Name of Department: **GENERAL MEDICAL (OUTPATIENTS, INPATIENT, EMERGENCY)**

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| **SERVICES** | **DETAILS OF AVAILABILITY/ LIMITATION OF SERVICES** | **REMARKS.** |
| **Infection:**All uncomplicated bacterial, viral,fungal and protozoal infections.**GI disorders:**Amoebiasis, Gastroenteritis,Diarrhea(chronic), Gastritis, Irritablebowel syndrome, Peptic ulcerdisease, Helminthic infection, GI tractbleeding,**Other Medical conditions**Thyroid dysfunctions, Diabetesmellitus & other endocrineassociated conditions, Liver cirrhosis& other liver conditions (abscess,cyst, etc.), Cerebral palsy, HerpesZoster**Hepatosplenomegaly** **Stroke** **Ischemic heart disease** **Seizure disorders** **Respiratory Problems**Upper and Lower Respiratory Tractinfections, Pneumonia, ChronicObstructive Pulmonary Disease(COPD), Tuberculosis, Asthma,Allergies, Chronic Bronchitis,Emphysema, Acute Bronchitis,Cystic Fibrosis**(Chest/TB Department)** | Almost all infections are being treated. All are amicably managed. All are being treated.All are managed.All are managed.TB diagnosis and management available.  | Blood Culture facility not available; for which patient is referred.Upper GI endoscopy facility not available. TFTs and CT/ MRI Brain not available.Glucometers not availableEEG not available. HRCT Chest facility and spirometery not available. Central oxygen supply also needed. |

Name of Department: **GENERAL DERMATOLOGY (Outpatients, In-patient)**

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| **SERVICES** | **DETAILS OF AVAILABILITY/ LIMITATION OF SERVICES** | **REMARKS.** |
| Basic dermatological diagnostic andtherapeutic services | As per facility of category B Hospital (routine services) are available.  | Those cases which require histopathology and other diagnostic modalities are referred to tertiary level care. No separate ward allocated to dermatology; beds allocated at Medical unit.  |

Name of Department: **GENERAL PSYCHIATRY (OUTPATIENTS,IN-PATIENT, EMERGENCY)**

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| **SERVICES** | **DETAILS OF AVAILABILITY/ LIMITATION OF SERVICES** | **REMARKS.** |
| Acute confusion (Acute psychosis),Depression; Anxiety and stress relateddisorders; Sleep disorders;Mania, Schizophrenia, Suicidalideation, Substance abuse anddependency, Post-traumatic stressproblems; IQ/Personalityassessment | Depression and anxiety is managed as OPD cases. No Indoor facility. | Complex Psychiatric disease referred to tertiary level care.(Psychiatrist post vacant)  |

Name of Department: **Dialysis Unit**

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| **SERVICES** | **DETAILS OF AVAILABILITY/ LIMITATION OF SERVICES** | **REMARKS.** |
| **Renal disorders**Acute glomerulonephritis, Acuterenal failure, Hypo/hyperkalemia,Nephrotic syndrome, Chronic renalfailure, | No dialysis units available. | 04 dialysis units needed along with RO systems.  |

Name of Department: **GENERAL PEDIATRICS (OUTPATIENTS,IN-PATIENT, EMERGENCY)**

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| **SERVICES** | **DETAILS OF AVAILABILITY/ LIMITATION OF SERVICES** | **REMARKS.** |
| All uncomplicated bacterial, viral,fungal and protozoal infections,Neonatal care, NeonatalresuscitationDuring delivery: ENC including cleanairway, clean clamp and cord cutting,weighing baby, Avoid hypothermiaand ensure exclusive breast feedingincluding colostrum, Identify andManage neonatal jaundice andinfections, Phototherapy, Birthinjuries, Incubation, Immunization (allbirths in the hospital and all children<5 visiting hospital to be activelyscreened for immunization status),Infants of diabetic mothers, Asthma(chronic)Diarrhea (chronic), Failure to thriveGrowth retardation, Malnutrition—severe or moderate, acute/chronic,micronutrient deficiency (VitaminA/C/D deficiencies, anemia, iodinedeficiency), Manage Neonatalcomplications, Congenital anomalies,Bilirubin encephalopathy(kernicterus), Thalassemia**Well-baby clinic** to be established inthe OPD and to have minimally thefollowing services available:EPI plus services, CDD/ARI controlactivities, Nutrition counseling,Breast feeding counseling andsupport, Malaria and Dengue controlactivities, Growth monitoring andcounseling, Deworming (provision ofanti-helminthic) | All these services are available in our department.All services are being provided by doctors and a dedicated staff nurse for breast feeding counseling.  | Baby warmers needed at:1. Labour Room2. Operation theater. Resuscitation trolleys needed1. Labour Room2. Operation theater. Sever Acute Malnutrition rehabilitation services are provided, along with OPT site.Continuous F-75 and F-100 supply needed, although in case of short at hand prepared at Paeds unit. Space constraint for separate room.  |

