नेपाल सरकार

स्वास्थ्य तथा खाद्य स्वच्छता मन्त्रालय

स्वास्थ्य सेवा विभाग

नर्सिङ्ग तथा सामाजिक सुरक्षा महाशाखा

सामाजिक स्वास्थ्य सुरक्षा शाखा

टेकु, काठमाडा

विपन्न नागरिक औषधी उपचार कार्यक्रम अर्न्तगत मृगौला रोगको लागी हेमोडायलाईसिस सेवा 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) सिकलसेल 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 अभिलेख/प्रतिवेदन 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. सुचिकृत रोगसँग सम्बन्धित जनशक्तिको विवरण

सेवाको प्रकार	जनशक्ति विवरण	संख्या	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 सूचिकृत गर्ने प्रयोजनको हकमा सम्बन्धीत चेकलिष्ट फाराम भर्ने (सम्वन्धित विषयको विज्ञले भर्ने)

बिपन्न नागरिक औषधी उपचार कार्यक्रम अन्तर्गत हेमोडायलाइसिस
सुचिकृत गर्न प्रयोग गरिने चेकलिष्ट (दोस्रो खण्ड)

S.N	Criteria	Yes	No	Remarks
1	**Information**			
1.1	The hemodialysis center/unit should have proper access and shall display appropriate information board. Following information shall be displayed:			
1.1.1	Name of the care provider/s with registration number/s (Consultants)			
1.1.2	Timings/schedule of hemodialysis service			
1.1.3	Important contact numbers such as Blood Banks, Police and Ambulance services available in the nearby area.			
1.1.4	Patients' self-care information and responsibilities such as advices on diet, fluid intake, medications, exercises. Encourage screening for and prevention of kidney disease.			
1.1.5	Signage for "No Smoking" , collection point for disaster etc. in prominent places			
1.2	**Infrastructure requirements (Treatment area)**			
1.2.1	Availability of ramp/lift and stairs for easy access to the patient and/or attendant/visitor			
1.2.2	The center should have safe, clean and hygienic environment for patients, their attendants, staff and visitors			Minimum requirements
1.2.3	Availability of hand hygiene facilities inside each room			
1.2.4	Separate block/rooms designated for hemodialysis with at least five hemodialysis beds and machines in working condition. (Refer annex 1)			
1.2.5	Adequate space for safe treatment along with privacy of the patients. The distance between two hemodialysis beds shall be minimal of **one meter** but preferably be 1.5 m.(Refer to Annex1)and have adequate space for resuscitation to be carried out when required.			
1.2.6.	If the center has ≥10 machines, the center should have at least one machine dedicated for the seropositive cases. If possible, keep separate hemodialysis machine for PLHA, Hepatitis B, and Hepatitis *C.* The ratio of dialysis machine for sero-negative and sero-positive shall be 10:1			
1.2.6	At least one separate accessible observation bed/s should be available.			
1.2.7	Nursing station should be strategically/centrally located to observe all patients.			
1.2.8	The Dialysis unit/ward should be well ventilated, have proper light and comfortable room temperature			Air conditioner to maintain temperature
1.2.9	There should be self care leaflet, TV with hemodialysis self care information and other disease related information on display.			
1.2.10	Work area that contains a work counter, hand washing sink, and storage cabinets.			

