

# **VIIT PHARMACY COLLEGE**



## **Declaration by the Candidate**

I hereby declare that the project work entitled "**Hospital Training- II**" submitted to Dr. A.P.J Abdul Kalam Technical University, Lucknow, is a bonafide and genuine work carried out by me under the guidance of **Mr.Kosender**. I also declare that the material embodied in it is original and the same has not previously formed the basis for the award of any diploma degree, fellowship of other university or institution.

Date :

Submitted by  
Sandeep Kumar  
Roll no 2111680500041

## **ACKNOWLEDGEMENT**

This is my proud privilege to be attached to **Janvi Hospital Jahangirabad**. I am profoundly grateful to the hospital for the exceptional training experience provided. The unwavering commitment of the hospital staff and the expertized medical professionals have significantly contributed to my growth and understanding of the healthcare practices. I appreciate the hospital's dedication to fostering a supportive and educational environment. I have learnt a-lot during my training duration of 45 days and contain has been fortunate is getting an opportunity of working in this hospital.

I would like to express my sincere gratitude to the staff and management of **Janvi Hospital Jahangirabad** for providing invaluable support and guidance during my training. Special thanks to **Dr. Lalit Kumar ( MD)** for their mentorship and continuous encouragement. This experience has been instrumental in enhancing my skills and understanding of healthcare practices.

I would like to thank all the trainees and staffs, who help me very much and without whom support and guidance it would be impossible for me to complete the project.

I extend my deepest gratitude to my parents and the members and teachers of VIIT College of Pharmacy whose unwavering support and encouragement have been my pillar of strength throughout my hospital training. My training experience has been truly enriching, thanks to the collective efforts of these exceptional individuals.

**Thank You**

**- Sandeep Kumar  
roll no 2111680500041**

## **VISION**

The vision of the Hospital training is to study the organisation of various departments, the working and development of the organisation, the present status of the hospital & future prospects of the organisation. To promote civic sense and shoulder the responsibilities with full potential by being a ultimate healthcare Professional and a Responsible Pharmacist.

### **The overall objectives of the study:-**

- To study the Hospital structure.
- To know about its products and service activities.
- To know the different functions of all the departments.
- To know the responsibilities of top management and how to execute responsibility.
- To analyse the working of Hospital using by analysis of various departments.

## **CONTENTS**

- 1.** Introduction
- 2.** Different departments of hospital
- 3.** Dispensary
- 4.** Surgical ward
- 5.** Parental routes of administration
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## INTRODUCTION TO HOSPITAL ( JANVI HOSPITAL)

Janvi Hospital is a Private Health Care Center Situated in Jahangirabad Bulandshahr. It is focused on the treatment of the patients especially focused and blessed for the poor and needy people. People come to the hospital and get treated well. All the staffs and the doctors are very friendly and are very helpful. The hospital is always kept clean and sanitized to eradicate the spread of disease, bacteria, pathogens and dust.

The hospital has several departments such as eye care department, dental department, Out Patient Department (OPD), emergency department, pathology, X-ray, etc. These all departments work well and are open for most of the days of the week.

The emergency department is the most crowded department of the hospital. It is crowded all the day and sometimes even in the night.



## **Different Departments in Hospital**

There are a number of parts in a hospital. This large number of departments is responsible for treating the patients of their diseases.

