

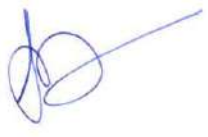




Chhatrapati Shahu Maharaj Shikshan Sanstha's
AYURVED MAHAVIDYALAYA & RUGNALAYA
Kanchanwadi, Paithan Road, Aurangabad-431011 (M.S.)



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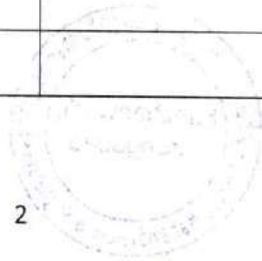

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AMENDMENT SHEET

Sr.No.	Section No & page No.	Details of the amendment	Reasons	Sign. of the Preparatory authority	Sign. of the approval authority



Signature

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The manual is reviewed once a year and is updated as relevant to the hospital policies and procedures. Review and amendment can happen also as corrective actions to the non-conformities raised during the self-assessment or assessment audits by NABH.

The authority over control of this manual is as follows:

Preparation	Approval	Issue
RMO	Principal, Dr. S.G. Deshmuh, CSMSS Ayurved Mahavidyalaya & Rugnalaya Kanchanwadi, Aurangabad	Accreditation coordinator

The procedure manual with original signatures of the above on the title page is considered as 'Master Copy', and the photocopies of the master copy for the distribution are considered as "Controlled Copy".

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COP 1- POLICY ON UNIFORM CARE OF PATIENTS

1.0 PURPOSE

To delineate policy for the planning and providing of uniform patient care, for following clinical practice guidelines in line with the laws and regulations prevailing in India.

2.0 SCOPE

To ensure uniform care to all patients using the services of the hospital. The scope includes policies and procedures for:

- The care of Emergency Patients (COP.2)
- Ambulance Services (COP. 3)
- Care of Vulnerable Patients (COP 4)
- Care of Obstetric patients (COP.5 &6)
- Care of Pediatric Patients (COP.7&8)
- Care of patients undergoing surgical & Parasurgical patients, Panchkarma(COP.9)
- Care of patients requiring Sedation & anesthesia (COP.10 &11)

3.1 POLICY

Uniform Care of Patients

- 3.1 The planning and provision of care shall be based on individual patient assessment and shall focus on the patient's response to actual or potential alterations to health.
- 3.2 All patients are treated alike irrespective of their religion, cast, social status, financial ability etc. The safety of all patients seeking health care at this hospital is the prime responsibility of this hospital. A uniform patient care system is laid down in all areas so as to provide excellent service.
- 3.3 Similar care is given in different settings which are guided by applicable laws and regulations; care delivery shall be uniform in emergency and ambulance services, Cardio Pulmonary Resuscitation, while using blood and blood products, Post-surgical recovery rooms, etc.
- 3.4 C.S.M.S.S. Ayurved Mahavidyalaya, Rugnalaya, Kanchanwadi, Aurangabad has the policy for delivering uniform care to all patients irrespective of the care setting right from the admission to discharge for IPD cases, in OPD services and emergency services.



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- 3.5 Laboratory facilities, OT facility, Diagnostics, Nursing Care are uniformly provided to all patients irrespective of category of patients.
- 3.6 All protocols are uniformly given in the same manner to all patients irrespective of the category status.
- 3.7 Uniform care is guided by all laws & regulations.
- 3.8 It is further ensured that the care and treatment orders are legibly signed, named, timed and dated by the concerned doctors and nurses, the main idea being that the authors of these orders are identifiable by all and the chronology of care process is maintained.
- 3.9 Clinical practice guidelines are adopted to guide patient care whenever possible.

4.0 REFERENCE:

NABH: Pre Accreditation Entry Level Standards for Hospitals, Second Edition, April 2016.



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COP 2 - POLICIES & PROCEDURES ON EMERGENCY SERVICES

1.0 PURPOSE

To make Policies and procedures for the guidance of emergency in IPD patients & complications in Pancha-karma.

2.0 SCOPE

All IPD & OPD patients coming for the emergency care.

3.0 PROCEDURE

- 3.1 To aid clinical diagnosis, samples are collected and sent to lab for analysis and reporting. Reports shall be sent back to the Emergency department on a priority basis.
- 3.2 Screening and diagnostic tests shall be recommended and carried out as and when required keeping in mind that the patient's immediate medical needs of IPD & OPD.
- 3.3 Patients are not transferred or admitted or discharged without the RMO reading the reports of all tests recommended by him or the consultant in the Emergency, unless the critical nature of a patient's condition warrants immediate transfer to the Hospital unit.

3.4 Reception of patient

- 3.4.1 Emergency staff shall ensure availability of wheelchairs and stretcher trolleys at the Causality.
- 3.4.2 After examining the patient the residential medical officer (RMO) shall contact to the Consultant on call in the relevant specialty by means of the telephone.
- 3.4.3 RMO shall apprise the Consultant of the patient's condition and take instructions regarding investigations and treatment.
- 3.4.4 RMO advises admission if the patient requires admission. A patient is to be admitted only when the Consultant advises admission.
- 3.4.5 Patients shall be discharged or transferred to the allocated bed at the earliest after screening diagnostic test results are available or earlier if the patient condition so requires.

3.5 Handling Medical Legal Cases:

All cases of accidents, burns, assaults, alleged suicide or homicide, poisoning, road traffic accidents, rape, drowning etc. are directly referred to the 100 Bed hospital in the campus.



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3.6 Transfer of patients for Diagnostic tests / other hospitals.

- To aid clinical diagnosis, samples are collected and sent to various labs for analysis and reporting. Reports shall be sent back to the emergency on a priority basis.
- Screening and diagnostic tests shall be recommended and carried out as keeping in mind the patient's immediate medical needs, for example, in the case of a head injury, the RMO shall have to make a quick appraisal of the criticality of the case and recommend an X-Ray if he so decides. Tests are also carried out in concurrence with the consultant for arriving at the clinical diagnosis.
- Patients are not to be transferred or admitted or discharged without the RMO reading the reports of all tests recommended by him/the consultant, the critical nature of a patient's condition warrants immediate transfer to the operating theater or a critical care unit.
- Patient information is transferred between RMOS, nurses and other staff whether concerning transfer, transport or medical condition- from one shift to the next through detailed handovers, which include written or verbal communication.
- The information includes medical status of the patient, the treating doctor's comments and special information like transport and transfer information, discharge information, etc. And referred patients details are enter in the register.
- When a transfer within the hospital is done, the patient's condition is communicated to the consultant/ duty doctor (Including floor doctor) of the area where the patient is being transferred to. The medical condition of the patient, his medical care requirements and the reason for his transfer is communicated to the concerned person by the RMO.

4.0 REFERENCE:

NABH: Pre Accreditation Entry Level Standards for Hospitals, Second Edition, April 2016.



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COP 3 - AMBULANCE SERVICES

1.0 PURPOSE

To make Policies and procedures for the transfer of Patient in Ambulance Patient ..

2.0 SCOPE

The ambulance Services are commensurate with the scope of the services provided by the hospital.

3.0 POLICY

CSMSS Ayurved Mahavidyalaya & Rugnalaya, Kanchanwadi, Aurangabad provide an ambulance & for occasional purpose on call well-equipped ambulance with emergency medicines and equipment to facilitate efficient and timely transportation of a patient to and from the hospital under the care of trained nursing staff/ doctors. If required, the ambulance calling No. 108 is made available.

4.0 PROCEDURE

- 4.1 Hospital's ambulance is equipped to ensure smooth, safe and efficient transfer of patient to and from a Health Care Facility.
- 4.2 Hospital's ambulance shall be available at the hospital for meeting any emergencies. An alternate ambulance shall be made available on call from outside agency.
- 4.3 The ambulance drivers and the drivers on call are with cell phones. Drivers shall promptly respond when called upon from the hospital or from the emergency site.
- 4.4 In the event of these ambulances being busy, the drivers, front office staff, security staff on duty must call for help from other private ambulance services.
- 4.5 Before transporting the patient, hospital shall ensure that appropriate communication regarding the referral of patient is given to the receiving hospital.
- 4.6 The complete address regarding the location of referring HCF (Health Care Facility), demographic data of patient, his/her illness and the complete address of referral HCF must be properly communicated to the staff of that ambulance service.
- 4.7 Designated clinical staff if required shall accompany the patient during the transfer and record in the patient file all care and treatment administered during transfer.



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- 4.8 Emergency drugs shall be available in the ambulance and ensured that no expired drugs are found available.
- 4.9 Adequate consumables and drinking water shall be made available in the ambulance.
- 4.10 Availability of adequate number of medical gases cylinder (oxygen cylinder with regulator) shall be ensured.
- 4.11 The treating doctor shall also ensure that the ambulance is equipped to respond to medical emergencies as per the need of the patient.
- 4.12 While transporting a patient to another destination, if the medical condition of that patient becomes very serious, the driver shall take the ambulance to the nearest Hospital for immediate medical attention to that patient. This shall also be informed to the hospital and concerned doctors.
- 4.13 The hospital shall ensure that a designated person from the facility will coordinate this service effectively and ensure the timely transportation of the patients by ambulance in case of emergency.
- 4.14 The ambulance service contact numbers are displayed in casualty.
- 4.15 Qualified clinical / paramedical staff must accompany the patient in an ambulance while transportation to the receiving facility.
- 4.16 It is the responsibility of management and staff of the referring/transporting hospital to check that the ambulance is well equipped and all equipment are functional to respond to medical emergencies during the patient transportation in a stipulated time frequency.
- 4.17 The referring hospital management will be responsible for any delay (if happened) in transporting the patient to the referred health care facility.
- 4.18 It is the responsibility of management and staff of the referring/transporting hospital to check that the ambulance is well equipped and all equipment are functional to respond to medical emergencies during the patient transportation in a stipulated time frequency.
- 4.19 The referring hospital management will be responsible for any delay (if happened) in transporting the patient to the referred health care facility.
- 4.20 After each patient transfer by ambulance, it is the responsibility of the driver / In Charge Nurse to dispose of all used disposable and contaminated items.





- 4.21 The treating doctor shall stabilize the patient and ensure that the treatment given to the patient at the facility is documented and duly named, signed, dated and timed.
- 4.22 The necessary document shall be sent along with the patient at the time of transportation to the referred facility.

