CHAPTER - III

WARD MANAGEMENT

3.1 Admissions through OPD or otherwise to the hospital should be centralised wherever possible. If no central admitting office exists, clerks posted in the wards concerned will deal with the records relating to admission of patients failing which it will be the responsibility of nursing staff on duty. Consent of authorized person should be taken.

3.2 Patients coming alone (unaccompanied by attendant/relative) and needing admission should be admitted on his/her signature (if he/she is a major) and a phonogram message should be sent to the residential address asking the relative to reach hospital immediately.

3.3 Private (Nursing Home) and semi-private wards (Special ward) may be reserved in advance but the hospital is not obliged to hold accommodation for more than six hours unless otherwise requested. Advance payment in respect of private and semi-private ward admission will be demanded.

3.4 In the case of shortage of beds, waiting lists will be maintained centrally or individually and admission will be made in the order of the list except in emergency condition.

3.5 Medical case record to be initiated by the Resident (Junior/ Senior). All information will be accurately recorded. Over writings or interpolations are to be avoided. Entries wrongly made should be neatly corrected and attested. Date and time of admission and the apparent condition of the patient should be noted on the case record.

3.6 Display of Instruction in the wards —

a) Visit timings

b) Food distribution timings (1. Breakfast 2. Lunch 3. Evening Tea 4. Dinner)

c) No valuable should be left with the patients.

d) Hospital is No smoking zone.

Help Authorities to	No Littering
Keep Hospital clean	No spitting

e) In case of any problem/complaint contact-Grievance Redressal Officer

1) Name & Designation 2) Address

3) Telephone No. (Office) (Residence)

f) Contact sister I/c for special entry passes for seriously ill patients.

g) Display chart for serious patient.

h) Doctors duty chart / Senior Resident/ Junior Resident etc.

3.7 The Unit I/c/Consultants incharge of the patient should be promptly informed of his arrival by the Junior Resident.

3.8 The nurse concerned should escort the seriously ill patient to his bed and give hospital clothes for non-paying patients.

3.9 Patient's account should be opened in the account office if he is a paying patient.

3.10 The patient who is admitted in ward to be allotted bed by the nurse unless the Unit incharge/Junior Resident instructs otherwise. The nurse should assist in all cases.

3.11 The Resident/ Unit I/c admitting the patient will prescribe the treatment along with the requirement of the diet. If the patient is admitted shortly after the time for a regular meal, he should be given something to eat and drink.

3.12 Temperature, pulse rate and respiration rate to be charted by the attending nurse while admitting the patient.

3.13 Patient should be given a bath on the advice of the sister incharge of the ward.

3.14 Orientation of the patient regarding hospital rules to be done by the nursing staff on admission.

3.15 Transfer of a patient to another ward in the hospital will be done only under the orders of the Unit I/c.

3.16 On transfer of the patient within the same hospital his medical records and belongings will be sent to the area concerned. If the patient is

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seriously ill and needs to be transferred to other hospital the resident/ CMO must accompany the patient with all supportive line of treatment and belongings in the ambulance.

3.17 The receiving staff nurse will inform Enquiry, Telephone Operator and account office of the admission of all paying patients.

3.18 Bed index of paying patients will be corrected and the account office will make necessary entries in the patient's accounts.

TREATMENT

3.19 Treatment will commence only on the advice of the resident or the specialist. There should, however, be no delay in the commencement of treatment.

3.20 Oral or telephonic orders regarding treatment by the specialist will be committed in writing by the Resident (Junior/Senior) and got signed by the specialist at the earliest opportunity.

3.21 Specialist when he visits the patient should record also the time and date of his visit in the case sheet.

3.22 Specialist should at least take two routine rounds of his ward, one in the forenoon and one in the afternoon. On emergency days and for emergency cases, he will visit the patient as many times as required.

3.23 The specialist will ensure that the resident and nursing staff meticulously complies with his instructions orders.

3.24 Revised treatment should be written every 3rd/4th day during the stay of the patient in the treatment sheet.

3.25 The sister I/c will check the environmental sanitation in her ward which will include cobweb removal, bathroom & floor cleaning (brooming, mopping and washing etc.) sinks /w.c. and wall cleaning by safaikaramchari.

Cleaning of food trolleys & dusting (window doors and furniture) food distribution by Nursing orderly and Aya. The frequency of cleaning and washing will depend upon the requirement of the ward.

3.26 The sister I/c will also see that the diets are given to the patients by the nursing staff as prescribed by doctor or the dietician.