The various departments of hospitals covered in the hospital training are:-

1. Dispensary • Duty Sandeep Kumar, 05-08 Evening shift (Sorabh, Rohit)

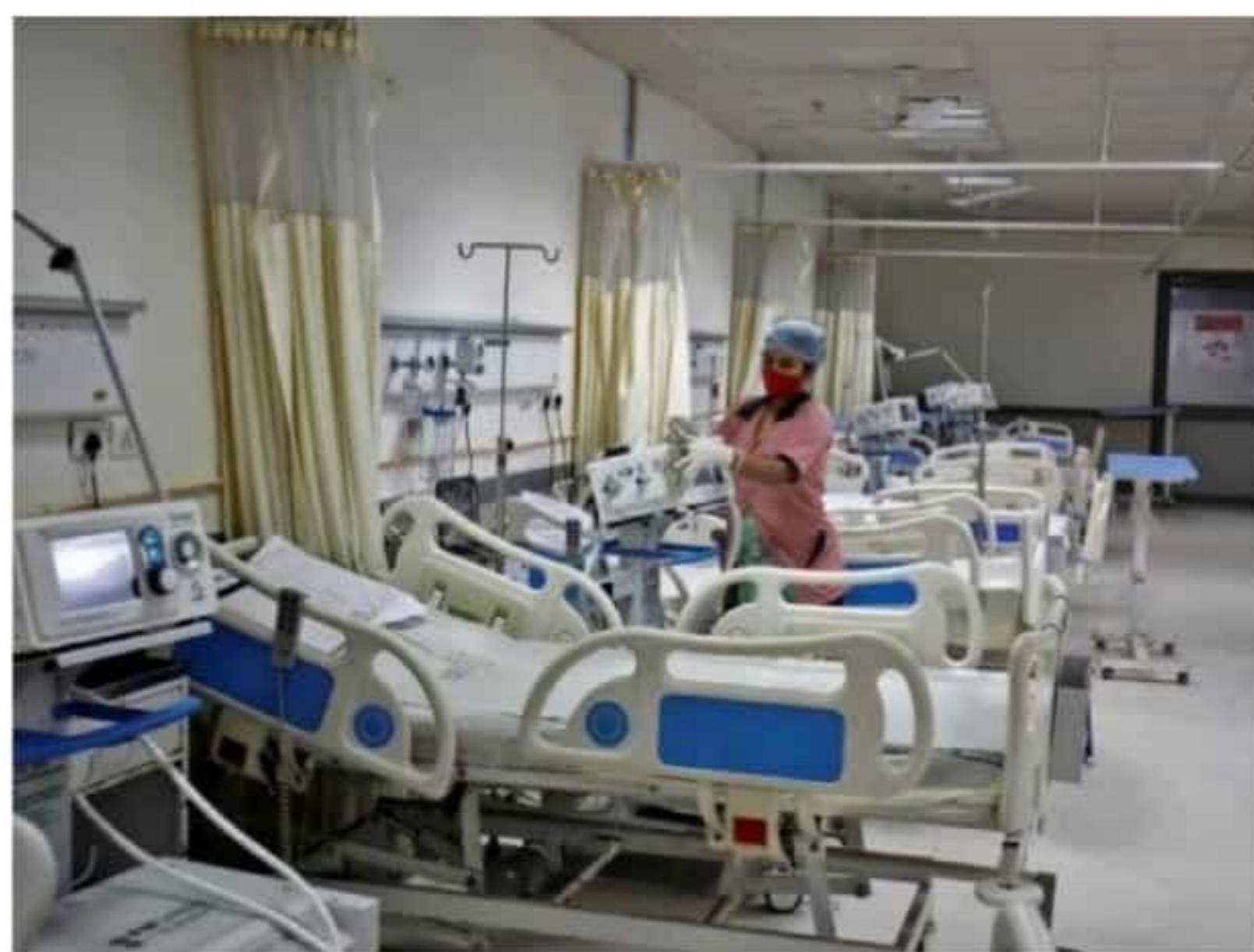
2. Emergency



- Duty Sandeep Kumar, 22-26 evening shift, ( Rohit, Sachin)

3. ICU

- Duty Sandeep Kumar, Day 25-1 Afternoon shift, ( Dr Lalit Kumar )



## **PREScription**

A prescription, sometimes called doctor's orders, is a health-care program implemented by a physician or other qualified health care practitioner in the form of instructions that govern the plan of care for an individual patient. The term often refers to a health care provider's written authorization for a patient to purchase a prescription drug from a pharmacist.

### **Format and definition: -**

Prescriptions may be entered into an electronic medical record system and transmitted electronically to a pharmacy. Alternatively, a prescription may be handwritten on preprinted prescription forms that are assembled into pads, or printed onto similar forms using a computer printer.

R is a symbol meaning "prescription". It is sometimes transliterated as " R{x} " or just "Rx". This symbol originated in medieval manuscripts as an abbreviation of the Late Latin verb *recipe*, the imperative form of *recipere*, "to take" or "take thus". Literally, the Latin word *recipe* means simply "Take...." and medieval prescriptions invariably began with the command to "take" certain materials and compound them in specified ways. Prescriptions are essential to our lives and wellbeing. Without established prescriptions, there would be many medication errors from the dispensing in pharmacies to the administration at home and in healthcare facilities.

The word "prescription", from "pre-" ("before") and "script" ("writing, written"), refers to the fact that the prescription is an order that must be written down before a compound drug can be prepared. Those within the industry will often call prescriptions simply "scripts" Folk theories about the origin of the symbol A note its similarity to the Eye of Horus, or to the ancient symbol for Zeus or Jupiter, (2), gods whose protection may have been sought in medical contexts.

### **Contents: -**

Many brand name drugs have cheaper generic drug substitutes that are therapeutically and biochemically equivalent. Prescriptions will also contain instructions on whether the prescriber will allow the pharmacist to substitute a generic version of the drug. This instruction is communicated in a number of ways. Prescriptions often have a "label" box. When checked, the pharmacist is instructed to label the medication. When not checked, the patient only receives instructions for taking the medication and no information about the prescription itself.

