नेपाल सरकार

स्वास्थ्य तथा खाद्य स्वच्छता मन्त्रालय

स्वास्थ्य सेवा विभाग

नर्सिङ्ग तथा सामाजिक सुरक्षा महाशाखा

सामाजिक स्वास्थ्य सुरक्षा शाखा

टेकु, काठमाडौं,

विपन्न नागरिक औषधी उपचार कार्यक्रम अर्न्तगत मुटु रोगको सेवा (शल्यक्रिया बाहेक) संचालन गर्न अस्पतालको अनुगमन चेकलिष्ट (पहिलो खण्ड)

१. अस्पतालको सामान्य विवरणः

अनुगमन गरेको मितिः		
अस्पतालको नाम :		
ठेगाना र सम्पर्क नं.:		
अस्पताल प्रमुखको नाम :		
अस्पताल प्रमुखको सम्पर्क नं.:		
अस्पताल प्रमुखको इमेलः		
फोकल पर्सनको नाम र सर्म्पक नंः		
फोकल पर्सनको इमेल :		
अस्पतालको किसिमः		
संचालन स्वीकृत मिति (निजी, गैह्रसरकारी अस्पतालका लागी मात्र)		
नविकरण मिति (निजी, गैह्रसरकारी अस्पतालका लागी मात्र)		
गत आ.व.को कर चुक्ता प्रमाण पत्र	छ	छैन
स्वीकृत शैया संख्या तथा सञ्चालित सैया संख्या		

२. अस्पतालमा नागरिक वडा पत्र,

(क) छ (ख) छैन

यदि छ भने,सुचिकृत भएको रोगको उपचार सुविधाका बारेमा वोर्डमा उल्लेख गरेको

(क) छ (ख) छैन

३.विपन्न नागरिक औषधी उपचार कार्यक्रम अन्तर्गत उपचार सेवाका लागि सुचिकृत भएको रोग

(क) मुटु (ख)मृगौला (ग) हेमोडायलाईसिस/पेरिटोनियल डायलाईसिस (घ) मृगौला प्रत्यारोपण (ङ) क्यान्सर (च) पार्किन्सस (छ) अल्जाइमर्स (ज) हेड इन्जुरी

(झ) स्पाइनल इन्जुरी (ञ) सिकल्सेल एनिमिया

४. अस्पतालमा छुट्टै विपन्न नागरिक औषधी उपचार सम्पर्क केन्द्र/सामाजिक सुरक्षा इकाई,

(क) छ (ख) छैन

५. अस्पतालको आफ्नै फार्मेसी,

(क) छ (ख) छैन

६. विपन्न नागरिकहरुको उपचार अभिलेख स्वीकृत रजिष्टर बमोजिम गर्ने गरेको

(क) छ (ख) छैन्

यदि छ भने कसरी राख्ने गरेको छ? .....

७. प्रत्येक बिरामीको अलग,अलग फायल खडा गर्ने गरेको,

(क) छ (ख) छैन

८. बिरामीको उपचारमा खर्च भएको बिलको पछाडि बिरामी वा विरामीको कुरुवाको दस्तखत र ड्युटी चिकित्सक/नर्सिङ्ग कर्मचारीको दस्तखत गराउने गरेको,

(क) छ (ख) छैन

९. प्रेषण गरिएको विरामीहरुको अभिलेख गर्ने गरेको,

(क) छ (ख) छैन्

१० बिरामीको अभिलेखप्रतिवेदन अनलाईन पद्धतीबाट गरेको/

(क) छ (ख) छैन

११.स्वीकृत अनुसूचि फाराम बमोजिम नियमित प्रतिवेदन गर्ने गरेको,

(क) छ (ख) छैन

१२. मन्त्रालयले तोके बमोजिम सेवा शुल्क लागु गरिएको (दररेटसँग भिडाउने)

(क) छ (ख) छैन

यदि छैन भने कारण समेत उल्लेख गर्ने

१३.अस्पतालले विपन्न नागरिक औषधी उपचार कार्यक्रमको लेखा अलग्गै राख्ने गरेको,

(क) छ (ख) छैन

१४. अस्पतालले विपन्न नागरिक औषधी उपचार कार्यक्रम अन्तर्गत सेवा लिएका बिरामीहरुको फोटो सहितको विवरण अस्पतालको सुचनापार्टि तथा वेभसाइटमा देखिने गरी टाँसिएको,

