

Government of West Bengal  
Department of Health & Family Welfare  
MS Branch  
Swasthya Bhavan , GN-29 , Sector –V  
Salt Lake City , Kolkata-700091.

No HF/O/MS/ 132 /W-16/2015.

Dated : 05.02.2015.

From : The Principal Secretary  
to the Government of West Bengal.

To : 1) The Director of Health Services & Ex-Officio Secretary, H&FW Deptment.  
2) The Director of Medical Education & Ex-Officio Secretary, H&FW Department.

**Sub : Setting up of Emergency Observation Ward (EOW)**

With a view to strengthening robust Public Health Infrastructure in different Government hospitals all over the state and to ensure availability of quality patient care services in different sections of the people of the state aiming to reduction of morbidity/mortality especially of the wage earner of the family , urgent need to increase the availability and accessibility of emergency patient care services alleviating unforeseen delay in treatment initiation and to promote proper primary treatment to the sick patients has been under consideration of the Government for some times.

2. Hence, Projects for establishing Emergency Observation Ward ( EOW) has been decided in all Government Hospitals in three Phases in the following manner:

- A. PROTOCOL IMPLEMENTATION PHASE
- B. FINANCIAL IMPLICATION PHASE.
- C. HUMAN RESOURCE RECRUITMENT PHASE.

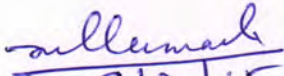
3. In the inception , **Phase – I** , that means PROTOCOL IMPLEMENTATION PHASE will come into force with the following directions and target units :

- i. Units where EOW is already functioning;
- ii. Units where EOW is already planned , site selected , infrastructural up gradation works started with already available fund;
- iii. Units where EOW may be established with only small infrastructural up gradation work amounting less than 10 Lakh Rupees ( including both Civil & Electrical Works).

4. The Primary Target is to start EOW within earliest possible time period irrespective of the available bed strength to implement the protocol related to the patient admission, patient retention , treatment and discharge . Essential primary & emergency treatment to be given to the patient attending General Emergency. Essential Tests as per Standard Guideline will be available and to be done at the EOW.

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5. Essential Equipment ( CAT items) should be available first. Then, NON-CAT item may be procured as per need assessed periodically.
6. No major Infrastructural up gradation or recruitment of human resources is required in this Phase. EOW will run with help of human resources already available in the unit.
7. No training issues will be dealt in this phase . If any reorientation of knowledge is required , it will be given by the specialists (Physicians/Anaesthetist/) available in that hospital or any trained staff available in CCU /HDU of that hospital or any hospital located nearby. This orientation programme will be purely on site in nature.
8. The Timeline to complete this phase is March, 2015.
9. This guideline at present will be applicable in all Government Medical College & Hospitals , all District Hospitals and Sub-Divisional Hospitals of the state having 300 (Three) Beds integrating with CCUs..
10. Rest of the phases will follow within the earliest possible time to come.
11. Operational Guidelines , as prepared by Technical Assistance & Support Team ( TAST) is annexed herewith with this G.O.
12. This has concurrence of Finance Department U/O No., Group - O / 2014-2015/0117 dated 30.12.2014.
13. All concerned are being informed.

  
9/2/15  
( MALAY KUMAR DE )  
Principal Secretary

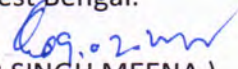
to the Government of West Bengal

No. HF/O/MS/ 132 /W-16/2015 /1(4).

Date : 05.02.2015

Copy forwarded for information & necessary action to :

1. The Principal Accountant General (A&E) , West Bengal , Treasury Buildings , Kolkata-700001.
2. The Principal Accountant General ( Audit) , West Bengal, Treasury Buildings , Kolkata- 700001..
3. The Accountant General ( Local Bodies Audit) , West Bengal , CGO Complex , 3<sup>rd</sup> Floor , DF Block , Salt Lake City , Kolkata – 700064.
4. The Finance Department , ( Group – O ) , Government of West Bengal.

  
( ONKAR SINGH MEENA )

Secretary to the Government of West Bengal.

