, Spine, Abdomen, bones	Yes

	IITB X-Ray – CR Digital	
	OPG	
	d) HSG	Yes
	f) Ultrasonography Colour Doppler	Yes
	g) Spiral CT scan MRI 0.5 TESSLA	

Sl. No.	Speciality	Diagnostic Services / Tests	District Hospitals (101-200 bedded)
X	ENDOSCOPY	Oesophagus	
		Stomach	
		Colonoscopy	
		Bronchoscopy	
		Arthros copy	Yes
		Laparoscopy (Diagnostic)	Yes
		Colposcopy	
		Hysteroscopy	
XI.	PHYSIOLOGY	Pulmonary function tests	Yes

11. RECOMMENDED ALLOCATION OF BED STRENGTH AT VARIOUS LEVELS

RECOMMENDED ALLOCATION OF BED STRENGTH

S. No	Item	Type	District Headquarters Hospitals (101-200 bedded)
1	General Medicine	Beds (M+F)	15+15
2	New born ward	Beds	5
3	Mothers room with dining and toilets	Beds	5
4	Paediatrics ward	Beds	10
5	Critical care ward – IMCU	Beds	5
6	Isolation Ward	Beds	4
7	Dialysis unit (as per specifications)	Beds	
8	Thoracic medicine ward with room for pulmonary function test	Beds (M+F)	
9	Blood bank		Yes

10	General surgery ward (incl. Urology, ENT)	Beds (M+F)	15+15
11	Post – Operative Ward	Beds (M+F)	10+16\$
12	Accident and Trauma ward	Beds	10
13	Labour room	Boards	3
14	Labour room (Eclampsia)	Beds	
15	Septic Labour room	Boards	
16	Ante-natal ward	Beds	15
17	Post-natal ward	Beds	15
18	Postpartum ward	Beds	20
19	Post operative ward	Beds	
20	Ophthalmology ward	Beds	
21	Burns Ward	Beds	

* including ophthalmic ward. \$ including post – caesarean patients # including paediatric beds @ 10% Paying Wards

REQUIREMENTS FOR OPERATION THEATRE:

S. No	Item	District Headquarters Hospital (101-200 Bedded)
1	Elective OT-Major	1
2	Emergency OT/FW OT	.1
3	Ophthalmology /ENT OT	1

12. LIST OF MEDICINES / INSTRUMENTS / EQUIPMENTS /LAB REAGENTS / OTHER CONSUMABLES AND DISPOSABLES FOR DISTRICT HOSPITALS

Sr. No	Name of the Item
A)	Analgesics/Antipyretics/Anti Inflammatory
1	Tab.Aspirin 300mg
2	Tab.Paracetamol 500mg
3	Inj.Diclofenac sodium
4	Tab.Diclofenac sod
5	Tab.Dolonex DT 20mg
6	Tab.Ibuprofen
B)	Chemotherapeutics
7	Inj.Crystalline penicillin 5 lac unit
8	Inj.Fortified procaine pen 4 lac
9	Inj.Ampicillin 500mg
10	Inj.Gentamycin 40mg/2ml vial
11	Inj.crystalline penicillin 10 lac unit
12	Cap.Ampicillin 250mg
13	Cap.Tetracycline 250mg
14	Tab.Trimethoprim+Sulphamethazol ss
15	Tab.Ciprofloxacin 250mg
16	Tab.Ciprofloxacin 500mg
17	Inj.Ciprofloxacin 100ml
18	Tab.Erythromycin 250mg
19	Tab.Erythromycin 500mg
20	Syrup Cotrimoxazole 50ml
21	Syrup Ampicillin 125mg/5ml 60ml
22	Inj.Cefoperazone 1Gm
23	Inj.cefotaxime 500mg
24	Tab.Norfloxacin 200mg
25	Tab.Norfloxacin 400mg
26	Tab.Ofloxacin 200mg

27	Inj.Vionocef(Ceffixime)250mg
28	Inj.Amikacin sulphate 500mg
29	Inj.Amikacin sulphate 100mg
30	Cap.Cefodroxyl 250mg
31	Inj.Amoxycillin 500mg
C)	Anti Diarrhoeal
32	Tab.Metronidazole 200mg
33	Tab.Metronidazole 400mg
34	Syrup.Metronidazole
35	Tab.Furazolidone 100mg
36	Tab.Diloxanide Fuzate
37	Tab.Tinidazole 300mg
D)	Dressing Material/Antiseptic lotion
38	Povidone Iodine solution 500ml
39	Phenyl 5ltr jar(Black Phenyl)
40	Benzalkonium chloride 500ml bottle
41	Rolled Bandage a)6cm
	b)10cm
	c)15cm
42	Bandage cloth(100cmx20mm) in Than
43	Surgical Guaze(50cmx18m) in Than
44	Adhesive plaster 7.5cm x 5mtr
45	Absorbent cotton I.P 500gm Net
46	P.O.P Bandage a) 10cm
	b)15cm
47	Framycetin skin oint 100 G tube
48	Silver Sulphadiazene Oint 500gm jar
49	Antiseptic lotion containing :
	a)Dichlorometxylenol 100ml bot
	b)Haffkinol 5litre jar
50	Sterillium lotion
51	Bacillocid lotion

