

## *CHAPTER II*

### **OUT PATIENT SERVICE**

- 2.1 Modern medical practice with the concept of active and early ambulation tends to shorten hospital stay of a patient after the critical period of illness has passed off, such patients after discharge will need treatment and rehabilitation till they are fully recovered. The functions of the O.P.D. services are preventive, diagnostic, curative, and rehabilitative. The out-patient department is a very important wing of the hospital, which is visited by a large section of the community. The care and attention provided to them goes a long way in building up the reputation and confidence of the people in the Hospital.
- 2.2 O.P.D. should be located near the entrance from the main road.
- 2.3 All O.P.D. services in various discipline including special clinics should be situated in one complex.
- 2.4 O.P.D. should be connected by metalled road from main road for patients in ambulance/cars/wheel chairs.
- 2.5 At the entrance of O.P.D., sufficient numbers of wheel chairs/trolley's to be available along with physical presence of nursing attendant/stretcher bearer.
- 2.6 On entering the O.P.D., services by social workers to be available at "MAY I HELPYOU" counter. Social workers will guide the patient for registration queue, visiting to particular O.P.D. room number/outdoor pharmacy and laboratory for investigations.
- 2.7 All categories of the staff working in the O.P.D. must be in their uniform with the name-badge for identification.
- 2.8 Registration hours for morning and afternoon services should be displayed prominently.
- 2.9 Patients and attendants must stand in a queue and social worker should guide the public in maintenance of discipline and avoid queue jumping.
- 2.10 If O.P.D. complex is a multistoried building then floor wise O.P.D. services available should be prominently displayed on ground floor

including specialized services, timings and days of week where such services are available.

2.11 All O.P.D. rooms to be numbered for the convenience of patient Color coded directional lines may be laid down.

2.12 Senior citizens should be given priority and separate queue counter for registration to be there. The doctor may see seriously ill patients out of turn.

2.13 In the laboratory & X-ray department., timings for receiving out patient department./indoor patients should be printed on the cards and also displayed outside the laboratory & X-ray department.

2.14 Every patient must be given an O.P.D. card mentioning the date, O.P.D. No. patient name, father/husband name, age, sex and room number of attending doctor. Each OPD card should have the stamp of unit and name of O.P.D. and its unit incharge. Patient's name/age and OPD No. is also to be recorded in the O.P.D. register.

2.15 Patient seen in one O.P.D. and referred to other O.P.D. should be seen on priority basis and should be entertained on the same O.P.D. ticket. He should be instructed that on next visit he must get a fresh card made of referred O.P.D.

2.16 If a patient visits the O.P.D. on the wrong day, he must not be returned but seen and treated. He must be given instruction to consult the same doctor, which he visited on the first day.

2.17 Patients should be prescribed medicines as per formulary list of O.P.D. medicines. The list of medicines available for O.P.D. patients must be circulated to all the attending doctors periodically for their knowledge. This list should be periodically reviewed to update it.

2.18 All special medicines as per rule are to be given by special slips signed by Medical Officer or Specialist.

2.19 A patient should be given medicine usually for 3-4 days and for not more than 7 days in any case. In special case it may be given for 14 days with permission of Addl.MS(OPD)/Unit Head.

2.20 The list of medicines out of O.P.D. list, not available, should be displayed on the notice board outside the dispensary

2.21 Dispensary timing should also be displayed on each window along with special counters for senior citizen, special medicines etc.

2.22 List of diagnostic procedures, which are chargeable, should be displayed outside where such services are available along with chargeable amount.

2.23 Medical certificate and Fitness certificate book should be kept under lock and key by Medical officer/Specialist of unit concerned. Only Medical Officer or specialist will issue certificates.

### TREATMENT

2.24 Junior Resident, Postgraduate medical student and senior resident should first treat the patient clinically and minimise reference to X-ray department and laboratory investigation.

2.25 No investigation/X-ray/other diagnostic procedure to be carried out on patient's demand.

2.26 Seriously ill patients or patients on second visit requiring consultant or specialist examination must be referred to them.

2.27 Referral of patient to other department must be done in consultation with specialist only.

2.28 Cases requiring immediate attention must be seen by Senior Resident and shifting of patient to be done immediately after stabilizing the patient.