3.27 The nursing staff will see that all laboratory and radiological investigations ordered by the specialist are completed and the reports are ready for his perusal at the earliest possible time. They should conform to the timings prescribed by the chief of laboratories, X-ray departments for sending samples and patients.

3.28 The nursing staff will write in the treatment book the prescription ordered by the Resident or Specialist and carry out the orders as directed.

3.29 The specialist will ensure that the prescriptions ordered are clear and specific.

3.30 Nursing staff will give sub-cutaneous and inter muscular injections. Intravenous injections should be given under medical supervision.

3.31 Nursing staff/staff must always be present to help the resident/ specialists for any minor surgery/procedure/stitch removal/dressing of wounds etc. in the ward/treatment room/side rooms.

3.32 Privacy should be ensured for the patients while minor operative procedures or dressings or special treatments are done in the ward or while the patient is serious.

3.33 Preparing the patients for the operation is the responsibility of the nursing staff. Male patients will however be shaved by the male nursing orderlies attached to the ward. Patients should be prepared for the operation twice, once on the previous evening, once in the morning of operation day. For operation on bones and joints, preparation for three days, morning and evening is necessary before operation. Preparation of patients can vary as and when required on the advise of Resident/Specialist.

3.34 Resident should take special precautions to avoid postoperative infection generally and particularly in the case of orthopaedic, burns and other serious surgical cases, which necessitate prolonged stay in the hospital.

3.35 Septic cases should be separately received and managed in the ward.

3.36 All wards must ensure availability of syringe/needle destroyer in functioning order and disinfectant solution for destroying and disinfecting the used syringes and needle before discarding them in colour

coded plastic bags as per the guidelines of C.P.C.B. The persons handling such waste material must be provided with covered wheelbarrows, gumboots, masks and gloves etc. and they should follow universal precautions.

3.37 New born babies should be properly identified and associated with their mothers in the relevant case records by the nursing staff. To achieve this - refer to guideline issued by Dte.G.H.S. for strict compliance (Appendix – VI)

3.38 Periodical bacteriological tests should be done and appropriate measures taken to control infection by the ward sister.

3.39 Side room laboratories should be organised by the unit incharge of the wards. The resident should do simple and routine side room laboratory tests. In case, a Lab. Tech. is posted there he/she will conduct these tests. A list of such tests should be prepared by the Chief of the laboratories and circulated to all wards.

3.40 Cases of infectious and contagious diseases should be admitted and treated in a separate ward if available. In case, this is not available, such cases should be transferred to the nearest infectious diseases hospital. The HIV Patients should be treated as General Patients with the universal safety precaution. Guidelines issued in this regard should be followed.

3.41 A list of infectious and contagious diseases should be prepared by hospital administration and circulated to all concerned.

3.42 System of maintaining/storing drugs & dressing in the Ward :

A. General Medicines, Injections, Local applicants, Eye and Ear drops & spirit, savlon, flit, Dressing, etc.

All the above items indented by ward sister, countersigned by Doctor Incharge of the wards. All these drugs should be kept under lock and key in cupboard or fridge under the control of Senior Incharge. Drugs are to be taken out daily from the cupboard and given to the patient as per Doctor's prescription.

B. Antibiotics & Poisonous Drugs.

Indented fortnightly by sister, countersigned by ANS and Consultant Incharge of ward. A record of all these items is to

be kept by the staff Nurse/Nursing Sister. Poisonous drugs must be taken over and handed over in all the three shifts by Staff Nurse on duty and checked by the ANS at the end of the month.

C. Special Antibiotics/Costly drugs - To be indented daily against the patient's name, C.R. No. and all the records maintained in the relevant registers.

3.43 Maintaining confidentiality/ safety of Medical records in the ward is the duty of Sister I/c/Staff Nurse of the ward. This is specially required in MLC/MTP cases etc.

DISCHARGES

3.44 Paying patients will normally be discharged before 5.00 P.M. If they are discharged before 1.00 p.m. they will not be charged for that day. If they are discharged after 1.00p.m. they will be charged for the full day.

3.45 Discharge order to be given only by the attending senior resident on the case record.

3.46 Discharge order to be signed by the resident and instructions for the patient will be clearly indicated in the order.

3.47 Discharge order for paying patient will not be given unless the patient pays all dues to the Cashier.

3.48 Other discharges - Discharge of the destitute: - If non-MLCs, they are sent to shelter homes for the destitute through social worker, orphans are sent to orphanage through the police. Non-ambulatory patients (without relatives) requiring care are sent to Missionaries of charity through social worker.