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सत्यमेव जयते

**Operational Guideline and  
Technical Details of Emergency  
Observation Ward**

**Ver.1.0**

**Department of Health & Family Welfare**

**Government of West Bengal**

**Strategic Planning & Sector Reform Cell**

[G.O. no. HF/O/MS/132/W-16/2015 Dated 05.02.2015]

# OPERATIONAL GUIDELINES

## EMERGENCY OBSERVATION WARD

### Introduction

#### Purpose

This operational guide has been developed to facilitate planning, establishment, operationalization and monitoring of Emergency Observation ward (EOW) at various levels of Public Health facilities. The guideline given here will assist hospital administrators and service providers at teaching & non-teaching hospitals in planning and delivering patient service in Emergency Observation Ward.

Structure of the operational guide :

The operational guide includes information on various aspects that need to be addressed for ensuring quality patient care services and is organised into different sections.

### Overview

#### Background

1. Reduction of the morbidity / mortality of the wage-earner of the family is very important. In some cases such patients died due to lack of primary treatment or delay in the proper treatment initiation. So there is an urgent need to increase the availability and accessibility of such type of emergency patient care services which can alleviate the delay in treatment initiation and ensure proper primary treatment to the sick patients.
2. In any hospital emergency there are various categories of sick patients coming for treatment. Broadly these patients may be divided in the following category:

**Category I:** Patients who can be discharged after minor treatment like uncomplicated fever, toothache, Diarrhea with no dehydration, dysuria due to uncomplicated urinary Tract infection etc.

**Category II:** Patients who need to be admitted immediately without need of any primary stabilization like pregnant woman with labour pain, PUO with complications, etc.

**Category III:** Patients who need immediate treatment for primary stabilization before sending to ward or referred out. Because any type of delay in treatment initiation (which is very common after sending patient to the ward) may be life threatening like Ac. Chest pain, Ac. Respiratory distress, RTA with profuse Blood loss, Hypoglycemia, Diarrhea with severe dehydration, Severe Ante partum hemorrhage etc.

**Category IV:** Patients who need not to be admitted but need specific treatment over a short time period after which the patient may be discharged if symptom relieved or admitted or referred out if symptom not relieved or aggravated; like Ac. exacerbation of bronchial asthma, Hypoglycemia, Pain abdomen, Ac. Gastritis,

**Category V:** Moribund / gasping patient.

3. To provide proper treatment to the patient who mainly belong to category III & IV and also basic resuscitation of category V. Emergency Observation Ward adjacent to the existing Emergency is required in every Teaching hospitals, District Hospitals, Sub Divisional Hospitals, State General hospitals & RH with more than 50 bed.
4. Each Emergency Observation Ward should have at least 16 Bed (8 for male patient & 8 for female patient) in every Teaching hospitals, at least 8 bed (4 for male patient & 4 for female patient) in every District Hospital and 4 bed (2 for male patient & 2 for female patient) in every Sub – divisional, State General Hospitals and RH with more than 50 bed. Provision for future expansion should be planned accordingly.

## Objectives

1. **Zero Delay in the initiation of treatment of acutely ill patients.**
2. **Ensure primary stabilization of critically ill patients before sending to the ward or other higher centers.**
3. **Provide treatment over a short span of time to make patient relieved from the symptom and ambulatory to go home and avoid unnecessary admission and ensure indoor beds to the patients of real need in an overcrowded hospitals.**

## Service package standards for Emergency Observation Ward:

1. Each Emergency Observation Ward should have at least 16 Bed (8 for male patient & 8 for female patient) in every Teaching hospitals, at least 8 bed (4 for male patient & 4 for female patient) in every District and Sub - divisional Hospital and 4 bed (2 for male patient & 2 for female patient) in every State General Hospital & RH with more than 50 bed. Provision for future expansion should be planned accordingly.
2. Patient treated in Emergency Observation Ward should get short time primary treatment for relieving from his/her suffering or primary stabilization.
3. Emergency Observation Ward should be located adjacent to the general emergency room.
4. Emergency Observation Ward should not be meant for in-patient treatment service. Patient should be transferred to the specific ward or referred to the higher centers or released after giving primary treatment in the emergency.