E)	Infusion Fluids
52	Inj.dextrose 5% 500ml ,
53	Inj.Dextrose 10% 500ml bottle
54	Inj.Dextrose in Normal saline 500ml bt
55	Inj.Normal saline (Sod chloride) 500ml
56	Inj.Ringer lactate 500ml
57	Inj.Mannitol 20% 300ml
58	Inj.Water for 5ml amp
59	Inj.Water for 10ml amp
60	Inj.Dextrose 25%100ml bot
61	I.V.Metronidazole 100ml
62	Inj.Plasma Substitute 500ml bot
63	Inj.Lomodex
F)	Other Drugs & Material
64	All Glass Syringes 2ml
	5ml
	10ml
	20ml
65	Hypodermic Needle (Pkt of 10 needle)
	a) No.19
	b) No.20
	c) No.21
	d) No.22
	e) No.23
	f) No.24
	g) No.25
	h) No.26
66	Scalp vein sets no a) 19
	b) 20
	c) 21
	d) 22
	e) 23

	f) 24
	g)25
	h)26
67	Gelco all numbers
68	Tab.B.Complex NFI Therapeutic
69	Tab.Polyvitamin NFI Therapeutic
70	Inj.Dexamethasone 2mg/ml vial
71	Inj.Vitamin B Complex 10ml
72	Inj.B12 Folic acid
73	Surgical Gloves a)6 " s
	b)6.1/2"
	c)7"
	d)7.5"
74	Catgut Chromic a)1 No.
	b)2 No.
	c)1-0 No
	d)2-0 N0
	e)8-0
75	Vicryl No.1
76	Sutopak 1,1/0,2,2/0
77	Prolene
78	X Ray film 50 film packet(in Pkt) size
	a)6.1/2x8.1/2"
	b)8"x10"
	c)10"x12'
	d)12"x15"
79	Fixer
80	Developer
81	CT Scan film
82	Ultrasound scan film
83	Dental film
84	Oral Rehydration powder 27.5g

85	Ether Anaesthetic 500ml
86	Halothane
G)	Eye Drops
87	Sulphacetamide eye drops 10% 5ml
88	Framycetin with steroid eye drops 5ml
89	Framycetin eye drops 5ml
90	Ciprofloxacin eye drops
91	Gentamycin eye drops
H)	Other Material
92	Rubber. Mackintosh Sheet in mtr
93	Sterile Infusion sets(Plastic)
94	Antisera I) A 5ml
	II)B 5ml
	III)D 5ml
	IV)AB 5ml
95	Inj.MethylErgometrine 0.2mg/amp
96	Inj.Streptokinase 7.5lac vial
97	Inj.Streptokinase 15lac vial
98	Inj.PAM
99	Tab.Antacid
100	ARS
101	Syp.Antacid
102	Inj.Rabipur
103	Inj.Ranitidine 2ML
104	Tab.Ranitidine
105	Tab.Omeprazole
106	Cough syrup 5litre Jar
107	Cough syrup with Noscapine 100ml
108	Coir Mattress
109	Inj.Lignocaine 1%
110	Inj.lignocaine 2%

111	Inj.Lignocaine 5%
112	Inj.Marcaïne
113	Inj.Diazepam
114	Inj.Salbactam+Cefoperazone2Gm
115	Inj.Amoxycillin with clavulanate acid 600mg
116	Cap.Amoxycillin250+cloxacillin 250
117	Inj.Cefuroxime 250/750
118	Tab.Pefloxacin 400mg
119	Tab.Gatifloxacin 400mg
120	Tab.Valdecoxib 20mg
121	Tab.Atrovastatin 10mg
122	Sy.Himalt-X
123	Sy.Protein(Provita)
I)	Antibiotics and Chemotherapeutics
1	Tab.Chloroquine phosphate 250mg
2	Inj.Chloroquine phosphate
3	Inj.Quinine
4	Tab.Erythromycine Estearate 250mg
5	Syp.Erythromycine
6	Tab.Phenoxymethyl Penicillin125mg
7	Cap.Rifampicin
8	Tab.Isoniazid 100mg
9	Tab.Ethambutol 400mg
10	Cap.Neomycin
11	Inj.Benzathine penicillin 12 lac
J)	Antihistaminics/anti-allergic
12	Inj.Pheniramine maleate
13	Tab.Diphenhydramine (eqv.Benadryl)
14	Tab.Cetirizine
15	Tab.Chlorpheniramine maleate 4mg
16	Tab.Diethylcarbamazin

K)	Drugs acting on Digestive system
17	Tab.Cyclopam
18	Inj.Cyclopam
19	Tab.Bisacodyl
20	Tab.Perinorm
21	Inj.Perinorm
22	syrup.Furazolidone
23	Inj.Prochlorperazine(Stemetil)
24	Tab.Piperazine citrate
25	Tab.Mebendazole 100mg
26	Syp.Mebendazole
27	Sy.Piperazine Citrate
28	Sy.Pyrantel Pamoate
29	Tab.Belladonna
L)	Drugs related to Hoemopoetic system
30	Tab.Ferrous sulphate 200mg
31	Inj.Iron Dextran/Iron sorbitol
M)	Eye ointment
32	Chloramphenicol eye ointment & applicaps
33	Chloramphenicol + Dexamethsone ointment
34	Gentamycin eye/ear drops
35	Dexamethasone eye drops
36	Drosyn eye drops
37	Atropine eye ointment
N)	Drugs acting on Cardiac vascular system
38	Inj.adrenaline
39	Inj.atropine sulphate
40	Inj.Digoxine
41	Tab.Digoxine
42	Inj.Mephentine
43	Tab.Atenolol
44	Tab.Isoxuprine