3.49 Discharge against medical advice should be done after taking in writing from the patient or his relation, an appropriate undertaking. Such a patient should be issued/ special discharge slip clearly mentioning LAMA in block letters on top of the slip. At the time of discharge of patient, signature are to be obtained in discharge register along with the signature of person taking her out of the hospital. Relationship to be specified in the register. The medical and nursing staff should however endeavour to see that the patient goes out of the hospital satisfied.

ABSCONDING PATIENTS.— Reporting :

3.50 While counting census and while giving patient care, wherever sister/Staff Nurse observes that a patient has absconded, the entire area around the ward should be thoroughly searched, the Doctor on duty should be informed and the Doctor would fill abscond forms in duplicate and the police post is informed. On the abscond form, the signature of official at police post is obtained which is sent to the Record Section the following day. In case a patient absconds with the case sheet, - phonogram is sent to his residence - to report to hospital and hand-over the hospital documents,

DEATHS

3.51 Attending resident should be present at the bedside in the case of dying patients.

3.52 Attending resident will pronounce the patient as dead.

3.53 Death report to be given by the resident only after lapse of an hour of pronouncing death.

3.54 Copy of the death report will be sent to the local authorities without delay by concerned section.

3.55 The nearest relative of the patient will be informed of the death by nurse or the resident promptly either through a messenger or by phonogram.

3.56 Clothing of the deceased will be given to the nearest relation.

3.57 A dead foetus known to be advanced or beyond the 20 weeks of gestation will be disposed of as a full-term still-birth. Proper identification should be established before handing over a dead body.

3.58 All cases in which death occurs suddenly under suspicious circumstances or in which death is directly or indirectly due to an accident must be reported to the local police authorities and the permission sought before releasing the body.

3.59 The dead body should be washed. The chin should be tied so that the mouth is closed. Eyes should be closed. The body should be dressed in the patients clothes and wrapped in a morgue sheet. Two tags

giving the name of the patient, hospital case sheet refetence and the date and time of death should be tied to the body, one around the neck and the other around the wrist. The nurse attending the patient at the time of death is responsible for the proper wrapping and disposal of the body to the mortuary. Non-recoverable morgue sheets may be written off by hospital administration.

3.60 When a person is brought to the hospital and pronounced dead on arrival by the resident, the nurse assisting the resident will wrap the body and do the rest of the routine leading to its eventual disposal to the mortuary or to police.

3.61 The body should be retained in the mortuary for a period of 72 hours at the maximum from the time of death. After the expiry of this time limit the dead body will be treated as unclaimed and sent to nearest medical college or disposed of by the hospital according to the religious rites of the expired patient. With the permission of the hospital administration dead bodies in exceptional cases will be retained in the mortuary even after the expiry of 72 hours.

3.62 The resident attending the expired patient and not nurses will persuade tactfully the nearest kith and kin to permit the hospital to perform postmortem. Such permission should be taken in writing in the prescribed form, attached to the case record and the forensic medicine expert/ pathologist informed. The forensic medicine expert / pathologist will be responsible to have the postmortem done, the report prepared, attached to the case record and the body disposed of or given back to the relatives if they like to take the same.

3.63 The hospital should aim to do 25% pathological autopsies in a year in all hospital deaths.

3.64 The forensic medicine expert/ pathologist will associate the resident incharge of the expired patient and undergraduates and postgraduates, while performing autopsies.

3.65 Autopsy reports must be discussed in the death review committee which the Chief of the hospital or his nominee will preside.

3.66 Death review committees will be convened once a month.

3.67 Post-graduate students will be associated with the death review committees.

GENERAL

3.68 Ward management is the undivided responsibility of Nursing Sister/ANS.

The Officer of an appropriate level designated as ward I/c will be overall incharge of administration of ward work.

3.69 ANS/Ward Sister will keep the ward fully stocked with drugs required and equip it with adequate number of wheel chairs, oxygen cylinders, patient trolleys, suction machines, transfusion and infusion sets, lines, etc.

3.70 Nursing Sister will accompany the senior residents/specialist with notebook on their rounds and comply with their instructions. ANS will accompany during Specialist/H.O.D. rounds.

3.71 Staff Nurse/Nursing Sister will ensure proper distribution of food to the patients.

3.72 Nursing Sister/Staff Nurse will indent and stock the normal requirement of drugs prescribed by the medical staff.

3.73 Patients in the general wards should not be asked to purchase drugs normally.

3.74 The following documents to be maintained by ANS/Nursing Sisters.

i) Ward inventory of non-consumable stores.

ii) Consumable stores register.

iii) Linen register.

iv) Call book.

v) Night report book.

vi) Treatment register.

vii) Case records.

