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

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

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

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

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

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

Name of Department: **Dialysis Unit**

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

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

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| **SERVICES** | **DETAILS OF AVAILABILITY/ LIMITATION OF SERVICES** | **REMARKS.** |
| All uncomplicated bacterial, viral,  fungal and protozoal infections,  Neonatal care, Neonatal  resuscitation  During delivery: ENC including clean  airway, clean clamp and cord cutting,  weighing baby, Avoid hypothermia  and ensure exclusive breast feeding  including colostrum, Identify and  Manage neonatal jaundice and  infections, Phototherapy, Birth  injuries, Incubation, Immunization (all  births in the hospital and all children  <5 visiting hospital to be actively  screened for immunization status),  Infants of diabetic mothers, Asthma  (chronic)  Diarrhea (chronic), Failure to thrive  Growth retardation, Malnutrition—  severe or moderate, acute/chronic,  micronutrient deficiency (Vitamin  A/C/D deficiencies, anemia, iodine  deficiency), Manage Neonatal  complications, Congenital anomalies,  Bilirubin encephalopathy  (kernicterus), Thalassemia  **Well-baby clinic** to be established in  the OPD and to have minimally the  following services available:  EPI plus services, CDD/ARI control  activities, Nutrition counseling,  Breast feeding counseling and  support, Malaria and Dengue control  activities, Growth monitoring and  counseling, Deworming (provision of  anti-helminthic) | All these services are available in our department.  All services are being provided by doctors and a dedicated staff nurse for breast feeding counseling. | Baby warmers needed at:  1. Labour Room  2. Operation theater.  Resuscitation trolleys needed  1. Labour Room  2. Operation theater.  Sever Acute Malnutrition rehabilitation services are provided, along with OPT site.  Continuous F-75 and F-100 supply needed, although in case of short at hand prepared at Paeds unit.  Space constraint for separate room. |

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

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| **SERVICES** | **DETAILS OF AVAILABILITY/ LIMITATION OF SERVICES** | **REMARKS.** |
| Congenital heart disease, Deep-vein  thrombosis, Heart failure  Hypertension, Pulmonary oedema,  Rheumatic heart disease  Myocardial infarction, Ischemic heart  disease | All services are being provided. | Patients are referred for:  1. Interventional procedures.  2. PCI/ CABG  3. Pace maker  4. DVT diagnosis, peripheral vascular Doppler scaning.  24 Hours Holter needed. |

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

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| **SERVICES** | **DETAILS OF AVAILABILITY/ LIMITATION OF SERVICES** | **REMARKS.** |
| Elective  Thyroidectomy, Mastectomy, Biliary  tract operations, Colon operations,  Proctological operations (perianal  abscess), Hernioraphy, Rectal  prolapse, Superficial abscesses,  Cysts, Cavity abscesses,  Circumcision  Vasectomy, Venous cut down,  Excision of sebaceous cyst, Wedge  resection of IGTN, Excision of  Lipoma, Lymph node Biopsy, Chest  Intubation, Supra pubic  catheterization ( via suprapubic  cystostomy kit), Supra pubic  catheterization (open Technique),  Trucut Biopsy, FNAC D/D  Dressings, Skin lesion Biopsy,  Cauterization of viral warts,  Sigmoidoscopy, Urethral dilatation,  DJ Stent Removal, Lord’s Dilatation,  T. Stich, Polypectomy, Examination  Under Anaesthesia (EUA), Excision  of Fibro adenoma Breast, I/D of  Breast Abscess, I/D & D/D under  G/A, Feeding Jejunostomy,  Colostomy, DJ Stenting, Open  Appendicectomy,  Haemorrhoidectomy, Lateral Internal  Sphincterotomy, Herniotomy,  Hydrocele surgery, Varicocele  surgery, Undescended Testes  (UDT), Simple Mastectomy, Wide  Local Excision  Varicose Veins Surgery, Perianal Abscess/ Fistula (Low), Peri Anal  Fistula High/complex, Mesh repair of  inguinal /Ventral Hernias/ Incisional  Hernia, Open Cholecystectomy,  Gastrojejunostomy, Ureterolithotomy,  Vesicolithotomy, Excision of pilonidal  Sinus, Ileostomy/ Colostomy  Reversal, Upper Gastrointestinal  Endoscopy (UGIE) with biopsy,  Lower Gastrointestinal Endoscopy  (LGIE) Colonoscopy with biopsy,  Crohn's disease | All procedures are carried out.  Instruments are old and needs to be replaced by new.  New sets are required for vascular and paediatric surgery. | Post OP ICU, with ventilator facilities are required to be established, especially for Chest trauma patients.  Laparoscopic surgery is being done at departments own arrangement. |