4.0 REFERENCE:

NABH: Pre Accreditation Entry Level Standards for Hospitals, Second Edition, April 2016.



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COP 4: POLICIES & PROCEDURES ON CARE OF VULNERABLE PATIENTS

1.0 PURPOSE

- To make policies and procedures for the care of vulnerable patients.
- To identify the groups of patients who shall be considered as "vulnerable".

2.0 SCOPE

Vulnerable patients in all patient area of CSMSS Ayurved Mahavidyalaya & Rugnalaya, Kanchanwadi, Aurangabad.

3.0 DEEINITION:

A patient who is or may be for any reason unable to protect and take care of him or herself, against significant harm or exploitation.

3.1 VULNERABLE PATIENTS

1. Elderly > 50 Yrs.
2. Children & New Born Babies
3. Physically and / or Mentally Handicap
4. Patients Who Are Not Disabled but Are Still Not Able To Walk Properly Due To Some Medical Physical Condition (Arthritis).
5. Patients Who Are Temporary Disabled / Unable To Walk Properly Due To Some Injury (Fracture)
6. Post-Surgery Recovery Stage
7. Patients Under Restraint & Both Physical & Chemical
8. Comatose Patients
9. Patients Under Sedation & Anesthesia
10. Unconscious Patients
11. Patients Immunosuppressive / Chemotherapeutic
12. Bed-Ridden Patients
13. Patients Not Able To Talk / Express Themselves Properly.
14. Patients with Weak Eye Sights & / Weak Healing Ability



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4.0 POLICY & PROCEDURE:

- 4.1 The consultant who is treating the patient will be responsible to identify the vulnerable patient and advice management.
- 4.2 The hospital provides safe and secure environment for the vulnerable group.
- 4.3 Staff is trained to take care of high risk patients of vulnerable groups.
- 4.4 Staff nurse knows fall risk assessment tools.
- 4.5 The identified vulnerable patients will be under close monitoring at all times during their hospitalization to minimize risks of health care services.
- 4.6 Documented procedure exists obtaining inform consent from the appropriate legal representative.
- 4.7 Within the hospital the all vulnerable elderly and children will be given all necessary care needed with consideration.
- 4.8 Nurse orientates all patients, parents or caretakers to their bed area, and ward facilities.
- 4.9 Teaching patients to make position changes slowly.
- 4.10 Explaining the use for grab bars in toilets to all patients.
- 4.11 Maintain adequate lighting in patient's room; low level lighting at night.
- 4.12 If the patient's condition demands further care which is not available in our hospital then patient will be transferred to the other hospitals.
- 4.13 While transferring the patient a staff nurse will be accompany the patient along with the caretaker.
- 4.14 If the patient's condition is critical then he / she will be escorted by a doctor and a nurse while transferring from our hospital to other hospital.

5.0 REFERENCE:

NABH: Pre Accreditation Entry Level Standards for Hospitals, Second Edition, April 2016.



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COP 5 - POLICIES & PROCEDURES ON CARE OF OBSTETRIC (ANTENATAL & POST NATAL CARE)

1.0 PURPOSE:

To Define policies guiding the care of obstetric Patients.

2.0 SCOPE:

All obstetric Patients, excluding high risk cases.

3.0 RESPONSIBILITY:

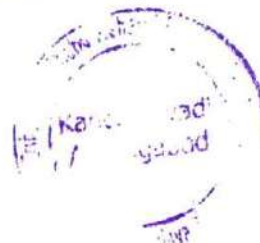
- 3.1 Anesthesiologist
- 3.2 Obstetrician
- 3.3 Pediatrician
- 3.4 Labour room staff
- 3.5 Matron
- 3.6 Dietitian

4.0 ABBREVIATION:

- 4.1 NABH : National Accreditation Board for Hospital and Health care providers
- 4.2 COP: Care of Patients
- 4.3 ANC: Antenatal Care
- 4.4 PNC: Post Natal Care
- 4.5 LSCS: Lower Segment Caesarian Section

5.0 POLICY:

- 5.1 Obstetricians trains post graduate students and staff nurse in care of obstetric cases.
- 5.2 The assessment of obstetric cases includes Sharir shuddhi by Panchakarma,
- 5.3 The Assessment of obstetric cases includes
 - Ayurved approach to ANC - GARBHINIPARICHARYA
 - GARBHASANSKAR
 - Sthanik chikitsa (local treatment) in obstetric patients in the month of 8 & 9 Like - Anuvasan Basti, Yonipichu
 - Postnatal care by Sutikaparicharya which includes Sarwang Senhan, Sarwang Swedan Yonidhupan
- 5.4 High risk obstetrical patients are shifted to csmss Ayurved Mahavidyalaya Rugnalaya in the Campus for Further Managements.





5.5 Definition and Display of obstetrical cases:

- 1) The hospital has defined and displayed the services it provides for obstetric cases.
- 2) It Includes-
 - Preconception Counseling by sharirshudhi by Panchakarma
 - Qualitative Antenatal Care by Garbhiniparicharya
 - Garbhasankar
 - Normal delivery by sulabh prasuti
 - Sutikaparicharya by qualitative postnatal care

5.6 Facilities for Neonates: Competent Pediatricians attends Normal labour & LSCS For resuscitation of Newborn if needed.

5.7 Initial Assessment of patients: All patients attending the obstetrics OPD After obtaining a detailed history undergoes routine obstetrics examination which includes: General examination for pallor icterus, thyroid swelling, pedal edema followed by examination of breasts, abdomen. This is followed by speculum examination.

6.0 PROCEDURE:

6.1 In Ayurvedic approach towards qualitative Antenatal care we provide-

- Garbhiniparicharya
- Garbhasankar classes to pregnant patients
- Panchakarma treatment like anuwasan Basti & Yonipichu for sukhaprasav (Normal Delivery)
- Postnatal care by sutikaparicharya as sarwang snehan, swedan & yonidhupan.
- Garbhasankar workshops are conducted for obstetric patients. It has various sessions like Pranayam in pregnancy, yoga in pregnancy, music therapy, dietary advice.
- Qualitative Antenatal & postnatal care is provided by competent Senior Obstetricians assisted by assistants & an experienced pediatrician.

6.2 Hospital is well equipped and manned by competent doctors, nurses and para-medical staff to provide Panchakarma, local treatment in obstetric & normal labour, LSCS of obstetric patients.

7.0 REFERENCE:

NABH: Pre Accreditation Entry Level Standards for Hospitals, Second Edition, April 2016.



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COP 6- POLICIES & PROCEDURES ON CARE OF OBSTETRIC (NORMAL LABOUR & CAESAREAN SECTION)

1.0 PURPOSE:

To define policies guiding the care of obstetric services (Normal Labour & Caesarean Section)

2.0 SCOPE:

All Obstetric patients, excluding high risk cases.

3.0 RESPONSIBILITY:

- 3.1 Anesthesiologist
- 3.2 Obstetrician
- 3.3 Pediatrician
- 3.4 Labour Room Staff
- 3.5 Matron
- 3.6 Dietitian

4.0 ABBREVIATION:

- 4.1 NABH: National Accreditation Board for hospital and Healthcare providers
- 4.2 COP: Care of Patients
- 4.3 ICU: Intensive Care Unit.
- 4.4 LSCS: Lower Segment Caesarian Section

5.0 POLICY:

- 5.1 The Assessment of Obstetric patients includes nutrition immunization, education, normal & high risk patients.
- 5.2 The Consultant caring for high risk obstetric patients are competent but patients are transferred to 100 Bed hospital in the campus, if require ICU care.
- 5.3 Appropriate peri-natal monitoring is performed by NST & Foetal Doppler
- 5.4 Facilities For Neonates : Competent Pediatricians attends Normal Labour & LSCS for Resuscitation of newborn if needed.




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6.0 PROCEDURE:

- 6.1 Prenatal Safety guideline such as monitoring standards, labour augmentation is done.
- 6.2 Hospital is well equipped and manned by competent doctors, nurse and para-medical staff to provide Panchakarma, local treatments in obstetric & Normal labour, LSCS of obstetric Patients.
- 6.3 The Hospital doesn't have a NICU but if required immediate transfer of the neonate can be arranged with the help of competent consultants on call from GHATI Hospital or Bajaj Hospital.

7.0 REFERENCE:

NABH: Pre Accreditation Entry Level Standards for Hospitals, Second Edition, April 2016



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COP 7 & 8- POLICIES & PROCEDURES ON CARE OF NEONATE & PEDIATRIC PATIENTS

1.0 PURPOSE-

- 1.1 To define policies guiding the care of Pediatric patients.
- 1.2 To give the best service
- 1.3 To maintain the quality service
- 1.4 Try to give quick and good service to save the time of patient as well as doctor.
- 1.5 To maintain proper hygienic environment to decrease hospital acquired infections.
- 1.6 To define the framework for the care of individuals attending *Kaumarbhritya* OPD to facilitate the promotion of health as well as prevention and cure of disease through Ayurved treatment

2.0 SCOPE - All the pediatric and neonate patients undergoing treatment in hospital.

3.0 POLICIES-

- 3.1 All clinical staff working in the pediatric department shall receive special training in the care of the new born and pediatrics regarding Ayurvedic and modern aspects.
- 3.2 Patients are offered Ayurved treatment either on OPD or IPD level as per care required.
- 3.3 All children are assessed for their nutritional status.
- 3.4 Provisions are made for special care of newborn, children and per adolescent children by competent staff.
- 3.5 Patient assessment includes detailed nutritional and mental assessment of pediatric patients.
- 3.6 Immunization assessment of pediatric patients.
- 3.7 To educate parents about safe parenting, successful weaning and to provide complete nutrition as well as safety measures for children.
- 3.8 To relieve academic and social stress of children by counseling, yoga and meditation.
- 3.9 To provide high quality panchkarma by trained and competent staff for pediatric patients.
- 3.10 To establish protocols of Ayurvedic treatment in various pediatric diseases.
- 3.11 Child abduction and abuse policies are documented.
- 3.12 Suvarnaprashan center.