## Human Resource Standards

1. Patient managed in EOW will be treated by the Emergency Medical Officers and supported by the nursing personnel present in the Emergency. If required the Specialist Doctor/Faculty (Consultant) of concerned discipline who will be the bed in-charge (BIC) on that particular day may be consulted.
2. Patient retained in the EOW will be the responsibility of the On-duty Emergency Medical Officer.
3. Emergency Observation ward with bed strength below 16 will require no extra dedicated Medical Officer. One of the two Medical Officers posted in the General Emergency (as per the two doctor norms in each Emergency shift) should look after the patient retained in EOW in addition to normal emergency duty.
4. Each EOW with capacity above 16 bed should be manned by one medical officer designated only for that EOW at any shift.
5. One of the senior MO will be the Emergency –in-charge and responsible for the daily functioning of EOW and General emergency along with making duty roster of the Medical Officers.
6. Nursing-in-charge of emergency or any one of the Nursing personnel will be Nursing-in-charge and responsible for the inventory management of EOW and General emergency along with making duty roster of the Nursing Personnel.
7. Overall in-charge of the EOW will be the respective Hospital Superintendent (in case of non-teaching hospital) or MSVP (in case of teaching hospital).

## Standard Operating Procedures:

1. No patient will be admitted separately in EOW. Patients will be retained here only for a brief period of time. Admission, if necessary, will be done only after sending the patient to the respective ward. In any case, patient should be transferred to the ward at the earliest or on the same day.
2. In case of Medical College & hospitals, if bed is not available in ward, patient may be retained for a longer time but patient should be transferred under the supervision of the respective unit or Bed-in charge.
3. Patient will be retained not more than 6 hour in case of EOW of RH, SGH, SDH or DH and not more than 48 hour in case of EOW of Medical College & hospitals.
4. Patient will be treated under the responsibility of the Medical Officers present in the General emergency during the stay in EOW.
5. Patients belong to category III, IV & V should get at least primary treatment like Intravenous infusion, Nebulisation, Non-invasive ventilation by Bi-PAP apparatus, Moist oxygen inhalation, application of emergency injectables etc./ as per necessity.
6. Although the patients will be under the supervision of Emergency MOs, respective On-call Specialist available for that day may be consulted, if required.
7. Category III patient should be transferred to the ward or referred out to the higher centers at the earliest after giving initial primary support or treatment for stabilization. Respective On-call Specialist available for that day should be consulted during

stabilization prior to transfer or refer.

8. Category IV and V patients should be treated or resuscitated with proper consultation with respective On-call Specialist available for that day if required.
9. Treatment details of the patient should be recorded in respective Emergency Tickets and outcome (Transfer to ward, referred out to higher centers, relived or leave against medical advice, death etc.) along with any relevant medical advice should be recorded in the said tickets (if necessary in separate sheets).
10. If patient dies during treatment in EOW, then certificate of death is to be issued by on duty MO present in emergency or EOW.

### **Essential investigation to be done in EOW depending on signs and symptoms:**

1. ECG – ECG to be done by on duty nursing staff.
2. Blood glucose level monitoring by glucometer.
3. Trop – T or Trop - I test by available kit in case of acute chest pain.
4. Test available to detect malaria (by Antigen detection kit) etc. in case of fever
5. If CCU or HDU available in that hospital then Arterial Blood Gas analysis, Blood cell count or other available emergency tests can be done with the help of available equipment of that CCU or HDU.

Except the above mentioned list any available emergency investigation required to stabilize the patient to be done in EOW.

- In the first phase, protocol should be implemented properly in every EOW irrespective of bed strength.
- Essential equipment, medicine & consumables (as listed below) should be available first in every EOW and additional equipment & other items will be procured later on depending on the requirement of the individual EOW.
- ECG should be done in EOW by on duty nursing staffs as per Government guideline, if Nursing Staffs are untrained, then proper training (in-house) should be given.
- Infrastructural up gradation (as per guideline) if required, to be planned in next phase.