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

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| **SERVICES** | **DETAILS OF AVAILABILITY/ LIMITATION OF SERVICES** | **REMARKS.** |
| All medical emergencies including  animal/snake bite  Accident and  Abdominal trauma (minor), Acute  appendicitis, Perforated peptic ulcer,  Intestinal obstruction, Diverticulitis,  Inflammatory bowel disease,  Mesenteric adenitis, Cholecystitis,  Cholangitis, Cystitis, Urinary Tract  Infection, Ureteric colic, Acute  urinary retention, Peritonitis, Rectus  sheet haematoma, Airways and  ambu-bag breath, Cricothyroidotomy,  Fluid and electrolyte balance and  blood transfusion, Soft Tissue  Injuries, Tendon injuries, Abdominal  trauma (major), Splenic rupture,  Retroperitoneal haemorrhage,  Shock/Septicaemia  Advanced acute abdominal  conditions like Vascular, Pancreatic,  Urological and requiring subspecialised  supervision  Multiple Injuries  Pneumothorax and hemothorax –  chest intubation with observation  Initial management and  stabilization by specialist  on-call from surgical  department, if required  referral to thoracic facilities  Initial Management of burns as per  rule of 9s and referral to a burn  Initial Management by  specialist on-call from  centre in case of  1. Partial-thickness abdomen fullthickness  burns of greater than 10%  of the BSA in patients less than 10  years or over 50 years of age;  2. Partial-thickness and full-thickness  burns on greater than 20% of the  BSA in other age groups;  3. Partial-thickness and full-thickness  burns involving the face, eyes, ears,  hands, feet, genitalia, and perineum,  as well as those that involve skin  overlying major joints;  4. Full-thickness burns on greater  than 5% of the BSA in any age  group;  5. Significant electrical burns,  including lightning injury (significant  volumes of tissue beneath the  surface can be injured and result in  acute renal failure and other  complications);  6. Significant chemical burns;  7. Inhalation injury;  8. Burn injury in patients with preexisting  illness that could complicate  treatment, prolong recovery, or affect  mortality;  9. Any patient with a burn injury who  has concomitant trauma poses an  increases risk of morbidity or  mortality, and may be treated initially  in a trauma center until stable before  being transferred to a burn center  Unit/Department surgical department and  immediate referral as per  the provided criteria  Head injury  Initial management by  specialist on-call from  surgical department,  Based on Glasgow coma  scale) – score 8 or less to  be referred to  neurosurgical facility  Spinal Injuries  Initial stabilization by  specialist on-call from  surgical department and  referral  Closed Fracture and Dislocation,  Closed Fracture and no dislocation,  Femur fracture, Open fractures,  Pelvic fracture without complication  Management by specialist  on-call from Orthopaedic  department, refer if  required  Major disaster plan TRIAGE and  assessment of trauma patients along  with stabilization of the patient with  referral to the sub-specialty  concerned (if required),  Accident and  Emergency  Unit/Department  Patient referral (using ambulance) | Managed in collaboration of Medical Unit.  Managed in collaboration in surgical unit.  Managed in collaboration in orthopaedic unit.  Emergency plan, in case of mass emergency available; with specific roles and responsibilities. | Patients are stabilized and if beyond the capabilities of services of Cat-B level they are referred to tertiary level care; in Hospital fully equipped Ambulance.  Following items needed in emergency theater:  1. CVP line  2. Chest tubes and under water seal bottles.  No Burns unit available. Patients are stabilized, categorized and shifted to tertiary level care.  Head injury patients are stabilized and those who need referral are shifted in Equipped Ambulance to tertiary level facility. |

