



Estd : 1989
NCISM College Code : AYU0153
MUHS College Code : 3401

NAAC ACCREDITED WITH B++, NABH & ISO 21001:2018 CERTIFIED

छत्रपती शाहू महाराज शिक्षण संस्था संचलित

आयुर्वेद महाविद्यालय व रुग्णालय

CHHATRAPATI SHAHU MAHARAJ SHIKSHAN SANSTHA'S

AYURVED MAHAVIDYALAYA & RUGNALAYA

(Recognized by National Commission for Indian System of Medicine, Ministry of AYUSH, Govt. of India, New Delhi & Affiliated to Maharashtra University of Health Sciences, Nashik.)



Details of availability of emergency kits and mock drill carried out to manage complication.

1. Uttarbasti

Possible complications.

- Patient may land in to anaphylactic shock.
- Cervical injury, vaginal injury, uterine wall injury.
- In case of neurogenic shock patient either goes in cardiac arrest or dies or he may recovers fully spontaneously

Emergency drugs available-

- Inj. Atropine
- Inj. Dopamine
- Inj. Dobutamine
- Inj. Phenylephrine
- Inj. Hydrocortisone
- IV fluids like RL, NS etc.

Mock Drill –A. Anaphylactic shock

Patient in anaphylactic shock
due to vasovagal syncope.

Patient informed to medical
officer and concern authority
immediately.



Reshmer

Principal

Chhatrapati Shahu Maharaj Shikshan Sanstha's
Ayurved Mahavidyalaya & Rugnalaya,
Kanchanwadi, Chhatrapati Sambhajinagar.

Address : Kanchanwadi, Pathan Road, Chhatrapati Sambhajinagar- 431 011. (M.S.) कांचनवाडी, पैठण रोड, छत्रपती संभाजीनगर - ४३१ ०११ (एम.एस.)

Tel.: (0240) 2379248, 2646464, 2379035 Fax : (0240) 2646222.

Email : principal@csmsayurved.com, principalcsmsayu@gmail.com, Website : www.csmsayurved.com



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- Head low given
- All vitals checkrd
- Use of atropine in case of sever bradycardia.
- Emergency lifesaving durgs



- Resuscitation if needed done.
- Extravascular fluid replacement done with RL, NS etc.

2 . Kshar pratisaran/ Yonipichoo

Possible complications-

- patient may land in to Neurogenic shock due to severe pain experienced by him.
- Patient may land in to vasovagal shock sometime.
- Resulting in to sudden Hypotension, Bradycardia, Arrythmia, low cardiac output .

Emergency drugs available-

- Inj.Atropine
- Inj.Norepinephrine.
- Inj.Epinephrine
- Inj.Dopamine.
- Inj.vasopressin
- Inj.Hydrocortisone
- IV fluids like RL, NS etc.

Mock Drill –A. Neurogenic shock



Prashant

Principal

Chhatrapati Shahu Maharaj Shikshan Sanstha's
Ayurved Mahavidyalaya & Rugnalaya,

Address : Kanchanwadi, Paithan Road, Chhatrapati Sambhajinagar-431011 (M.S.) कांचनवाडी, पैठण रोड, छत्रपती संभाजीनगर-४३१०११ (महाराष्ट्र.)

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Patient in Neurogenic shock
with sever hypotension



Patient informed to medical
officer and concern authority
immediately.



- Head low given- Trendelengburge Position
- Immediate administration of IV fluids to correct hypovolemic condition
- Use of vasoconstrictor Drugs like epinephrine, nor epinephrine.
- Use of atropine in case of sever bradycardia
- Use of Steroids if needed



- Resuscitation if needed done.
- Extravascular fluid replacement done with RL, NS etc.



Reshma

Principal

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3. Agnikarma

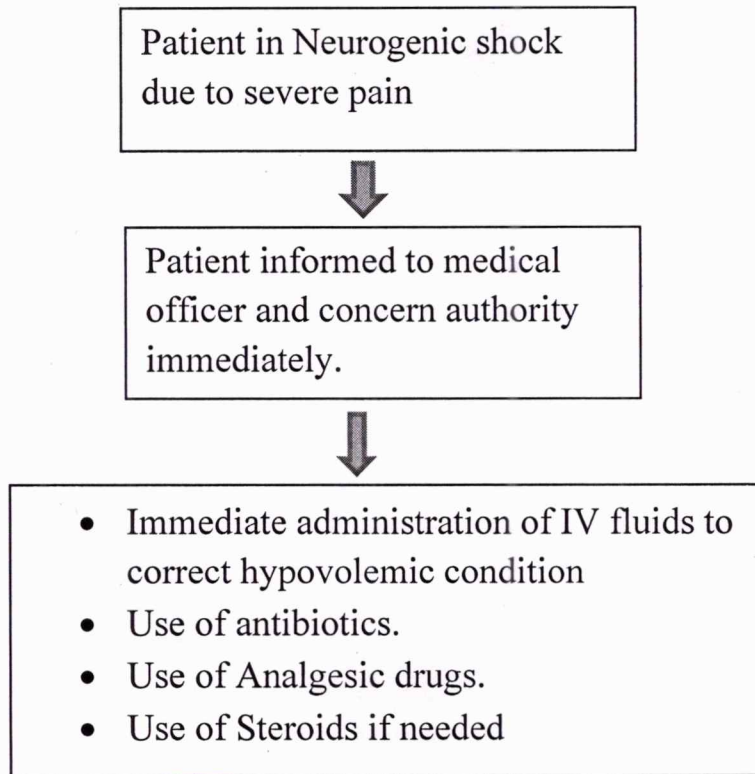
Possible complications-

- While performing *Agnikarma* treatment there may be chances of burn .

Drugs available-

- Antibiotics
- Analgesics.
- Silver sulphadiazine ointment for local application
- Inj.Hydrocortisone
- IV fluids like RL, NS etc.

Mock Drill –A. Neurogenic shock treatment and wound management.



Reshmi

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- Management of Burn Wound accordingly.
- Extravascular fluid replacement done with RL, NS etc.

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