

STANDARD OPERATING PROCEDURE AT THE OUT PATIENT DEPARTMENT

CLASSIFICATION : COMPREHENSIVE

DIVISION: NURSING SERVICE DIVISION

SECTION: OUT PATIENT DEPARTMENT

POLICY REVIEW DATE: August 10, 2022

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OBJECTIVES

This policy aims to provide quality health care service to all clients of whatever creed, race or status in need of non-urgent care and to those who require referrals to medical specialist.

SCOPE:

This policy will cover the Out Patient Department of Ospital ng Parañaque District 1

RESPONSIBILITIES:

1. Medical Officers/ Medical Specialist/ Consultants

- 1.1. To examine patients, establishes a working diagnosis, prescribe and instruct medications, recommend referrals or admission, and issue medical certificate when needed.

2. Nurse Supervisor

- 2.1. Ensures that all policies and guidelines are being implemented in the department.
- 2.2. Monitor and supervise OPD staff and trainees.
- 2.3. Coordinate with the other department heads if needed.

3. Head Nurse

- 3.1. Assist medical staff in some medical procedures and examinations.

- 3.2. Should ensure and schedule the disinfection of the clinic and entire OPD area.
- 3.3. Monitor all the medical records and supervise daily consumption accordingly and prepare reports.
- 3.4. Prepare OPD staff schedule monthly.

4. Staff Nurse

- 4.1. Assist OPD doctors in performing examinations (e.g. internal examination etc.).
- 4.2. Responsible for administering IM/IV medications.
- 4.3. Performs wound dressing and removal of sutures unless specified by attending surgeon or attending physician.
- 4.4. Facilitates referral to different specialties as well as facilitation of admission referrals.
- 4.5. Provides health care education to the patients.
- 4.6. Conducts mother's class and screening.
- 4.7. Performs proper documentation, filing of documents and report of the unit.

5. Nursing Assistant

- 5.1. Perform and record vital sign of all patients.
- 5.2. Assist nurses in proper filing of documents and report of the unit.
- 5.3. Assist nurses to other task assigned (transport of patient from OPD to OB-ER/ ER, etc.).
- 5.4. Facilitate supplies and equipment inventory monitoring.
- 5.5. Assist in ensuring disinfection of every consultation rooms and OPD department is done daily.

6. Clerk/ CSU

- 6.1. Control the release of OPD number.
- 6.2. Keep the patient's chart at all times.

- 6.3. Fill in heading of patients chart and adding of follow up sheet for every consultation.
- 6.4. Secure old chart when needed.
- 6.5. Ensure proper documentation of the patients seen per day in the log book prior to return of patient's chart to Medical Record Section at the end of the day.
- 6.6. Ensures that all charts of patients seen shall be recorded and encoded in the iHomis daily.

POLICY :

This policy shall also provide a procedural guideline to all staffs of Ospital ng Parañaque District 1 Out Patient Department to ensure the deliverance of the following:

1. Shorten waiting time/ turn around time for consultation and scheduling.
2. Define a systematic procedure from registration and assessment to consultation, referral, follow-up and admission.
3. Minimize the risk of exposure of patients to other illnesses in the hospital through an organized flow of patient.

PROCEDURE:

1. OPD shall be open on Monday to Friday except on holidays from 8:00 AM to 5:00 PM.
2. All clients should apply for and secure an OPD Card to be used for scheduling of consultation appointments.
 - 2.1. "New clients" (first time to have consultation at Ospital ng Parañaque District 1) must apply for an OPD Card. To secure an OPD card the following must be done:
 - 2.1.1. Applicant must apply in person or send an authorized representative to register at the admitting section "Window 1".
 - 2.1.2. Completely fill-up the Information sheet form.
 - 2.1.3. A valid Identification Card of the patient and the representative or guardian is needed to be presented in order to verify the identity, residential status or place of employment of the patient.
 - 2.1.4. The form shall be evaluated by the admitting section. OPD card shall be release upon proper assessment and approval.
 - 2.2. "Old clients" (has been previously seen, or had consultation at Ospital ng Parañaque District 1) shall be directed to the consultants clinic schedule for continuance of management.