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

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| **SERVICES** | **DETAILS OF AVAILABILITY/ LIMITATION OF SERVICES** | **REMARKS.** |
| Emergencies: Trauma (except  intraocular foreign body and orbital  fracture)  Eye Department Stabilize and Refer if  required  Common eye conditions, Cataract,  Glaucoma, Refraction, Diabetic eye  complications | All the identified procedures and treatment are being carried out. | Services in oculoplasty, Glaucoma, Squint and intra-vit Avastin; are being provided.  Shortage of equipment identified as:  1. Auto-refractor + kerato-meter (Dual) 02.  2. Air Puff Tonometer 01.  3. Argon Laser 01.  4. A-Scan & B-Scan 01 Each.  5. Bipolar cautery 01.  6. Cryo Machine 01.  7. Ophthalmic microscopes 02.  8. Ophthalmoscopes 03.  9. Phachoemulsifier 01.  10. Perkin’s Tonometer 02.  11. Refraction boxes 04.  12. Retinscopes 03.  13. Slit Lamps 03.  14. Surgical Instruments.  05 cataract sets  02 DCR set  01 Squint set  15. UV autoclave 01.  16. Yag Laser 01.  17. Visual Filed Analyser 01.  Shortage of staff also identified. |

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

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| **SERVICES** | **DETAILS OF AVAILABILITY/ LIMITATION OF SERVICES** | **REMARKS.** |
| Epistaxis, Upper respiratory tract  infections, Rhinitis, Acute & Chronic  sinusitis, Granulomatous conditions  of nose & PNS, Nasal polyp  Septal surgeries, Nasal & facial  trauma, Smell disorders, Obstructive  sleep apnoea, Oral lesions,  Pharyngeal infections, Adenoids &  Tonsils & its surgeries, Laryngeal,  infections-paediatrics & adults, Voice  disorders, Deep neck abscesses,  Thyroid masses, Acute management  of laryngo-tracheal & neck trauma,  Tracheostomy, Dysphagia, Otitis  Externa, Wax in ear, Acute otitis  media  Chronic otitis media, Balance  disorders, Otosclerosis, Otological  trauma, Common complications of  otitis media, Otitis media with  effusion  ENT Department  Head & Neck benign & malignant  tumours– primary & metastatic ENT Department Screen and Refer  Foreign body in the ear/nose ENT Department Stabilize and Refer | All these procedures are performed, including  Rhinoplasty and pinna plasty.  The following procedures are NOT done:  1. Thyroid surgery.  2. Middle Ear surgeries.  3. No screening of deaf patients. (Referred to tertiary level care)  Screened and Referred to tertiary level care.  Screened and Referred to tertiary level care. | ENT operating microscope needed.  Pure tone audiometery not available. |

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

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| **SERVICES** | **DETAILS OF AVAILABILITY/ LIMITATION OF SERVICES** | **REMARKS.** |
| Closed fracture and dislocation of all  of minor joints and bones,  Supracondylar displaced fractures,  Volkmann's ischemia and  compartment syndrome, Soft tissue  injuries and crush injuries, Pelvic  fracture without complication, Hip  joint dislocation, Femur neck  fracture, Femur fracture, Knee joint  dislocation, Tibia and fibula closed  fracture, Tibia open fractures, Ankle  joint dislocation and fractures, Ankle  bones open fractures, Tarsal bones  fractures and dislocations, Tarsometatarsal  joint dislocation, Skin  graft and tendon injuries, Acute  osteomyelitis, Pyogenic septic  arthritisTuberculosis of bones and joints,  Gout arthritis, Rheumatoid arthritis,  Bone Cyst, Carpal tunnel lesion,  Hand flexors and extensors injuries,  Amputation (open amputation),  Menopausal osteoporosis, Change  of dressing without anesthesia, Intra  articular injection or joint aspiration,  Injection for tendinitis, In Growing  Toe Nail (IGTN), Below knee and  below elbow POP without  anesthesia, Skeletal traction  COD under GA, TVE POP, Above  knee and above elbow POP,  Manipulation Under Anaesthesia  (MUA), Closed reduction of small  joints of fingers or toes, Excision of  bursa, Application of hip spica, Open  muscle biopsy, Trucut biopsy,  Closed reduction and percutaneous  fixation of distal radius, Closed  reduction of  knee/hip/below/shoulder, POP under  GA, Open Reduction Internal  Fixation (ORIF) small bones of hand  & foot, Small bone operations of  hands/foot to include, fracture  fixation/arthrodesis/osteotomes,  Forefoot amputation till midtarsal  joint, Amputation of finger or thumb | All procedures are carried out, for the following the patient is referred to tertiary level care:  1. Skin grafting  2. Pyogeneis septic arthritis  3. carpel tunnel syndrome  4. Trvent biopsy.  5. Surgery of forearm & hand. |  |