## Annexure: I

### Infrastructural Requirements for 4 Bedded EOW

#### (Applicable to all type of EOW)

##### **A. CIVIL CONSTRUCTION:**

- Position & access: Adjacent to the General Emergency. Preferably on ground floor. Room should be separated in Male & Female ward with two bed in each ward. Partition may be of temporary one.
- Front Gate – Single entry/exit for both areas.
- Floor space for Patient care area: 70 - 80 Sq. Ft. / Bed.
- Wash basin – one each for male & female ward
- Head end: 2 Ft. away from the wall.
- Additional Space: 100 – 150% of Pt. care area,
- Wall Rack @ height of 5 ft from floor size 1½ft X 1ft
- Coving at the junction of wall with floor for better cleaning
- Wall should be tiles fitting up to the height of 6ft
- Drainage hole in the walls for cleaning purpose is essential with proper drainage system
- Floor with vitrified tiles (ante skid)
- Rack beside Nursing Station for emergency medicine cum equipment store
- Windows 2 piece Sliding with frosted glasses .
- Screen should be available for all Doors and Windows.
- Drinking water supply is must (may be through water purifiers).
- All the doors should have self-closing property.
- Colour of the ceiling should be white.
- Colours of the walls are either light cream or Off-white or light pesta.
- Beds are separated by mobile screen. The screen also should be light coloured and preferably made by easily washable material.
- Annual Maintenance of the whole Unit from civil part is must.

##### **B. ELECTRICAL CONSTRUCTION:**

- 8 Electric Points per bed of which 4 may be near the floor, 2 on each side of the patient.
- Electric outlets/Inlets should be common 5/15 amp pins. Should have pins to accommodate all standard electric pins/ sockets. Adapters should be discouraged.
- Power backup is must for at least 50% of points.
- Voltage stabiliser for the entire unit.
- Total load per bed is 1.5 KV.
- A/C should be split type.
- At least one electrical extension board with earthing should be supplied to each



room

- Wall Hanging fan is essential on the head end of the patient on the wall at 8 ft height from floor
- Wiring should be of concealed type with fire retardant wires
- One calling bell in each room with switch outside the complex (outside Buffer zone) should be there.
- Additional electric board to be established on the wall at the back of nursing station for charging equipment. That board will be of same specification as earlier, number of boards should be at least 2.
- Annual Maintenance of the whole Unit from electrical part is must.

**C. ENVIRONMENTAL:**

- Fully A/C – Controlling – Temp. / Humidity. Preferably Split A/C.
- Temperature maintained = 16 – 25<sup>0</sup> Celsius
- Humidity should be <70%
  - Minimum of six total air changes /room/hour with two changes/ hour by outside air
  - Re-circulated air must pass through appropriate filter : HEPA filter

**D. CENTRALISED LAMINAR FLOW:**

- Oxygen outlet = 1 per bed where centralised oxygen supply is available
- Vacuum outlet= 1 per bed where centralised suction system is available
- With alarm system

**E. WHERE TRILAMINAR FLOW NOT AVAILABLE:**

i) Oxygen:

- Preferably through pipeline with manifold room at the same floor.
- One point at head end of each bed.
- Oxygen supply key is to be established on the pipeline at least two in number, one just outside EOW and other at manifold room.
  - Flow meter with Humidifier is essential for each oxygen port

ii) Suction:

- Preferably through central suction system & vacuum port.
- Can be performed by suction machine in CMS Category too. (¼ H.P.)
- In case of suction machine, ratio should be 1/ bed.

**F. LIGHTING:**

- Spot light for procedures.
- Overhead lighting at least 20 ft. Candle
- Overhead lighting by one twin tube set, box covered with transparent glass

**G. NOISE CONTROL:**

- Noise level is to be under 45 dBA - daytime, 40 dBA - evening and 20 dBA - night

**H. WASTE DISPOSAL & POLLUTION CONTROL:**

- Four covered bins – colour coded –(Yellow, blue, Red, Black)
- Availability of wash basins.
- Availability of toilets (for male & female separately).