45	Inj.Duvadilan
46	Tab.Methyldopa
47	Tab.Isosorbide Dinitrate(Sorbitrate)
48	Tab.Propranolol
49	Tab.Verapamil(Isoptin)
50	tab.Enalapril2.5/5mg
O)	Drugs acting on Central/peripheral Nervous system
51	Inj.Pentazocine (Fortwin)
52	Inj.Pavlon 2ml amp
53	Inj.Chlorpromazine 25mg(like Largactil)
54	Inj.Promethazine Hcl Phenergan
55	inj.Pethidine
56	Inj.Diazepam 5mg
57	Tab.Haloperidol
58	Inj.Haloperidol
59	Tab.Diazepam 5mg
60	Tab.Phenobarbitone 30mg
61	Tab.Phenobarbitone 60mg
62	Tab.Largactil 25mg
63	Tab.Pacitane
64	Tab.Surmontil
65	Syrup.Phenergan
66	Syrup Paracetamol
67	Ethyl chloride spray
68	Lignocaine oint
69	Gentamycin eye/ear drops
70	Betnesol-N/Efcorlin Nasal drops
P)	Drugs acting on Respiratory system
71	Inj.Aminophylline
72	Tab.Aminophylline
73	Inj.Deriphylline
74	Tab.Deriphylline

75	Tab.Salbutamol 2mg
76	Syrup Tedral
77	Syrup.Salbutamol
Q)	Antiseptic Ointment
78	Furacin skin oint
79	Framycetin skin oint
R)	Drugs acting on UroGenital system
80	Tab.Frusemide 40mg
81	Inj.KCL
82	Liquid KCL
83	Tab.Pyridicil
84	Inj.Frusemide
S)	Drugs acting on Uterus and Female Genital Tracts
85	Inj.Pitocin
86	Inj.Prostodin
87	Tab. Mesoprosol
88	Tab.Duvadilan
89	Inj Duvadilan
90	Tab.Methyl Ergometrine
91	Tab.Primolut-N
92	Sysran N
93	Haymycin vaginal tab
94	Inj. Magsulph
T)	Hormonal Preparation
95	Inj.Insulin Rapid
96	Insulin lente Besal
97	Inj.Cry Insulin
98	Inj.Mixtard
99	Inj.Testosterone plain 25mg
100	Testosterone Depot 50mg
101	Tab.Biguanide
102	Tab.Chlorpropamide 100mg

103	Tab.Prednisolone 5mg
104	Tab.Tolbutamide 500mg
105	Tab.Glibenclamide
106	Tab.Betamethasone
U)	Vitamins
107	Inj.Vit "A"
108	Inj.Cholcalciferol16lac
109	Inj.Ascorbic acid
110	Inj.Pyridoxin 50mg
111	Inj.Vit K
112	Tab.Vit "A" & "D"
113	Tab.Ascorbic acid 100mg
V)	Other drugs
114	Inj.Antirabies vaccine
115	Inj.Antisnake venom
116	Inj.AntiDiphtheria Serum
117	Inj.Cyclophosphamide
118	Inj.Sodabcarb
119	Inj.Calcium Gluconate
120	Tab.Calcium lactate
121	Tr.Iodine
122	Tr.Benzoin
123	Glcial acetic caid
124	Benedict solution
125	Caster oil
126	Liquid paraffin
127	Glycerine
128	Glycerine Suppositories
129	Turpentine oil
130	Potassium Permangnate
131	Formaldehyde
132	Dextrose Powder

133	Methylated spirit
134	Cotrimazole lotion
135	Cotrimazole cream
136	Tab.Theophylline
137	ECG Roll
138	Burnion Oint
139	Flemigel APC Ointment
140	Syp.Himobin
141	APDYL Cough &Noscopin
142	Tab. Septilin
143	Tab. Cystone
144	Tab. Gasex
145	Syp. Mentat
146	Oint. Pilex
147	Rumalaya Gel
148	Pinku Pedratic Cough Syp.
(W)	Others
1	Tab.Liv52
2	Syrup Liv52
3	Cap.Doxycycline 100mg
4	Inj.Heparin sod.1000IU
5	Tab.Dipyridamol(Like Persentine)
6	Inj.Dopamine
7	Tab.Glyceryl Trinitrate
8	Tab.Amitryptilline
9	Tab.trifluoperazine(1mg)
10	Tab.Nitrofurantine
11	Inj.Valethemide Bromide(Epidosyn)
12	Inj.Isolyte-M
13	Inj.Isolyte-P
14	Inj.Isolyte-G
15	Cap.Cephalexin 250mg

16	Tab.Taxim
17	Inj.Metaclopramide
18	Tab.Folic acid
19	Inj.Lignocaine Hcl 2%
20	Inj.Nor adrenaline
21	Betadine lotion
22	Tab.stilboesteral
23	Inj.Pyridoxine
24	Hydrogen peroxide
25	Inj.magnesium sulphate
26	Benzyl Benzoate
27	GammaBenzene Hexachloride
28	Inj.Tetglobe
29	Inj.Paracetamol
30	Pilocarpine eye drops 1%
31	Sy.Orciprenaline
32	Suturing needles (RB,Cutting)
33	Inj.Calcium pantothenate
34	Inj.Xylocaine 4% 30 ml
35	Halothane
36	Mixture Alkaline
37	Inj. Phenobarbitone 200mg
38	Inj. B12 (Cyanocobalamine)
39	Neosporin, Nebasuef , Soframycin Pow
40	Magnesium Sulphate Powder
41	Furacin Cream
42	Xylocaine jelly
43	Formaldehyde Lotion
44	Cetrimide 100ml bott 3.5%, 1.5% 1
45	Bacitrim powder 10mg bottles
46	Bleaching Powder 5 Kg Pkts(ISI Mark)
47	Ether Solvent

