
**STANDARD OPERATING PROCEDURE AT
THE OUT PATIENT DEPARTMENT**

POLICY NO: NSO -006

CLASSIFICATION: COMPREHENSIVE

DIVISION: NURSING SERVICE DIVISION

SECTION: OUT PATIENT DEPARTMENT

POLICY REVIEW DATE: July 12, 2016

Reviewed by:		
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OBJECTIVES:

This policy aims to give medical assistance to non-urgent cases and referrals.

COVERAGE: OPD Section

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This policy aims to give medical assistance to non-urgent cases and referrals.

RESPONSIBILITIES:

I. Medical Officers/ Consultants

- To examine patients, prescribed and instruct medication, recommend referrals, and admissions and issues medical certificates and clinical abstracts when needed.

II. Head Nurse

- Monitor implementation of policies; assists medical staff in some minor procedures and/ or examination.

III. OPD Staff Nurse - to assist the OPD doctor in performing examinations (e.g. specimen, internal exam etc.)

- responsible for IM injections (R.N.)
- wound dressing and suture removal

- instructing the proper administration of requests for laboratory, x-ray and ECG as ordered by Medical Officer.
- conduct mother's class

IV. Clerk/ Nursing Attendant

1. Maintenance Of Record

- control the release of OPD number and classify clients according to their needs.
- keep patient chart at all times.
- add new sheet to patients chart with every consultation.
- fill in heading of patient chart properly
- secure old chart when requested by doctor
- record and return patient chart to record section at the end of the day.

POLICY

- This policy shall ensure the deliverance of quality services to all clients of whatever creed, race or status.
- It shall enforce order and timeliness of delivery of services with proper referrals to various clinical departments as the need arises.

PROCEDURE:

- All clients shall be instructed to secure OPD number at the OPD at 7:00a.m for new and 12:00 noon for p.m. For old patients that are to be seen at the consultants clinic will be directed to the consultants clinic for continuance of management.
Flow of activities refer to Flow Chart "A"
- Clients schedule are as follows:
 - All cases TTH – 8:00a.m – 12 noon
 - OB/ Gyne cases (pregnant and non-pregnant)
TTH – 1:00a.m – 5:00 pm
 - Removal of suture
MWF – 3:00 – 4:00pm.
 - Lecture of Breastfeeding, Newborn Screening Test on OB days.
 - OSCA prescription daily
8:00a.m. – 4:00p.m

CONSULTANT CLINIC HOURS:

Monday:	OB/GYN	8:00am – 10:00am
AM	Pedia Surgery	8:00am – 12:00pm
	Dental	8:00am – 12:00pm
	ENT	8:00am – 12:00pm
	Pedia Nephro	8:00am – 12:00pm
PM	Pedia	1:00pm-4:00pm
	Surgery	1:00pm-5:00pm
	Ortho Surgeon	3:00pm-5:00pm

Tuesday:		
AM	Derma	8:00am – 10:00am
	Ortho Surgeon	9:00am-11:00am
	Dental	8:00am – 12:00pm
PM	Surgery	1:00pm-3:00pm
	Pulmo	2:00pm-4:00pm
	OB/Gyne	1:00pm-5:00pm
	Pedia	1:00pm-5:00pm
	IM- Infectious	3:00pm-5:00pm
Wednesday:		
AM	Medicine	8:00 – 10:30am
	OB/Gyne	9:00am-11:00am
	Surgery	8:00am – 12:00pm
	Cardio	8:00am – 12:00pm
	Urology	8:00am – 12:00pm
	Nephro	8:00am – 12:00pm
PM	Nuclear Med.	1:00pm-5:00pm
	Optha	1:00pm-4:00pm
	Ortho Surgeon	3:00pm-5:00pm
Thursday:		
AM	Derma	8:00am – 10:00am
	Ortho Surgeon	9:00am-11:00am
	Dental	8:00am – 12:00pm
PM	Surgery	1:00pm-5:00pm
	ENT	1:00pm-3:00pm
	Pulmo	2:00pm-4:00pm
	OB/Gyne	1:00pm-5:00pm
	Pedia	3:00pm-5:00pm
Friday:		
AM	Surgery	8:00 – 10:00am
	OB/Gyne	8:00am-12:00pm
	Endo	8:00am – 12:00pm
	Psychiatry	8:00am – 12:00pm
	Dental	8:00am – 12:00pm
PM	Optha	1:00pm-4:00pm
	Gastro	1:00pm-5:00pm
	Pedia	1:00pm-5:00pm
	Surgery	1:00pm-5:00pm