(क) छ (ख) छैन

१५.अस्पतालले नियमित रुपमा यस कार्यक्रमको लेखा परिक्षण गराउने गरेको।

(क) छ (ख) छैन

१६.सूचिकृत रोगसँग सम्बन्धित जनशक्तिको विवरण

सेवाको प्रकार	जनशक्तिको विवरण	सङख्या	कैफियत
मृगौला रोग	चिकित्सक		
	नर्स		
	पारामेडिक्स		
	अन्य		
क्यान्सर	चिकित्सक		
	नर्स		
	पारामेडिक्स		
	अन्य		
मुटु	चिकित्सक		
	नर्स		
	पारामेडिक्स		
	अन्य		
हेड ईन्जुरी	चिकित्सक		
	नर्स		
	पारामेडिक्स		
	अन्य		
स्पाईनल ईन्जुरी	चिकित्सक		
	नर्स		
	पारामेडिक्स		
	अन्य		
पार्किन्सन्स	चिकित्सक		
	नर्स		

	पारामेडिक्स		
	अन्य		
अल्जाइमर्स	चिकित्सक		
	नर्स		
	पारामेडिक्स		
	अन्य		
सिकलसेल एनिमिया	चिकित्सक		
	नर्स		
	पारामेडिक्स		
	अन्य		

१७ स्वास्थ्य संस्था सुचिकृत गर्ने प्रयोजनको हकमा सम्बन्धीत चेकलिष्ट फाराम भर्ने,(सम्वन्धित विषयको विज्ञले भर्ने)

अनुगमन टोली सदस्यहरुको नामवलीः

क्र.स	नाम	पद	कार्यरत निकाय	सम्पर्क नं	दस्ताखत

विज्ञ चिकित्सकको रायः

बिपन्न नागरिक औषधी उपचार कार्यक्रम अन्तर्गत मुटु रोग सुचीकृत गर्न प्रयोग गरिने चेकलिष्ट (शाल्यक्रिया बाहेक) (दोस्रो खण्ड)

S.N	Criteria	Standards	Yes	No	Remarks
1	**Cath lab**				
1.1	**Physical infrastructure**				
1.1.1	Furniture and equipment/supplies (according to annex 1)				
1.1.2	Drugs (Annex 2)				
1.1.3	surgical set for intervention (Annex 3)				
1.1.4	A dedicated room for recovery, control room and Cath lab	1 for each			
1.1.5	Store room for storage	Dirty and clean storage			
1.1.6	Hand hygiene facilities with scrub	Should have the facilities for scrubbing			
1.1.7	Operating Table	At least 1			
1.2	**Minimum requirements for Cath lab**				
1.2.1	Coronary Angiography				
1.2.2	PCI				
1.2.3	Percutaneous trans luminal coronary angioplasty/ percutaneous coronary intervention (PTCA)				
1.2.4	Right heart catheterization				
1.2.5	Pigtail insertion (Peri-cardiocentesis)				
1.3	**Post procedure care**				
1.3.1	Recovery room				
1.3.2	Dedicated staff in recovery				
1.4	**Time**				
1.4.1	Services should be available from 9 Am to 3 Pm with emergency services				
1.5	**Human Resource**				
1.5.1	Cardiologist	2			
1.5.2	Medical officer trained or 3 months experience in Cardiology	2			
1.5.3	Cardiac surgeon or MoU with Cardiac Surgeon	1			
1.5.4	Anesthesiologist	1			