2.29 When no definite diagnosis is made, patient should not be shuttled from one place to another. He should be admitted and proper references obtained from concerned departments

### MEDICAL RECORDS;

2.30 Statistical record should be maintained to give the following information :

- |    |                                |        |
|----|--------------------------------|--------|
| a) | Total No. of patients attended | Old    |
|    |                                | New    |
| b) | Total No. of patients attended | Male   |
|    |                                | Female |
| c) | Disease data if available      |        |

2.31 Patients with chronic diseases who attend the special O.P.D.s frequently for follow up, their record file with complete history sheet, investigations like X-Ray, CT Scan, MRI and other laboratory investigations to be kept in O.P.D. folders by registration clerks.

#### **MINOR OPERATION THEATRE:**

2.32 Minor O.T. to be situated at a short distance away from O.P.D. and free entry of attendants to be prohibited. All precautions to be taken to keep O.T. free from bacteria.

2.33 If feasible, two minor O.T.s should be there, one for septic and other for clean cases.

2.34 Facility for anaesthesia to be properly organized for any patient requiring it.

2.35 Junior Resident and Postgraduate students should perform minor surgical operations under supervision of Senior Residents

2.36 Consent for minor surgery to be taken by nursing staff

2.37 Proper entry of all minor surgical operations/diagnostic tests performed must be entered in the register for record

2.38 Minor operations to be performed on first come first served basis and coordination to be done by Sister Incharge on duty.

#### **INJECTION ROOM:**

2.39 Injection room should be situated near the casualty or O.P.D. block where services of doctors can be availed in case of reaction due to injection

2.40 All injections/vaccines requiring test dose be watched carefully by the Nursing staff and sufficient time be given.

2.41 All life saving drugs, oxygen mask, I.V. Bottles/I.V. sets to be available in the injection room

2.42 Specially trained staff to be put on duty in the injection room.

2.43 It is advisable that autoclaved glass syringes/disposal plastic syringes and disposable needles to be used.

2.44 Glass Syringes to be sterilized by centralised autoclave facility or local facility. Boiling for 20 minutes is recommended to make it germ free.

2.45 Proper record of all expensive injection & drugs e.g. Anti-Rabies vaccine (Rabipur) to be maintained for audit purpose.

2.46 Entries of injections given to be made on the patient's card and also in the register maintained in the room for preparing monthly report

#### **DRESSING ROOM:**

2.47 Majority of the dressings are done by dresser under supervision of nursing staff, where dressers are available, otherwise dressings are done by Junior Residents.

2.48 Aseptic precautions to be followed.

2.49 Universal precautions to be followed as per WHO guideline by all Health care workers while coming in contact with patient's blood, body fluid or tissue.

2.50 All soiled gauze/dressings should be disposed off as per hospital waste disposal guidelines for safe disposal. Littering of floor with soiled gauze and dressing to be avoided.

#### **DISPENSARY:**

2.51 Dispensary of the Hospital should be located in O.P.D. block

2.52 Timings of services by dispensary should suit the requirement of the patient both outdoor and indoor discharged patients.

2.53 List of drugs available and not available out of O.P.D. list should be displayed prominently in the waiting hall of the dispensary

2.54 Essential drugs, which are not available, should be replaced immediately through Medical store of the Hospital.

2.55 Drugs to be issued for a maximum of 7 days, in rare cases it may be given for 14 days with permission of unit Head.

2.56 Special slips of medicine issued to patients to be kept under lock and key by issuing pharmacist.

2.57 Surprise check of stock of drugs to be done periodically by the Medical Officer Incharge of the Dispensary.

2.58 Proper labelling of tablets/capsules and mixtures should be done.

2.59 Drugs with short expiry to be brought to the notice of the doctors through Medical Officer Incharge of the Dispensary.

2.60 List of medicines with quantity in stock and expiry date should be circulated to all the doctors quarterly for their information.

2.61 Prescription of the patient should be legible, where it is not legible clarification from the doctor must be sought before issuing it to patient.

2.62 Prescription of the doctor must be honored.

#### **X-RAY SECTION:**

2.63 The work of the department to be organized systematically with segregation of emergency patients, outdoor patients and indoor patients if it is a common facility.