4.0 RESPONSIBILITY:

- 4.1 Consultant
- 4.2 Houseman
- 4.3 Internee,
- 4.4 Attendant
- 4.5 Nursing staff
- 4.6 Security staff

5.0 PRE-REQUISITE

- Examination table,
- Pediatric stethoscope
- Torch,
- Thermometer,
- X-ray view-box,
- Electronic weighing machine,
- Infantometer,
- Stadiometer,
- Measuring tape,
- Sphygmomanometer with baby cuff
- Tongue depressor,
- Refrigerator
- Syringes,
- Spirit,
- Sterile cotton swab
- Resuscitation kit,
- Radiant warmer,
- Pulse oximeter,
- Pediatric panchakarma table.



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6.0 PROCEDURE :

Sr. No.	Scope	Procedure
1)	Pediatric / neonatal services	Central registration followed by ID number OPD→ examination by registrar → by consultant treatment & allied services if required → Expert → second opinion if required
2)	Immunization	Importance of immunization administer as per schedule → post vaccination care
3)	Child guidance	Counseling regarding behavioral disorders like Enuresis, Sibling rivalry, Diet advice: Season and disease wise diet & regimen, Neurological disorders, Developmental disorders, Pica, any kind of stress along with medication and Panchkarma therapy.
4)	Development assessment	To check the milestones as per age in patients like delayed milestones in Cerebral palsy or some syndromes etc. counseling, medication and Panchkarma therapy. Nutritional disorders care : Malnutrition, Under nutrition, Vitamin & Mineral deficiencies
5)	Suvarna Prashana	Praperation of suvarna prashana --- importance of suvarna prashana give suvarna prashana to children in pushyanakshtra- assess the child

7.0 REFERENCES-

NABH per accreditation entry level standards for hospitals, Second Edition, April 2016

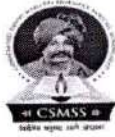


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COP 9 - POLICIES & PROCEDURES ON SURGICAL CARE OF PATIENTS, PARASURGICAL, PANCHAKARMA AND OTHER TREATMENT PROCEDURES

1.0 PURPOSE

To guide the uniformity of care for patients undergoing surgical procedures.

To provide guidelines for care of the patients undergoing surgical, parasurgical, panchakarma and other treatment procedures

2.0 SCOPE

The operative procedure is only one part of the total surgical care of the patient. Total surgical care includes establishing or confirming the diagnosis, preoperative preparation, the operative procedure, and postoperative care. Patients undergoing parasurgical, panchakarma and other treatment procedures.

3.0 RESPONSIBILITY:

- 3.1 Surgeons
- 3.2 Consultant
- 3.3 Anesthesiologist
- 3.4 Medical Officer
- 3.3 Nursing Staff
- 3.4 Paramedical staffs

4.0 ABBREVIATION:

- 4.1 NABH : National Accreditation Board For Hospitals and Healthcare providers
- 4.2 COP : Care of Patients
- 4.3 OT : Operation Theatre

5.0 REFERENCE:

NABH: Pre Accreditation Entry Level Standards for Hospitals, Second Edition, April 2016





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6.0 POLICY:

6.1 Surgical procedures and competency levels:

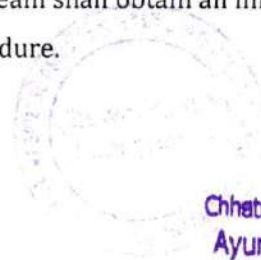
- All surgical procedures shall be undertaken by the surgeons as per the list of surgical procedures prepared by the OT in-charge in consultation with the surgeons and based on the list received from the concerned wards.
- The policies and procedures of concerned departments are documented
- All the staff of concerned departments is trained to do the same.
- The informed consent is obtained prior to the procedures of their specialties. Fresh consent is obtained in case of change in care plan.
- Patient assessment is done prior to procedure.
- Personnel qualified by law perform the procedures that they are entitled to perform.
- A brief procedure notes are documented prior to transfer of patients from the recovery room.
- Post procedural plan is prepared by concerned consultants.
- Infection control practices are ensured in procedure rooms.
- Guidelines are present for all procedures are present.
- Standard precautions and asepsis are followed during procedure.

6.2 Pre-operative assessment and provisional diagnosis:

- All patients undergoing surgical procedure (either routine or emergency) shall have an assessment done preoperatively and a provisional diagnosis and that should be documented. The pre-operative assessment shall be done by the surgeon performing the surgery or a credentialed doctor from the team.
- All patients planned for routine surgical procedure are to get admitted at least 24 hours in advance to monitor their vitals, medical fitness and preparation for procedure by the ward staff. This period is considered as necessary to make available the OT and required staff assisting the surgery.

6.3 Informed consent:

- The concerned surgeon or a doctor member of his team shall obtain an informed consent for surgery from the patient/relative prior to the procedure.



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- The consent shall be sought after proper explanation of the benefits, risks and complications involved performing the said procedure.
- The consent shall be in two languages – English and Marathi.
- In case, the operative plan is changed intra-operatively, a fresh consent shall be sought from the patient / relative.

6.4 Prevention of adverse events:

- All patients undergoing surgical procedure shall be properly identified through MRD number and name and preoperative checklist should be verified by the Pre-OP in charge / OT in charge.
- Site of surgery on patient shall be marked by surgeon prior to surgery.
- Protocols are followed to prevent wrong site, wrong patient procedures. In case of such events, corrective actions and preventive measures are taken.
- A Preoperative note shall explain the procedure to be performed and should be documented prior to surgery.

6.5 Qualification of performing surgeons:

- Doctors qualified by law shall be permitted to perform the procedures.
- Such doctors shall be credentialed and given privileges to conduct the said procedures in this hospital.
- The HR, Credentialing and Privileging Committee shall do the needful.

6.6 Documentation of procedure-operative note and post-operative plan of care:

- Post-operative notes shall be prepared by the surgeon which includes procedure performed, post-operative diagnosis, plan of care and status of the patients and documented prior to transfer out of patient from recovery area.
- The post-operative care plan shall be prepared by the operating surgeon in collaboration with the anesthesiologist and shall include advice on:

- 1.1.1 I.V. Fluids
- 1.1.2 Medications
- 1.1.3 Care of wound
- 1.1.4 Nursing care
- 1.1.5 Monitoring of patient vitals
- 1.1.6 Observation for any complications





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6.7 Infection control protocols:

- The theatre layout shall minimize the mix of sterile and unsterile patients.
- The OTs shall be cleaned and carbonized after every case.
- OT swab shall be sent for anaerobic culture to control OT infection.
- All OT staff shall adhere to standard precautions, hand washing, PPEs and safe handling of the patients.
- Infection control practices are ensured in procedure rooms.
- Standard precautions and asepsis are followed during procedure.
- Surveillance activities are carried out once in a month in all procedure rooms.

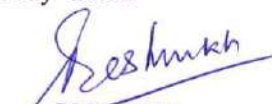
6.8 Equipped Operation Theatre:

- The Operation Theatre complex shall have the necessary facilities for conducting the said procedures, changing rooms, equipment, appliances and instrumentation.

7.1 PROCEDURE

- 7.1. All the patients who are to undergo surgery have full details of their medical condition in their case records.
- 7.2. Depending on his medical condition the patient may need either elective or emergency surgical procedures.
- 7.3. The elective procedure could either be minor in nature or major. Emergency surgical procedures though usually major, could also be minor in nature.
- 7.4. Surgical patients have the preoperative assessment and the provisional diagnosis documented prior to the surgery.
- 7.5. Before either elective or emergency procedures, the surgeon examines the patients and makes an assessment of his/her condition based on the clinical presentation of the case, signs and symptoms, and results of the investigations.
- 7.6. A provisional diagnosis is made and this is documented in the patient's case notes before he is taken up for surgery. This is done mainly to avoid adverse events like wrong site, wrong patient and wrong surgery etc.
- 7.7. All patients admitted for elective major surgery should undergo the following tests: Blood Hb., blood grouping & Rh typing, Random blood sugar estimation, blood urea, serum creatinine, HIV, HbsAg. They should also have ECG and chest X-ray taken (Optional).




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- 7.8. Elective minor cases need to have the following tests done: Hb, Random blood sugar, HIV and HbsAg. They should also have their ECG and chest X-ray taken.
- 7.9. Preoperative initial assessment has to be done for all patients undergoing elective major and emergency operations.
- 7.10. If the surgeon comes across any abnormal findings in the pre-operative tests, it has to be documented in the patient's records and this has also to be informed to the patient's relatives.
- 7.11. Patients with obvious ECG changes or patients with history of cardiac problems should be seen by the cardiologist before being taken up for surgery. The patient should be informed by the cardiologist of the potential cardiac risks during or after surgery.
- 7.12. Patients with poor renal function or chronic renal disease should have consultation with the nephrologists. The bystanders or relatives must be informed by the nephrologists about the possible postoperative or intra operative complications.
- 7.13. Apart from the general consent which is obtained routinely from all in-patients, patients undergoing surgery should be informed about the procedure, its probable outcome, and its possible outcome and its probable rare complications. Following this informed consent from the patient is taken. The name of the surgical procedure, site of surgery and complications of surgery should be written in capital letters.
- 7.14. Patients with cardiac or renal problems should be given their informed consent in his/her handwriting and signed with a witness other than a hospital staff. One of the witnesses should be the ward nurse in charge.
- 7.15. The patient is prepared for surgery as follows: 0 The patient should not take anything orally at least 6 to 8 hours before the actual surgery.
- The patient's weight is recorded.
 - The skin of the operation site is prepared by shaving the hair and cleaning with antiseptic.
 - Bowel preparation is done by giving enema.
 - Artificial dentures and jewelry are removed (and receipt given or handed over to authorized people), Nail polish is cleaned.
 - The patients dress is changed to a clean one.
 - Patients ID tag is kept in place.
 - The patients depending on their physical condition are shifted to the OT by wheel chair or trolleys.