1.5.5	Nurse trained in critical care or Critical care nurse (With In charge)	2 or more according to need			
1.5.6	Office helper (experienced)	1			
2	**Critical care Unit**				
2.1	**Physical Infrastructure**				
2.1.1	CCU with ventilator, monitor and infusion	5			
2.1.2	Centrally located nursing station	1			
2.1.3	Proper bed area allocated (annex 4)				
2.1.4	Well-ventilated and lighted				
2.2	**Human resources**				
2.2.1	Human resource (annex 5)				
2.2.2	CCU in charge 1 and critical care trained nurse according to standard and supporting staff	1+ 6 + ...			
2.3	**Equipment, supplies, and instrument (annex 6)**				
3	**Echo Services**				
3.1	**Physical Infrastructure**				
3.1.1	Dedicated room	Well ventilated, light			
3.1.2	Separate changing room				
3.1.3	Bed with curtains or screen				
3.2	**Time for echo services**				
3.2.1	Services should be available from 9 am to 3 PM with emergency services				
3.3	**Human resources**				
3.3.1	Nurse trained in critical care or Critical care nurse	`1			
3.4	**Machine and equipment**				
3.4.1.	Echo machine (2D, M-mode, color Doppler)				
3.4.2	Trans esophageal echo	Optional			
3.4.3	Halter monitoring	Optional			
3.4.4	Ambulatory BP	Optional			
4	**Treadmill**				
4.1	**Physical Infrastructure**				
4.1.1	Dedicated and separate room	Well-ventilated and enough light			
4.1.2	Changing room (for staff and visitors)	With lockers for			

		staff and visitors			
4.2	**Time**				
	Services should be available from 9 am to 3 PM with emergency services				
4.3	**(Machine and equipment)**				
4.3.1	TMT machine				
4.3.2	Emergency trolley with emergency drugs and supplies (See Annex 7 Emergency Trolley TMT)				
5	**ECG**				
5.1	**Physical Infrastructure**				
5.1.1	Dedicated room for ECG				
5.1.2	Separate changing room				
5.2	**Time**				
5.2.1	Services should be available from 9 am to 3 PM with emergency services				
5.3	**Machine and Equipment**				
5.3.1	ECG machine (12 lead with power back up)				
7	**Support Services**				
7.1	**Counseling services**				
7.1.1	Informed consent				
7.1.2	Counseling regarding ECHO, TMT	Indications, procedure, post procedure care, complications			
7.2	**Infection Prevention and Control**				
7.2.1	Hand washing facilities				
7.2.2	Gown and slippers	Doctors, nurses, visitors			
7.2.3	High wash	Once every week in Cath lab			
7.2.4	Hand sanitizer in each bed				
8	**OPD services**				
8.1	Well ventilated enough space				
8.1	Furniture and supplies (annex 8)				
8.2	Basic equipment (annex 9				

नोटः आ.व २०८२/८३ पश्चात सूचिकृत तथा नविकरण भएको वा हुने संस्थाले ५ वर्षमा Full time कार्य गर्ने Cardiac surgeon, cardiac perfusionist, cardiac anesthesiologist अनिवार्य रुपमा नियुक्ति गर्नु पर्नेछ।

Annex 1. Furniture, Equipment, Instruments and Supplies for Cath Lab

S.N	General Equipment and Instruments for OT	Standard Quantity	Yes	No	Remarks
1	Wheel chair foldable, adult size	1			
2	Stretcher	1			
3	Patient trolley	1			
4	Cupboards and cabinets for store	1			
5	Working desk for anesthesia, nursing station, gowning	1 each			
6	OT Table- universal type/ with wedge to position patient	At least 1			
7	Fluoroscope	At least 1			
8	Cardiac Monitors	At least 2			
9	Computer with display monitor and printer in control room	At least 1 set			
10	Examining table	At least 1			
11	Mayo Stand with tray	At least 2			
12	Operation theatre lights	At least 1			
13	Ultra violet light source	At least 1			
14	Electronic suction machine/ Foot-operated suction machine	At least 1/1			
15	Refrigerator / cold box	At least 1			
16	Boiler/ Autoclave	At least 1/1			
17	Oxygen concentrator/ Oxygen Cylinder/ Central oxygen	At least 1/1/available			
18	Instrument trolley	At least 2			
19	BP instrument with stethoscope	At least 1			
20	Thermometer	At least 1			
21	Steel Drum for gloves	At least 1			
22	Steel Drum for Cotton	At least 1			
23	Tourniquet, latex rubber, 75 cm	At least 2			
24	Kidney tray (600cc)	At least 2			
25	Covered instrument trays	At least 4			
26	Mackintosh sheet	At least 1			
27	Lead gown	At least 2 sets			
28	Bowl stand	At least 2			
29	Cheatle forceps in jar	At least 2			
30	Packing towel double wrapper	As per need			
31	Sterile gloves (6,6.5,7,7.5,8)	5 each			
32	Towels/ eye hole	As per need			
33	Masks and caps	As per need			
34	Torch light and batteries	1 set			
35	Foot steps	At least 2			
36	Wall clock	At least 1			