48	Sodium Hypochloride Sod. 5 ltrs/1 ltrs
49	Inj. Diphthoria antition ADS)10000I.U
50	Inj. Gas gangrene Antitoxin(AGGS)1000
51	Inj. Hydroxy Progesterone500mg/2ml
52	Inj. Methyl Prednisolon 500mg vial
53	Inj.Multivitamin I.V
54	Inj.Potassium chloride
55	Inj.Quinine Dihydrochloride
56	Tetanus Antitoxin 10000 I.U
57	Inj.Tetanus Toxoid 5ml vial
58	Inj.Theophylline Etophylline
59	Inj.Vitamin A
60	Tab.Ferrous sulphate200mg+Folic acid
61	Tab.Ferrous sulphate 300mg
62	Tab.Griseofulvin125mg
63	Tab.Phenobarbitone 30mg
64	Tab.Phenobarbitone 60mg
65	Tab.Pyridoxin 10mg
66	Tab.Thyroxine sod 0.1mg
67	Warfarin sod 5mg
68	Tab.Alprazolam 0.25mg
69	Tab.Amlodipine 5mg
70	Tab.Amlodipine 10mg
71	Tab.Nefidipine 20mg
72	Tab.Nefidipine 30mg
73	Tab.Riboflavin 10mg
74	Syp.Ferrous Gluconate 100ml bottle
75	Cream Fluconazole 15gm tube
76	Sus.Furazolidone
77	Oint.Hydrocortisone acetate
78	Syp.isoniazid 100mg/5ml 100ml bot
79	Liquid paraffin

79A	Linctus codein 500ml bot
80	Cream Miconazole 2% 15gm tube
81	Syp.Nalidixic acid
82	Syp.Norfloxacin
83	Phenylepinephrine eye drops
84	Pilocarpine eye drops 2%
85	Syp.Pottassium chloride 400ml bot
86	Syp.Primaquine
87	Suspension Pyrantel pamoate
88	Sus Rifampicin
89	Syp.Salbutamol 100ml bot
90	Syp.Theophylline 100ml
91	Syp.Vitamin B.Complex
92	Vit D-3 Granules
93	Ophthalmic & ear drops
94	Glycerine Mag sulphate ear drops
95	Pilocarpine eye drops 4%
96	Oint Acyclovir 3% 5gm tube
97	Benzyl Benzoate emulsion 50ml bot
98	Oint.Betamethasone
99	Cream Clotrimazole skin 1% 15gm
100	Oint Dexamethasone 1%+ Framycetin
101	Oint contain clotrimazole+Genta+Flucon
102	Oint Flucanazole 10 mg
103	Cream Framyctin 1% 20gm tube/100gm
104	Lot.Gamabenzene hexachloride1% bt
105	Glycerine Suppository USP 3gm bott/10
106	Cream Nitrofurazone 0.2% jar of 500g
107	Oint Silversulpadiazene 1% 25g
108	AIDS Protective kit

13. CAPACITY BUILDING

At the time of entry into service, induction training of at least six months duration must be made mandatory for all categories of health care workers. This must be a comprehensive training and must have components of requisite skill enhancement, management and knowledge about the drugs/equipments and services offered at all levels of health care.

Secondly, at a duration of every two years, on the job training must be provided to all categories of health care personnel to upgrade their knowledge and skills in technical and management fields.

14. QUALITY ASSURANCE IN SERVICE DELIVERY

Quality of service should be maintained at all levels. Standard treatment protocols for locally common diseases and diseases covered under all national programmes should be made available at all district hospitals. All the efforts that are being made to improve hardware i.e. infrastructure and software i.e. human resources are necessary but not sufficient. These need to be guided by standard treatment protocols and Quality Assurance in Service Delivery

Quality Control

Internal Monitoring

Social audit through Rogi Kalyan Samities / Panchayati Raj Institutions

Medical Audit, Technical Audit, Financial Audit, Disaster Preparedness Audit, Monitoring of Accessibility and equity issues, information exchange.

External Monitoring

Monitoring by PRI / Rogi Kalyan Samities

Service / performance evaluation by independent agencies

District Monitoring Committees formed under NRHM shall monitor the upgradation of Hospitals to IPHS. Annual Jansamvad may also be held as a mechanism of monitoring.

Monitoring of laboratory

Internal Quality Assessment Scheme

External Quality Assessment Scheme

Record Maintenance

Computers have to be used for accurate record maintenance and with connectivity to the District Health Systems, State and National Level.

15. ROGI KALYAN SAMITIES (RKS) / HOSPITAL MANAGEMENT COMMITTEE (HMC)

Each district hospital should have a Rogi Kalyan Samiti / Hospital Management Committee with involvement of PRIs and other stakeholders as per the guidelines issued by the Government of India. These RKS should be registered bodies with an account for itself in the local bank. The RKS / HMC will have authority to raise their own resources by charging user fees and by any other means and utilized the same for the improvement of service rendered by the District Hospital.