## Annexure: II

### ➤ **Standard Equipment list for Emergency Observation Ward**

Equipment required in each EOW will be divided in two group – Major equipment & Ancillary equipment. Equipment belonging to CMS Category will be purchased from CMS approved firms. Major Non CMS category items will be purchased by respective CMOH / Superintendent within their financial power, otherwise procurement may be done centrally by WBMSCL and Ancillary Non CMS category items will be purchased by respective CMOH or Superintendent.

The standard list of equipment & furniture are given below. Essential equipment & essential items should be available first and additional equipment & items will be available later on depending on the requirement of the individual EOW.

List of CMS item is given as per 2013-14 catalogues. Respective units should check CMS list before procurement.

- **Major Equipment - CMS Items**

#### **Essential Equipment**

SI No.	Item Description	Requirement for a 4 Bedded EOW	Requirement for a 8 Bedded EOW	Requirement for a 16 Bedded EOW
1.	ECG Machine	1	1	1
2.	Over bed Table	4	8	16
3.	Fowler's Bed	4	8	16

#### **Additional Equipment**

SI No.	Item Description	Requirement for a 4 Bedded EOW	Requirement for a 8 Bedded EOW	Requirement for a 16 Bedded EOW
4.	Nebuliser*	4	4	6
5.	Syringe Infusion Pump*	4	6	8
6.	Multi- channel Monitor*	4	8	16

\*Nebuliser, Syringe Infusion Pump and Multi-channel Monitor will be procured in half of the above mentioned quantity at first and may be increased in phase wise depending upon the requirement.

- **Major Equipment - Non CMS Items**

#### **Essential Equipment**

SI. No.	Item Description	Requirement for a 4 Bedded EOW	Requirement for a 8 Bedded EOW	Requirement for a 16 Bedded EOW
1.	Non Invasive BI-PAP Ventilator	1	1	1
2.	Rapid Infusion Pump	1	2	3
3.	Fogger Machine	1	1	1

## Additional Equipment

Sl. No.	Item Description	Requirement for a 4 Bedded EOW	Requirement for a 8 Bedded EOW	Requirement for a 16 Bedded EOW
1.	Biphasic External Defibrillator	1	1	1

- Ancillary equipment - CMS Items

## Essential Items

Sl No.	Name of Equipment	Requirement for a 4 Bedded EOW	Requirement for a 8 Bedded EOW	Requirement for a 16 Bedded EOW
1.	Trolley	2	2	2
2.	AMBU – Bag & Mask	2	2	2
3.	Laryngoscope with Blade	1	1	1
4.	Glucometer	1	1	1
5.	Emergency Medicine tray	2	2	2
6.	Refrigerator	1	1	1
7.	Instrument sterilizer	1	1	1
8.	Emergency light	2	2	2
9.	X- Ray View box	1	1	1
10.	Suction machine	2	2	3
11.	Portable spot light	2	2	2
12.	Stethoscope	1	2	2
13.	Instrument tray	2	2	2
14.	Scissors	4	4	4
15.	Drip Stand	4	8	16
16.	Needle Destroyer	1	1	1
17.	Cut Down Set	1		
i.	Instrument tray	1	1	1
ii.	Sponge Holding Forceps	1	1	1
iii.	Mosquito Artery Forceps	4	4	4
iv.	Scissors	1	1	1
v.	Venesection Hook	2	2	2
vi.	Allies' Tissue Forceps	4	4	4
vii.	Needle Holder	4	4	4
viii.	Scalpel Blade No 15	2	2	2
ix.	B. P. Handle	2	2	2
18.	Tracheostomy Set	1	2	2
i.	Instrument tray	1	2	2
ii.	Sponge Holding Forceps	1	2	2
iii.	Mosquito Artery Forceps	2	4	4
iv.	Scissors	1	2	2
v.	Allies' Tissue Forceps	2	4	4
vi.	Needle Holder	1	2	2
vii.	B. P. Handle	1	2	2
viii.	Silk	100	100	100
ix.	Tracheostomy tube (disposable)	2	2	2
19.	Oxygen Cylinder Medium	2	4	8
20.	Oxygen Cylinder Large	2	4	8