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- Post operates: Monitoring for pain after major operative, minor operative and application of ksharsutra.
 - A Staff nurse from the ward accompanies the patient with the case sheet to the OT. The OT nurse takes over the patient after checking the case sheet and making identification and documents.
 - Here after the OT staff is responsible to take care of the patient till he/she leaves the recovery room.
 - Once the patient has been received at the OT, his / her dress is changed to sterile OT gown / dress supplied by the CSSD.
- 7.16. All type of surgeries performed in this hospital are by well qualified, experienced surgeons who have had extensive training and expertise in their particular fields. Complex surgeries are sometimes performed by a team of doctors, each dealing with his/her specialty.
- 7.17. Prior to surgery the case file shall be reviewed, the condition of the patient shall be checked and surgical safety checklist before induction of anesthesia, before skin Incision and before the patient leaves the operating room shall be completed by the surgeon and anesthesiologist.
- 7.18. After the surgery is completed, before the patient is transferred back to the ward, the surgeon writes down and documents a brief operative note and post-operative plan of care. The anesthesiologist on his/her part also notes down the details of the anesthesia procedure starting with the pre-medication, induction till the end of anesthesia, extubation etc.
- 7.19. All the events ring the stages of anesthesia are recorded and documented. The anesthetist will follow the patient in the recovery room and the surgical ICU/ward till the patient fully recovers from anesthesia.
- 7.20. As a quality assurance programme, the OT and its surrounding areas like the recovery room, CSSD etc. are under the strict supervision by the infection control nurse and the hospital infection surveillance team who ensures absolute sterility of the operation areas so as to avoid the risk of transmission of infection.
- 7.21. The plan also includes monitoring of surgical site infection rates. All the post operative patients shall be screened for the same.
- 7.22. The hospital infection control team conducts regular documented surveillance which includes monitoring of surgical site infection sites. Culture swabs are taken from



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infected or suspected wound sites to analyze them with the aim to prevent or reduce the risk of hospital associated infections.

7.23. Surveillance of Operation Theatres:

- Each health care establishment undertaking surgery must have a specific protocol for operating room procedures, including specific requirements for surgical hand washing routines and handling of sharps.
- When individuals are being admitted to hospital or presenting at an emergency unit, a detailed medical and surgical history should be collected from them or their careers to identify conditions that may require additional precautions.
- All articles used in an operation must be sterile. The principles of sterile aseptic technique must be applied to all operating room procedures. The principle of 'confine and contain' must be applied at all times for all patients.
- Sterile drapes must be used for the patient; staff must wear full sterile operating room personal protective clothing.
- Patients should inform their doctor of their infectious status. Preoperative testing of patients should be on clinical indication.
- All staff in the surgical team should be vaccinated against hepatitis B. Surgical staff should not perform exposure-prone procedures if they are considered actively infectious with human immunodeficiency virus, hepatitis B virus or hepatitis C virus.
- Staff with dermatitis or skin wounds should be excluded from the operating team
- Operating lists should allow sufficient time for adequate infection control activities, including routine cleaning and the appropriate disposal of clinical waste.
- The operating room should be cleaned as soon as practicable after surgery, including the correct disposal of sharps and clinical waste and cleaning of all surfaces.
- Reusable instruments should be immersed in warm water and detergent as soon as possible after use and must then be thoroughly cleaned in a designated clean-up area before sterilization.
- Routinely inspection and maintenance of ksharsutra cabinet & ksharsutra.



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ANNEXURE A: SURGICAL SAFETY CHECKLIST

UHID No.
 Name of the Patient
 Name Of Procedure

OPD No.

IPD No.

Department
 Age

Years

Gender: - M / F

Before patient of anesthesia

(With at least nurse and anesthetist)

Has the patient confirmed his/her identity, site, procedure, and consent?
 Yes

Is the site marked?
 Yes
 Not applicable

Is the anesthesia machine and medication check complete?
 Yes

Is the pulse oximeter on the patient and functioning?
 Yes

Does the patient have a:

Known allergy?
 No
 Yes

Difficult airway or aspiration risk?
 No
 Yes, and equipment/assistance available

Risk of > 500ml blood loss (7 ml/kg in children)?
 No
 Yes, and two IVs/central access and fluids planned

Name & sign. of Anesthetist

Name & sign. of O.T. Assistant

Before skin incision

(With nurse, anesthetist and surgeon)

Confirm all team members have Introduced themselves by name and role.
 Confirm the patient's name, procedure, and where the incision will be made.

Has antibiotic prophylaxis been given within the last 60 minutes?
 Yes
 Not applicable

Anticipated Critical Events
To Surgeon:
 What are the critical or non-routine steps?
 How long will the case take?
 What is the anticipated blood loss?

To Anesthetist:
 Are there any patient-specific concerns

To Nursing Team:
 Has sterility (including indicator results) been confirmed?
 Are there equipment issues or any concerns?

Is essential Imaging displayed?
 Yes
 Not applicable

Name & sign. of Surgeon

Name & sign. of Anesthetist

Name & sign. of O.T. Assistant

Before patient leaves operating room

(With nurse, anesthetist and surgeon)

Nurse Verbally Confirms
 The name of the procedure
 Completion of instrument, sponge and needle counts
 Specimen labeling (read specimen labels aloud, including patient name)
 Whether there are any equipment problems to be addressed

To Surgeon, Anesthetist and Nurse:
 What are the key concerns for recovery and management of this patient?

Name & sign. of Surgeon

Name & sign. of Anesthetist

Name & sign. of O.T. Assistant



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DEPARTMENT WISE POLICIES AND PROCEDURES:

KAYACHIKITSA

PURPOSE

To provide exclusive internal medication for curative and preventive purpose in the specialty of Kayachikitsa to ensure provision of appropriate quality services.

SCOPE

All the patients visiting to Kayachikitsa OPD and IPD.

SERVICES:

Management of:

- Gastro-intestinal disorders
- Neurological disorders
- Musculoskeletal disorders
- Lifestyle disorders
- Psychiatric disorders
- Geriatric illnesses
- Dermatological disorders
- Anemia, Fever, Jaundice
- Counseling regarding lifestyle disorders.

RESPONSIBILITY

1. Head / In-charge of the department
2. In-charge consultant
3. PG scholars on posting
4. Medical Officers
5. Nursing staff
6. Housekeeping staff

POLICY

1. Care and Supervision is provided by Kayachikitsa consultants and qualified medical officers.




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2. Patient visit the Kayachikitsa OPD after registration and by the guidance of reception staff.
3. Patients are also referred by other clinicians as per the care needed to the patient.
4. Initial Assessment of the patient is done with proper history taking, clinical examination of the patient and necessary investigations.
5. In case the patient needs assessment from other specialties, case is referred to the concerned department for opinion and the needful will be done.
6. After confirming the diagnosis, necessary treatment is given.
7. If the physician feels the need of admission, consultant will explain the patient and family members regarding proposed care, expected results, possible complications and expected cost of medical treatment/procedures, and if they agree, admission is done as per the admission policies of CSMSS Ayurved Mahavidyalaya & Rugnalaya, Kanchanwadi, Aurangabad.
8. The medical officers of the Kayachikitsa department will take the detailed history of the patients and it will be recorded in the IPD case sheet proforma.
9. The consultants will take IPD rounds twice in a day and necessary treatment changes will be made according to the condition of the patient.
10. The changes made by the consultants in medical treatments/procedures will be informed to the Nursing matron/nursing staff.
11. In cases which require emergency management, patients will be referred to the 100 Bed Hospital or GHATI or Bajaj Hospital.
12. If the patient is suitable for Panchakarma, procedures will be carried out by trained therapists under expert supervision.

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PANCHAKARMA

PURPOSE

To provide comprehensive care in the specialty of Panchakarma to ensure provision of appropriate quality and care for the patients undergoing Shodhana therapies and other Panchakarma procedures in CSMSS Ayurved Mahavidyalaya & Rugnalaya, Kanchanwadi, Aurangabad.

SCOPE

OPD & IPD patients of CSMSS Ayurved Mahavidyalaya & Rugnalaya, Kanchanwadi, Aurangabad needing the services of Panchakarma

SERVICES

The total Panchakarma procedure includes establishing or confirming the diagnosis, pre-procedure preparation, the main procedure, and post procedure care for each and every patient. Extends treatment and care of patients seeking Panchakarma treatment which includes the following-

- Provision of five cleansing therapies on IPD basis
- Provision of external therapies like Kati Basti, Udvartana, Shirodhara etc
- Provision of external therapies on OPD basis

RESPONSIBILITY

1. Head/In-charge of the department
2. In-charge consultant
3. PG scholars on posting
4. Medical Officers
5. Panchakarma Therapists
6. Nursing staff and Ayah / ward boy

POLICY

1. Care and supervision will be provided by qualified Panchakarma physicians and medical officers.
2. Care and supervision in Panchakarma theatre will be provided by trained Panchakarma Therapists.



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3. Patient visits Panchakarma OPD after registration from reception desk
4. In Panchakarma OPD, patient will be assessed in detail by Consultant/MO which includes patient's present complaints, past medical history, general and systemic examination and routine investigations if necessary.
5. Patients are also referred to other clinicians as per the care needed for the patient. In case, if there is a need of physician assessment prior to Panchakarma (Shodhana procedures), then patient will be referred to the modern physician of Parul Sevashram Hospital. After confirming the patient's fitness and need for Panchakarma intervention, the plan of care is drawn by the consulting physician.
6. If patient needs Panchakarma procedure; consultant /MO should explain about the procedure in detail, do's & don'ts during procedure and ask the patient to take admission in IPD
7. The procedure which doesn't need IPD admission can be performed on OPD basis. During OPD basis treatment patient should daily visit screening desk to collect case sheet. Later he should go to OPD for registration of case in OPD procedure register and then he/she should go to IPD. IPD medical officer will direct the patient to Panchakarma theatre on prefixed time everyday till the completion of treatment course.

PROCEDURE:

1. All patients undergoing Panchakarma procedures will be assessed preoperatively by the Physician / MO posted in Panchakarma theatre and then it will be documented.
2. All the patients who undergo Panchakarma procedures have full details of their medical conditions in their case records.
3. Apart from the general consent which is obtained routinely from all in-patients, patients undergoing Panchakarma i.e. Shodhana procedures, should be informed about its probable outcome and its probable complications. Following this, informed written consent will be taken from the patient.
4. IPD patient daily reports the MO and will be directed to PK theatre on the basis of prefixed schedule.
5. Panchakarma therapists are informed of patients undergoing different procedure every day by the ward staff nurse.
6. Medications required for Panchakarma treatment procedure will be prepared by trained ayah in separate preparation room.