- III. Patient shall be entertained on a First Come, First Serve basis through a numbering system.
- IV. Medico-Legal cases not needing suturing shall follow the same procedure of securing chart and OPD number but will be prioritized alternately with senior citizen patients.
- V. The following patients shall be immediately assessed and given certifications by the doctor:
 - a. Inquests under custody of police and arresting barangay tanod for medical clearance.
 - b. Children with their parents under custody of police or arresting officer.
 - c. Children without their parents but assisted by our Medical Social Workers or City DSWD under custody of police or arresting officer.
- VI. A policy on decking of Medical Specialist on out-patient duty shall be followed for patient assignments.
- VII. Requirements of PNCU of OB patients:
 - a. Primi-gravid/ Segundi
 - OPD check-up will start on the 32nd week of gestation.
 - Pink Card from LHC (Local Health Center) containing data on 4-5 PNCU, tetanus injection, lectures on breastfeeding and NBS testing, previously done laboratory exams or history of any infections.
 - Referral form by LHC physician to our OPD doctor
 - b. Multipara (G5 onwards)
 - OPD check-up will start on the 32nd week of gestation.
 - Pink Card from LHC containing data on 4-5 PNCU, tetanus injection, lectures on breastfeeding and NBS testing, previously done laboratory exams or history of any infections.
 - Referral form by LHC physician to our OPD doctor
 - c. All G2, G3 and G4 females shall be referred to their respective LHC for PNCU and delivery at the lying in near their place of residence.
 - d. High risk patients beginning PNCU up to time of delivery will be done at our OPD.
 - All high risk OB females shall be referred to High Risk clinic for close evaluation by Medical Specialist.
 - Referrals from respective LHC (Lying- In Health Center) shall contain:
 - d.1 reason for referral
 - d.2 laboratory examination done/ requested
 - d.3 medical treatment administered
 - Any such referral with urgency shall be entertained and referred to E.R physician for immediate care, if needed, even on days not dedicated for OB patients.

Instruction prior to Admission of Pregnant Females:

- I. All pregnant females who have the intention to deliver in our institution shall be instructed and issued the list of items that shall be brought with them upon admission.

- II. List of restricted items shall also be issued with signature by patient to signify understanding and compliance.
- III. Verbal instructions to be made shall be incumbent upon your area to ensure only the approved items for entry will be brought.
- IV. Signed consents/ waivers shall be attached to the patient's chart prior to endorsement to the E.R.

CONSULTANTS PROTOCOL ON RECEIVING AND ENDORSING ELECTIVE OPERATION

I. After evaluation of the OPD doctor the patient will be endorsed to the consultant's room for re-evaluation of the consultant on duty.

II. After re-evaluation of the consultant, the patient will be instructed by the Consultant to complete the necessary requirements prior to surgery such as:

- a. CP clearance
 - a.1. Adult patient - 35 y.o. and above
 - a.2. Pediatric patient - 18 y.o. and below
- b. notification for OR
- c. admitting orders
- d. consent for operation
- e. list of medicine and supplies needed for the surgery

III. The patient will be asked to call the consultant's clinic the day before the surgery if there is an available bed. If there is a vacancy, he will be asked to go back and will be endorsed by the OPD Nurse to ER floor.

Consultation Protocol:

- 1. Medical Specialist shall have assigned day/days of clinic for follow up and check up.
- 3. Patient shall secure record or give their card to consultant's clinic clerk for retrieval of record.
- 4. Patient shall be seen on a "first come first serve basis."
- 3. All records shall be recorded by the clerk and forwarded to the records section.