- Ancillary equipment - Non CMS Items

#### Additional Items

SI no.	Item Description	Requirement for a 4 Bedded EOW	Requirement for a 4 Bedded EOW	Requirement for a 4 Bedded EOW
1.	Ophthalmoscope	1	1	1
2.	Heater	1	1	1
3.	Computer	1	1	1
4.	Magnifying glass	1	1	1
5.	Hand wash dispenser	4	8	16
6.	Medicine Box	4	4	6
7.	Torch	2	2	2
8.	Kidney Tray	4	8	16

- Furniture - CMS Items

#### Essential Items

SI no.	Item Description	Requirement for a 4 Bedded EOW	Requirement for a 4 Bedded EOW	Requirement for a 4 Bedded EOW
1.	High stool	2	4	8
2.	Towel Rack	2	2	2
3.	Table small wooden	2	2	2
4.	Ward Screen	2	6	12
5.	Instrument cabinet	1	2	2
6.	Strecher Trolley	2	2	2

#### Additional Items

SI no.	Item Description	Requirement for a 4 Bedded EOW	Requirement for a 4 Bedded EOW	Requirement for a 4 Bedded EOW
1.	Steel Rack	2	2	4
2.	Chair with arms	4	8	16
3.	Stool	4	8	16
4.	Ward locker	4	8	16
5.	F. C. Armed Chair	4	4	4

- Furniture - Non CMS Items

#### Additional Items

SI no.	Item Description	Requirement for a 4 Bedded EOW	Requirement for a 4 Bedded EOW	Requirement for a 4 Bedded EOW
1	Steel Almira without locker	1	2	2
2	Rack open all sides	1	2	2
3	Steel Locker Cabinet 8 chamber	1	2	2

## Annexure: III

### ➤ Requirement of Medicine & Consumables for EOW:

Essential list of medicines and consumables should be available first and additional list of medicines and consumables will be available later on depending on the requirement of the individual EOW.

Amount of medicine and consumables will be depending on the requirement of the individual EOW.

The following list is an indicative one, any medicine or consumables outside the list can be available depending on the requirement of the individual EOW.

List of CMS item is given as per 2013-14 catalogues. Respective units should check CMS list before procurement.

#### • List of Essential Medicines

SI No.		Name of Medicine	SI No.		Name of Medicine
1.	Tab	Amlodepin 5mg	25.	Inj	Ondansetron 4mg/2ml
2.	Tab	Alprazolam 0.25	26.	Inj	Paracetamol
3.	Tab	Losartan Pot 50	27.	Inj	Phenobarbitone
4.	Inj	Adrenalin	28.	Inj	KCl
5.	Inj	Atropine	29.	Inj	Ranitidine
6.	Inj	Calcium Gluconate	30.	Inj	Salbutamol
7.	Inj	Ceftriaxone 1gm	31.	Inj	Sodi-Bi-Carb
8.	Inj	Dexamethasone	32.	Inj	DNS
9.	Inj	Dextrose 10%	33.	Inj	NS 3%
10.	Inj	Dextrose 25%	34.	Inj	NS 0.9%
11.	Inj	Dextrose 5%	35.	Inj	RL
12.	Inj	Diazepam	36.	Inj	Theo+Eto
13.	Inj	Diclofenac Na	37.	Inj	Tramadol
14.	Inj	Dicyclomine	38.	Inj	Tranaexaminic Acid
15.	Inj	Dopamine 250 (dobutamine)	39.	Inj	Vit-K
16.	Inj	Dopamine 200	40.	Neb	Ipratropium
17.	Inj	Frusemide	41.	Neb	Salbutamol
18.	Inj	Hydrocortisone Na Succinate	42.	Lot	Povidone Iodine 5%
19.	Inj	Insulin Soluble	43.	Syr	KCl
20.	Inj	Mag Sulph 10%	44.	Oin	Lignocaine 2%
21.	Inj	Mannitol 20%	45.	Oin	Povidone Iodine 5%
22.	Inj.	Tetanus Immunoglobulin 250	46.	Inj	Pantoprazole 40
23.	Inj.	Tetanus Immunoglobulin 500	47.	Inj	Phenytoin 100mg
24.	Inj.	Tetanus Toxoid	48.	Neb	Budesonide