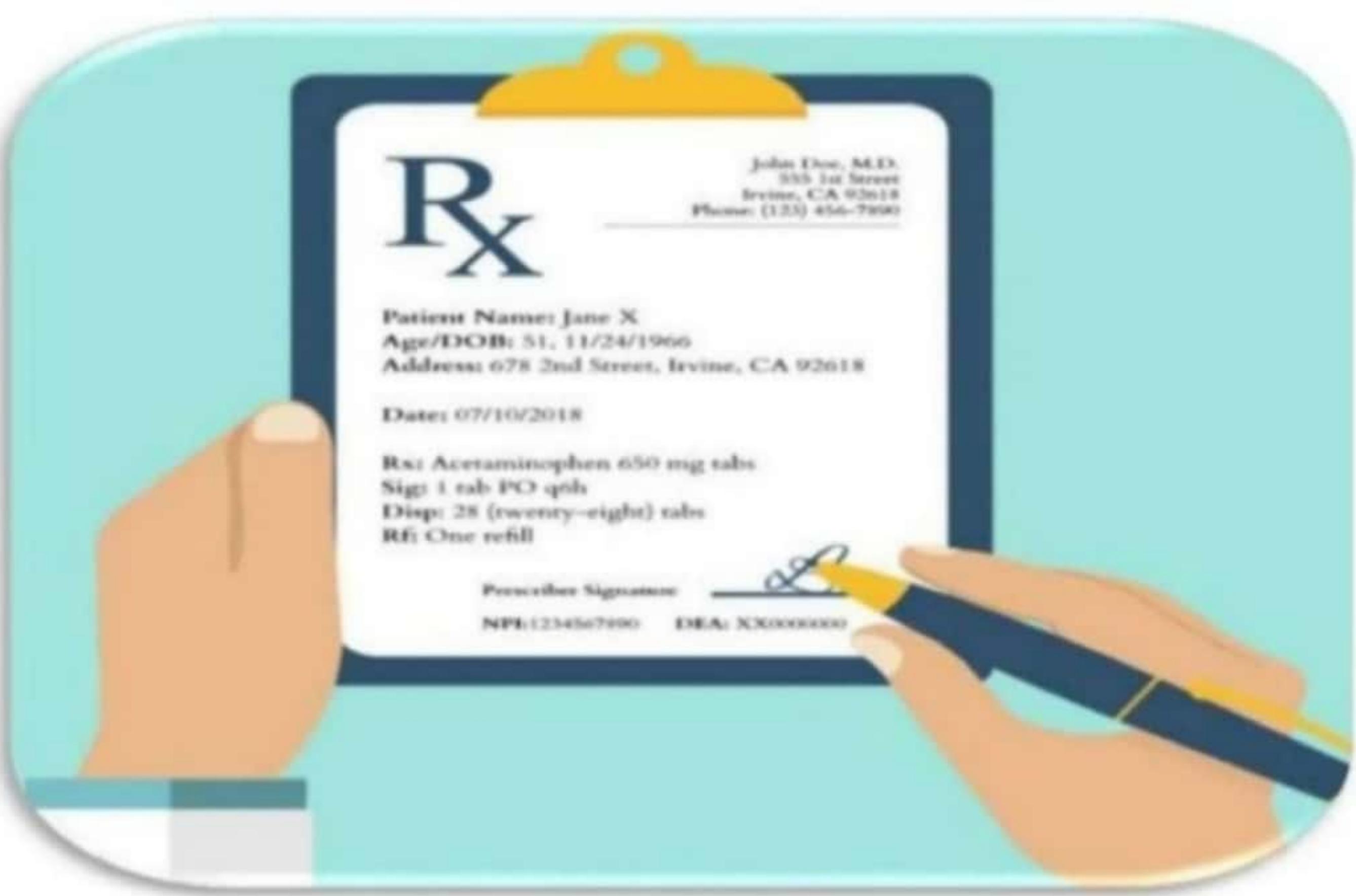
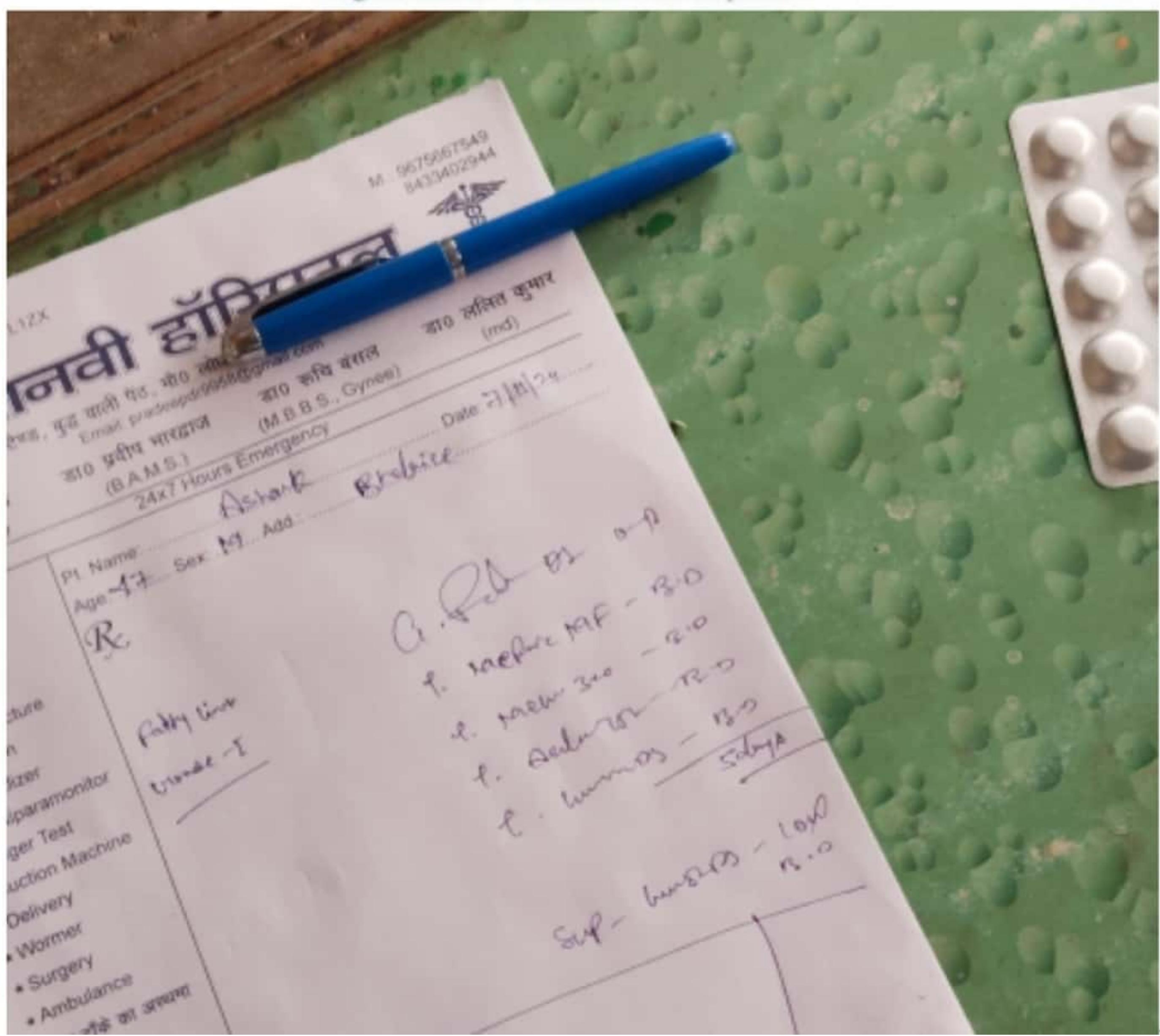


Figure no.16: - Format of Prescription



## **PROBLEMS ENCOUNTER DURING THE TRAINING**

There are different problems which I had faced during my training period: -

- 1- It was tough to handle children, as they were not cooperative throughout the treatment.
- 2- Most of the patients were illiterate, so they were unable to understand the how to use medicine and used to forgot their doses.
- 3- If medicines were finished in the stock, immediate supply of the drug in the dispensary was not there.
- 4- In emergency, patients were must to wear mask, but sometimes they did not used to wear that, so difficulty in the treatment was there.
- 5- Patients used to think that the staffs are giving wrong medicines and wrong treatment.
- 6- Extended shifts and irregular hours lead to fatigue and burnout.
- 7- Sometimes managing a large number of patients and tasks can be overwhelming.
- 8- Sometimes miscommunication may lead to medical errors and compromise patient care.
- 9- Sometimes there was shortages of essential resources, including equipment and personnel.
- 10- I faced challenges in decision-making and autonomy.

## **FIRST AID**

### **FIRST AID TREATMENT**

First aid is the assistance given to any person suffering a sudden illness or injury, with care provided to preserve life, prevent the condition from worsening, and/or promote recovery. It includes initial intervention in a serious condition prior to professional medical help being available, such as performing CPR while awaiting an ambulance, as well as the complete treatment of minor conditions, such as applying a plaster to a cut. First aid is generally performed by the layperson, with many people trained in providing basic levels of first aid, and others willing to do so from acquired knowledge. Mental health first aid is an extension of the concept of first aid to cover mental health.