3. OPD shall cater all non-emergency cases on a first come first serve basis through a numbering system, with exemption to senior citizens and persons with disability, who will be given priority.
4. OPD Services schedule will be as follows:
 - 4.1. **All Cases** (General OPD, OB/Gyne, and Medical specialist/Consultants): Monday to Friday 8:00 AM to 5:00 PM
 - 4.2. **OSCA prescription** : Monday to Friday 8:00 AM to 5:00 PM
 - 4.3. **Removal of Sutures** : Monday to Friday 3:00 PM to 4:00 PM
 - 4.4. **Neonatal and Pediatric injection** (e.g Antibiotics administration, venoclysis reinsertion): Monday to Friday 8:00 AM to 9:00 AM and 3:00PM to 4:00 PM
 - 4.5. **Mother's Class** : **Tuesday**, Wednesday and **Thursday** 8:00 AM
 - 4.6. **OB screening** (referrals from Barangay Health Center and/or Lying-in Clinics) : Monday, Wednesday and Friday right after Mother's Class
5. Registration of patients shall start at 6am at the lobby area ground floor to be supervised by the CSU staff and 7am by the OPD triage nurse.
 - 5.1. Cut off time for accepting patients will be 11:00 AM and 3:00 PM to allow consultants to finish the remaining patients.
 - 5.2. Patients that will arrive at 11:00 AM will be advised to be seen by 1:00 PM. For those arriving at 3:00 PM, they will be advised to come back the following day.
6. All patients shall be screened by an assigned OPD Triage Nurse who shall classify patients for General OPD (Medical), OB/Gyne, and Medical specialist/Consultants.
 - 6.1. Patient shall present their OPD card to the OPD triage staff for a scheduled appointment with their concerned specialty or respective physician.
 - 6.2. The OPD Triage Nurse shall inscribe in the OPD card the patient's scheduled appointment. Patients may be accommodated on the same day if with vacancy in the schedule, or may be advised to return on their respective appointment dates.

- 6.3. The OPD Triage Nurse and/or the CSU staff shall ensure that all patient's Laboratory and Diagnostics results have been screened for consultation classification and photocopied prior proceeding to the OPD complex.
 - 6.4. The CSU staff shall assist the triage nurse in giving/releasing priority numbers for the queuing system.
7. The CSU staff shall collect all OPD cards with the patient's OPD Number to be forwarded to the Medical Records Department to obtain the patient's chart by batch.
 - 7.1. Those registered from 6:00 AM to 7:00 AM shall be the first batch for the 8:00 AM consultation. Second batch for those registered from 7:00 AM to 8:00 AM and so on.
 - 7.2. Those registered from 11:00 AM to 12:00 Noon shall be the first batch for the 1:00 PM consultation. Second batch for those registered from 12:00 Noon to 1:00 PM and so on.
 - 7.3. A maximum of five (5) patients for Consultants Room (Internal Medicine, Pediatrics, and Surgery); 15 patients for Obstetrician-Gynecology (ten Prenatal consultation and five High Risk patient); and 10 patients for General OPD per batch shall be brought to the OPD complex until all patients scheduled for the days consultation will be accommodated.
 - 7.4. OPD staffs must ensure that patients coming in for consultation must wear facemask and faceshield properly. In adherence to the COVID-19 safety protocols.
8. A nursing assistant shall start taking vital signs on all patient as early as 7am.
9. Each consultant's room shall have one Nurse, one Nursing Assistant, and one CSU staff to assist the doctor/s through out the whole consultation process. (Please see staff responsibilities for the list of task each must perform)
10. The Nurse incharge shall ensure that the date and name of the doctor who attended the patient for the days consultation has been inscribed in the patient's OPD card.
11. The CSU staff assigned in every consultation room shall ensure that each patient seen has been recorded in the logbook to aid in the tally of daily census at the end of the day. He/she shall then return and forward the recorded patient's chart to the Medical Records Section.

- 11.1. Date of consultation, name of patient with hospital number, classification whether new or old patient, diagnosis, and follow up schedule, referral schedule (if referred to a medical specialist) and attending OPD doctor must be properly documented or logged.
12. The OPD clerk shall make sure that each patient record will be encoded in the iHomis daily.
13. Daily census shall be accomplished at the end of the shift for compilation and submission in the Nursing service office and administrative office.
14. Monthly census report and department update shall be prepared and reported by the OPD Nurse Supervisor for documentation and monitoring.
15. OPD monthly meeting shall be conducted and shall be presided by the Nurse Supervisor for updates, and other possible concerns.

MEDICO-LEGAL:

1. All patients for medico-legal consultation shall be accommodated at the ground floor with the Medico-Legal consultant.
2. 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.
3. The following patients shall be immediately assessed and given certifications by the doctor:
 - 3.1. Inquests under custody of police and arresting barangay tanod for medical clearance.
 - 3.2. Children with their parents under custody of police or arresting officer
 - 3.3. Children without their parents but assisted by our Medical Social Workers or City DSWD under custody of police or arresting officer.

CONSULTATION PROTOCOLS and PROCEDURE:

1. The patient's chart shall be kept ready with the chief complaint and vital signs recorded in their chart. Laboratory and diagnostic test results shall also be attached.
 - 1.1. For patients with ongoing COVID-19 symptoms (Fever within 2 weeks, cough, colds and other flu-like symptoms), must have RT-PCR swab test result. Once with "NEGATIVE" result, the patient may then be seen in the general OPD for further diagnostic test and management. A "POSITIVE" result may require referral to the Emergency department for the execution of proper "Isolation procedures".
 - 1.2. Chest X-ray result with an indication of pneumonia shall require the patient to undergo RT-PCR swab test. Once with "NEGATIVE" result, the patient may then be referred to a medical specialist for further management. A "POSITIVE" result may require referral to the Emergency department for the execution of proper "Isolation procedures".
 - 1.2.1. Nurse in-charge shall inform the ER department prior bringing the patient to the ER section.
 - 1.2.2. Nurse in-charge shall endorse the patient with the patient's chart. Receiving logbook must be signed by the ER staff upon receipt of the endorsement and chart.