Viii) Waste disposal record.

The D.N.S. will supervise & ensure all the above i) to viii).

SURGICAL SPECIALATIES WARD

3.75 Intimation regarding operation of patients will be received by the NS/DNS of the ward, 12 hours before the commencement. The operation list will include name of patient, bed number, ward, diagnosis and operating theatre number. This will be written neatly in block letters or type written.

3.76 No operation will be scheduled on Sunday and holidays except emergency cases.

3.77 If the patient (unaccompanied by relatives) requires urgent surgery he can be operated upon under his/her own signature along with signatures of two consultants of hospital.

3.78 Patient should be admitted to the hospital at least 12 hours before the day of operation.

3.79 Preoperative routine procedures like arranging blood, collecting laboratory and X-ray reports, writing the history in the case record are the responsibility of residents. The Senior Resident of the unit concerned in this regard should give clear instructions to them.

3.80 Preparing the patient, shaving the area concerned, making the patient wear hospital gowns, surgical caps, etc. is the responsibility of the nursing staff. Male patients will, however be shaved by the ward boys.

3.81 Patient should be sent to the operating theatres on receipt of a message from the theatre and should not be allowed to remain in the corridor of the theatre unnecessarily.

3.82 The case record of the patient should accompany the patient to the theatre and returned to the ward with the patient after the operation with clear instructions regarding post operative treatment for pain, haemorrhage, catheterisation, surgical shock, dilatation of the stomach, etc.

3.83 Resident should take special precautions to avoid post-operative infection in surgical cases. Vitals of the patients should be monitored.

MATERNITY WARDS/NURSERY

3.84 No patient should be refused admission in General ward even if patient has delivered outside the hospital. Septic cases will be separately received and managed.

3.85 Patients registered in the antenatal clinic will be given admission in preference to others.

3.86 The patient should be sent to the delivery room when the labour is active or the patient is restless, and the obstetrician to be informed.

3.87 The nursing staff will comb the hair of the patient and arrange it in two tight braids before sending her to the delivery room.

3.88 Patient after delivery will be sent to her ward. She will be given hot tea and toast. She will be on general diet unless contraindicated.

3.89 Resident or the obstetrician will conduct the delivery invariably. Paediatrician will be called in, while delivering complicated cases. Caesareans will, however, be done by obstetricians only.

3.90 No visitor will be allowed in the nursery. Doctors and nurses entering the nursery must wear gowns, change shoes and if they are suffering from upper respiratory infections, they must also wear masks. They should wash hands after examining each baby.

3.91 Babies suffering from infection or other abnormal conditions will be kept in isolation nursery on the advice of the paediatricians.

3.92 Premature babies will be put in an incubator on the advice of the paediatrician.

3.93 Babies should be properly identified. Sex of infant, date and time of birth, mothers name should be recorded on water proof and oil proof bands and fastened on the wrist or ankle of the baby. Simultaneously unsmudged foot print of the baby, mothers index finger print is recorded on the case record of the mother.

3.94 Adequate security measures should be taken to prevent baby lifting - see guidelines (Appendix VI)

3.95 Children over 12 years will not be admitted to the paediatric ward.

3.96 One of the parents preferably the mother will be allowed to stay with the child patient.

3.97 Dietician will prescribe the feeding formula for children in consultation with the paediatrician.

3.98 Isolation beds should be established to treat and manage communicable diseases and infections.

PSYCHIATRY WARDS

3.99 After admission, patients are registered in the Central registration office.

3.100 Patients are then registered in the admission register of the Psychiatry Ward by the Nursing Staff on duty.

3.101 Patient admitted to the Psychiatry Ward need to have one attendant of the same sex throughout their stay in the hospital. This is ensured by the Nursing Staff on duty at the time of admission.

3.102 Sister on duty should ensure that the patient does not have any valuables or any object, which can be used to endanger his or any other life. (example sharp object, rope, matchbox, heater etc.). Nursing Staff on duty should also ensure that the patient does not have possession of any psychoactive substance for use.

3.103 Sister on duty should inform the doctor on duty about the admission.

3.104 Doctor on duty then does the initial evaluation and starts the management as advised by the admitting doctor.

3.105 Doctor on duty will take four routine rounds daily.

3.106 All the medicines inclusive of injections (IM, /SC) to be administered by the nursing staff on duty. The nurse under Medical Supervision while maintaining all necessary precautions should administer IV injections.

3.107 Suicidal patients :

(i) All the general instructions for the admission are to be followed.