2.64 For routine outdoor patients first come first served basis to be followed.

2.65 X-Ray proforma to be signed by Senior Resident or his superiors and stamp of the officer recommending X-Ray for patient should be there.

2.66 For special X-Rays appointment system to be followed.

2.67 X-Rays/Ultrasound/CT Scan where chargeable are first paid and receipt given at the time of X-ray except for emergency X-ray.

2.68 Whenever X-ray of a female has to be taken, Nursing Sister must be present at the time of X-ray.

2.69 Emergency X-ray room and routine x-ray rooms should be separate, if feasible, to avoid unnecessary delay for patient requiring emergency treatment.

2.70 Types of X-ray facilities, CT & USG available should be exhibited in the department. Functional status of the equipment should also be displayed for the knowledge of the patients and expected date of repair. Charges of investigation should be displayed prominently.

2.71 Proper stock of equipment and X-ray films to be maintained.

2.72 All major equipments should be under A.M.C. for smooth functioning.

2.73 It is the responsibility of the H.O.D. to get the equipment, repaired at the earliest.

2.74 No new equipment should be left unattended and unused.

2.75 Record of all MLC X-rays to be kept by Medical Officers under lock and key.

2.76 Daily work record registers to be maintained properly for statistical purpose.

#### **LABORATORY :**

2.77 Central collection laboratory should be so situated as to serve both in-patients and out patients

2.78 All outdoor patients requiring laboratory investigations should be issued bottles from the registration counter in the morning hours.

2.79 Laboratory investigations will be done only if advised by Hospital Medical Officer.

2.80 List of investigations done in the laboratory should be exhibited outside the Central Collection Centre, along with timings of collection of blood and time of distribution of report, charges should be displayed if any.

2.81 Samples collected at the Central Collection should be properly labelled and sent to laboratory for investigations.

2.82 Records of investigations done should be maintained properly for statistical purposes.

2.83 Charges levied for specific investigation should be taken before investigation is done.

2.84 Periodic quality control measures should be taken to avoid erroneous laboratory reports and remedial measures should be taken well in advance if required.

2.85 Refresher courses to be organized for laboratory technician, and should be periodically rotated in all labs for variable work experience.

2.86 Stock register for equipment, consumable and non-consumable stores to be maintained and to be supervised by the Medical officer assigned with the responsibility.

## **PHYSIOTHERAPY, OCCUPATIONAL THERAPY & REHABILITATION SECTION**

2.87 Cases to be seen by appointment only where limited number of patients are visiting the department.

2.88 Where a large number of patients are visiting the hospital, work to be systematically organized amongst the physiotherapist/occupational therapist and also the doctors.

2.89 Proper records to be maintained by the department.

2.90 Stock register of equipment to be maintained and equipment should be functional.

2.91 Services, which are available, should be exhibited on a display board

### **SOCIAL WELFARE:**

2.92 Social workers and social guides to be appointed in Hospital if the posts exist.

2.93 Non-Government social organizations should be actively involved in the Hospital to help the poor and needy patients.

2.94 Social workers should act as a liaison between patient and doctor.

2.95 Social workers should be able to locate the genuinely poor patient and try to help them in getting proper treatment drugs, medical appliances etc.

2.96 Maintenance of poor patient's fund received as donation should be put in the bank, in the name of Head of the Institution "Poor Patients Fund".

2.97 They should be working under the supervision of C.M.O. and Addl. Medical Superintendent incharge of O.P.D.

2.98 Rail concession passes are to be issued to handicapped persons, patients suffering from cancer and tuberculosis as per guidelines of the Government.

## **DOCUMENTATION:**

2.99 The following documents are to be maintained by Sister Incharge of the OPD:

- a) Dead stock inventory.
- b) Expendable stock register.
- c) Linen inventory.

## **PHYSICAL FACILITIES:**

2.100 Spacious and well-ventilated hall with chairs to be available near the registration counter.

2.101 Cold drinking water, neat and clean toilet facility and telephone booth to be available for patients or their relatives.

2.102 Complaint/suggestion boxes to be fixed for receiving complaints and opened regularly, at least once in month.

2.103 Punctuality and courteous behavior by all level staff working in hospital should be maintained as it minimises grievances and patient returns home with full satisfaction.