2. General OPD/ Family Medicine Protocol:

- 2.1. All cases shall be seen at General OPD prior to referral to the specialty clinic to establish a working diagnosis and request for initial laboratory and diagnostic tests prior to referral to the respective subspecialty physician.
 - 2.1.1. Exception would be patients who already have the corresponding laboratory work ups needed or has a referral letter to a specific specialty.
- 2.2. Complicated cases will be referred to the appropriate specialty upon assessment of the physician on duty.

- 2.2.1. For patient that can be seen by a medical specialist within the day, the Patient's chart shall be endorsed by the General OPD staff and will be logged for proper receiving documentation.
- 2.3. In observance of continuing care, follow up consultation should be done with the primary physician who saw the patient initially, unless otherwise a need for immediate evaluation is needed.
- 2.4. Patient coming in for refill of maintenance medications should be seen and evaluated by the physician on duty.
- 2.5. Patient requesting for medical certificate for the purpose Medical Assistance should fulfill the following:
 - 2.5.1. Patient should have at least 3 consecutive check-ups with the institution prior to issuance of medical certificate.
 - 2.5.2. There should be an established working diagnosis and these patients should have a regular consultation with our physician after issuance of the said certificate. This is to ensure proper medical care.
 - 2.5.3. Medical certificate request for medical/financial assistance will be approved every 3 months with follow up records in our hospital or local health centers.
- 2.6. Issuance of Fit to Work certificate / Medical Certificate
 - 2.6.1. Issuance can only be given to government employees and not to those employed in private institutions.
 - 2.6.2. Exception will be patients who was seen and treated in our emergency room, or was admitted in our institution.

3. Medical Specialist/Consultants (Internal Medicine, Pediatrics, Surgery, ENT, Ophthalmology and Dentistry) OPD Protocol:

- 3.1. OPD Triage Nurse shall direct patients scheduled for medical specialist consultation following the initial registration and scheduling procedure.

3.1.1. In case, the medical specialist is not available, it is the responsibility of the attending nurse in consultants room to reschedule the patient. If the patient has current complaints that needs immediate management, he/she shall be directed in the General OPD for further evaluation and management.

3.2. The nurse in-charge in the consultation room shall follow a policy on decking of Medical Specialist on out-patient duty for patient assignment.

3.3. Patients from the General OPD that needs referral to a medical Specialist shall be directed to the consultants room for scheduling. If with vacancy, the patient shall be seen. If not, he/she will be instructed to comeback on the scheduled date of appointment.

3.4. Admission for Elective Operation Referral

3.4.1. The patient shall be instructed of the following prior admission:

3. 4. 1. 1. List of restricted items shall also be issued with signature by the patient to signify understanding and compliance.
3. 4. 1. 2. Sign a consents/waiver that will be attached to the patient's chart prior to endorsement to ER.
3. 4. 1. 3. The patient shall 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 for admission.
3. 4. 1. 4. Must come back the day before the procedure for the nurse to check requirements and update the attending doctor of patient's status.

3.4.2. The patient shall be required of the following prior surgery:

3.4.2.1. CP clearance

- a. Adult patient - 35 y.o. and above
- b. Pediatric patient - 18 y.o. and below

3.4.2.2. OR Notification

3.4.2.3. Admitting orders

3.4.2.4. Consent for operation/procedure

3.4.2.5. Consent for Blood Transfusion

3.4.2.6. List of medicine and supplies needed for the surgery

3.4.2.7. RT-PCR swab test result (7 days validity)

3.4.2.8. Laboratory and diagnostic test results (one month validity)

- a. CBC with PC
- b. Blood Typing - done in Ospar 1
- c. Urinalysis
- d. Complete Blood Chemistry (FBS, BUN, Crea, Uric Acid, Cholesterol, Triglycerides, HDL, LDL, VDL, SGOT, SGPT)
- e. Na, K, Cl
- f. PT, PTT
- g. HBA1C
- h. Chest X-ray
- i. ECG

3.4.3. The OPD nurse in-charge shall ensure to accomplish all the requirements prior to patients admission and date of elective OR procedure.

3.4.4. The OPD nurse in-charge shall inform the following regarding the patient's admission status, diagnosis, procedure, OR date and time and referrals the day before patient's admission via sms and/or call.

3.4.4.1. Attending physician

3.4.4.2. Anesthesiologist

3.4.4.3. Co-management physicians

3.4.5. The OPD Nurse in-charge shall endorse the patient to ER floor.

4. Obstetrician-Gynecology OPD Protocol:

4.1. Mother's Class and OB Screening

4.1.1. All OB patients for prenatal care are required to attend the Mother's class conducted by the OPD nurse on duty/ Family planning nurse staff every **Tuesday, Wednesday and Thursday** 8:00 AM at 5th floor lobby.