- **List of Essential Consumables**

SI No.	Name of Consumable	SI No.	Name of Consumable
1.	3 way I.V. Stopcock	27.	Adhesive Plaster
2.	Bi-pap Mask (Reusable)	28.	Bed Pan
3.	Nebulisation Kit	29.	Binasal Oxygen Cannula
4.	Nebulisation Mask	30.	Cotton Roll
5.	Urometer	31.	Disposable blood Lancet
6.	B. T. Set	32.	Disposable Cap
7.	Bed Sheet	33.	Disposable Mask
8.	Blanket	34.	Disposable Syringe 10ml
9.	Canvas for Stetcher	35.	Disposable Syringe 1ml
10.	Chlorhexidine Hand Rub	36.	Disposable Syringe 2ml
11.	Disposable Plastic Apron	37.	Disposable Syringe 50ml
12.	Hand Care	38.	Disposable Syringe 5ml
13.	Hand Towel	39.	E.T. Suction Catheter
14.	I.V. Saline Set	40.	ECG Gel
15.	Oxygen Mask	41.	ECG Paper Roll
16.	P. M. Line	42.	Folley's Catheter
17.	Rolled Bandage (Dozen)	43.	Glucometer strips
18.	Spirit	44.	Insulin Syringe
19.	Sterile Gauge	45.	Jelco No 16G
20.	Urine Pot (Female)	46.	Jelco No 18G
21.	Urine Pot (Male)	47.	Jelco No 20G
22.	Plastic Bag For Waste Bin	48.	Jelco No 22G
23.	Surgical Gloves 6.0	49.	Jelco No 24G
24.	Surgical Gloves 6.5	50.	Rubber Cloth (in meter)
25.	Surgical Gloves 7.0	51.	Ryle's Tube
26.	Surgical Gloves 7.5	52.	Urobag

**List of Additional Consumables**

SI No.	Name of Consumable
1.	Chlorhexidine Mouth Wash
2.	Sputum Mug
3.	Measuring Tape
4.	Paraffin Gauge Sterilised
5.	Pillow
6.	Closed Suction System
7.	E. T. Tube (2 sizes)
8.	Micropore Adhesive
9.	Mucous Extractor

**List of Additional Medicines**

SI No.	Name of Medicine	
1.	Inj	Dextran 40
2.	Lot	Glutaraldehyde 2%
3.	Oin	White Soft Paraffin 1kg
4.	Oin	Nadifloxacin 1%
5.	Inj	Adenosine
6.	Oin	Mupirocin 2%
7.	Inj	Methyl Prednisolone 1gm
8.	Inj	Nor Adrenalin

**Annexure: IV**

**Monitoring Checklist for Emergency Department & Emergency Observation Ward**

Each EOW should be monitored by Superintendent / MSVP / District official at least once a month with the help of the following checklist.

Name of the Hospital		
Name of the Monitoring Officer		
No. of Bed in EOW		
No. of patient present at the time of visit		
Date & Time of visit		
	<b>Subject</b>	<b>Comment</b>
A.	Observe: signage at emergency:	
	1. Citizen charter	
	2. Drug availability list displayed	
	3. Drug availability list copy available with doctor	
	4. Damage to property & Violence signage	
B.	Enquire: availability of services at emergency:	
	1. Facilities for minor stitching,	
	2. Plaster -splint,	
	3. Foreign body removal,	
	4. Bandaging-dressing,	
	5. Triage area/facilities	
	6. Number of observation beds	
A.	Observe: Ambience and amenities:	
	1. Overall cleanliness	
	2. Asepsis	
	3. Hand-washing arrangements for staff	
	4. Bio-medical waste practises	
	5. Light and ventilation	
	6. Drinking water for patient	
	7. Toilets for patient	
	8. Toilets for staff	
	9. Waiting space,	
	10. Seating arrangements for waiting patients	
	11. Layout of different service areas	
	12. Layout of furniture	
	13. Adequacy of spaces	
	14. Public address system	
	15. Intercom	
	16. Windows, grill, curtain, netting	
B.	Enquire: availability & schedule:	
	1. Scavenging and washing	
	2. Bio-medical waste removal	
	3. Emergency (back-up) lighting	
	4. Walls last lime washed	