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7. Following procedures are being done under Panchakarma Department

- i. Vamana
- ii. Virechana
- iii. Nirooha basti
- iv. Anuvasana basti
- v. Nasya
- vi. Snehapana
- vii. Abhyanga
- viii. Parisheka Sweda
- ix. Patra pinda Sweda
- x. Shashtika Shali Pinda Sweda
- xi. Janu basti
- xii. Kati basti
- xiii. Manyu basti
- xiv. Udvartana
- xv. Shiroabhyanga
- xvi. Shirodhara
- xvii. Shropichu
- xviii. Shirobasti
- xix. Takradhara
- xx. Upanaha



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SHALYATANTRA

PURPOSE

To provide surgical services to the patients of CSMSS Ayurved Mahavidyalaya & Rugnalaya, Kanchanwadi, Aurangabad

SCOPE

The policy applies to care of patients through establishing or confirming the diagnosis and various Para-surgical procedures conducted in CSMSS Ayurved Mahavidyalaya & Rugnalaya, Kanchanwadi, Aurangabad.

RESPONSIBILITY

1. Head/In-charge of Department
2. In-charge consultant
3. PG scholars on posting
4. Medical officers
5. Nursing Staff
6. Paramedical staff

POLICY

1. Para-surgical care is provided by qualified and experienced consultants.
2. Nursing care in the procedure room is provided by qualified and experienced nursing staff.
3. Patient visit the Shalya OPD after registration and by the guidance of reception staff. Patients are also referred by other clinicians as per the care needed to the patient.
4. Initial Assessment includes patient's past medical history, general examination and routine investigations to confirm patient's need for procedural intervention.
5. All parasurgical procedures are undertaken by the concerned consultant after documentation of pre-procedure and provisional diagnosis.
6. Patients and their relatives are informed about the call for procedural intervention, expected outcome, risk involved, prognosis of the patient etc by the concerned surgeon.
7. The date and time of procedural intervention is scheduled and the patient is informed to get admitted a day before or as per the requirement of procedure for undergoing all needed preparation including the needed investigations.
8. Pre procedure measures are fulfilled by nursing staff as per guidance of the concerned.





PROCEDURE

1. On the basis of initial assessment, after confirming the patient's need for procedural intervention the plan of care is drawn by the consultant.
2. Provisional diagnosis is made and this is documented in the patient's case notes before he is taken up for procedure.
3. Prior procedure, complete details of the patient regarding their medical conditions is documented in their case records.
4. Apart from the general consent which is obtained routinely from all in-patients, patients undergoing procedural intervention should be informed about the same, it's possible outcome and its probable complications. Following this informed consent from the patient is taken.
5. On OPD basis, after consent patient is asked to make payment for the procedure at reception. Then patient has to report at Shalya procedure room. Procedure is done by surgeon, medical officer, sister and other supporting staff.
6. In case a new procedure is added to care plan, a fresh consent shall be sought from the patient/relative.
7. Following Procedures are being done under Shalya Tantra Dept. according to the need:
 - Kshara sutra ligation
 - Kshara sutra threading
 - Kshara karma
 - Raktamokshana
 - Agnikarma
 - Matrabasti



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SHALAKYATANTRA

PURPOSE

To provide a mechanism for the care of outpatient and inpatient undergoing Shalaky Kriya Kalpa procedures in CSMSS Ayurved Mahavidyalaya & Rugnalaya, Kanchanwadi, Aurangabad

SCOPE

The policy applies to care of patients through establishing or confirming the diagnosis, pre-procedure preparation, the main procedure, and post-procedure care of Shalaky Kriya Kalpa in CSMSS Ayurved Mahavidyalaya & Rugnalaya, Kanchanwadi, Aurangabad.

SERVICES

Netra Roga Unit:

1. Diseases of Conjunctiva, Eyelids and Lens.
2. Refractive errors and their correction.
3. Procedures of Kriyakalpa - Tarpana, Seka, Putapaka, Anjana, Bidalaka, Aschotana and Pindi.
4. Regular eye examination.
5. Minor OPD procedures.

Karna, Nasa, Mukha and Shiro Roga Unit:

1. Diseases of Ear, Nose, Throat and Oral Cavity.
2. Shalaky procedures- Karnapoorana, Karnadhupana, Kavala, Gandusha and Nasya.
3. Regular ENT examination.
4. Ear syringing for wax and foreign body
5. Foreign body removal- Ear and Nose
7. Minor OPD procedures

RESPONSIBILITY

1. Head/In-charge of Department
2. Treating Consultant
3. Medical Officers
4. Nursing Staff
5. Paramedical staff




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POLICIES

1. Care and Supervision is provided by qualified Medical Officers and Shalakya Tantra Physician.
2. Care in the Kriya Kalpa theatre is provided by trained and qualified staff.
3. Patient visit the Shalakya OPD either by themselves anticipating their problem or are guided after initial screening.
4. Patients are also referred by other clinicians as per the care needed by the patient.
5. Initial Assessment of the patient is done with proper history taking, clinical examination of the patient and necessary investigations.
6. In case the patient needs assessment from other specialties, case is referred to the concerned department for opinion and the needful is done.
7. If the physician feels the need of admission, the patient and his attendants are informed about the same, and if they agree, admission is done as per the admission policies of CSMSS Ayurved Mahavidyalaya & Rugnalaya, Kanchanwadi, Aurangabad.
8. After confirming the diagnosis, necessary treatment is given for prescribed number of days and then patient is asked to come for follow up after completion of the treatment.
9. In a case where Shalakya procedure/s is needed for a patient, the patient will be first educated about the procedure and an informed consent will be taken from him/her prior to the execution of the procedure.

PROCEDURES

1. Before the Kriya Kalpa, necessary sterilization of instruments and procedure room will be carried out to prevent the infections as per the standards of Hospital infection control.
2. Intactness of the instrument will be checked prior to their usage each time.
3. Kriyakalpa procedure evaluation is done after the procedure by the Consultant / Medical officer.
4. The post procedure care of the patient is done as plan of the physician.
5. Post procedure complications of Kriya Kalpas will be assessed and monitored by concerned personnel in treatment room.
6. After completion of the Shalakya procedure/s the inpatient is guided to the respective ward by the nurse-in-charge.



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PRASUTI TANTRA & STRIROGA

PURPOSE

To provide comprehensive care in the specialty of Prasutitantra & Striroga to ensure provision of appropriate quality Obstetrical and Gynecological services including nutrition & education.

SCOPE

All the patients visiting to Prasuti Tantra & Striroga OPD and IPD

SERVICES:

- Pre conception care
- Antenatal Care / Garbhini Paricharya
- Postnatal Care / Sutika Paricharya
- General Gynecological Services
- Counseling regarding Contraception
- Procedures like Yoni Dhavana, Yoni Pichu, Yoni Abhyanga, Kshara karma and Uttarbasti.

RESPONSIBILITY

1. Head of Department of PTSR
2. Consultants
3. Medical Officers
4. PG scholars on posting
5. Nursing Staff
6. Housekeeping staff
7. Other supporting staff

POLICY

1. Obstetrical and Gynecological care is provided by qualified medical officers and Prasutitantra & Striroga consultants.
2. Nursing care in the procedure room is provided by qualified and experienced nursing staff.



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3. Services and care provided to obstetrical (antenatal and postnatal) patients at Prasutitantra & Striroga OPD are displayed in OPD patient area.
4. Necessary sterilization of instruments and procedure room will be carried out to prevent the infections as per the standards of Hospital infection control and required instruments are made available.
5. Patient visit the Prasutitantra & Striroga OPD after registration by the guidance of reception staff.
6. Patients are also referred by other clinicians as per the care needed to the patient.
7. Initial Assessment of the patient is done with proper history taking, clinical examination of the patient and necessary investigations.
8. In case of any requirement of Prasuti tantra & Striroga procedure, informed consent will be taken and procedure will be executed as per SOP.
9. In case the patient needs assessment from other specialties, case is referred to the concerned department for opinion and the needful will be done.
10. After confirming the diagnosis, necessary treatment is given.
11. If the physician feels the need of admission, the patient and his attendants are informed about the same, and if they agree, admission is done as per the admission policies of CSMSS Ayurved Mahavidyalaya & Rugnalaya, Kanchanwadi, Aurangabad.
12. Regular time of Consultation is in between 9:30 am to 4:15 pm. Consultants are available on call at rest of the time while medical officers / nursing staff are available twenty four hours in the hospital.

PROCEDURE

1. Pre-procedure initial assessment and provisional diagnosis is made for all patients and this is documented in the patient's case notes before he is taken up for procedure.
2. Prior procedure, complete details of the patient regarding their medical conditions is documented in their case records.
3. If the consultant comes across any abnormal findings in the pre-operative, it has to be documented in the patient's records and this has also to be informed to the patient's relatives.
4. Apart from the general consent which is obtained routinely from all in-patients, patients undergoing Prasutitantra & Striroga procedure should be informed about the same, it's





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possible outcome and its probable complications. Following this informed consent from the patient is taken.

5. On OPD basis, after consent patient is asked to make payment for the procedure at reception. Then patient has to report at Prasutitantra & Striroga procedure room. Procedure is done by medical officer, sister and other supporting staff.
6. In case of IPD patient, PTSR ward sister will guide the patient to procedure room after consulting the consultant. Then patient has to report at Prasutitantra & Striroga procedure room. Procedure is done by medical officer, sister and other supporting staff.
7. Following procedures are done on whenever required with consent of the patient.
 - i. Yoni Dhavana
 - ii. Yoni Pichu
 - iii. Yoni Abhyanga
 - iv. Kshara karma
 - v. Uttarbasti



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SWASTHVRITTA

PURPOSE

To define the framework for the care of individual attending Swasthvritta OPD to facilitate the promotion of health as well as prevention and cure of disease through Yoga and Ayurved diet & regimens.