16. CITIZEN'S CHARTER

Each District hospital should display a citizen's charter for the district hospital indicating the services available, user fees charged, if any,

and a grievance redressal system. A modal citizen's charter is given as under.

OUR MOTTO - SERVICE WITH SMILE

CITIZENS CHARTER

This charter seeks to provide a framework which enables our users to know:

- What services are available in this hospital;
- The quality of services they are entitled to;
- The means through which complaints regarding denial or poor quality of services will be redressed.

Standards of Service:

- This is a District, Sub-district/divisional hospital;
- It provides medical care to all patients who come to the hospital;
- Standards are influenced by patients load and availability of resources;
- Yet we insist that all our users receive courteous and prompt attention.

Locations:

It is located on road in front of

This hospital has-

Doctors: (including residents).

Nurses: (including supervisory staff).

Beds:

Doctors wear white aprons and nurses are in uniform.

All Staff member wear identity cards.

General Information

Enquiry, Reception and Registration Services:

This counter is functioning round the clock.

Location guide maps have been put up at various places in this hospital.

Colour coded guidelines and directional signboards are fixed at strategic points for guidance.

Telephone enquiries can be made over telephone numbers:

....., &, Fax:
.....

Casualty & Emergency Services:

All Casualty Services are available round the clock.

- Duty Doctor is available round the clock.
- Specialist doctors are available on call from resident doctors.
- Emergency services are available for all specialities as listed in the OPD Services.
- Emergency Operations are done in-

OT located on floor of building.

Maternity OT

Orthopaedic Emergency OT

Burns and plastic OT

Main OT for Neurosurgery cases

Emergency Operation Theatre is functioned round the clock.

In serious cases, treatment/management gets priority over paper work like registration and medico-legal requirements. The decision rests with the treating doctor.

OPD Services:

Various outpatient services available in the hospital are detailed below (as available):

OPD	Place	Time of Registration	Time of OPD
General Medicine			
Paediatrics			
General Surgery			
Obstetric & Gynec.			
Eye			
ENT			
Skin			
Urology			
Cardiology			
Psychiatry			
Radiotherapy			
Neurology			
Orthopaedics			
Burns & plastics			
Dental OPD			
ISM Services:			
Homeopathic			
Ayurvedic			
Any other			

In OPDs specialists are available for consultation.

OPD services are available on all working days excluding Sundays and Gazetted Holidays.

On Saturdays, the hospital functions from AM to PM.

Medical Facilities Not Available:

Organ Transplantation

.....

.....

.....

Some specialities do not have indoor patients services:

Psychiatry

D-addiction

Dental

Nuclear Medicine

Genetic Counselling

Endochronology

Geriatrics

Laboratory Services:

Routine: Laboratory Services are provided in the field of (as available):

- Bio-chemistry
- Microbiology
- Haematology
- Cytology
- Histopathology including FNAC
- Clinical Pathology

There is a Central Collection Centre for receiving and collecting various specimens for testing. The timings for receiving specimens are 9:00 AM to 11:30 AM.

Emergency: Emergency Laboratory Services are available 24 hours for limited tests relating to clinical pathology and bio-chemistry.

Radio Diagnostic Services:

Routine: These services include:

X-Rays

Ultrasound and

CAT Scan

Routine X-Rays are done from 9:00 AM to 1:00 PM.

Registration is done from 9:00 AM to 11:30 AM.

Ultrasound examination is done from 9:00 AM to 4:00 PM.

Emergency: Emergency X-Ray services are also available round the clock. CAT Scan services are also available round the clock.

Indoor Patient Services:

There are total of Wards providing free indoor patient care.

Emergency ward A admits emergency cases for medical problems.

Emergency ward B admits emergency cases for surgical problems.

There is a _____ bedded Intensive Care Unit for care of seriously ill patients.

A _____ bedded Intensive Coronary Care Unit takes care of heart patients requiring intensive treatment.

In the Burns Department, there are _____ bedded Intensive Care Unit to treat seriously injured burns patients.

There are _____ labour rooms for conducting deliveries round the clock.

_____ nurseries provide necessary care to the newborns – normal as well those born with disease.

All indoor patients receive treatment under the guidance and supervision during office hours i.e. 9:00 AM to 4:00 PM.

Outside office hours, treatment is given by doctor on duty and specialists are available on call.

Free diet is provided to all patients in the General Wards.

Every patient is given one attendant pass.

Visitors are allowed only between 5:00 PM to 7:00 PM.

Investigations like CAT Scan, Ultra Sound, Barium-meal, ECHO, TMT etc. are charged for as per Government approved rates.

For poor patients, these charges can be waived partially or fully on the recommendation of the H.O.D. by the Additional Medical Superintendent. In case of emergency CMO (on duty) may waive off these charges.

A Staff Nurse is on duty round the clock in the ward.

Admitted patients should contact the Staff Nurse for any medical assistance they need.

Other Facilities:

Other facilities available include:

Cold Drinking Water

Wheel chairs and trolleys are available in the OPD and casualty.

———— Ambulances are available to pick up patients from their places (on payment of nominal charges) and also for discharged patients.

Mortuary Van is available on payment between 9:00 AM to 4:00 PM.

Public Telephone Booths are provided at various locations.

