# SPH/MDP/FOR /44(A)

# Provincially managed health facilities with ETUs for that level of facility based on standard guidelines

# CARE MODEL

Level 4 - ER developed in Divisional Hospitals

**District:- Institution:- Year/Month:-**

|  |  |  |
| --- | --- | --- |
| **Requirment** | Achieved or not | If not measures taken |
| Area for Admission & Registration |  |  |
| Resuscitation area -Facilities +  Treatment area |  |  |
|  |  |
| Operation Theatres -Facilities + |  |  |
| Poison treatment area-Facilities + |  |  |
| Area to keep a dead body for 2hrs - Facilities + |  |  |
| Laboratory -Facilities + |  |  |
| Room for paramedical staff |  |  |
| Drug Store-Facilities + |  |  |
| Storage area for consumables & equipments -Facilities + |  |  |
| Linen store-Facilities + |  |  |
| Rest Rooms/ Changing Rooms - Facilities +  (Separate Male & Female rooms) for Doctors,  Nurses,  Junior staff |  |  |
|  |  |
|  |  |
| **STANDARD HUMAN RESOURCES** |  |  |
| MOIC |  |  |
| Medical officers (To be assessed) |  |  |
| Nurses |  |  |
| Supportive staff |  |  |
| MLT |  |  |
| Radiographers- |  |  |
| **STANDARD EQUIPMENT** |  |  |
| Nebulizers |  |  |
| Defibrillators with Pacing facilities |  |  |
| Ventilator –Portable (Optional) |  |  |
| Portable X ray machines (optional) |  |  |
| Hand-held Doppler scans |  |  |
| ECG Machines |  |  |
| Beds |  |  |
| Trolleys |  |  |
| IVcanula/Infusion set |  |  |
| Suction Device |  |  |
| Oral.Nasal Airways/ET tubes |  |  |
| Cervical collar |  |  |
| Sterile dressings |  |  |
| Splinting meterials |  |  |
| NG tubes |  |  |
| IC tubes |  |  |
| Pulse oxymeters |  |  |
| Spinal Boards |  |  |
| Multi Parameter Monitor (Optional) |  |  |
| Endo: Tracheal Sets |  |  |
| Laryngoscope |  |  |
| Ambu with Masks - Adult  Paediatric |  |  |
|  |  |
| Venturi Masks |  |  |
| B.P. Apparatus (Non invasive) |  |  |
| Venus cut down set |  |  |
| Oxygen Cylinder with regulator |  |  |
| ET Tubes |  |  |
| Non Rebreathing Masks |  |  |
| Peak flow meter |  |  |
| **STANDARD DRUGS** |  |  |
| **Drugs for Pain Management** |  |  |
| 1. Morphine IV , Tab |  |  |
| 1. Pethidine |  |  |
| 1. Tramadol |  |  |
| **Antiemetics** |  |  |
| 1. Promethazine |  |  |
| 1. Metachlopramide |  |  |
| **Non Opioid agents** |  |  |
| 1. Paracetamol |  |  |
| 1. Ibuprofen |  |  |
| 1. Indomethacine |  |  |
| 1. Diclofenac Sodium ( Tab, Suppository) |  |  |
| **Anxiolytics** |  |  |
| 1. Midazolam |  |  |
| 1. Diazepam |  |  |
| **Anaesthetic Agents** |  |  |
| 1. Midazolam |  |  |
| 1. Suxamethonium |  |  |
| 1. Lignocaine |  |  |
| 1. Flumazanil |  |  |
| 1. Naloxone |  |  |
| **Hemodynamic Drugs** |  |  |
| 1. IV Dobatamine |  |  |
| 1. IV Dopamine |  |  |
| 1. IV Adrenalene |  |  |
| **Anti hypertensive** |  |  |
| 1. Propanalol |  |  |
| 1. Atenalol |  |  |
| 1. Captopril |  |  |
| 1. Nifidepine SR |  |  |
| **Hypoglycaemic Agents** |  |  |
| 1. Insulin Short acting |  |  |
| 1. Long acting Insulin |  |  |
| **Steroids** |  |  |
| 1. Prednisolone |  |  |
| 1. Dexamethasone |  |  |
| 1. Hydrocortisone |  |  |
| Other IV Preparations |  |  |
| 1. Ca glucanate |  |  |
| 1. Mg So4 |  |  |
| 1. Hetastarch |  |  |
| 1. 5%, 25% & 50 % Dextrose |  |  |
| 1. Normal Saline |  |  |
| 1. Hartmans Solution |  |  |
| Respiratory Drugs |  |  |
| 1. Salbutamol |  |  |
| 1. Ipravent |  |  |
| 1. Theophyline(Tab) |  |  |
| Antiepileptics |  |  |
| 1. Phenytoin IV oral |  |  |
| 1. Carbamazepine |  |  |
| 1. Sodium Valproate |  |  |

Officer In Charge- Name: -

Contact No: -

Signature:-

Date:-

* **To be filled in triplicate and send one copy to relevant RDHS. One copy to PDHS on or before 10th of next month. Other copy remain in the office.**