37	Waste bucket for scrub nurse	At least 1			
38	IV stand	At least 2			
39	Big tray, Big bowl, small bowl, kidney tray, sponge holder	At least 2 each			
40	Lap Pack	At least 2			
41	IV set and PMO line	At least 10 each			
42	Leak proof sharp container	At least 1			
43	Color coded waste bins (based on HCWM Standard Operating Procedure,2020)	1 set per OT			
44	Disposable syringes of different size, 3 way connector	As per need			

Annex 2 Medicine and Supplies for Cath Lab

S.N	Emergency Drugs (Including Neonates) For OT	Standard Quantity For 1 Patient	Yes	No	Remarks
1	Verapamil Injection	4 ampules			
2	Heparin Injection	2 vials			
3	Midazolam Injection	5 vials			
4	Hydrocortisone Powder for Injection	100ml 2 vial			
5	Frusemide Injection	2 ampules			
6	Dopamine Injection	5 vials			
7	Hydralazine injection	5 vials			
8	Calcium Gluconate Injection	10ml X 2 ampules			
9	Dextrose (25%/50%) Injection	2 ampules each			
10	Naloxone Injection	1 ampule			
11	Inj Dobutamine				
12	Inj Amiodarone				
13	Inj Atropine				
14	Inj Adrenaline				
15	inj Nor adrenaline				
16	Aminophylline Injection	2 ampules			
17	Chlorpheniramine Injection	2 ampules			
18	Mephentine Injection	1 vial			
19	IV Fluids- Ringer Lactate / Normal Saline/ DNS/ D5%	6 bottles each			
20	IV infusion Set	4			
21	IV Cannula 22G/20G/18G	4 each			

Annex 3 Minimum lists of Surgical Sets for Intervention

S.N.	Items	Required Number	Yes	No	Remarks
1	Catheterization set	At least 5			
2	Coronary angiography set	At least 2			
3	PTCA kit	At least 2			
4	TPI Set	At least 2			
5	Swan Ganz Catheter	At least 2			
6	Terumo Wire J tip	At least 5			
7	Radial/ femoral sheath 5 Fr	At least 10 each			
8	Port manifold	At least 10			
9	Ordinary wire	At least 5			
10	Mersilk (2-0) cutting body	As per need			
11	Pigtail 5/6 Fr	At least 5			

Annex 4 Proper Bed area for CCU

S.N	Appropriate Bed Space and Supplies	Yes	No	Remarks
1	100 sq. ft. per patient care area			
2	Bed length: 7 ft.; Bed width: 3.5 ft.			
3	The head end of the bed must be kept at least 2 ft. from the wall to have adequate access for endotracheal intubation, resuscitation, and central venous cauterization			
4	The foot end of the bed must be kept at least 3 ft. from the corridor or wall.			
5	Space between the two adjacent beds: 5 ft.			
6	Wall or ceiling mounted pendants to reduce the space requirements and to provide hindrance free and smooth accessibility at the head end of the bed			
7	Utilities per bed in the pendant: 2 oxygen outlets with flow meters, 2 vacuum, 8 universal electric outlets distributed on both sides of the bed.			

Annex 5 Staffing for CCU

S.N	Staffing Of ICU	Required Number	Yes	No	Remarks
1	ICU/CCU Coordinator with at least MD Anesthesiology (dedicates 50% professional time for ICU)	At least 1 (Optional)			
2	Admitting consultant on duty	At least 1			
3	One trained medical officer for each 5 bed	At least 1 per shift			
4	Nurse in-charge with 5 years' experience in ICU with at least Nursing officer (Bachelors' degree in critical care/ critical care trained)	At least 1			
5	Critical care Nurse: patient ventilated and or multi-organ failure patients	1:1			
6	Critical Care Nurse: Patients less seriously sick patients who do not require above modalities.	1:2			
7	IP trained nurses	1in each shift			
8	Security staffs	1in each shift			
9	Biomedical technician/engineer on duty	At least one			