Stand-by Electricity Generators have been provided. Chemist Shops are available outside the hospital. Canteen for patients and their attendants is available.

Lifts are available for access to higher floors.

Adequate toilet Facilities for use of patients and their attendants are available.

Complaints & Grievances:

There will be occasions when our services will not be upto your expectations.

Please do not hesitate to register your complaints. It will only help us serve you better.

Every grievance will be duly acknowledged.

We aim to settle your genuine complaints within 10 working days of its receipt.

Suggestions/Complaint boxes are also provided at various locations in the hospital.

If we cannot, we will explain the reasons and the time we will take to resolve.

Name, designation and telephone number of the nodal officer concerned is duly displayed at the Reception.

Dr.

Designation.....

Tele (O)..... (R).....
(M).....

Meeting Hours..... to

Responsibilities of the Users:

The success of this charter depends on the support we receive from our users.

Please try to appreciate the various constraints under which the hospital is functioning.

On an average more than ——— lacs patients attend the OPD annually and more than ——— lacs patients are attended annually in the casualty and emergency wards.

Please do not inconvenience other patients.

Please help us in keeping the hospital and its surroundings neat and clean.

Please use the facilities of this hospital with care. Beware of Touts.

The Hospital is a "No Smoking Zone" and smoking is a Punishable Offence.

Please refrain from demanding undue favours from the staff and officials as it encourages corruption.

Please provide useful feedback & constructed suggestions. These may be addressed to the Medical Superintendent of the Hospital.

- "No Smoking Please"
- Don't split here & there
- Use Dustbin
- Keep Hospital Clean
- Give regards to Ladies and Senior Citizens

Guidelines for the Project providing financial support to the selected Government Hospitals for Hospital Waste Management.

The Ministry of Environment & Forests notified the "Bio-Medical Waste (Management & Handling) Rules, 1998" in July, 1998.

In accordance with the rules (Rule 4), it is the duty of every "Occupier", i.e. a person who has the control over the institution and/or its premises, to take all steps to ensure that the waste generated is handled without any adverse effect to human health and environment. The Rules further state that every Occupier, where required, shall set up requisite bio-medical waste treatment facilities like incinerator, autoclave, microwave system for the treatment of waste, or ensure requisite treatment of waste at a common treatment facility or any other treatment facility. No untreated bio-medical waste shall be kept stored beyond a period of 48 hours (Rules 5 & 6).

The hospitals, nursing homes, clinic, dispensary, animal house, pathological lab, etc. are, therefore, required to set in place the biological waste treatment facilities. It is, however, not incumbent that every institution has to have its own waste treatment facilities. The rules also envisage that common facility or any other facilities can be used for waste treatment. However, it is incumbent on the occupier to ensure that the waste is treated within a period of 48 hours. Schedule VI of the rules also provides the time limits by which the waste treatment facilities are required to be in place.

In connection with the implementation of the Rules, it has been decided to take up pilot projects in selected Government hospitals – Central and State.

AIM: The aim of the scheme is to implement pilot projects to have a demonstration effect by providing financial assistance to identified hospitals/institutions under Central/State Governments for:

1. Purchase of equipments such as:
 - a) Incinerator
 - b) Microwave
 - c) Autoclave
 - d) Shredder
2. Other equipments including colour coded bags and puncture proof containers, protective gears, etc.
3. Civil and electrical works to house and operate the waste treatment facilities.
4. Training
5. IEC activities.

Hospital Waste Management System must be established in accordance with the Bio-Medical Waste (Management & Handling) Rules, 1998 (Annexure).

Segregation must be done at the source of generation of waste. As 80-85% of waste generated in hospitals is non-hazardous or general waste, segregation will reduce the quantum of waste that needs special treatment to only 15-20% of the total waste. The categories for segregation of waste and colour coding and type of container should be as in Schedule 1 and 2 of the Bio-Medical Waste (Management & Handling) Rules, 1998.

The various options for treatment of waste can be selected according to feasibility and type of waste as given in the Schedule – I. The correct colour bag should be used for the particular treatment option.

The various options are:

1. **Incineration:** The incinerator installed must meet the specification and emission standards as given in the Bio-Medical Waste (Management & Handling) Rules, 1998 and must meet the guidelines developed by

Central Pollution Control Board for design and construction of bio-medical waste incinerator (circulated to all States/UTs vide letter no. Z.28015/50/2003-H, dated 18.11.2003) – a certificate may be taken from the State Pollution Control Board. Waste category, 1, 2, 3, 5, & 6 as stated in the Schedule – I of the bio-Medical Waste (Management & Handling) Rules, 1998. Wherever common facilities for treatment and disposal of bio-medical waste are available, installation of incinerators by individual hospitals may not be encouraged and such waste should be transported to the common facility for proper treatment.

2. **Autoclaving/Microwaving:** Standards for autoclaving and microwaving are provided in the Bio-Medical Waste (Management & Handling) Rules, 1998. The equipment for autoclaving or microwaving waste should conform to these standards. These options can be selected for waste categories 3, 4, 6, 7 of Schedule – I of the Bio-Medical Waste (Management & Handling) Rules, 1998.
3. **Shredder:** Shredding will cause a reduction in the volume of waste and will also effectively prevent its re-use. It is required for waste category 4 and 7 of the Schedule – I of the Bio-Medical Waste (Management & Handling) Rules, 1998. It should be ensured that waste is disinfected by chemicals/microwaving/autoclaving before shredding.
4. **Needle and Syringe Destroyer:** These units can be used for needles and syringes at the point of use. These will destroy the used needles reducing it to ashes and cut the syringe effectively preventing the re-use.
5. **Transportation of Waste:** Within the hospital in dedicated wheeled containers, trolleys or carts should be used to transport the bins or plastic bags to the site of storage/

treatment. The wheeled container should be designed so that waste can be easily loaded, remain secure during transportation, does not have sharp edges and is easy to clean and disinfect.