Name of Department: **General Cardiology (Outpatients,In-patient, Emergency)**

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| **SERVICES** | **DETAILS OF AVAILABILITY/ LIMITATION OF SERVICES** | **REMARKS.** |
| Congenital heart disease, Deep-veinthrombosis, Heart failureHypertension, Pulmonary oedema,Rheumatic heart diseaseMyocardial infarction, Ischemic heartdisease | All services are being provided.  | Patients are referred for:1. Interventional procedures. 2. PCI/ CABG3. Pace maker4. DVT diagnosis, peripheral vascular Doppler scaning.24 Hours Holter needed.  |

Name of Department :**GENERAL SURGERY (OUTPATIENTS, INPATIENT,EMERGENCY)**

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| **SERVICES** | **DETAILS OF AVAILABILITY/ LIMITATION OF SERVICES** | **REMARKS.** |
| ElectiveThyroidectomy, Mastectomy, Biliarytract operations, Colon operations,Proctological operations (perianalabscess), Hernioraphy, Rectalprolapse, Superficial abscesses,Cysts, Cavity abscesses,CircumcisionVasectomy, Venous cut down,Excision of sebaceous cyst, Wedgeresection of IGTN, Excision ofLipoma, Lymph node Biopsy, ChestIntubation, Supra pubiccatheterization ( via suprapubiccystostomy kit), Supra pubiccatheterization (open Technique),Trucut Biopsy, FNAC D/DDressings, Skin lesion Biopsy,Cauterization of viral warts,Sigmoidoscopy, Urethral dilatation,DJ Stent Removal, Lord’s Dilatation,T. Stich, Polypectomy, ExaminationUnder Anaesthesia (EUA), Excisionof Fibro adenoma Breast, I/D ofBreast Abscess, I/D & D/D underG/A, Feeding Jejunostomy,Colostomy, DJ Stenting, OpenAppendicectomy,Haemorrhoidectomy, Lateral InternalSphincterotomy, Herniotomy,Hydrocele surgery, Varicocelesurgery, Undescended Testes(UDT), Simple Mastectomy, WideLocal ExcisionVaricose Veins Surgery, Perianal Abscess/ Fistula (Low), Peri AnalFistula High/complex, Mesh repair ofinguinal /Ventral Hernias/ IncisionalHernia, Open Cholecystectomy,Gastrojejunostomy, Ureterolithotomy,Vesicolithotomy, Excision of pilonidalSinus, Ileostomy/ ColostomyReversal, Upper GastrointestinalEndoscopy (UGIE) with biopsy,Lower Gastrointestinal Endoscopy(LGIE) Colonoscopy with biopsy,Crohn's disease | All procedures are carried out. Instruments are old and needs to be replaced by new.New sets are required for vascular and paediatric surgery. | Post OP ICU, with ventilator facilities are required to be established, especially for Chest trauma patients.Laparoscopic surgery is being done at departments own arrangement.   |