Annex 6 Equipment, Instrument and Supplies for ICU/CCU

S.N	Staffing Of ICU	Required Number	Yes	No	Remarks
1	ICU/CCU bed (With mattress, two iv stands and all positions possible: height adjustment, back section and leg section adjustment, Trendelenburg and reverse Trendelenburg position				
2	Bedside Patient monitor (Modular - ECG, SPO2, NIBP, RR, Temp Probes with trays) upgradable to invasive BP monitoring	1 per bed			
3	Bedside Patient monitor (Modular - ECG, SPO2, NIBP, 2 Invasive BP, RR, Temp Probes with trays	2 out of 5 monitors			
4	ICU Ventilator (With pediatric and adult provisions, graphics and Non-Invasive Modes, Humidifier, inbuilt nebulization, turbine/air-compressor)	1 per bed			
5	BiPAP Machine	2 for 5beds			
6	Synchronized Defibrillator (manual and automated with transcutaneous pacing facility)	Optional			
7	Syringe pumps	4 per bed			
8	Infusion pumps	1 per bed			
9	Over Bed Table	1per bed			
10	Bedside Cabinet	1per bed			
11	Handheld Pulse oximeter	At least 2			
12	ABG Machine	At least 1			
13	Hemodialysis Machine	At least 2			
14	Intermittent Leg Compressing Device to prevent DVT	1 per bed			
15	Air mattress	1 per bed			
16	Crash/Resuscitation trolley	At least 1			
17	Glucometer	At least 2			
18	Portable X-ray machine	At least 1			
19	Clinical Lab facility with lactate value, culture and sensitivity	Available			
20	Warming devices: blanket, blower				

Annex 7 Emergency trolley for TMT

S.N	Name	Required Number	Yes	No	Remarks
1	Atropine Injection	At least 10			
2	Adrenaline Injection	At least 3			
3	Xylocaine 1% and 2% Injections with Adrenaline	At least 2			
4	Xylocaine 1% and 2 % Injections without Adrenaline	At least 2			
5	Xylocaine Gel	At least 2			
6	Diclofenac Injection	At least 5			
7	HyoscineButylbromide Injection	At least 5			
8	Diazepam injection	At least 2			
9	Morphine Injection / Injection Pethidine	At least 2			
10	Hydrocortisone Injection	At least 4			
11	Antihistamine Injection	At least 4			
12	Dexamethasone Injection	At least 4			
13	Ranitidine/Omeperazole Injection	At least 4			
14	Frusemide Injection	At least 5			
15	Dopamine injection	At least 2			
16	Noradrenaline injection	At least 2			
17	Digoxin injection	At least 2			
18	Verapamil injection	At least 2			
19	Amidarone injection	At least 2			
20	GTN	At least 1			
21	Labetolol injection	At least 1			
22	Sodium bicarbonate injection	At least 2			
23	Injection Metronidazole	At least 4			
24	D25% ampoule	At least 2			
25	IV Infusion set (Adult/Pediatric)	At least 2			
26	IV Catheters 18, 20, 22, 24, 26	At least 2 each			
27	Disposable syringes 1 ml, 3 ml, 5 ml, 10 ml, 20 ml, 50 ml	At least 5 each			
28	Disposable Gloves 6, 6.5, 7, 7.5	At least 3 each			
29	Distilled Water	At least 3			
30	Needle 18-25	As per need			
31	Ezivac (for enema) or Enema Can Set	5/1			

Annex 8 Furniture and Supplies for OPD

S.N	General Items	Required Number	Yes	No	Remarks
1	Working desk	1 for each practitioner			
2	Working Chairs	1 for each practitioner			
3	Patient chairs	2 for each working desk			
4	Examination table	1 in each OPD room			
5	Foot Steps	1 in each OPD room			
6	Curtain separator for examination beds	In each examination bed			
7	Shelves for papers	As per need			
8	Weighing scale	Adult and Child			

Annex 9 Basic Equipment and Instruments for OPD

S.N	Basic equipment and instruments	Required No.	Yes	No	Remarks
1	Stethoscope	1 for each practitioner			
2	Sphygmomanometer* (non-mercury) (*Pediatric size in pediatric OPD)	1 for each practitioner			
3	Thermometer (digital)	2 in each table			
4	Jerk hammer	1 for each practitioner			
5	Flash light	1 for each practitioner			
6	Disposable wooden tongue depressor	As per need			
7	Hand sanitizer	1 in each table			
8	Examination Gloves	As per need			
9	X-Ray View Box	1 in each OPD			
10	Measuring tape	1 in each table			
11	Tuning fork	1 in each table			