The assistance will be given direct to the hospital/institute for purchase of equipments for waste treatment facilities/installation of equipment and civil/electrical works to house the waste treatment facilities, training, IEC activities including preparation and publication of literature, posters, pamphlets, etc. The financial assistance will be limited to Rs.85 lakhs per hospital or Rs.1.50 crore per State/UT. The estimated costs are as under:-

1. **Incinerator or Microwave** = Rs.35.00 lakhs
2. **Shredder (Approx. 100 kg to 360 kg./hour)**
= Rs.10.00 lakhs
3. **Autoclave (Approx. Cap. Vol. 1015 litres)**
= Rs.30.00 lakhs
4. **Waste transportation: Onsite-wheel barrow/
wheeled** = Upto max. of
container or similar carriage
Rs.50,000.00
5. **Civil and Electrical works** = Rs.2.50 lakhs
6. **Literature/IEC/Training of Staff**
= Rs.2.00 lakhs
7. **Procurement of equipments like needle shredder**
puncture proof containers for sharps, colour coded bags,
trolleys, protective gears for staff etc. for Disposal of hospital wastes = Rs.5.00 lakhs

The following eligibility conditions have to be fulfilled for availing of financial assistance:

- i. The application for financial assistance should be forwarded to this Ministry through the State Government/UT Administration concerned.

- ii. The State Government/UT Administration should ensure that the existing facilities are inspected by a responsible officer and deficiencies pointed out. The proposal for additionalities, if any, in the form of equipment should be, as far as possible, by way of complementary equipments supported by estimates of concerned authorities.
- iii. The cost of equipments to be purchased should be indicated. The equipments will be purchased as per prescribed procedure. These will be entered into an Assets Register to be maintained by the hospital.
- iv. The grant will be subject to the condition that the State Government / UT Administration will give an undertaking that adequate arrangements for running the equipments and their maintenance for disposal of hospital waste shall be made.
- v. The grant will be subject to the condition that the State Government/UT Administration/Hospital will give an undertaking that they will provide the required trained manpower for running of the equipments and their maintenance for proper treatment and disposal for the bio-medical waste.
- vi. The funds sanctioned will be utilized for the purpose for which it is sanctioned.
- vii. The accounts of the hospital about purchase of equipment/maintenance of the equipments/transportation of thw waste/ expenditure incurred on civil/electrical works will be audited by the Accountant General of the State Government / UT Administration and its utilization certificate will be forwarded to the Ministry of Health & Family Welfare within a period of six months after the expiry

of the financial year during which the grants is sanctioned.

The financial assistance will be limited to Rs.85 lakhs per hospital or Rs.1.5 crore per State/ UT. The State/UTs will have the option to choose any equipment (s) from the list above to cover as many hospitals as possible. However, the financial assistance per State will be provided upto a maximum amount of Rs.1.5 crore.

Scrutiny of Applications:

The applications received from the State Government/UT Administrations for setting up of facilities for disposal of hospital waste in the hospitals under their administrative control will be considered in the Ministry in a Committee headed by Additional Secretary and proposals cleared for giving financial assistance. The proposals then will be processed for sanction of financial assistance to the Government Hospitals/institutes. In the case of Central Government Hospitals/Institutions, the Head of the Institutions may send their proposal through Dte.GHS.

The Joint Secretary (Hospital), DDG level officer in the Dte.GHS concerned with hospitals matters will be the Nodal Officer for implementation of the scheme. The proposals will be examined through a Committee consisting of Additional Secretary, Chairman, the Joint Secretary dealing with hospital matters, Joint Secretary (FA) or his representative, DDG level officer dealing with hospitals in Dte.GHS and one representative of Central Pollution Control Board/Ministry of Environment & Forests as members. The Member Secretary of the Committee will be Director/Deputy Secretary dealing with hospital matters. The funds for setting up facilities for disposal of hospital waste will be sanctioned to the State Government/UT Administration/Occupier and it will be implemented by the concerned Government and to the concerned Head of the Hospital in case of Central Government Hospitals/Institutions.

Annexure - II

REFERRAL LABORATORY NETWORKS

Referral Laboratory Network for Advanced diagnostic facilities

	IDSP Level - 4 Labs		North Zone	East Zone	South Zone	IDSP Level - 5 Labs
	Central Zone	South Zone				