### **Aim**

The key aims of first aid can be summarised in three key points, sometimes known as 'the three P's':-

#### **Preserve life:**

the overriding aim of all medical care, including first aid, is to save lives and minimize the threat of death.

#### **Prevent further harm:**

also sometimes called prevent the condition from worsening, or danger of further injury, this covers both external factors, such as moving a patient away from any cause of harm, and applying first aid techniques to prevent worsening of the condition, such as applying pressure to stop a bleed becoming dangerous.

#### **Promote recovery:**

first aid also involves trying to start the recovery process from the illness or injury, and in some cases might involve completing a treatment, such as in the case of applying a plaster to a small wound.

### **Specific disciplines**

There are several types of first aid (and first aider) which require specific additional training. These are usually undertaken to fulfill the demands of the work or activity undertaken.

#### **Aquatic/Marine first aid**

It is usually practiced by professionals such as lifeguards, professional mariners or in diver rescue, and covers the specific problems which may be faced after water-based rescue and/or delayed MedEvac.

### **Battlefield first aid**

takes into account the specific needs of treating wounded combatants and non-combatants during armed conflict.

### **Hyperbaric first aid**

may be practiced by SCUBA diving professionals, who need to treat conditions such as the bends.

### **Oxygen first aid**

is the providing of oxygen to casualties who suffer from conditions resulting in hypoxia.

### **Wilderness first aid**

is the provision of first aid under conditions where the arrival of emergency responders or the evacuation of an injured person may be delayed due to constraints of terrain, weather, and available persons or equipment. It may be necessary to care for an injured person for several hours or days.

### **Mental health first aid**

is taught independently of physical first aid. How to support someone experiencing a mental health problem or in a crisis situation. Also how to identify the first signs of someone developing mental ill health and guide people towards appropriate help.

### **Conditions that often require first aid**

- Altitude sickness, which can begin in susceptible people at altitudes as low as 5,000 feet, can cause potentially fatal swelling of the brain or lungs.
- Anaphylaxis, a life-threatening condition in which the airway can become constricted and the patient may go into shock. The reaction can be caused by a systemic allergic reaction to allergens such as insect bites or peanuts. Anaphylaxis is initially treated with injection of epinephrine
- Battlefield first aid—This protocol refers to treating shrapnel, gunshot wounds, burns, bone fractures, etc. as seen either in the ‘traditional’ battlefield setting or in an area subject to damage by large-scale weaponry, such as a bomb blast
- Bone fracture, a break in a bone initially treated by stabilizing the fracture with a splint.
- Burns, which can result in damage to tissues and loss of body fluids through the burn site.
- Cardiac Arrest, which will lead to death unless CPR preferably combined with an AED is started within minutes. There is often no time to wait for the emergency services to arrive as 92 percent of people suffering a sudden cardiac arrest die before reaching hospital according to the American Heart Association.
- Heart attack, or inadequate blood flow to the blood vessels supplying the heart muscle.
- Heat stroke, also known as sunstroke or hyperthermia, which tends to occur during heavy exercise in high humidity, or with inadequate water, though it may occur spontaneously in some chronically ill persons. Sunstroke, especially when the victim has been unconscious, often causes major damage to body systems such as brain, kidney, liver, gastric tract. Unconsciousness for more than two hours usually leads to permanent disability. Emergency treatment involves rapid cooling of the patient.

- Heavy bleeding, treated by applying pressure (manually and later with a pressure bandage) to the wound site and elevating the limb if possible.
- Hyperglycemia (diabetic coma) and Hypoglycemia (insulin shock).
- Insect and animal bites and stings.
- Poisoning, which can occur by injection, inhalation, absorption, or ingestion.
- Muscle strains and Sprains, a temporary dislocation of a joint that immediately reduces automatically but may result in ligament damage.
- Wounds and bleeding, including lacerations, incisions and abrasions, Gastrointestinal bleeding, avulsions and Sucking chest wounds, treated with an occlusive dressing to let air out but not in.
- 

## **PATHOLOGY**

Pathology is a branch of medical science primarily concerning the cause, origin and nature of disease. It involves the examination of tissues, organs, bodily fluids and autopsies in order to study and diagnose disease.

Here are some common tests performed during the hospital training in hospital.

1. Widal test
2. Pregnancy test
3. Glucose test
4. Blood group test
5. Urine test



## 1:Widal Test

Salmonella typhi and Salmonella paratyphi A, B and C cause enteric fever (typhoid and paratyphoid) in human. Laboratory diagnosis of enteric fever includes Blood culture, Stool Culture and Serological test. Widal test is a common agglutination test employed in the serological diagnosis of enteric fever. This test was developed by Georges Ferdinand Widal in 1896 and helps to detect presence of salmonella antibodies in a patient's serum.



## 2: Pregnancy test

**Test Procedure**

DOA cassette Strip

1. Immerse the strip into the urine for 3 seconds.
2. Read results in 5 minutes. Do not read after 5 minutes. Place it on a level surface.

**Result Reading**

Result	Test Strip Pattern
Positive	Two distinct blue lines are visible: one at the control (C) position and one at the test (T) position. The line at the C position is darker than the line at the T position.
Negative	Only a single blue line is visible at the control (C) position. There is no line at the test (T) position.
Invalid	No line is visible at the control (C) position. There is no line at the test (T) position.

### **3:Glucose test**

Both low blood sugar (hypoglycemia) and high blood sugar (hyperglycemia) are of concern for patients who take insulin. It is important, therefore, to carefully monitor blood glucose levels. In general, patients with type 1 diabetes need to take readings four or more times a day. Patients should aim for the following measurements:

- Pre-meal glucose levels of 70 - 130 mg/dL
- Post-meal glucose levels of less than 180 mg/dL

Different goals may be required for specific individuals, including pregnant women, very old and very young people, and those with accompanying serious medical conditions.

*Finger-Prick Test.* A typical blood sugar test includes the following:

- A drop of blood is obtained by pricking the finger.
- The blood is then applied to a chemically treated strip.
- Monitors read and provide results.

Home monitors are less accurate than laboratory monitors and many do not meet the standards of the American Diabetes Association. However, they are usually accurate enough to indicate when blood sugar is too low.