Name of Department: **A&E SERVICES**

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| **SERVICES** | **DETAILS OF AVAILABILITY/ LIMITATION OF SERVICES** | **REMARKS.** |
| All medical emergencies includinganimal/snake biteAccident andAbdominal trauma (minor), Acuteappendicitis, Perforated peptic ulcer,Intestinal obstruction, Diverticulitis,Inflammatory bowel disease,Mesenteric adenitis, Cholecystitis,Cholangitis, Cystitis, Urinary TractInfection, Ureteric colic, Acuteurinary retention, Peritonitis, Rectussheet haematoma, Airways andambu-bag breath, Cricothyroidotomy,Fluid and electrolyte balance andblood transfusion, Soft TissueInjuries, Tendon injuries, Abdominaltrauma (major), Splenic rupture,Retroperitoneal haemorrhage,Shock/SepticaemiaAdvanced acute abdominalconditions like Vascular, Pancreatic,Urological and requiring subspecialisedsupervisionMultiple InjuriesPneumothorax and hemothorax –chest intubation with observationInitial management andstabilization by specialiston-call from surgicaldepartment, if requiredreferral to thoracic facilitiesInitial Management of burns as perrule of 9s and referral to a burnInitial Management byspecialist on-call fromcentre in case of1. Partial-thickness abdomen fullthicknessburns of greater than 10%of the BSA in patients less than 10years or over 50 years of age;2. Partial-thickness and full-thicknessburns on greater than 20% of theBSA in other age groups;3. Partial-thickness and full-thicknessburns involving the face, eyes, ears,hands, feet, genitalia, and perineum,as well as those that involve skinoverlying major joints;4. Full-thickness burns on greaterthan 5% of the BSA in any agegroup;5. Significant electrical burns,including lightning injury (significantvolumes of tissue beneath thesurface can be injured and result inacute renal failure and othercomplications);6. Significant chemical burns;7. Inhalation injury;8. Burn injury in patients with preexistingillness that could complicatetreatment, prolong recovery, or affectmortality;9. Any patient with a burn injury whohas concomitant trauma poses anincreases risk of morbidity ormortality, and may be treated initiallyin a trauma center until stable beforebeing transferred to a burn centerUnit/Department surgical department andimmediate referral as perthe provided criteriaHead injuryInitial management byspecialist on-call fromsurgical department,Based on Glasgow comascale) – score 8 or less tobe referred toneurosurgical facilitySpinal InjuriesInitial stabilization byspecialist on-call fromsurgical department andreferralClosed Fracture and Dislocation,Closed Fracture and no dislocation,Femur fracture, Open fractures,Pelvic fracture without complicationManagement by specialiston-call from Orthopaedicdepartment, refer ifrequiredMajor disaster plan TRIAGE andassessment of trauma patients alongwith stabilization of the patient withreferral to the sub-specialtyconcerned (if required),Accident andEmergencyUnit/DepartmentPatient referral (using ambulance) | Managed in collaboration of Medical Unit.Managed in collaboration in surgical unit.Managed in collaboration in orthopaedic unit.Emergency plan, in case of mass emergency available; with specific roles and responsibilities.  | Patients are stabilized and if beyond the capabilities of services of Cat-B level they are referred to tertiary level care; in Hospital fully equipped Ambulance.Following items needed in emergency theater:1. CVP line2. Chest tubes and under water seal bottles.No Burns unit available. Patients are stabilized, categorized and shifted to tertiary level care. Head injury patients are stabilized and those who need referral are shifted in Equipped Ambulance to tertiary level facility.  |

Name of Department: **GENERAL OPHTHALMOLOGY (OUTPATIENTS, IN-PATIENT,EMERGENCY)**

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| **SERVICES** | **DETAILS OF AVAILABILITY/ LIMITATION OF SERVICES** | **REMARKS.** |
| Emergencies: Trauma (exceptintraocular foreign body and orbitalfracture)Eye Department Stabilize and Refer ifrequiredCommon eye conditions, Cataract,Glaucoma, Refraction, Diabetic eyecomplications | All the identified procedures and treatment are being carried out.  | Services in oculoplasty, Glaucoma, Squint and intra-vit Avastin; are being provided.Shortage of equipment identified as:1. Auto-refractor + kerato-meter (Dual) 02.2. Air Puff Tonometer 01.3. Argon Laser 01.4. A-Scan & B-Scan 01 Each.5. Bipolar cautery 01.6. Cryo Machine 01.7. Ophthalmic microscopes 02.8. Ophthalmoscopes 03.9. Phachoemulsifier 01.10. Perkin’s Tonometer 02.11. Refraction boxes 04.12. Retinscopes 03.13. Slit Lamps 03.14. Surgical Instruments.  05 cataract sets  02 DCR set 01 Squint set15. UV autoclave 01.16. Yag Laser 01.17. Visual Filed Analyser 01. Shortage of staff also identified.  |