(ii) The risk of suicide should be explained to the attendant of the patient, nursing staff and other employees of the ward.

(iii) Patient should not be kept in isolated room.

(iv) Suicidal risk of the patient should be mentioned on the first page of the case sheet of the patient in bold letters.

(v) Suicidal risk patients preferably should be given bed near the sister's duty room so that the nursing staff and ward boys can maintain a constant watch.

3.108 In case E.C.T. is indicated, consent is must from the patient/ close relative before starting E.C.T.

3.109 Violent patients- adequate measures to be taken, including appropriate medications, to prevent violence to self or other. Any injury to the patient should be taken care of appropriately.

3.110 Stuporous patients - a medical assessment including the opinon of a specialsit if required regarding the oral intake/IV fluids/RT feeding and any special care apart from the psychiatric management should be taken. Proper nursing care to prevent development of bed sore should be given.

3.111 Patients admitted for de-addiction should be screened for associated medical illnesses like TB, COPD, HIV, and HBV. If required, appropriate advice to be taken from the specialists. Patient should be checked for possession of any psychoactive substances before admission and checked in the round for any signs of intoxication.

3.112 Emergency Call/Admission :—

(i) Calls sent from the A/E Ward received by the doctor on duty.

(ii) Initial evaluation to be done by the doctor on duty and the management should be done under the supervision of a Senior Resident/Consultant on duty. (If the orders are taken telephonically, it should be noted down and as soon as possible signed by the person giving the order).

(iii) If doctor on duty faces any difficulty in the management or patient needs admission, Senior Resident has to personally see the case and consultants can be called, if required. Admission should be done by Senior Residents and above only.

(iv) Senior Residents then evaluate the patient and if needed the patient is admitted subject to the availability of the bed in the Psychiatry Ward. Otherwise the patient is advised medication

for the emergency problem and is asked to follow up in the Psychiatry O.P.D.

(v) For all the patients, doctor on duty/Senior Resident are encouraged to involve the Consultant on call for assessment and advice.

(vi) After admission, patient is shifted to Psychiatry Ward and safety procedure as for any other indoor patients will be followed.

3.113 Special Cases : Wandering Lunatic —

(i) Patient brought by the police in the Psychiatry O.P.D. - Patient assessed and if attendant is provided, the patient should be admitted in the Psychiatry Ward and the same procedure as for any other indoor patient is followed.

(ii) If no attendant is available, patient will be referred to I.H.B.A.S., Shahdara (in Delhi) / or any such near by hospital for custodial care.

(iii) However, if the patient is brought in the Casualty and if attendant is provided then the patient can be admitted and the same procedure should be followed. But if no attendant is available, patient can be directly referred to IHBAS / or any such near by hospital by the doctor on duty/Senior Resident.

3.114 Patient sent by the Court :—

If the court with a reception order sends a patient, then the Police has to provide an attendant for admitting the patient in the Psychiatry Ward and after admission same procedure is followed.

3.115 Patient referred by the Medical Board for Psychiatric opinion:—

The Consultant in the OPD will first see patient. If required, patient will be admitted in the Psychiatry Ward for evaluation. The report should be sent to the concerned authorities after evaluating the patient.

3.116 If the patient is 'dumped' in the Psychiatry Ward :—

If a patient gets admitted with an attendant and the attendant deserts the patient, or if the patient is admitted with hired Attendants and relatives

fail to turn up, in these cases help of the social worker will be taken to contact the relatives of the patient, and if that is not possible, then the patient should be transferred to IHBAS, Shahadra / or any such near by hospital.

OTHERS

3.117 Sleep Disorder Cases :

Patients can be seen on all days, initially by the Junior Resident and then by the Consultants. Sleep studies will be done after admitting the patient overnight and by appointment

3.118 Social Worker :

Patient requiring the help of a social worker should be referred to the social worker and social worker will see to the problem and if required, will make home visits also.

3.119 Psychologists :

Patient requiring psychological testing or counselling should be referred to the Psychologist for evaluation and counselling.

3.120 Interagency collaboration :

(i) Patient referred by other agencies (NGOs) should be evaluated on routine basis. If needed, admission can be done, following the routine admission guidelines.

(ii) Patient required to be sent to other Agencies (Nari Niketan/ Street Children Home etc.), the help of a social worker should be taken and the social worker should then follow up the case.

3.121 Transportation :

Violent patients requiring transportation for any investigative procedures or any other purpose should be adequately and appropriately sedated. The Nursing Staff on duty will administer all the injections (except IV) as advised by the doctor.