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

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| **SERVICES** | **DETAILS OF AVAILABILITY/ LIMITATION OF SERVICES** | **REMARKS.** |
| Counseling of Maternal and newborn  health issues including breast  feeding, family planning and  personal hygiene  Obstetrics and  Gynaecology  Department  **Antenatal care**  Management of intestinal worms,  Malnutrition, Malaria, UTI &STI,  Treatment of Vit. A deficiency (if  night blindness appears in last  trimester), Rhesus (Rh)  incompatibility, Management of preeclampsia,  Management of, Ectopic  pregnancy  **Natal Care**  Manage complicated labour,  Transfuse safe blood  (haemorrhage/blood loss), Manage  3rd degree vaginal tears,  Management of prolapsed cord,  Management of shoulder dystocia,  Manage prolonged and obstructed  labour, Caesarean section, Manage  3rd degree cervical tears  **Postnatal care**  Management of PPH/shock, Blood  transfusion in case of haemorrhage  Management of puerperal sepsis  (simple)  Gynaecological/obs; care:  Uterus fibromyoma, Infertility,  Ovarian cyst and adnexal masses  (simple), Menstrual disturbances,  Pelvic inflammatory disease (PID),  Abscesses, Prolapse and transvaginal  operations, Complications of  puerperium, Puerperium psychosis,  Deep vein thrombosis (DVT),  Incomplete abortion, Malnutrition—  micronutrient deficiency (Vitamin  A/C/D deficiencies, anemia, iodine  deficiency)  **Family Planning:**  Implants, Tubal ligation,  Complications of contraceptives | Carried out by Doctors.  All services are provided.  All services are provided.  All services are provided.  All services are provided.  All services are provided. | Blood Bank services need to be strengthened. |

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

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| **SERVICES** | **DETAILS OF AVAILABILITY/ LIMITATION OF SERVICES** | **REMARKS.** |
| Crowning/ Dentures/ braces, Pulpitis,  Periodontitis, Pericoronitis, Gingivitis,  Cellulitis (oral), Alveolitis (dry socket)  Acute necrotizing ulcerative gingivitis  Abscess (periapical) | All services are being rendered, at Outpatient except:  1. Crowning  2. Braces  3. Dentures  4. Pulpitis. | 02 New Dental Units in process of installation.  Dental X-ray unit needed.  Dental materials needed. |

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

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| **SERVICES** | **DETAILS OF AVAILABILITY/ LIMITATION OF SERVICES** | **REMARKS.** |
| FBC, ESR, LFTs, Blood urea and  Electrolytes.  CSF/pleural fluid/ascitic  fluid/, Biochemistry, gram's and ZN  stain  HBsAg, Anti-HCV, Serum amylase,  CPK, Blood glucose, ABGs  Screening of donor, blood grouping  and cross match, Storage (Blood  bank services)  Pathology | Available.  Not available due to lack of reagents.  Available through ICT method.  Whole Blood services are available. | ABGs analyzer and reagents needed.  CPK kits needed.  Other investigations that are carried out are:  1. Serum Cholesterol  2. Triglycerides.  3. Semen Analysis.  4. Anti HIV  5. Brucella titer  6. Typhidot  7. ASO titer  8. VDRL  9. Peripheral Smear.  And all other routine tests. |

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

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

Name of Department: **ANAESTHESIA SERVICES:**

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| **SERVICES** | **DETAILS OF AVAILABILITY/ LIMITATION OF SERVICES** | **REMARKS.** |
| Intubation, Manage emergencies and Anaesthesia Services to be provided by  cardiopulmonary resuscitation,  Manage convulsions, Cardiac life  support, General anaesthesia, Local  anaesthesia | All services are rendered. |  |

Name of Department: **PHYSIOTHERAPY SERVICES:**

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

Name of Department: **ADMIN**

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