4.1.1.1. The CSU staff on duty shall instruct all new or referred OB patients who haven't had attended Mother's class session to register and they shall be scheduled to attend the Mother's Class to the 5th floor lobby.

4.1.1.2. A post-test via question and answer shall be done in order to evaluate what the OB patients learn during the discussion.

4.1.1.3. The patient who is able to pass the post test shall then be given with a card with the signature of the nurse on duty who conducted the lecture attesting that the patient had attended and understand the discussion.

4.1.2. OB screening shall be done right after the Mother's class.

4.1.2.1. The nurse in-charge shall check for the accomplished referral form from Health Center/Lying-in clinic indicating the reason for referral, laboratory examinations done/requested, medicine taken and medical treatment if there are any.

4.1.2.2. The nurse in-charge shall ensure that laboratory test will be done prior consultation

4.1.2.2.1. Laboratory request and results are as follows:

- a. Ultrasound
- b. VDRL / RPR
- c. HIV
- d. HbsAg
- e. Blood Typing - done in Ospar 1
- f. FBS

- g. CBC with PC
- h. Urinalysis
- i. Chest X-ray (if requested and necessary)

4.1.2.2.2. Those without laboratories done shall be given with request.

4.1.2.3. The nurse in-charge with the help of the CSU shall schedule OB patients for OPD check up that will start at 30-32 weeks AOG. Instructions on the dress code, hospital safety protocol, and to come back date shall be done.

4.2. Prenatal Consultation

4.2.1. All gravid patients from Parañaque Health Center or Lying-in Clinics who desires to deliver at Ospital ng Parañaque District 1 should be referred at 28 weeks AOG.

4.2.2. BPS (Biophysical Profile Score) shall not be recommended before 28 weeks AOG.

4.2.3. Multigravid patients (G2 and G3) who desire to give birth at Ospital ng Parañaque District 1, they must be referred as early as 32 weeks AOG.

4.2.4. All patients who came for prenatal consultation at 34 weeks AOG shall be accepted but must sign a “No prenatal check up waiver”

4.2.5. Nursing Assistant shall take the vitals signs, Fundic Height and Fetal Heart Tone of every OB-Gyne patients. And will be directed to ROOM 1 for screening prior consultation.

4.2.6. Nurse in-charge shall compute and record most reliable and accurate AOG. He/she must also ensure that all laboratory and diagnostic test results are complete and is organized properly.

4.2.7. The nurse in-charge shall make sure to update the mother’s record booklet for the prenatal visit.

4.2.7.1. The nurse in-charge must indicate the following details in the patient's chart and booklet:

- a. Maternal Vital signs
- b. Fundic Height
- c. Fetal Heart Tone
- d. Number of pregnancy
- e. LMP (Last Menstrual Period)
- f. EDD/EDC
- g. AOG by LMP and AOG by Ultrasound
- h. Whether Male or Female
- i. Date/year of delivery (per gravida, /abortion)
- j. Mode of delivery (whether NSD or CS)
- k. Place of delivery (whether home, hospital, or lying-in clinic)

4.2.8. Requirements of Prenatal Check up of OB patients:

4.2.8.1. Primi-gravid/ Segundi

- a. OPD check-up will start on the 32nd week of gestation.
- b. Pink Card/ Prenatal Booklet from LHC (Local Health Center) containing data on 4-5 prenatal check up, tetanus injection, lectures on breastfeeding and NBS testing, previously done laboratory exams or history of any infections.
- c. Referral form by Local Health Center physician to Ospar 1 OPD doctor.

4.2.8.2. Multipara (G4 onwards)

- a. OPD check-up will start on the 32nd week of gestation.

- b. Pink Card/ Prenatal Booklet from LHC (Local Health Center) containing data on 4-5 prenatal check up, tetanus injection, lectures on breastfeeding and NBS testing, previously done laboratory exams or history of any infections.
- c. Referral form by Local Health Center physician to Ospar 1 OPD doctor.

4.3. High-Risk Consultation

- 4.3.1. High-Risk pregnancy patients shall be referred immediately to the consultant on duty facilitated by the nurse in-charge in the High-Risk OB clinic for close evaluation by the OB medical specialist/consultant.
- 4.3.2. All previous Cesarean Section at 34 weeks AOG should be screened and referred to a Medical Specialist.
- 4.3.3. A policy on decking of Medical Specialist on out-patient duty shall be followed for patient assignments.
- 4.3.4. All OB-Gyne minor and major procedures shall be scheduled.

