



L&D.7.1.1 Cardio-tocography machines (at least one capable of simultaneous recording of twin fetal hearts).

L&D.7.1.2 Automated blood pressure monitoring machines.

L&D.7.1.3 Pulse oximetry.

L&D.7.1.4 Appropriate delivery bed.

L&D.7.1.5 Intravenous infusion pumps.

L&D.7.1.6 Adequate light source appropriate for surgical care.

L&D.7.1.7 Specific obstetric instruments such as amnihooks, vacuum extractor and obstetric forceps.

L&D.7.1.8 Infant resuscitation equipment and supplies.

L&D.7.1.9 Emergency obstetric medications (e.g., oxytocics).

Standard Intent:

Adequate resources as equipment, medication and tools are adequately available in obstetric department to meet the patient care needs and provision of department services including; Cardio-tocography machines (at least one capable of simultaneous recording of twin fetal hearts), automated blood pressure monitoring machines, pulse oximetry, appropriate delivery bed, intravenous infusion pumps, adequate light source appropriate for surgical care, specific obstetric instruments such as amnihooks, vacuum extractor and obstetric forceps, infant resuscitation equipment and supplies and emergency obstetric medications (e.g., oxytocics and other medications used for controlling postpartum hemorrhage).

L&D.8 Newborns receive the proper care by qualified nurses.

L&D.8.1 There is a qualified and competent nurse to receive the newborn during delivery.

L&D.8.2 The attending nurse is qualified to perform the following for each newborn:

L&D.8.2.1 Suction.

L&D.8.2.2 Placing an identity band with the medical record number and other identifier(s) according to the hospital policy.

L&D.8.2.3 Finding and documenting the APGAR score.

L&D.8.2.4 Obtaining the footprint of the newborn and the thumbprint of the mother.

Standard Intent:

Qualified and competent nurses must be adequately available in obstetric department in general and in delivery room in specific to carry the newborn care during delivery as immediate suction, complete identification of the newborn by placing identity band/s with medical record number and other identifiers according to hospital policy, finding and documenting APGAR score, obtaining the footprint of the newborn and the thumbprint of the mother. Neonatal identification with reference to the mother should be done in the room where the delivery took place whether a delivery room or



operating room. The neonate should not leave the place of delivery without the proper identification.

L&D.9 The medical records of the obstetrics department are properly completed.

L&D.9.1 The following information must be available in patients' records before discharge from the delivery room:

L&D.9.1.1 Completed assessment and reassessment.

L&D.9.1.2 Completed partogram.

L&D.9.1.3 Secured cardio-tocography.

L&D.9.1.4 Initial neonatal assessment.

L&D.9.1.5 Delivery summary including method of delivery, date and time of delivery, name and designation of the healthcare professional who conducted the delivery and any assistants, type of anesthesia or sedation used during delivery, neonatal outcome, status of placenta and membranes, any postpartum instructions, and postpartum observations and discharge criteria.

Standard Intent:

Care of patients in the obstetric department should be fully documented and medical records should be completed before patient discharge from the delivery room. The Medical records should contain the followings; completed assessment and reassessment, completed partogram, secured cardiotocography, initial neonatal assessment, delivery summary including method of delivery, date and time of delivery, name and designation of the healthcare professional who conducted the delivery and any assistants, type of anesthesia or sedation used during delivery, neonatal outcome, status of placenta and membranes, any postpartum instructions, and postpartum observations and evidence of the patient meeting the discharge from labor room criteria.

Hemodialysis Standard Intents

HM.1 Qualified nephrologist is responsible for managing the clinical services in the hemodialysis unit.

HM.1.1 Clinical services in the hemodialysis unit are led by a qualified nephrologist with experience in managing end stage renal disease (ESRD) patients.

Standard Intent:

The head of the hemodialysis unit should be a qualified nephrologist with experience in managing end-stage renal disease (ESRD) patients.

HM.2 Qualified nurse is responsible for supervising nursing services in the hemodialysis unit.

HM.2.1 The nurse in charge of the hemodialysis unit is a qualified registered nurse with training, education or experience in hemodialysis.