Name of Department: **GENERAL ENT (OUTPATIENTS, INPATIENT, EMERGENCY)**

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| **SERVICES** | **DETAILS OF AVAILABILITY/ LIMITATION OF SERVICES** | **REMARKS.** |
| Epistaxis, Upper respiratory tractinfections, Rhinitis, Acute & Chronicsinusitis, Granulomatous conditionsof nose & PNS, Nasal polypSeptal surgeries, Nasal & facialtrauma, Smell disorders, Obstructivesleep apnoea, Oral lesions,Pharyngeal infections, Adenoids &Tonsils & its surgeries, Laryngeal,infections-paediatrics & adults, Voicedisorders, Deep neck abscesses,Thyroid masses, Acute managementof laryngo-tracheal & neck trauma,Tracheostomy, Dysphagia, OtitisExterna, Wax in ear, Acute otitismediaChronic otitis media, Balancedisorders, Otosclerosis, Otologicaltrauma, Common complications ofotitis media, Otitis media witheffusionENT DepartmentHead & Neck benign & malignanttumours– primary & metastatic ENT Department Screen and ReferForeign body in the ear/nose ENT Department Stabilize and Refer | All these procedures are performed, includingRhinoplasty and pinna plasty. The following procedures are NOT done:1. Thyroid surgery.2. Middle Ear surgeries.3. No screening of deaf patients. (Referred to tertiary level care) Screened and Referred to tertiary level care. Screened and Referred to tertiary level care. | ENT operating microscope needed. Pure tone audiometery not available.  |

Name of Department: **GENERAL ORTHOPAEDIC (OUTPATIENTS,IN-PATIENT, EMERGENCY)**

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| **SERVICES** | **DETAILS OF AVAILABILITY/ LIMITATION OF SERVICES** | **REMARKS.** |
| Closed fracture and dislocation of allof minor joints and bones,Supracondylar displaced fractures,Volkmann's ischemia andcompartment syndrome, Soft tissueinjuries and crush injuries, Pelvicfracture without complication, Hipjoint dislocation, Femur neckfracture, Femur fracture, Knee jointdislocation, Tibia and fibula closedfracture, Tibia open fractures, Anklejoint dislocation and fractures, Anklebones open fractures, Tarsal bonesfractures and dislocations, Tarsometatarsaljoint dislocation, Skingraft and tendon injuries, Acuteosteomyelitis, Pyogenic septicarthritisTuberculosis of bones and joints,Gout arthritis, Rheumatoid arthritis,Bone Cyst, Carpal tunnel lesion,Hand flexors and extensors injuries,Amputation (open amputation),Menopausal osteoporosis, Changeof dressing without anesthesia, Intraarticular injection or joint aspiration,Injection for tendinitis, In GrowingToe Nail (IGTN), Below knee andbelow elbow POP withoutanesthesia, Skeletal tractionCOD under GA, TVE POP, Aboveknee and above elbow POP,Manipulation Under Anaesthesia(MUA), Closed reduction of smalljoints of fingers or toes, Excision ofbursa, Application of hip spica, Openmuscle biopsy, Trucut biopsy,Closed reduction and percutaneousfixation of distal radius, Closedreduction ofknee/hip/below/shoulder, POP underGA, Open Reduction InternalFixation (ORIF) small bones of hand& foot, Small bone operations ofhands/foot to include, fracturefixation/arthrodesis/osteotomes,Forefoot amputation till midtarsaljoint, Amputation of finger or thumb | All procedures are carried out, for the following the patient is referred to tertiary level care:1. Skin grafting2. Pyogeneis septic arthritis3. carpel tunnel syndrome4. Trvent biopsy.5. Surgery of forearm & hand.  |  |

Name of Department: **GENERAL GYNAE/OBS (OUTPATIENTS,IN-PATIENT, EMERGENCY)**

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| **SERVICES** | **DETAILS OF AVAILABILITY/ LIMITATION OF SERVICES** | **REMARKS.** |
| Counseling of Maternal and newbornhealth issues including breastfeeding, family planning andpersonal hygieneObstetrics andGynaecologyDepartment**Antenatal care**Management of intestinal worms,Malnutrition, Malaria, UTI &STI,Treatment of Vit. A deficiency (ifnight blindness appears in lasttrimester), Rhesus (Rh)incompatibility, Management of preeclampsia,Management of, Ectopicpregnancy**Natal Care**Manage complicated labour,Transfuse safe blood(haemorrhage/blood loss), Manage3rd degree vaginal tears,Management of prolapsed cord,Management of shoulder dystocia,Manage prolonged and obstructedlabour, Caesarean section, Manage3rd degree cervical tears**Postnatal care**Management of PPH/shock, Bloodtransfusion in case of haemorrhageManagement of puerperal sepsis(simple)Gynaecological/obs; care:Uterus fibromyoma, Infertility,Ovarian cyst and adnexal masses(simple), Menstrual disturbances,Pelvic inflammatory disease (PID),Abscesses, Prolapse and transvaginaloperations, Complications ofpuerperium, Puerperium psychosis,Deep vein thrombosis (DVT),Incomplete abortion, Malnutrition—micronutrient deficiency (VitaminA/C/D deficiencies, anemia, iodinedeficiency)**Family Planning:**Implants, Tubal ligation,Complications of contraceptives | Carried out by Doctors.All services are provided.All services are provided. All services are provided. All services are provided.All services are provided. | Blood Bank services need to be strengthened.  |