(Please see 4.5 OB/Gyne-OPD Admission for Elective Operation Referral Protocol)

4.3.5. List of High-Risk Pregnancies

- a. Young primipara less than 18 years old if with co morbidity
- b. Elderly primigravid more than 35 years old
- c. Toxemia of pregnancy
- d. Patients with previous Obstetrical and Gynecological surgery.
 - i. Caesarian Section
 - ii. Myomectomy
 - iii. Major abdominal surgery
- e. Multiple Gestation

- f. Malpresentation - Breech presentation face/brow presentation/transverse presentation
- g. Post Maturity
- h. Ruptured membrane
- i. Polyhydramnios / Oligohydramnios
- j. Patients with poor obstetrical history:
 - i. 2 consecutive abortions
 - ii. 3 or more repeated abortions
 - iii. Prior preterm delivery
 - iv. Prior pregnancy resulting in fetal or neonatal death whether term or preterm
 - v. Patient with prolonged postpartum hemorrhage
- k. Pregnancies with vaginal bleeding - P.Previa. A. Placenta
- l. Pregnancies with medical complications:
 - i. Asthma
 - ii. Thyroid problem
 - iii. Diabetes Mellitus
 - iv. Chronic Renal Disease
 - v. Epilepsy
 - vi. Hypertension
 - vii. Heart Disease
 - viii. COPD
 - ix. Malnutrition
 - x. Seizure Disorder
 - xi. Alcohol and substance abuse
 - xii. Psychiatric or mental disorders
 - xiii. Anemia and other hematologic disorders

- m. Patients with problems in fetal aging
 - i. AOG of 241 weeks
 - ii. Growth retardation
 - iii. Macrosemia
 - iv. Unsure LMP
 - v. Fetal congenital Anomalies
 - vi. Multiple Gestation
- n. Patient with reproductive tract disorders
 - i. Congenital Anomalies
 - ii. Incompetent Cervix
 - iii. Uterine Tumors
- o. Patient with musculo-skeletal disorders (eg. Polio, Kyphosis, Scoliosis)
- p. Patient with malignancies whether genital or extragenital
- q. Patients with co-existent trophoblastic disease or had a trophoblastic disease within last year
- r. Patient with vaginal infections especially STI like gonorrhea & syphilis

4.4. OB-OPD Referral

4.4.1. From Ospar 1 to other Health Center /Hospital/Facility Referral:

- 4.4.1.1. All patient with a "POSITIVE" RT-PCR result shall be informed of the possibility of referral to a tertiary (Level III) hospital.
- 4.4.1.2. A referral form shall be accomplished to be given to the patient in the event that referral is necessary.
- 4.4.1.3. Multigravid patients (G2 and G3) **without co-morbidities** after their first prenatal check up will be referred to the

nearest Health Center with an accomplished referral form from Ospar 1.

4.4.1.4. All patients for referral or transfer must be seen and assessed by the consultant on duty. There shall be no transfer without the order and consent from the consultant on deck.

4.4.1.5. All patients for referral/transfer to a tertiary hospital shall be directed to the Medical Social Works Department to aid in looking for hospital if the patient is not capable of finding hospital of choice.

4.4.2. OB-OPD to OB-ER referral:

4.4.2.1. All OB-OPD patients seen and assessed by the consultants to be on active labor must be referred to the ER-OB for urgent management.

4.4.2.2. Nurse in-charge shall inform the OB-ER department prior bringing the patient to the OB-ER section.

4.4.2.3. Nurse in-charge shall endorse the patient with the patient's chart. Receiving logbook must be signed by the OB-ER staff upon receipt of the endorsement and chart.

4.5. OB/Gyne-OPD Admission for Elective Operation Referral Protocol

4.5.1. All operative cases shall be referred to the OB consultant on duty for scheduling.

4.5.2. The patient shall be instructed of the following prior admission:

4.5.2.1. List of restricted items shall also be issued with signature by the patient to signify understanding and compliance.

4.5.2.2. Sign a consent/waiver that will be attached to the patient's chart prior to endorsement to OB-ER.

4.5.2.3. The patient shall 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 for admission.

4.5.2.4. Must come back the day before the procedure for the nurse to check requirements and update the attending doctor of patient's status.

4. 5. 2. The OB-Gyne patient shall be required of the following prior surgery:

4. 5. 2. 1. CP clearance and risk assessment

- a. 40 y.o. and above with or without co-morbidities
- b. Below 40 years old with co-morbidities

4. 5. 2. 2. OR Notification

4. 5. 2. 3. Admitting orders

4. 5. 2. 4. Consent for operation/procedure

4. 5. 2. 5. Consent for Blood Transfusion

4. 5. 2. 6. Available Blood (based on Doctor's order)

- a. All patients for repeat CS must secure at least 1 unit FWB or PRBC before the scheduled surgery.
- b. All Gynecologic cases for major surgery must have at least 1 unit of blood before the scheduled surgery.

4. 5. 2. 7. List of medicine and supplies needed for the surgery

4. 5. 2. 8. RT-PCR swab test result (7 days validity)

- a. For patients with expired RT-PCR swab test, Antigen swab test must be done.