To monitor the amount of glucose within the blood a person with diabetes should test their blood regularly. The procedure is quite simple and can often be done at home.

Some simple procedures may improve accuracy:

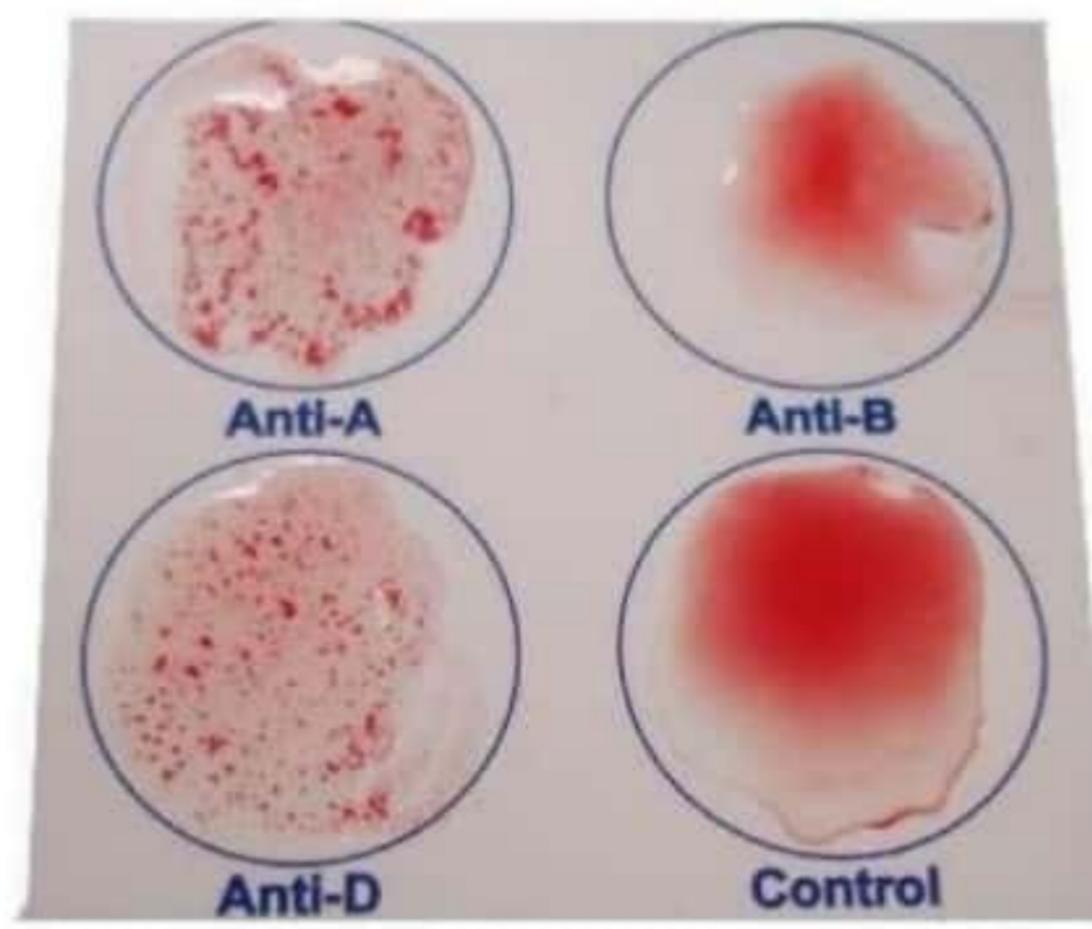
- Testing the meter once a month.
- Recalibrating it whenever a new packet of strips is used.
- Using fresh strips; outdated strips may not provide accurate results.
- Keeping the meter clean.
- Periodically comparing the meter results with the results from a laboratory



#### **4: Blood group test**

A test kit can be used to test blood type. It involves pricking finger and placing a drop of blood on a card that will react to a serum on the card that contains antibodies. Now we will be given the opportunity to test blood type using this technique.

BLOOD TYPE	ANTI-A	ANTI-B	ANTI-D	CONTROL
O-POSITIVE	Red	Red	Red	Red
O-NEGATIVE	Red	Red	Red	Red
A-POSITIVE	Red	Red	Red	Red
A-NEGATIVE	Red	Red	Red	Red
B-POSITIVE	Red	Red	Red	Red
B-NEGATIVE	Red	Red	Red	Red
AB-POSITIVE	Red	Red	Red	Red
AB-NEGATIVE	Red	Red	Red	Red
INVALID	Red	Red	Red	Red



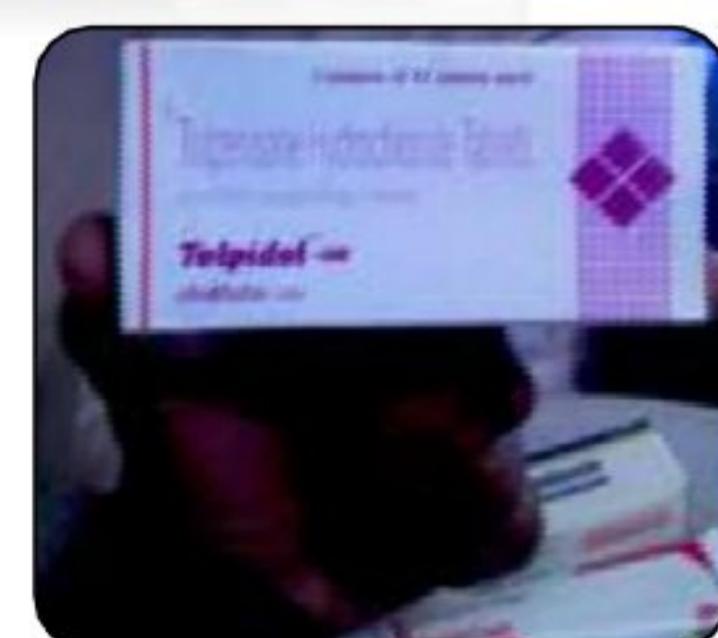
#### **Dispensary**

A dispensary can be defined as the main area where the dispensing of the drugs takes place. It is mainly present for the OPD patients. The various drugs are being distributed to the patients here on the basis of their prescription written by the doctors. The dispensary in the district hospital consists of various pharmacists who are present to hand out the medicines to the patients. The distribution of the drugs in the district hospital is for free.