1.2.11	Separate storage area for sterile instrument/supplies and other materials.			
1.2.12	Where dialyzers are reused, a separate dialyzer reprocessing room must be available.			
1.2.13	Availability of power back up supply in hemodialysis unit at least for reverse osmosis and dialysis machine			
1.2.14	Plumbing with proper material as per the guideline is installed in manner as to prevent back flow of the dialysate drainage			
1.2.15	Appropriate internal and external communication facilities.			
1.2.16	Designated water treatment area.			
1.2.17	Availability of oxygen supply; Central supply or minimum 1 oxygen cylinder per 5 beds			
1.3	**Infrastructure requirements (Non-Treatment Area)**			
1.3.1	Registration/help desk & billing counter			
1.3.2	Waiting area with adequate seats for patients and visitors.			
1.3.4	Availability of safe drinking water for 24 hours and separate hand washing area.			
1.3.5.	All plumbing shall be installed in such a manner as to prevent cross-contamination between potable and non-potable water supplies.			
1.3.6	Availability of clean separate toilet(s) for males and females and universal.			
1.3.7	Furniture and fixtures shall be available in accordance with the activities and workload of the center.			
1.4	**Water treatment system**			
1.4.1	Standard water treatment system should be present			
1.4.1.	Product water is free from harmful chemicals and bacterial contamination.			
1.4.2.	Water used to prepare the dialysate has colony count of less than 100CFU/ml. (AAMI Standard) Bacteriological test (Microbiological): at least 3 monthly Chemical test: at least 6 monthly			
1.4.3.	Endotoxin test of RO water and dialysate is performed in annual basis if high flux dialyzers are used in the treatment like HDF (report of test must be submitted)			
2	**Timing for Dialysis**			
2.1	Appointments of patient should be scheduled as per the hospital schedule.			
2.2	Emergency hemodialysis service should be available round the clock			
3	**Medical Equipment and Instruments**			
3.1	Availability of adequate medical equipment and instruments*(Refer to Annex 2)*			
3.2	Dialysis machines should be equipped with monitors and audio-visual alarms to ensure safe dialysis treatment			
3.3	Periodic Planned Maintenance (PPM) of dialysis machine shall be performed at least 6 monthly basis or as per guideline.			

3.4	Dialyzer can be reused for maximum of up to 5 times with manual washing and 10 times with machine washing.			
3.5	Single use of AV tubing			
4	**Drugs, Medical devices and Consumables:**			
4.1	Availability of adequate drugs and consumables *(Refer to Annex 3)*			
4.2	Availability of emergency drugs in emergency crash cart and consumables			
4.3	Storage of drug in a clean, dry, well lit, and safe environment with clear labeling (Names and expiry dates)			
5	**Human Resource Requirements:**			
5.1	Nephrologist or physician MD (internal medicine)/MDGP trained in dialysis for at least 15 days or trained (4 weeks) medical officer.			
5.3	1 HD trained nurse per two dialysis machines per shift or 50% of nurses experienced in hemodialysis services (10 beds) for 2 years.			
5.4	Biomedical equipment trained technician shall be available at any time in case of technical emergencies			
5.5	All hemodialysis staffs should be trained on BLS, ACLS and basic operation of hemodialysis machine.			
5.6	Periodic skill enhancement/updates/refresher training shall be provided for all categories of the staff as relevant to their job assigned at least yearly.			
6	**Support Services:**			
6.1	**Patient counseling**			
6.1.1	Counseling to the patient and family members should be done by either Nephrologist or medical officers or Dialysis Nurse or Dietician or Counselor (CKD and Dialysis Counselor) or combined where possible for the adherence with the treatment, renal transplantation, dietary counseling , follow up and record keeping in the log book (refer annex 5)			
6.1.2	Patient and family members should be counseled on care and monitoring of the vascular access.			
6.2	**CSSD / Sterilization Area**			
6.2.1	Provision for instrument and linen sterilization and storage of sterile items as per the standards.			
6.2.2	Use of chemical marking (autoclave tape) to confirm the sterilization of supplies and equipment.			
6.2.3	Use of biological marking to confirm the sterilization of supplies and equipment			
6.3	**Linen management:**			
6.3.1	Soiled linen shall be collected, transported and washed separately in clean and hygienic environment.			
	Separate linen should be used for each patient			
6.3.2	Where linen is contaminated, decontaminate the linen with 0.5% chlorine solution prior to dispatch for washing or as per standards.			
6.4	**Infection Prevention and Waste Management Services:**			As IPC guideline and