4. 5. 2. 9. Laboratory and diagnostic test results (one month validity) - based on Doctor's order

- a. CBC with PC
- b. Blood Typing - done in Ospar 1

- c. Urinalysis
 - d. Complete Blood Chemistry (FBS, BUN, Crea, Uric Acid, Cholesterol, Triglycerides, HDL, LDL, VDL, SGOT, SGPT)
 - e. Na, K, Cl
 - f. PT, PTT
 - g. HBA1C
 - h. ChestX-ray
 - i. ECG
4. 5. 3. The OPD nurse in-charge shall ensure to accomplish all the requirements prior to patients admission and date of elective procedure.
4. 5. 4. The OPD nurse in-charge shall inform the following regarding the patient's admission status, diagnosis, procedure, OR date and time and referrals the day before patient's admission via sms and/or call.
- 4. 5. 4. 1. Attending physician
 - 4. 5. 4. 2. Anesthesiologist
 - 4. 5. 4. 3. Pediatrician
 - 4. 5. 4. 4. Co-management physicians
4. 5. 5. The OPD Nurse in-charge shall endorse the patient to ER floor.

5. Consultation Room Assignment:

- 5.1. Internal Medicine, Pediatrics, Surgery, ENT, and Ophthalmology Consultation Room
 - 5.1.1.1. ROOM 8
 - 5.1.1.2. ROOM 6
- 5.2. Obstetrician-Gynecology Consultation Room
 - 5.2.1.1. Pre-natal Clinic: ROOM 1
 - 5.2.1.2. High Risk Clinic: ROOM 3
- 5.3. Family Medicine and General OPD Consultation Room
 - 5.3.1.1. ROOM 4
- 5.4. Dentistry Consultation Room
 - 5.4.1. ROOM 2

6. OPD Patient Load Protocol:

- 6.1. Internal Medicine, Pediatrics and Surgery Department
 - 6.1.1. Minimum 16 patients per 4 hour shift
- 6.2. Obstetrician-Gynecology Department
 - 6.2.1. Prenatal Consultation: Minimum 20 patients per 4 hour shift
 - 6.2.2. High-Risk Patients: Minimum 12 patients per 4 hour shift
- 6.3. Family Medicine and General OPD
 - 6.3.1. Minimum 25 patients per 4 hour shift

7. Please refer to the attachments for the Flow Charts and OPD consultants schedule and room assignment.

REVISION HISTORY

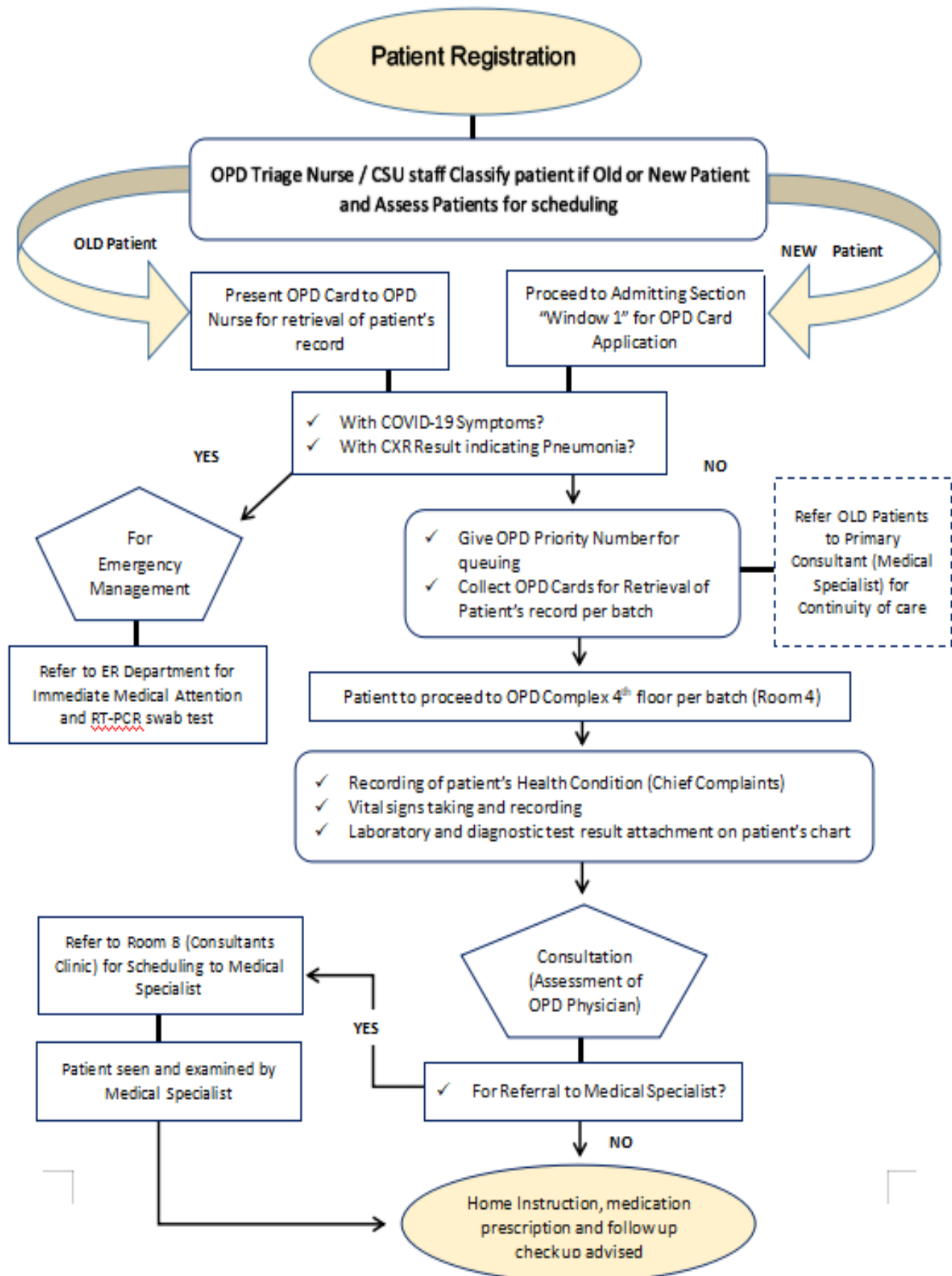
This part of the policy has been implemented since 1978. Revision has been issued 1994, 1998, 2001, 2003. Reviewed 2003 and 2011. Latest revision is made today August 10, 2022 and was approved by Dr.Redentor Alquiroz. The policy will be implemented as written.