APPENDIX: Flow chart

Patient flow charts, General I, II, III, OB cases uncomplicated (G1 & G2)

DATE OF IMPLEMENTATION

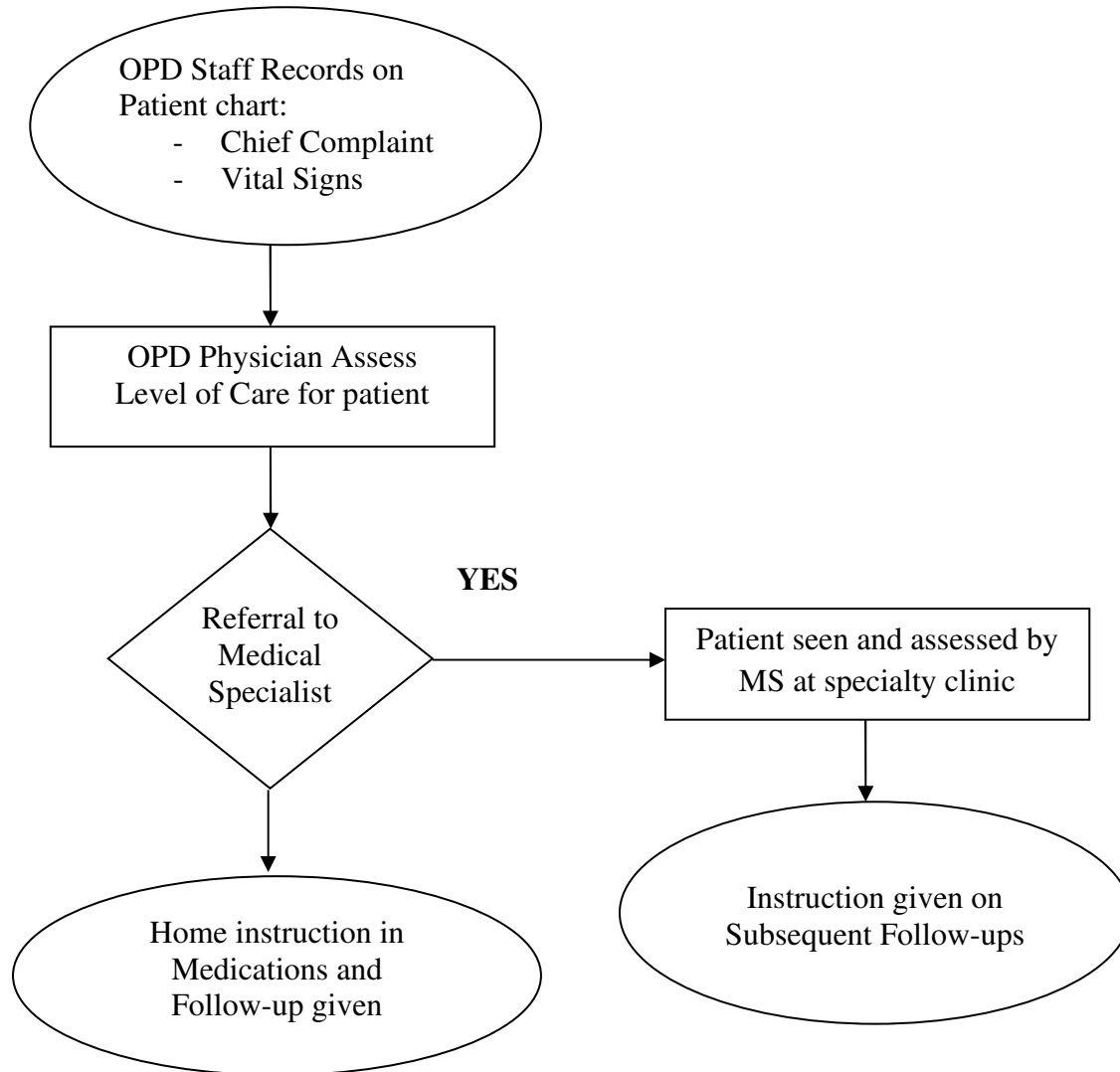
This part of the policy has been implemented since 1978; however revision has been issued 1994, 1998, 2001, and 2003. Reviewed 2006, 2011, 2016 this policy will continue to be implemented as rewritten.