The various drugs which are being distributed are:-

1. Alusil-C – Antacid chewable tablets
2. Paracetamol tablets and suspension
3. Calcium tablets
4. Chlorpheniramine Maleate tablets
5. B-Complex tablets
6. Walamycin suspension for children
7. Ciprofloxacin Capsules
8. Flamar gel – analgesic
9. Doxycyclin capsules
10. Diclofenac sodium
11. Tramadol
12. Perinorm
13. Metronidazole ointment
14. Atenolol



The drug distribution in the dispensary takes place through several windows. These windows are of:-

- Women
- Men
- Elderly i.e. above age 60
- Staff members

The people are required to stand according to these lines only in order to get the prescribed medicines. The pharmacist also has the job to explain the time of administration and the amount of dose to be given to the patient.

### **Surgical Ward**



(ICU)

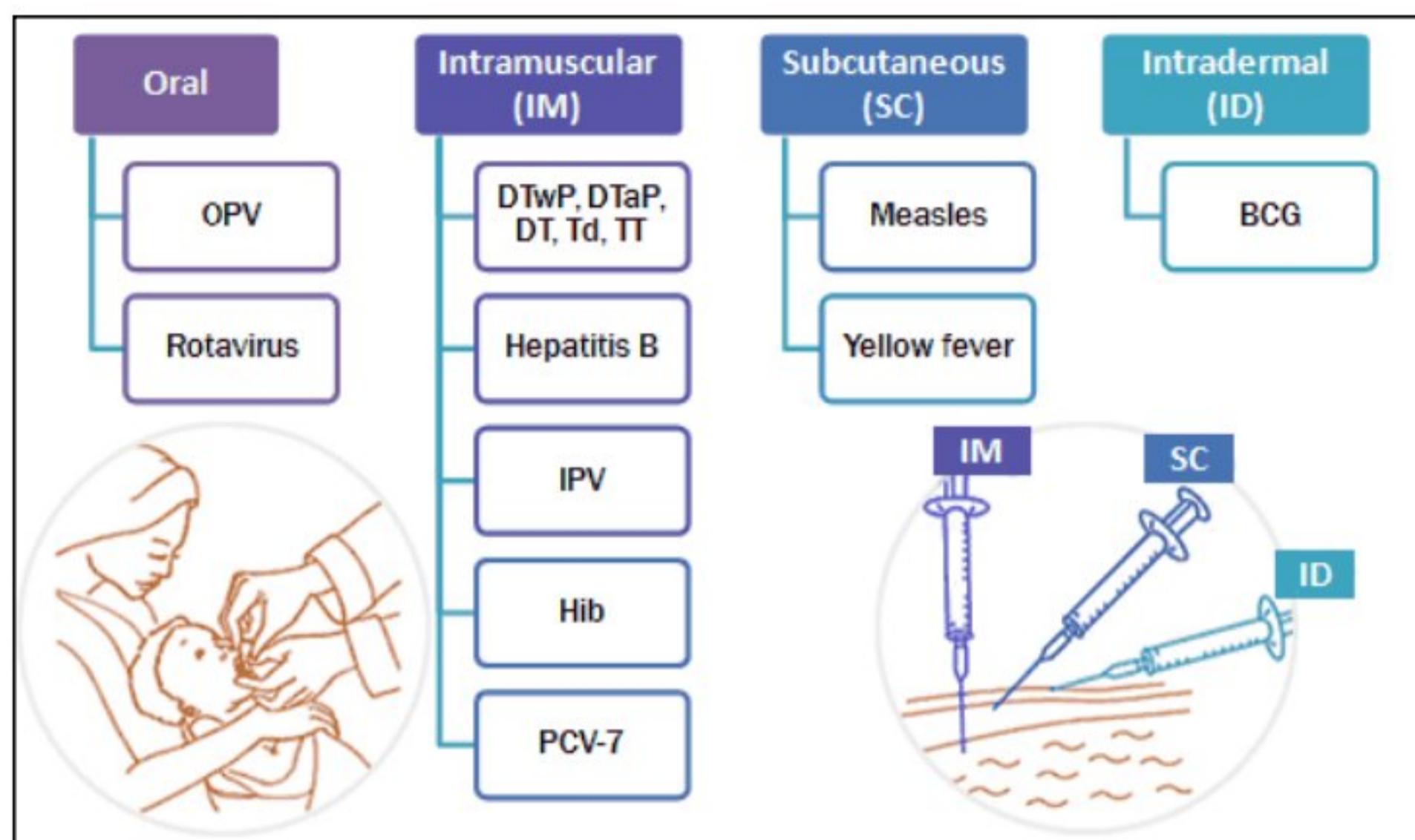


The surgical ward is an in-patient department which consists of those patients who are:-