SCHEDULE OF POLICY REVIEW

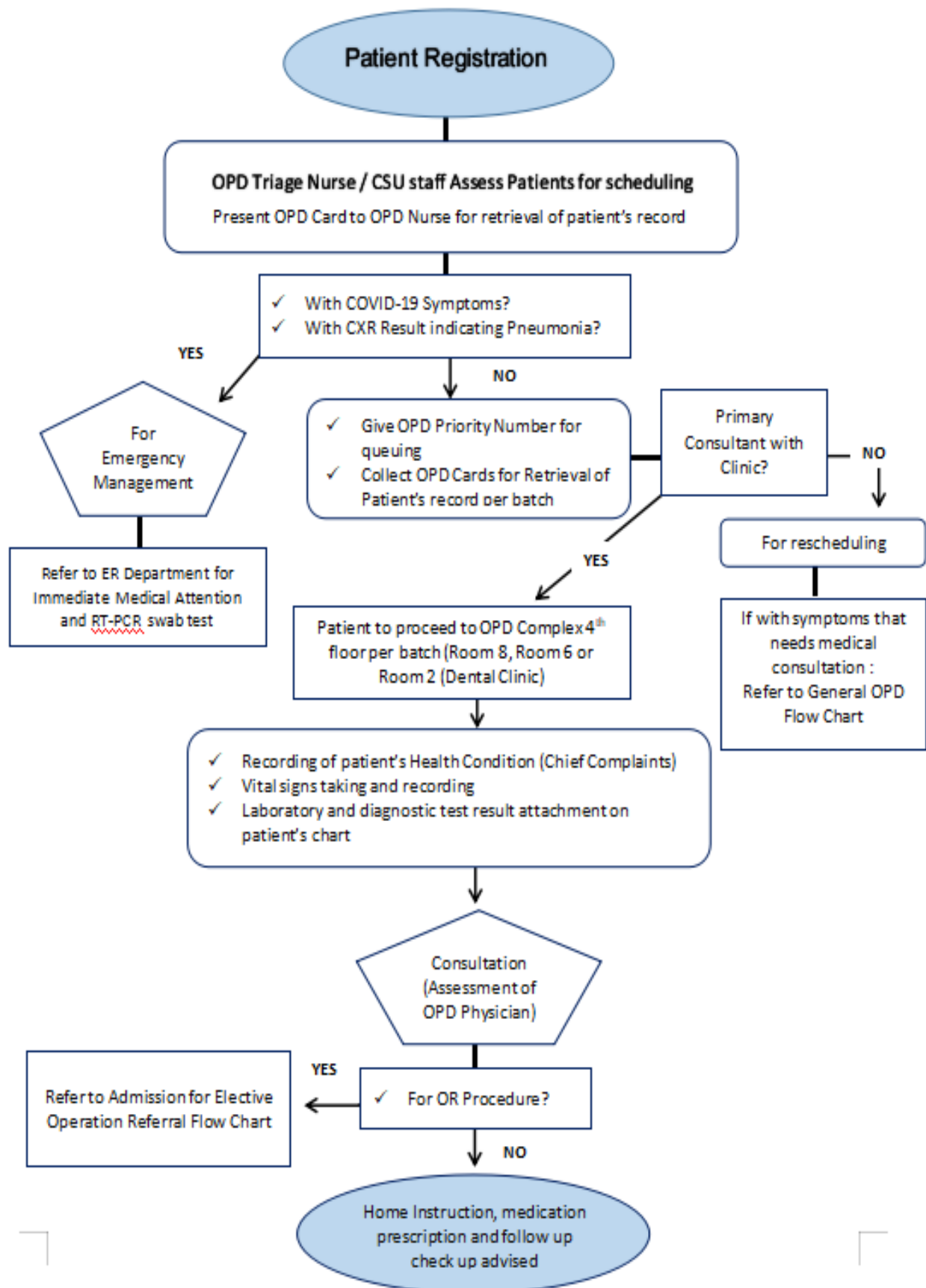
This policy shall be reviewed every three (3) years or as deemed necessary.