SCHEDULE OF POLICY REVIEW

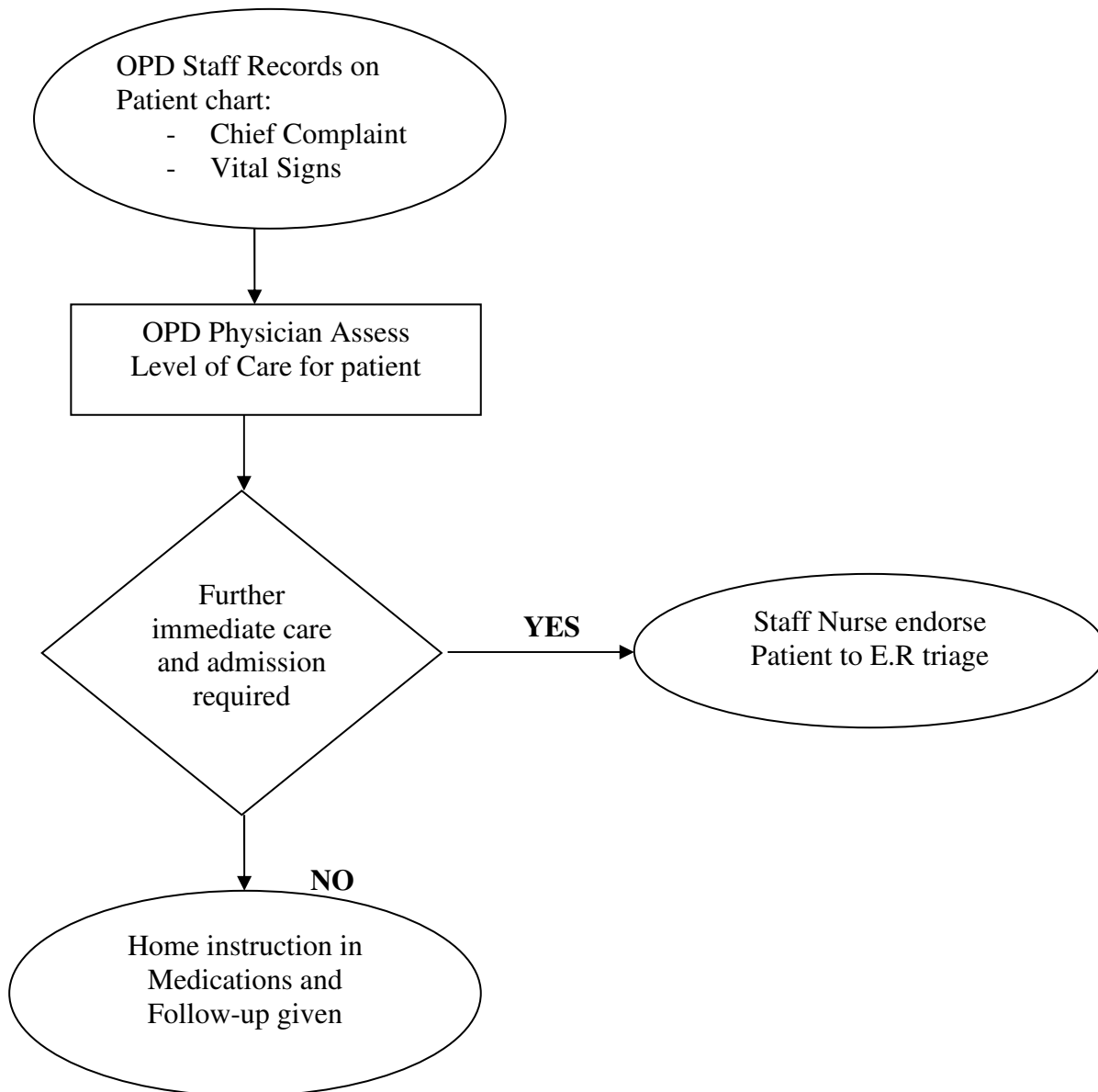
This policy shall be reviewed every three years (3) or as deemed necessary.