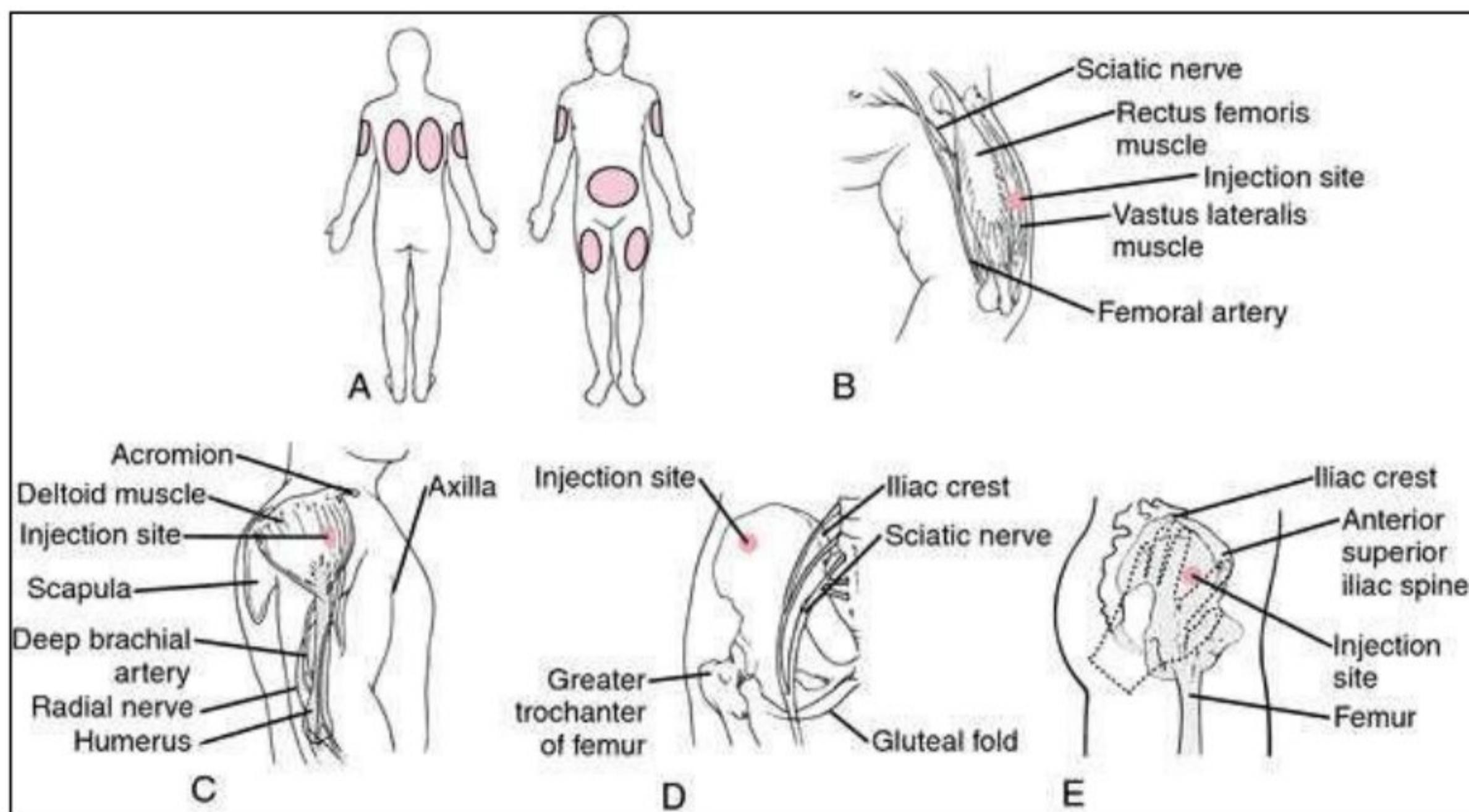
- Severely injured

- Undergoing a surgery
- Wounded
- The surgical ward is divided into two parts:-
- Male Surgical ward – It consists of all the male patients
- Female Surgical Ward – it consists of all the female patients

## Routes of administration



### 1: Parental routes of administration



An injection is an infusion method of putting fluid into the body, usually with a syringe and a hollow needle which is pierced through the skin to a sufficient depth for the material to be administered into the body.

## **2:Intradermal injection**

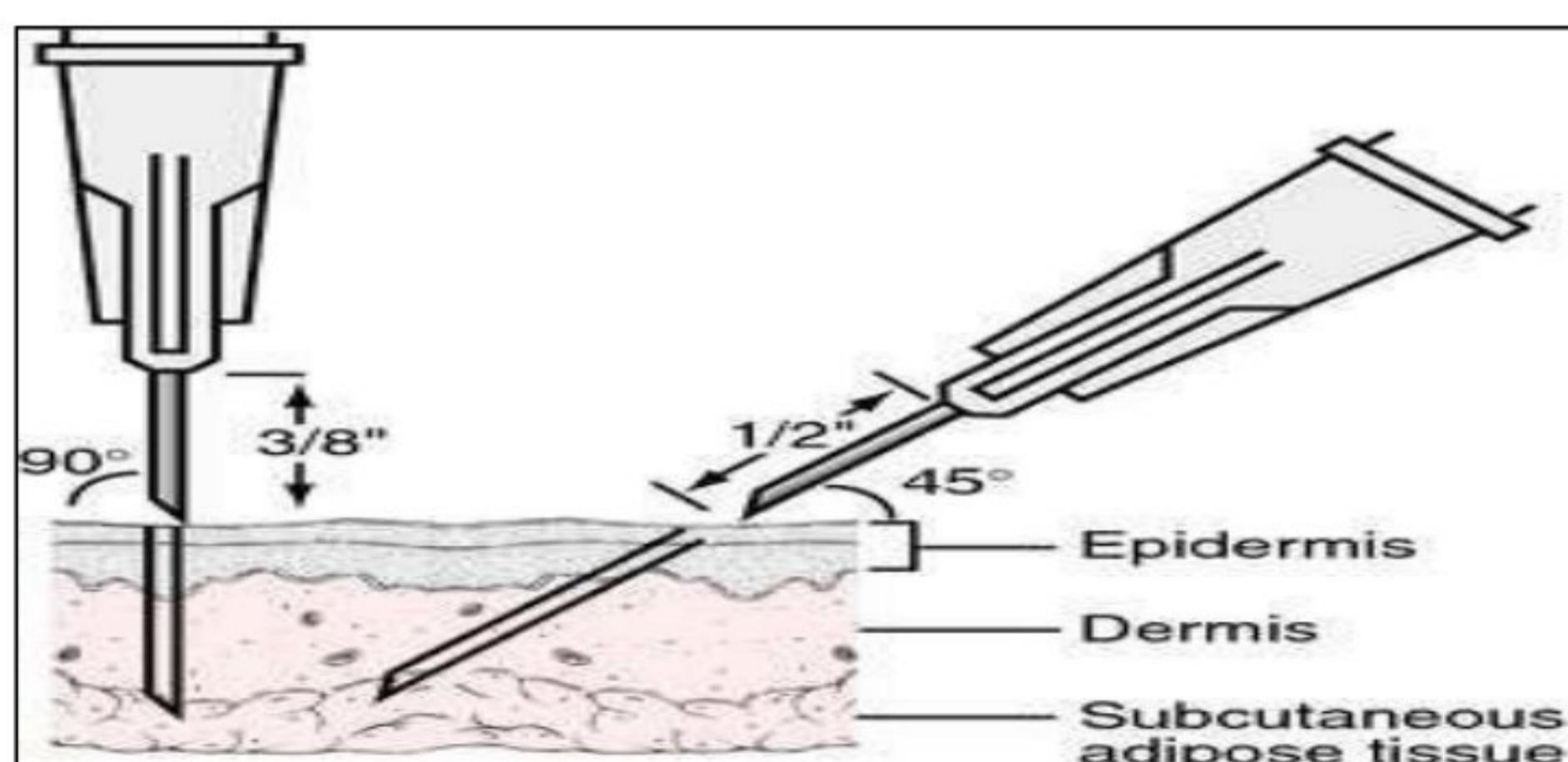
Intradermal injection injection of small amounts of material into the corium or substance of the skin, done in diagnostic procedures and in administration of regional anesthetics, as well as in treatment procedures. In certain allergy tests, the allergen is injected intracutaneously.