				Manual
6.4.1	Personal protective equipment as gown, mask, face shield should be used and follow standard precautions			
6.4.2	Weekly high level disinfection of all areas of dialysis block along with twice a day regular cleaning with disinfectant and as needed.			
6.4.3	Dialyzers and AV tubing of PLHA, Hepatitis B and Hepatitis C positive is discarded after single use.			
6.4.4	Rinsing of machine is done after each shift and disinfection is done as per protocol			
6.4.4	Availability of dedicated shoes and gown is available in entrance of dialysis unit.			
6.4.6	There are colored bins for waste segregation and disposal as per HCWM SOP, 2020			
6.4.7	Availability of chlorine solution/disinfectant and utilized for environmental cleaning.			
7	**Record and reporting:**			
7.1	Medical record is maintained in register and digital format as per bipanna software			
7.2	Dialysis schedule of the patient is maintained in board along with time.			
7.3	Ensure confidentiality, security and integrity of records.			
7.4	Record keeping (Patient, Incident) as per annex 4			
7.5	Provide dialysis summary to all patients after dialysis.			
7.6	All the relevant documents and record related to procedures must be documented including periodic vital signs, weight and details dialysis record.			
7.7	Maintain equipment log book			
8	**Informed Consent and Safety Measures**			
8.1	Obtain informed consent from the patient/ next of kin/ legal guardian as and when required.			
8.2	Availability of fire extinguisher			

Annex 1: Minimum space for hemodialysis center shall be as follows:

S.N.	Area	Minimum Requirement	Yes	No	Remarks
1	Registration Area				
1.1	Reception area	30 sq. m			स्वास्थ्य संस्था संचलान, स्तरनोत्ति मापदण्ड (refer
1.2	Waiting area				
1.3	Public utilities				
2	Treatment Room	80 sq. m			
2.1	Bed space				
2.2	Staff changing room				
3	**Store and pharmacy**	20 sq. m			
4	Medical Records				
5	Water Treatment Area	20 sq. m			
5.1	RO Plant				
6	Power Supply Back Up Area/ Generator area	5 sq. m			

Annex 2 : Medical equipment and instrument for hemodialysis

S.N.	Medical equipment and instrument	Minimum Requirement	Yes	No	Remarks
1	Hemodialysis machine	at least 5			
2	Blood Pressure Apparatus	1:1			
3	Stethoscope	1:1			
4	Digital Thermometer or Thermal gun	Digital thermometer1:1 Thermal gun: 1			
5	Glucometer	2			
6	Fistula set	1:1			IJ set , femoral set (optional)
7	Curtain	as per need			
8	Wheel Chair	at least 2			
9	Trolley	at least 1			
10	Bed	as least 6			5+1
11	Medicine and kidney Tray	1 in each bed			
12	Cardiac table	1:1			
13	Standby Rechargeable light	1			
14	Hygrometer/ room thermometer	1			
15	Resuscitation set	at least 1			
16	Suction Apparatus	at least 1			
17	Oxygen cylinder with flow meter, nasal prongs and mask or central oxygen	1:2			
18	Defibrillator	at least 1			
19	ECG machine	at least 1			
20	Pulse oximeter	at least 1			
21	Nebulizer	at least 1			
22	Cardiac monitor	at least 1:5			
23	Torch light	at least 1			