PATIENT FLOW CHART

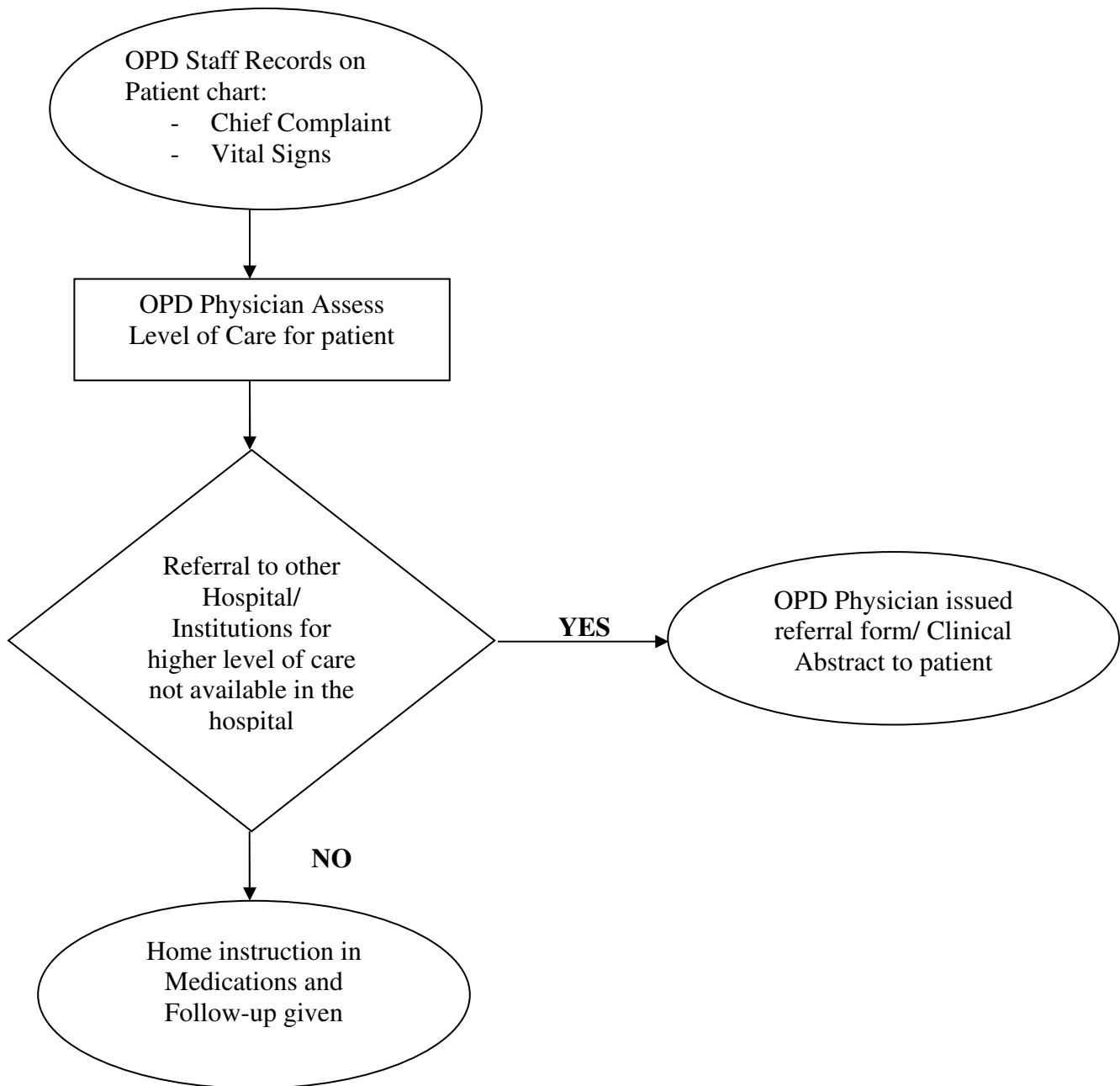
I. General



II.



III.



III. OB CASES uncomplicated (G1 and G2)