Advance Diagnostic Facilities

Bacterial diagnosis Enteric bacteria: <i>Vibrio cholerae</i> , <i>Shigella</i> , <i>Salmonella</i>		CMC Vellore Trivandrum Medical College	PGIMER Chandigarh AIIMS Delhi CRI Kasauli	RMRC Dibrugarh, Cuttack Medical College	KEM Mumbai, AFMC Pune	NICED & NICD
<i>Streptococcus pyogenes</i> and <i>S pneumoniae</i>	Indore Medical College	St. John Medical College, Bangalore	VP. Chest University of Delhi	-	BJ MC	CMC Vellore
<i>C.diphtheriae</i>	BHU	CMC, Vellore	NICD, Delhi	STM, Kolkata	AFMC, Pune	VP Chest Institute, Delhi
<i>Neisseria meningitidis</i> and <i>N. gonorrhoeae</i>	SN Medical College, Agra	State PH Lab Trivandrum	PGIMER Chandigarh	-	Surat Medical College	CMC Vellore & PGIMER Chandigarh
<i>Staphylococcus</i>	BHU	MGR Medical University	Maulana Azad Medical College, Delhi	STM, Kolkata	AFMC, Pune	NICD, Delhi
Leptospirosis	DRDE	Virology Institute, Allepey Tamil Nadu University, Chennai VCRC, Pondicherry	AIIMS IVRI	RMRC, Bubaneswar & Dibrugarh	BJMC	RMRC Port Blair

Viral Diagnosis

Enteric viruses	DRDE	CMC, Vellore	AIIMS & Villupuram Chest Institute	NICED Kolkata	-	EVRC, Mumbai, NIV & NICD
Arboviruses	DRDE	CMC, Vellore	AIIMS & NICD Delhi Chest Institute	NICED Kolkata	-	NIV
Myxoviruses	DRDE	CMC, Vellore	AIIMS & NICD Delhi Chest Institute	NICED Kolkata	-	NIV, HSADL Bhopal
Hepatitis viruses	DRDE	CMC, Vellore	AIIMS ICGEB, Delhi	NICED Kolkata	-	NIV
Neurotropic viruses	DRDE	CMC, Vellore	AIIMS & NICD Delhi	-	-	NIV NIMHANS
HIV	DRDE	CMC, Vellore	AIIMS	-	-	NARI, NICD & NACO ICGEB, Delhi

Parasitic Diagnosis

Malaria	All State Public Health Laboratories				MRC, Delhi ICGEB, Delhi
Filaria	All State Public Health Laboratories				NVBDCP, Delhi VCRC Pondicherry

Zoonoses

Dengue	DRDE	VCRC, Pondicherry Institute of Virology, Aleppey	AIIMS	NICED	NIV	NIV ICGEB, Delhi
JE	DRDE	CRME, Madurai & NIMHANS VCRC, Pondicherry	AIIMS	NICED	NIV	NIV /NICD

Plague	DRDE	NICD Bangalore	NICD, Delhi	-	Haffkins Institute	NICD, Delhi
Rickettsial diseases	DRDE	CMC, Vellore	-	-	AFMC	NICD IVRI

Others of Public Health Importance

Anthrax	DRDE	CMC, Vellore	IGIB	NICED, Calcutta	BJMC	NICD IVRI
Microbial water quality monitoring	NEERI, Nagpur	CMC Vellore, Trivandrum Medical College	PGIMER Chandigarh AIIMS Delhi CRI Kasauli	RMRC, Dibrugarh, Cuttack Medical College	KEM Mumbai, HAFFKIN's, Mumbai AFMC Pune	NICED & NICD
Unknown pathogens	Other laboratories to perform support functions				NIV, NICD, HSADL	
Outbreak investigation support	Medical Colleges and state public health laboratories as L3/ L4				NICD, NIV, NICED, VCRC	
Laboratory data management	Medical Colleges, state public health laboratories and all the L4 & L5 laboratories (in their area of expertise)				NIV, NICD, NIV, NICD	
Capacity building	All the L4 & L5 laboratories (in their area of expertise)				NIV, NICD	
Quality assurance	All the L4 & L5 laboratories (in their area of expertise)				CMC, TRC, NTI, AFMC, NARI, RMRC, Port Blair NIV, NICD	
Quality control of reagents & kits evaluation	All the L4 & L5 laboratories (in their area of expertise)				CMC, TRC, NARI, RMRC, Port Blair NIV, NICD, BJMC, NICED	
Production & supply of reagents/ kits/ biological/ standard reference materials	-				DRDE, NIV, IVRI, NICED, NICD, MRC, Delhi AFMC, Pune NARI TRC, Chennai RMRC, Port Blair	
Biosafety & bio- containment	Other laboratories to perform support function				HSADL, NIV/MCC, DRDE, NICD	

List of Abbreviations

BJMC	BJ Medical College
CHC	Community Health Centre
CME	Continuing Medical Education
CSSD	Central Sterile and Supply Department
CRI	Central Research Institute
CRME	Centre for Research in Medical Entomology
DRDE	Defense Research and Development Establishment
ICGEB	International Centre for Genetic Engineering and Bio-technology
EVRC	Enterovirus Research Centre
FRU	First Referral Unit
HSADL	High Security Animal Diseases Laboratory
IGIB	Institute of Genomics and Integrative Biology
IPHS	Indian Public Health Standards
IVRI	Indian Veterinary Research Institute
KEM	King Edmund Memorial Hospital
MRC	Malaria Research Centre
NARI	National AIDS Research Institute
NEERI	National Environmental Engineering Institute
NICED	National Institute of Cholera and Endemic Diseases
NIV	National Institute of Virology
NRHM	National Rural Health Mission
PRI	Panchayati Raj Institution
RKS/HMC	Rogi Kalyan Samiti / Hospital Management Committee
RMRC	Regional Medical Research Centre
STM	School of Tropical Medicines
VCRC	Vector Control Research Centre

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