## **3:Intramuscular injection**

Intramuscular injection injection into the substance of a muscle, usually the muscle of the upper arm, thigh, or buttock. Intramuscular injections are given when the substance is to be absorbed quickly. They should be given with extreme care, especially in the buttock, because the sciatic nerve may be injured or a large blood vessel may be entered if the injection is not made correctly into the upper, outer quadrant of the buttock.

## **4:Subcutaneous injection**

Subcutaneous injection injection made into the subcutaneous tissues. Although usually fluid medications are injected, occasionally solid materials such as steroid hormones may be injected in small, slowly absorbed pellets to prolong their effect. Subcutaneous injections may be given wherever there is subcutaneous tissue, usually in the upper outer arm or thigh.



## **5:Intravenous injection**



Intravenous is a term that means “into the vein”. Intravenous medication administration occurs when a needle is inserted into a vein and medication is administered through that needle. The needle is usually placed in a vein near the elbow, the wrist, or on the back of the hand. Different sites can be used if necessary.

## **List of Injections**

Various injections and vaccines are used in department of pharmacy, some of them are:-

### **Vaccines**

Tetanus

Anti-rabies vaccines (ARV)

Anti-snake venom (ASV)

Hepatitis

### **Injections-**

Antibiotics ( Gentamycin 80mg, Ampicillin 500mg, Monoceff 500mg, Ciprofloxacin 500mg, Metrogyl 400mg, Tetracycline 500mg, etc)

Steroids (Dexamethasone Sodium Phosphate Injection 4mg, Betamethasone injection)

Hydrocortisone Sodium Succinate injection 100mg

Antiemetic (Metoclopramide HCL Injection 10mg, Ondem 10mg)

Gastritis (Ranitidine HCL Injection 150mg, Omeprazole 20 mg, Pan tab 20mg, Homotidine 20mg)

Anti-allergic ( Phenaramine maleate 25mg)

### **Waste Management**

Biohazard waste must have a way to dispose of it in a safe manner. During the period of hospital training I have observed the Bins of various colours that contain the biohazard waste.

The disposing off waste carelessly may lead to DEATH.

So, the waste should be dumped in a systematic way.

### **Procedure :**

**THERE ARE 5 BINS -**

- 1. Black Bin :** General Waste (Dust, Paper, Kitchen waste)
  - 2. Blue Bin :** **Broken Glass**
  - 3. Red Bin :** **Syringes, Plastic tubes, Urine Bag, Plastic Bottles\**
  - 4. Yellow Bin :** **Animal Tissue, Gloves, Expired Drugs**
  - 5. White Bin :** **Needle, Blade, Scaples**
- ✓ **Practice should be Right**
  - ✓ **Handwashing& Cleaning Should be there at the Hospitals**



## **Trauma Center and Emergency**

### **AIM**

They aimed to treat injured patients as well as emergency cases.

### **PROCEDURE**

Firstly the doctor check the patient, weather to admit the person or not according to the injury or disease.

Bed head ticket (BHT) formed and then medicines are prescribed by the doctor. Now the patient is shifted in the ward according to the disease.

Responsibility of this department was taken by team including EMO, Pharmacist, and Ward boy. Open 24\*7 hrs.

### **Problems encounter during the training**

There are different problem which I had faced during training period:-‘

1- It's tough to handle children, as they are not cooperative throughout the treatment.

2- Most of the patients are illiterate, so were unable to understand the medicine use and forgot there doses.

3- If medicines were finished in the stock, So, immediate supply of the drug in the dispensary was not there.

4- In emergency, patients were allowed to wear oxygen mask, So, sometimes they didn't wear that mask, so difficulty in the treatment was there.

5- Patient thought that, the staff was giving wrong drugs and the wrong treatment

## **Summary**

After 1 month of hospital training I came to learn about how to dispense medicines to the patient, how to inject injections to them, how to handle trauma and emergency cases. I also learn about dealing with hospital conditions like diseases of the patients, wards, staff members, different departments, etc. Almost 2000 of prescriptions were received by the dispensary and we have to treat them with full hospitality services.

## **Future plan**

As I had completed my hospital training from District Hospital, So, I can use my knowledge in medical field. For ex- if I will be posted in rural area, and if there is no doctor at the time of emergency, So, I'll be able to handle the situation by giving proper treatment to the patient at the time. Another thing that I had learn in my training period about the whole procedure of the hospital, starting from admitting the patient upto there treatment.

## **Observation**

Thus I observed that the hospital is a place where people of all kinds come with their problems which they believe to be solved by the medical staff. The working in the hospital takes place by maintaining proper cleanliness in the environment. The staff and the doctors are all hostile and good-natured towards the patients and listen to their problems. Each and every department has its own way of working and at the end of the day; all of the work is finished by it. There is no carelessness towards the patients for their drugs or injections and they are treated on time. The nursing staffs are present at all times for their care. This type of methodology should really be applicable in all hospitals so that the public may get treated once and for all to maintain a healthy country.

## **Conclusion**

The training in a hospital gives us a conclusion that the training in the hospital was really necessary as it not only helped us to see how a hospital operates, but it also helped me to learn basic functions of it like first aid care, how to give injections and dispensing of drugs etc. The conclusion drawn out can be that I have finally learned as to how important role a hospital plays in peoples' lives and that the hospital staff can go to any means to save them since its their duty. Since District Hospital receives only 1 rupees per patient, so it also shows us their good deed towards mankind and to their service.

# THANK YOU