SCOPE

All patients attending the *Swasthvritta* OPD, IPD patients of CSMSS Ayurved Mahavidyalaya & Rugnalaya, Kanchanwadi, Aurangabad

SERVICES

1. Seasonal detoxifications (*VasantikaVamana* and *SharadiyaVirechana*) program and seasonal decoctions to promote the seasonal health and prevention of seasonal diseases.
2. Special congenial diet to follow and avoid the non-congenial diet according to disease and season.
3. Different Yogasana or Yoga Postures along with breathing exercise practices including Pranayama.
4. Specific Yoga purification procedures like JalaNeti, Trataka, Dhauti, Kapalabhati.

RESPONSIBILITY

- Swasthavritta Consultant
- Yoga Instructor
- Concerned hospital staff

POLICY & PROCEDURES

- Patients visiting to Swasthavritta OPD either referred from KC / PK / Shalya / KB / PTSR / Shalaky OPD for dietary advice or Yoga counselling or directly attending Swasthavritta OPD through screening.
- Patient who is willing to avail services at Swasthavritta department will undergo registration/admission process & provide consent in case of Shuddhi Kriya.
- All patients visiting to Swasthavritta OPD will be advised for Ayurved diet and Yoga and Pranayama.



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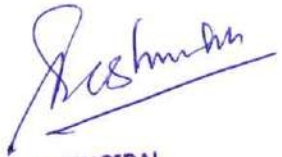


- Attending consultant or physician will be responsible for the treatment care of the patients in all the phases of treatment.
- Uninterrupted treatment is followed during treatment care.

PROCEDURES

- Yoga
- Yoga Kriya – Jala Neti, Trataka, Jala Dhauti, Kapalabhati
- Pranayama – Anuloma-Viloma, Bhramari, Bhastrika, Sitali / Shitali
- Diet Planning – Season and disease wise diet & regimen.
- Seasonal Detoxification – Vasantika Vamana and Sharadiya Virechana




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COP 10 POLICY & PROCEDURES FOR CARE OF PATIENTS UNDERGOING MODERATE SEDATION

1.0 PURPOSE:

To provide guidelines on administration of moderate sedation

2.0 SCOPE:

All patients undergoing moderate Sedation

3.0 RESPONSIBILITY:

3.1 Anesthesiologist

3.2 Nursing staff

3.3 Surgeon

4.0 POLICY & PROCEDURE

4.1 Procedure done under moderate sedation:

- 4.1.1 Excision of cyst / lipoma
- 4.1.2 Excision of fibro adenoma
- 4.1.3 Ksharsutra change
- 4.1.4 I & D Abscess
- 4.1.5 Nail excision
- 4.1.6 Corn excision
- 4.1.7 Auroplasty
- 4.1.8 Suturing of CLW
- 4.1.9 Tympanoplasty
- 4.1.10 Septoplasty
- 4.1.11 D & C

Who performs sedation:

Name- Dr. Khishte Arun Pandurang

Reg. no.-

UG & PG certificates- UG & PG passing certificate. UG & PG registration certificate, UG & PG degree certificate.



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Intra procedure monitoring: refer chart

Level of sedation-

ASA level of sedation

	Minimal Sedation (Anxiolysis)	Moderate Sedation (Conscious sedation)	Deep sedation
Responsiveness	Normal response to verbal stimulation	Purposeful response to verbal or tactile stimulation	Purposeful response after repeated or painful stimulation
Airway	Unaffected	No intervention required	Intervention may required
Spontaneous ventilation	Unaffected	Adequate	May be inadequate
CVS function	Unaffected	Usually maintain	Usually maintain

Monitoring after sedation: refer chart

❖ Criteria to shift from recovery : Alderte score-

Chart 1. The 'modified' Aldrete Scale

Respiration	2 Able to take deep breath and cough	1 Dyspnea/Shallow Breathing	0 Apnea
O2 Saturation	2 Maintains > 92% on room air	1 Needs O2 inhalation to maintain O2 saturation > 90%	0 Saturation < 90% even with supplemental O2
Consciousness	2 Fully awake	1 Arousable on calling	0 Not responding
Circulation	2 BP # 20mmHg per op	1 BP# 20-50mmHg pre op	0 BP# 50mmHg per op
Activity	2 Able to move 4 extremities voluntarily or on command	1 Able to move 2 extremities voluntarily or on command	0 Able to move 0 extremities voluntarily or on command

A score of 9 out of 10 shows readiness for discharge from recovery.



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❖ Equipment

- Multipara monitor include SPO2, cardioscope, NIBP, ETCO2, Pulse, R.R., IBP.
- Boyles apparatus
- AMBU bag
- Laryngoscope
- Airways, mask
- ET tubes
- Oxygen cylinders
- Video proctoscope
- Rigid sigmoidoscope
- All emergency drug

5.0 REFERENCE:

NABH: Pre Accreditation Entry Level standard for Hospital, Second Edition , April 2016.



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COP 11 POLICY & PROCEDURES FOR CARE OF PATIENTS REQUIRING ANESTHESIA

1.0 PURPOSE:

To provide guidelines on administration of anesthesia

2.0 SCOPE:

All patients undergoing administration of anesthesia at this hospital.

3.0 RESPONSIBILITY:

- 3.1 Anesthesiologist
- 3.2 Medical staff
- 3.3 Nursing staff &
- 3.4 Para medical staff

4.0 ABBREVIATION:

NABH: National Accreditation Board for hospital and healthcare Providers.

COP: Care of Patients

5.0 REFERENCE:


- 5.1 NABH: Pre Accreditation Entry Level standard for Hospital, Second Edition , April 2016.
- 5.2 COP 7: documented policies and procedures guide the administration of anesthesia.

6.0 POLICY:

6.1 Administration of Anesthesia: In order to achieve patient safety, the anesthesia care Team is responsible for the following:

1) Pre - anesthesia evaluation of the patient: a pre - anesthesia evaluation allows for the development of an anesthesia plan that considers all conditions and diseases of the patient that may influence the safe outcome of the anesthesia. Although non- physicians may contribute to the preoperative collection and documentation of patient data, the




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anesthesiologist is responsible for the overall evaluation of each patient, and needs to documentation if in written.

2) Prescribing of anesthesia plan: The anesthesiologist is responsible for prescribing an anesthesia plan aimed at safety of each patient. The anesthesiologist discusses with the patient (when appropriate), the anesthesia risks, benefits and alternatives, and obtains informed consent.

3) Management of the anesthesia: The management of an anesthesia is dependent on many factors including the unique medical conditions & surgical condition of individual patients and the procedures being performed. The anesthesiologist will delegate specific tasks to qualified anesthesiologist to provide quality of care and patient safety. In critical parts of the anesthesia the Head of the Department anesthesia immediately informed for management of emergencies regardless of the type of anesthesia.

4) Post-anesthesia care: Routine post-anesthesia care is delegated to nurses. The evaluation and treatment of post-anesthesia complications are the responsibility of the anesthesiologist. Whether the need is preoperative medical clearance or intra operative resuscitation from an unexpected complication, the surgeon, both ethically and according to training and ability. Should be expected to provide medical oversight or supervision of all pre-operative healthcare provided.

6.2 Check list for Administration of Anesthesia: All patients for anesthesia have a pre-anesthesia assessment by a qualified anesthesiologist. There is a pre anesthesia assessment which results in formulation of an anesthesia plan which is documented. There is an immediate pre-operative reevaluation and it is documented. Informed consent for administration of anesthesia is obtained by the Anesthetist. During anesthesia there is regular and periodic monitoring and recording (documentation) of heart rate, cardiac rhythm, respiratory rate, blood pressure, oxygen saturation, airway security and patency and level of anesthesia. Each patient's post anesthesia status monitored and documented. The anesthesiologist applies defined criteria to transfer the patient from the recovery area. All adverse anesthesia events are recorded and monitored.



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6.3 Pre Anesthesia evaluation: An Anesthesiologist shall be responsible for determining the medical status of the patient and developing a plan of anesthesia care. The Anesthesiologist is responsible for: Reviewing the available medical record; Interviewing and performing a focused examination of the patient to: Discuss the medical history, including previous aesthetic experiences and medical therapy; Assess those aspects of the patient's physical condition that might affect decisions regarding pre-operative risk and management; Prescribing and reviewing of available tests and consultations as necessary for administration of anesthesia care; Prescribing appropriate preoperative medications; Ensuring that consent has been obtained for the anesthesia care; Documenting in the patient case sheet that the above has been performed.

6.4 Routine Pre-operative Laboratory and Diagnostic Screening: Discovery or identification of a disease or disorder which may affect pre-operative anesthetic care; Verification or assessment of an already known disease, disorder, medical or alternative therapy which may affect pre-operative anesthetic care, and; Formulation of specific plans and alternatives for pre-operative anesthetic care; Routinely Hb%, TLC, DLC, Platelet, ESR, Blood Sugar, Blood Urea, Urine analysis, CXR, ECG before any anesthesia exposure. Appropriate indications for ordering tests include the identification of specific clinical indicators or risk factors (e.g., age, pre-existing disease, magnitude of the surgical procedure).

6.5 Intra Procedural Monitoring: Immediate review prior to initiation of anesthetic procedures: Patient re-evaluation; Check of equipment, drugs and gas supply; Monitoring of the patient (e.g., recording of vital signs); Amounts of drugs and agents used, and times of administration; The type and amounts of intravenous fluids used, including blood and blood products, and times of administration; The technique(s) used; Unusual events during the administration of anesthesia; The status of the patient at the conclusion of anesthesia.

6.6 Post Anesthesia Care: Patient evaluation on admission and discharge from the recovery area. A time-based record of vital signs and level of consciousness. A time-based record of drugs administered their dosage and route of administration. Type and amounts of intravenous fluids administered, including blood and blood products. Any unusual events including post-anesthesia or post-procedural complications. Post-anesthesia visits.