Name of Department: **GENERAL DENTAL SERVICES (OUTPATIENTS, IN-PATIENT,EMERGENCY)**

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| **SERVICES** | **DETAILS OF AVAILABILITY/ LIMITATION OF SERVICES** | **REMARKS.** |
| Crowning/ Dentures/ braces, Pulpitis,Periodontitis, Pericoronitis, Gingivitis,Cellulitis (oral), Alveolitis (dry socket)Acute necrotizing ulcerative gingivitisAbscess (periapical) | All services are being rendered, at Outpatient except:1. Crowning2. Braces3. Dentures 4. Pulpitis. | 02 New Dental Units in process of installation. Dental X-ray unit needed. Dental materials needed.  |

Name of Department: **LABORATORY (OUTPATIENTS, INPATIENT,EMERGENCY)**

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| **SERVICES** | **DETAILS OF AVAILABILITY/ LIMITATION OF SERVICES** | **REMARKS.** |
| FBC, ESR, LFTs, Blood urea andElectrolytes. CSF/pleural fluid/asciticfluid/, Biochemistry, gram's and ZNstainHBsAg, Anti-HCV, Serum amylase,CPK, Blood glucose, ABGsScreening of donor, blood groupingand cross match, Storage (Bloodbank services)Pathology | Available.Not available due to lack of reagents. Available through ICT method. Whole Blood services are available.  | ABGs analyzer and reagents needed. CPK kits needed. Other investigations that are carried out are:1. Serum Cholesterol2. Triglycerides. 3. Semen Analysis.4. Anti HIV5. Brucella titer6. Typhidot7. ASO titer8. VDRL9. Peripheral Smear.And all other routine tests.  |

Name of Department: **RADIOLOGY (OUTPATIENTS, IN-PATIENT,EMERGENCY)**

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| **SERVICES** | **DETAILS OF AVAILABILITY/ LIMITATION OF SERVICES** | **REMARKS.** |
| X-ray Chest/abdomen (erect &Supine)/spine/hands/pelvis/joints/Sinuses, X-ray for fractureX-ray for age estimation,Ultrasound /Abdomen/ PelvisRadiology  | All are carried out on Analog and Digital, computerized imaging systems |  |

Name of Department: **ANAESTHESIA SERVICES:**

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| **SERVICES** | **DETAILS OF AVAILABILITY/ LIMITATION OF SERVICES** | **REMARKS.** |
| Intubation, Manage emergencies and Anaesthesia Services to be provided bycardiopulmonary resuscitation,Manage convulsions, Cardiac lifesupport, General anaesthesia, Localanaesthesia | All services are rendered.  |  |

Name of Department: **PHYSIOTHERAPY SERVICES:**

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| **SERVICES** | **DETAILS OF AVAILABILITY/ LIMITATION OF SERVICES** | **REMARKS.** |
| Frozen shoulder; Backache therapy;Post-fracture therapy; Therapy ofjoints; Short wave diathermy;Physiotherapy for chest; Mobilization(postoperative and post stroke) | All services are provided. | Bed case physiotherapy of different units are also provided.  |

Name of Department: **ADMIN**

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| **SERVICES** | **DETAILS OF AVAILABILITY/ LIMITATION OF SERVICES** | **REMARKS.** |
| Infection prevention & control,safe environment, hygiene andsafe waste disposal:Ensure aseptic sterilized diagnostic& therapeutic procedures; NotifyORs and house staff of MRSA/VRSAand other nosocomial infection whenit occurs; Segregation of sharp andnon-sharp medical waste and localor contractual arrangement for itssafe disposal | An infection and Hospital waste management committee is identified and working. Moreover, Ethical and harassment committees are also fully functional. Colour coded container and at source waste segregation.Functional Hospital waste incinerator.  | Incinerator needs major repairs; working since installed and functionalized in 2009.  |