C.	Observe: Interaction of staff with patient/patient party:		
	1.	Wearing of uniform and identity badges	
	2.	Practises of registration	
	3.	Practises of reception	
	4.	Practises of examination	
	5.	Practises of consultation-counselling	
	6.	Asepsis of dressing techniques	
	7.	Drug prescribing practices (generic , legible, provisional diagnosis etc.)	
	8.	Drug dispensing practices	
D.	Enquire: Availability of staff as per duty roster:		
	1.	Medical officers (Specialists)	
	2.	Medical officers (General Duty)	
	3.	Paramedical staff	
	4.	Nursing staff	
	5.	GDA	
	6.	Sweepers	
E.	Observe: Presence of staff as per duty roster		
	1.	Medical officers (Specialists)	
	2.	Medical officers (General Duty)	
	3.	Paramedical staff	
	4.	Nursing staff	
	5.	GDA	
	6.	Sweepers	
F.	Observe: Availability of Furniture & Equipment:		
	1.	Examination bed	
	2.	Cushion	
	3.	Covering sheet	
	4.	Footstep	
	5.	Screen for privacy	
	6.	Patient seating stool	
	7.	Patient examination instruments	
	8.	Instrument sterilizer	
	9.	Lifter in bottle	
	10.	X-ray view box	
	11.	Examination light, torch	
	12.	Fire-fighting equipment	
	13.	Sucker	
	14.	Nebuliser	
	15.	Syringe Infusion Pump	
	16.	Multi-channel Monitor	
	17.	ECG Machine	
	18.	Bi-PAP machine	
	19.	Rapid Infusion Pump	
	20.	Glucometer	
	21.	Other essential furniture & equipment	

	22.	Observation beds Male / Female	
	23.	Patient carrying trolleys	
G.		Observe: Availability of drugs & Medical supplies:	
	1.	Essential drugs & medical supplies from emergency pharmacy 24 x 7	
	2.	Emergency Drug tray & Drugs	
	(a)	Inj tetanus toxoid	
	(b)	Antibiotics	
	(c)	Analgesics oral	
	(d)	Analgesics inj.	
	(e)	Antispasmodics oral	
	(f)	Anti-spasmodics inj	
	(g)	Anti-asthmatics oral	
	(h)	Anti-asthmatics inj	
	(i)	Corticosteroids	
	(j)	Antiemetics oral	
	(k)	Antiemetics inj	
	(l)	ARV	
	(m)	AVS	
	(n)	ARS	
	(o)	ORS	
	(p)	IV fluids	
	(q)	Glucometer strips	
	(r)	Trop – T / Trop – I kit	
	(s)	Malaria detection kit	
	3.	Emergency dressing tray & Dressing materials	
	(a)	Gypsona plaster	
	(b)	Sterile gauze	
	(c)	Bandages	
	(d)	Silk / Catgut / other suture materials	
	(e)	Cutting needles	
	(f)	Sterile swab sticks	
	(g)	Povidone Iodine lotion	
	(h)	Cetrimide solution	
	(i)	Hydrogen peroxide	
	(j)	Spirit	
	4.	Other consumables	
	(a)	Sterile gloves	
	(b)	Sterile syringes with needles	
	(c)	Jelco	
	(d)	IV sets	
	(e)	Urinary catheters	
	(f)	Urobags	
	(g)	Oxygen	