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6.7 Regional Anesthesia:

1) **Phase I Recovery to Phase II Recovery Discharge Criteria following Regional/Neuraxial Anesthesia:** The patient is suitable for transfer from Phase I Recovery when your institution's discharge criteria following General Anesthesia are met (see Tables one and two below) and the Motor and Sensory Assessments as outlined below in Table Three have been met:

2) Modified Aldrete Scoring System:

Category	Description of status	Aldrete Score
RESPIRATION	-Able to take deep breath	2
	-Dyspnea/shallow breathing	1
	-Apnea	0
O2 SATURATION	-Maintain >92% on room air	2
	-Needs O2 inhalation to maintain	1
	-Saturation <90% even with O2	0
CONSCIOUSNESS	-Fully awake	2
	-Arousable calling	1
	-Not responding	0
CIRCULATION	-BP +/- 20 mmHg pre-op	2
	-BP +/-20-50 mmHg pre-op	1
	-BP +/-50 mm Hg pre-op	0
ACTIVITY	-Able to move 4 extremities voluntary/on command	2
	- Able to move 2 extremities voluntary/on command	1
	- Able to move 0 extremities voluntary/on command	0

6.9 Infection Control Protocols:

1) A specified consultant in each department of anesthesia should liaise with the Hospital Infection Control Teams to ensure that relevant specialist standards are established and monitored in all areas of anesthetic practice.



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- 2) Precautions against the transmission of infection between patient and anesthetist or between patients should be a routine part of anesthetic practice.
- 3) In particular, anesthetists must ensure that hand hygiene becomes an indispensable part of their clinical culture.
- 4) Anesthetists must comply with local theatre infection control policies including the safe use and disposal of sharps.
- 5) Anesthetic equipment is a potential vector for transmission of disease.
- 6) Policies should be documented to ensure that nationally recommended decontamination practices are followed and audited for all reusable anesthetic equipment.
- 7) Single use equipment should be utilised where appropriate but a central sterile supplies department (CSSD) should process reusable items.
- 8) It is recommended that anesthetic departments should consider changing anesthetic circuits on a daily basis in line with 9) Appropriate infection control precautions should be established for each anesthetic procedure, to include maximal barrier
- 9) Appropriate infection control precautions should be established for each anesthetic procedure, to include maximal barrier precautions for the insertion of central venous catheters, spinal and epidural procedures and any invasive procedures in high risk patients.

6.1 Adverse Anesthesia Events:

- 1) All post-operative patients shall be monitored for any adverse anesthesia event.
- 2) The patients shall be shifted from the recovery area as per the Scoring by the Anesthesiologist.

7.0 PROCEDURE:

7.1 Preliminary preparation should be made before conscious sedation. Services are provided in a particular clinic:

1) Administrative: If the provision of conscious sedation services is being considered in a clinic, the department Chair should review the policy for Conscious Sedation and make a decision regarding the clinic's ability to meet staffing, educational and equipment requirements.

2) Medical Staff: The physician supervising the administration of conscious sedation should be qualified to rescue patients from deep sedation and must obtain specific privileges from the Core Committee through the Medical Staff Office Credentialing procedure. As per



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Department of Anesthesia recommendations, the following general anesthetic agents are not considered appropriate for IV conscious sedation. These agents include, but are not limited to: Thiopental (Pentothal); Ketamine; Propofol (Diprivan); and anesthetic gases (Isoflurane, Halothane, Nitrous Oxide). The physician will direct the administration of conscious sedation to achieve the desired level of sedation and have available the necessary equipment and trained staff required in the event of an adverse reaction to the medication or procedure.

3) Assisting Staff: Health care providers assisting and monitoring the patient before, during, and after a procedure should have specific training in conscious sedation and have no other duties assigned until the patient is ready for discharge (usually animum of one hour post procedure monitoring).

7.2 Planning for Care:

1) Pre-anesthesia assessment: The entire anesthesia has a pre-anesthesia assessment by the qualified individual. The pre anesthesia assessment results in formulation of an anesthesia plan which is documented.

2) Pre-operative re-evaluation: An immediate pre-operative re-evaluation is documented. The physician will determine the appropriateness of performing the procedure(s) requiring conscious sedation based upon:

- The patient's medical, anesthetic, and medication history.
- The patient's current medical condition.
- Available diagnostic data.
- Risks, benefits and alternatives of the procedure

7.3 Consent: The physician will discuss the purpose, options, and risks for conscious sedation with the patient and family prior to the procedure; and will obtain and document informed consent. The informed consent for the administration of anesthesia is obtained by the anesthetist.

7.4 Pre-anesthesia assessment: All patients posted for elective surgery should be admitted one day prior to surgery so that the anesthesiologist can do pre-anesthesia assessment and plan anesthesia procedures accordingly. During the anesthesia monitoring includes regular and



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periodic recording of the heart rate, cardiac rhythm, respiratory rate, blood pressure, oxygen saturation, airway security and the patency and the level of anesthesia.

1) History: History of previous illness (Diabetes, HT, renal or liver disease, bronchial asthma, epilepsy etc) and history of drug intake for the same should be taken. History of allergy to any drug should be elicited. History must be taken of any surgery and any adverse effect after anesthesia such as delayed recovery from anesthesia or severe bronchospasm after anesthesia. A family history of somebody having problems with anesthesia should be taken. History of blood disorders, prolonged bleeding and clotting time should be taken. History should be taken of cardiac disease, chest infection, jaundice, alcoholism, smoking and urinary problem. History of having any pacemakers implanted inside the body should be elicited. History should be taken on the hours of starvation

2) Examinations: Detailed examinations of all systems are necessary to assess the pre-operative physical status of the patient. Pulse, BP, RR and temperature must be taken. Cardiovascular and respiratory system must be extensively examined. Airway examination includes mouth, protruding tooth, and shaky tooth, uvula and opening of mouth. History of the use of artificial dentures should be elicited and it has to be removed before the anesthesia procedure. Along with the assessment of the physical status of the patient, the anesthesiologist has to assess the mental status of the patient. The anesthesiologist has to explain in a reassuring manner how the anesthesia procedure is planned, the approximate duration of surgery, how long the patient will be inside the post op ICU, when he can take food or water. When a patient is thus educated he can be mentally and psychologically prepared to tolerate better the stress and strain of an anesthesia and surgery.

3) Investigations: Routine blood investigations such as Hb, TC, DC, ESR, Platelet, Blood sugar, blood urea, S. Creatinine, CT, BT, PCV, HIV, HBSAg, Urine routine are done. In indicated patients, LFT, PT, PTT, and S. electrolytes are also done. Pulmonary function tests are done preoperatively in COPD patients to assess respiratory status and improve functional vital capacity before being taken up for surgery. ABG analysis in indicated patients, chest X-ray and ECG are also done. If ECG changes are seen, detailed cardiac evaluation by a cardiologist including echocardiography, TMT etc. Patients are routinely examined by physicians to assess all systems. The concerned super-specialists such neurologists, nephrologists, cardiologists etc. are consulted as the case may arise. All the



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relevant details of the patient are documented in the case sheet during this pre anesthesia visit.

7.5 Premedication: Reasons for premedication: Patient's comfort for analgesia,

- Sedation Drugs used are Diazepam, Alprazolam, Midazolam, etc.
- Decrease in gastric volume and increase in PH. Drugs used are antacids- Ranitidine, Omeprazole, Pantoprazole, Rabeprazole etc.
- Decrease in airway secretion- e.g. Glycopyrolate, Atropine.
- Decrease in autonomic response- e.g. Atropine.
- Prophylaxis against allergic reactions- e.g. Dexona, Betnesol etc.
- Continue therapy for concurrent disease.
- Decrease in incidence of nausea and vomiting- e.g. Ondansetron, metocloperamide, Phenergan etc.

7.6 Restriction of Oral Intake before Surgery: Vomiting and aspiration of gastric contents during induction of anesthesia can cause pulmonary damage, if volume of aspirate reaches 25 ml/Kg and smaller volume can also produce damage. Patients who are pregnant, obese, smokers and Patients who have hiatus hernia are at a greater risk of aspiration. Usually the patients are instructed to take nothing orally for 6 to 8 hours before surgery to reduce the risk of aspiration of gastric contents. Children and new born are advised only 4 hours of NBM.

7.7 Documentation: All the relevant history, investigation reports and examination findings are documented by the anesthesiologist which including an immediate pre operative re-evaluation, In addition to this, the pre anesthesia assessment in formulation of an anesthesia plan, Premedication and pre-op. orders should also be documented.

7.8 Informed Consent: Written informed consent should be obtained from the patient before any surgery and anesthesia. In the case of a child aged less than 16 years or unconscious/mentally retarded patient, the parent's guardian signs the form. Explanation of the hazards of surgery and anesthesia should be given to the patients and bystanders.

7.9 Anesthesia Procedure: During anesthesia induction and maintenance, regular and periodic recordings of heart rate, temperature, Respiratory rate, and Oxygen saturation should be done. Urine output and CVP should be recorded for prolonged cases.




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7.10 Post Anesthesia Care: Patient is shifted to the recovery room and the patient's vitals should be monitored. ECG monitor, Pulse oxymeter, oxygen supply, intubation equipment, airway maintenance equipments, and emergency drugs. should be always kept ready in the recovery room. After the patient has sufficiently recovered from anesthesia, the patient is shown to the bystanders and shifted to the post OP / ICU, where the patient is usually kept for 24 hours. In the post OP/ICU the patient's vitals are regularly monitored and recorded. The patient is shifted to the ward according to the surgeon's discretion. All the drug anesthesia events are recorded and monitored.

7.11 Post-Operative Pain Management: Post-operative pain is mainly managed by epidural analgesia, NSAIDS. Epidural analgesia for labour pain is also done. Opioids commonly used are Fortwin, Tramadol, and fentanyl. For epidural analgesia drugs used are Sensorcaine (0.25%), Fentanyl, and Tramadol. All adverse anesthesia events are recorded and analyzed by the Pharmacy and therapeutic committee for taking preventive actions in the future.



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COP 12: POLICIES & PROCEDURES GUIDE FOR RATIONAL USE OF BLOOD & BLOOD PRODUCTS

PURPOSE

To provide guidelines for use of blood & blood products in patients.

SCOPE

Patients requiring blood / blood products do not come under the scope of CSMSS Ayurved Mahavidyalaya & Rugnalaya, Kanchanwadi, Aurangabad.

Although, after admission, if any patient needs to be restrained, They are referred to GMC hospital, Aurangabad or Bajaj hospital.

REFERENCE:

NABH: Pre Accreditation Entry Level standard for Hospital, Second Edition , April 2016.