FLOW CHART

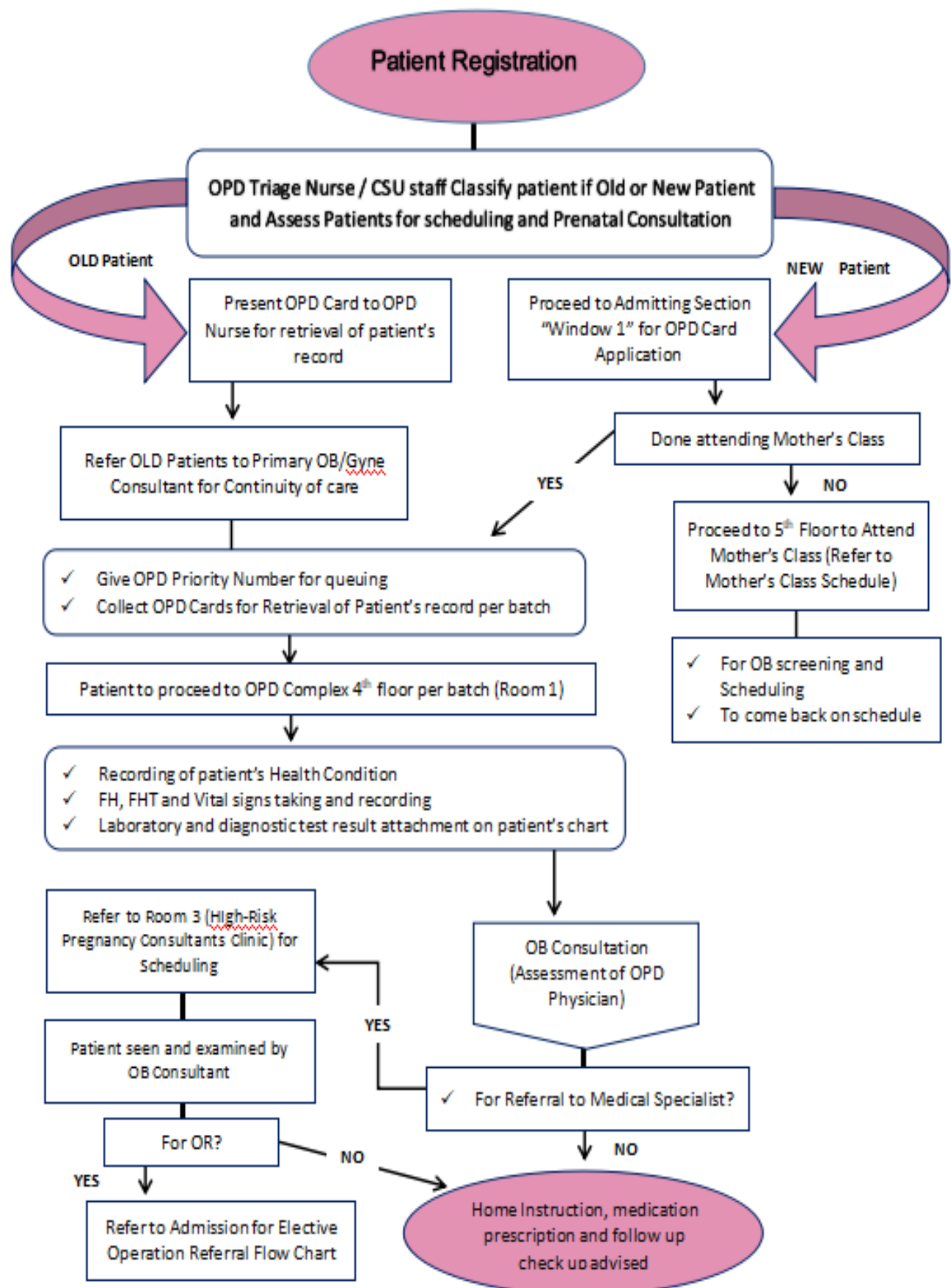
I. General OPD Consultation



II. Internal Medicine, Pediatrics, Surgery, ENT, and Ophthalmology Consultation



III. Obstetrician-Gynecology Prenatal Consultation



IV. Admission for Elective Operation Referral

OPD CONSULTANTS SCHEDULE AND ROOM ASSIGNMENT:

O