Annex 3 Medicines and supplies for hemodialysis

S.No	Medicines and supplies	Required No	Yes	No	Remarks
1	Diazepam Injection 10mg /2ml	5 Amp.			
2	Frusemide Injection 10 mg/ 2ml	5-10 Amp.			
3	Ondansetron Injection 4mg	5-10 Amp.			
4	Ranitidine /PPI Injection 50 mg	5-10 Amp.			
5	Noradrenaline Injection 2mg/2ml	5 Amp.			
6	Phenytoin Injection 50mg/2ml	5 Amp.			
7	Deriphylline Injection	5 Amp.			
8	Hydrocortisone Injection 100mg	5-10 Vial			
9	Atropine Injection0.6 mg/ml	5-10 Amp.			
10	Adrenaline Injection 1:1000 Inj	5-10 Amp.			
11	Potassium Chloride (KCL) Injection 20 meq/10ml	5-10 Amp.			
12	Pheniramine Injection 22.75 mg/ml, 2ml injection	5 Amp.			
13	Sterile Water	5			
14	Sodium bicarbonate Injection 7.5% /10 ml	5-10 Amp.			
15	Dopamine Injection 40mg/5 ml	5-10 Amp.			
16	Calcium Gluconate 10% Injection	5-10 Amp.			
17	Dextrose 25 %/ 50% Injection	5-10 Amp.			
18	Tranexamic Acetate Injection 50 mg	5-10 Amp.			
19	Protamine Sulphate50 mg Inj.	5-10 Amp.			
20	Vitamin K Injection 10mg/1ml	5-10 Amp.			
21	Tramadol Injection 50 mg	5-10 Amp.			
22	Hyoscine Butyl bromide Injection 20 mg /ml	5-10 Amp.			
23	Aspirin 75 mg	1 strip			
24	Copilot Tablet	1 strip			

25	Isodril Tablet	1 stirp			
26	Amlodipine 5 mg/10mg Cap	1 strip each			
27	Injection Heparin 25000iu/5ml	as per need			
Dialysis Consumables for emergency					
28	Adhesive Tape	as per need			
29	Leuko band	as per need			
30	Paper Tape	as per need			
31	Betadine/chlorhexidine	as per need			
32	Spirit	as per need			
33	Dialyzer	At least 2			
34	A/V Tubing	At least 2			
35	Fistula Needle	At least 2			
36	I/V Set	At least 2			
37	I/V Cannula different size	at least 2			
38	Transducer	At least 2			
39	Double lumen uncuffed HD Catheter	At least 2			
40	Single lumen HD Catheter	At least2			
41	Guide wire	At least 2			
42	Normal Saline 1000ml	as per need			
43	Normal Saline 500ml	At least 5			
44	Disposable Syringe 20ml	At least 5-10			
45	Disposable Syringe 10ml	At least 5-10			
46	Disposable Syringe 5ml	At least 5-10			
47	Rubber Sheet	as per need			
48	Gloves (Sterile & clean)				

Annex 4 A dialysis centre shall maintain a record system to provide readily available information on:

1. Patient care

a. Dialysis charts with necessity for dialysis by nephrologist
b. Standing order for hemodialysis – updated quarterly
c. Completed consent form
d. Patient's monitoring sheet
e. Standing order for medication
f. Laboratory results
g. Dialysis started date and name of the hospital
h. History and physical examination
i. Complication list
j. Transfer/referral slip (for patients that will be transferred or referred to another health facility)

2. Incident (in logbooks)

a. Complications related to dialysis procedure
b. Complications related to vascular access
c. Complications related to disease process
d. Adverse effect after medications

3. Staff and patient vaccination

a. Hepatitis B (double dose) – 0, 1,2,6 months
b. Influenza–annually
c. Pneumococcal – as per guideline
d. Staff/patient's hepatitis status

4. Water treatment

a. Bacteriological
b. Chemical

5. Facility and equipment maintenance schedule

a. Preventive maintenance
b. Corrective maintenance

Annex 5 : Sample for Log Book of counselling

S. No	Counseled for	Date	Sign. of patient/attendant
1	Adherence of the treatment		
2	Diet and fluid		
3	Renal transplantation		
4	Fistula care		
5	Follow up		
6	Other		

अनुगमन टोलीहरुको नामावली :

क्र.सं.	नाम	पद	कार्यरत निकाय	सम्पर्क नं.	दस्तखत

विज्ञको रायः