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COP 13 - POLICIES & PROCEDURES ON CARE OF PATIENTS IN INTENSIVE CARE UNIT (ICU) / HIGH DEPENDENCY UNIT (HDU)

If any patients related to Shalya Tantra, Streerog & Prasutitantra, Balrog, Kayachikitsa, Shalakya Tantra and Panchkarma if they need ICU Care are transferred to 100 Bed Hospital in the Campus or GMC Hospital, Aurangabad or Bajaj Hospital.

REFERENCE:

NABH: Pre Accreditation Entry Level standard for Hospital, Second Edition , April 2016.



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COP 14: POLICIES & PROCEDURES GUIDE FOR CARE OF THE PATIENTS UNDER RESTRAINTS

1.0 PURPOSE

To provide guidelines for care of the patients under restraints

2.0 SCOPE:

- Patients requiring restraints measures do not come under the scope of CSMSS Ayurved Mahavidyalaya & Rugnalaya, Kanchanwadi, Aurangabad services.
- Although, after admission, if any patient needs to be restrained, They are referred to GMC hospital, Aurangabad or Shanti Nursing Home or Bajaj hospital.

3.0 REFERENCE:

NABH: Pre Accreditation Entry Level standard for Hospital, Second Edition , April 2016.



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COP 15: POLICIES & PROCEDURES ON APPROPRIATE PAIN MANAGEMENT

1.0 PURPOSE

To provide guidelines for appropriate pain management for patients of CSMSS Ayurved Mahavidyalaya & Rugnalaya, Kanchanwadi, Aurangabad

2.0 SCOPE:

Patients requiring pain management at CSMSS Ayurved Mahavidyalaya & Rugnalaya, Kanchanwadi, Aurangabad.

3.0 RESPONSIBILITY

- Consultants
- Medical officer
- Nursing staff
- Registration staff
- PRO
- Other supporting staff


4.0 POLICY

1. Patients with chronic pain will be managed in CSMSS Ayurved Mahavidyalaya & Rugnalaya, Kanchanwadi, Aurangabad
2. Patient with acute pain are not under the scope of CSMSS Ayurved Mahavidyalaya & Rugnalaya, Kanchanwadi, Aurangabad.
3. CSMSS Ayurved Mahavidyalaya & Rugnalaya, Kanchanwadi, Aurangabad is committed to take care of all patients with pain in all the patient areas of Hospital. Institute respect and support the management of pain for all patients.

5.0 PROCEDURE

1. If pain is the main presenting complaint of the patient, he/she will be directed to concern OPD's according to the type of pain.
2. In such cases, detailed history is taken by the consultant by considering the points like Pain character, Frequency, Location, Duration, Radiation / Shifting of pain.




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3. If Patient of acute pain is identified at any patient area then patient will be referred to GMC hospital, Aurangabad or Bajaj hospital according to referral policy of AAC.
4. The details are recorded in OPD / IPD case sheets however a separate pain assessment is done by using Visual Analogue Scale (VAS) printed on OPD case sheets, if pain is one of the main symptoms.
5. Re-assessment of pain is done in such patients.
6. When patient is suffering from long term pain / condition which cannot be treated then in such cases patient and family are educated on various pain management techniques.

6.0 REFERENCE:

NABH: Pre Accreditation Entry Level standard for Hospital, Second Edition , April 2016.



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COP 16: POLICIES & PROCEDURES GUIDE APPROPRIATE REHABILITATIVE SERVICES

1.0 PURPOSE:

To Regain maximum self-sufficiency and function in a normal manner

2.0 SCOPE:

Commensurate with the hospital 's requirement

3.0 RESPONSIBILITY:

- 3.1 Consultants
- 3.2 Physiotherapist.
- 3.3 Swasthavrutta Consultant
- 3.4 Medical officer
- 3.5 Nursing staff
- 3.6 Other supporting staff

4.0 ABBREVIATION:

NABH: National Accreditation Board for Hospitals and Healthcare providers

COP : Care of Patients

5.0 REFERENCE:

NABH: Pre Accreditation Entry Level Standards for Hospitals, Second Edition, April 2016.

6.0 Policy

- 6.1 CSMSS Ayurved Mahavidyalaya, Rugnalaya will provide Rehabilitation services to regain full function following any health injury / disease for restoring strength, flexibility, endurance and power.
- 6.2 The care is guided by functional assessment & periodically assessment which is done by qualified individuals.
- 6.3 The physiotherapy services are provided by Dr. Mayur Ajmera (Physiotherapist) in CSMSS Ayurved Mahavidyalaya, Rugnalaya.



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- 6.4 Rehabilitation services are provided by multidisciplinary team including qualified consultants and treating doctor.
- 6.5 There is well equipped & separate section (Physiotherapy room) for Rehabilitation services at CSMSS Ayurved Mahavidyalaya, Rugnalaya.

7.0 Procedure

1. According to the condition of the patients, consultants will decide the type of rehabilitation to be given
2. The functional assessment and periodic reassessment will be done by the consultants and the same will be recorded in the case sheets.
3. The rehabilitative services will be advised to the patients by a multidisciplinary team.
4. All the equipments necessary to do the procedures are available in respective departments.
5. Rehabilitation Scope
 - a. Partially recovered Paralysis
 - b. Musculoskeletal Disorders: Osteoarthritis, Rheumatoid Arthritis and other joint disorders
 - c. Aging Disorders: Parkinsonism, Alzheimer's Disease
 - d. Lifestyle Disorder induced Stress & Strain
 - e. Post natal females
6. The following are the rehabilitative services provided in CSMSS Ayurved Mahavidyalaya, Rugnalaya based on the condition of the patients.
 - a. Yoga
 - b. Physiotherapy




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COP 17: POLICIES & PROCEDURES GUIDE ALL RESEARCH ACTIVITIES

1.0 PURPOSE:

To promote innovative research activities

2.0 SCOPE:

Commensurate with faculty of hospital & PG Students.

3.0 RESPONSIBILITY:

3.1 Ethics committee

3.2 All Consultants

4.0 ABBREVIATION:

NABH: National Accreditation Board for Hospitals and Healthcare providers

COP : Care of Patients

IEC : Institutional Ethical Committee

5.0 REFERENCE:

NABH: Pre Accreditation Entry Level Standards for Hospitals, Second Edition, April 2016.

6.0 POLICY AND PROCEDURES

6.1 Ethics committee-The organization has an ethics committee to look after all research activities. The committee has powers to discontinue a research trial when risk is there. The committee is formed with multidisciplinary people.

6.2 Patient's informed consent is obtained before entering them in research protocols.

6.3 They are explained the type of research and its benefits in their own language

6.4 Patients have right to withdraw from the research at any stage.

6.5 Patients are assured that their refusal to participate in research activities will not affect their treatment plan.



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Kanchanwadi, Paithan Road, Aurangabad- 431011 (M.S.)



Institutional Ethics Committee (IEC) Members list

Sr. No.	Name of the Member	Position on ethics committee	Occupation & Designation	Qualification	Gender
1.	Dr. S. C. Bhojar	Chairperson	Director, Dental College	M.D.S.	Male
2.	Dr. S. G. Deshmukh	Secretary	Professor, HOD & Principal	M.D. (Ayurved)	Male
3.	Mr. V. P. Lahane	Member	Social Worker	B.A.	Male
4.	Adv. U. V. Shisode	Legal Advisor	Advocate	B.A., L.L.B.	Male
5.	Mr. Nitin Bagwe	Social Worker	Social Worker	M.B.A.	Male
6.	Dr. D. K. Shelke	Member	Director & Professor	B.Sc., M.Sc., Ph.D.	Male
7.	Dr. J. S. Deshmukh	Member	Professor & HOD	M.D. (Ayurved), Ph.D.	Female
8.	Dr. A. K. Burley	Member	Professor	M.D. (Ayurved)	Male
9.	Dr. G. V. Shinde	Member (Research)	Professor & HOD	M.D. (Ayurved)	Male
10.	Dr. A. S. Thote	Member (Statistician)	Assistant Professor	M.D. (Ayurved), M.Sc. (Bio-Statistics)	Male



Deshmukh
PRINCIPAL

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Kanchanwadi, Aurangabad.





COP 18: POLICIES AND PROCEDURES OF POSHAN KARMA

1.0 PURPOSE

To ensure that patients will receive food according to their nutritional needs.

2.0 SCOPE:

All patients who are admitted at CSMSS Ayurved Mahavidyalaya & Rugnalaya, Kanchanwadi, Aurangabad.

3.0 RESPONSIBILITY

- 3.1 Treating consultant
- 3.2 Swasthavritta department
- 3.3 Kitchen In charge/Cook
- 3.4 Nursing Superintendent
- 3.5 Helper / Server (Ayah)

4.0 ABBREVIATION

NABH: National Accreditation Board for Hospitals and Healthcare providers

COP : Care of Patients

5.0 DEFINITION

Pathyahara; Disease pacifying food or Righteous Nobel Food for Healthy Individuals or Patients.

6.0 REFERENCE:

NABH: Pre Accreditation Entry Level Standards for Hospitals, Second Edition, April 2016.

7.0 POLICY

- 7.1 Prescription of an appropriate diet chart to the healthy individuals as per ayurvedic criteria like prakruti, agni, vaya, bala, doshic constitutuin, occupation, desha, kaala, etc or as per the diseases.
- 7.2 Free Food is supplied to all the patients from the kitchen of CSMSS Ayurved Mahavidyalaya & Rugnalaya in the campus.



Jeehmil

PRINCIPAL

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Ayurved Mahavidyalaya & Rugnalaya,
Kanchanwadi, Aurangabad.

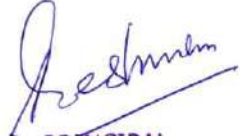


7.3 The competence of all persons working will be regularly assessed and their practical skills are monitored.

8.0 PROCEDURES

- 8.1 Thorough assessment of dietetic habits of the patients
- 8.2 Contemplation and drawing inferences regarding the disease status, nutritional status & therapeutic aspects of diet regarding the case.
- 8.3 Prescription of written order of pathyaahara in the form of a disease specific diet chart e.g. Diet chart for diabetes.
- 8.4 Family Members are educated to prepare disease specific food regimes (Pathya Aahar) and its administration is supervised in the IPD.




PRINCIPAL
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