

	TITLE: PROTOCOL FOR IN-PATIENT CARE AND TREATMENT	REV NO. 0	GRH TC- 11/2010
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PROTOCOL FOR IN-PATIENT CARE AND TREATMENT

Sl No.	Activity	Remarks
1	Discuss with the SN the progress of the patient, using the charts as evidence of progress or medical event	The progress of the patient can be elicited prior to an interview with the patient. This keeps the doctor informed. Any non-compliance, grievance, request for DAMA, Discharge request, etc. can be conveyed to the doctor. This even improves the working relationship between SN and doctor, thus making a team effort more of a reality.
2	Greet the patient while entering the ward	The patient is put at ease. The SN are used to chaperone a female patient and translate the local dialects if the need arises.
3	Elicit the history from the patient.	The doctor is fully informed about the events (if any) during his absence, and can now elicit the history from the patient, thus it also serves as a morale booster to the patient when he hears about his progress. This step can be avoided if by the nature of the history the doctor feels that confidential/sensitive information is being divulged.
4	Examine the patient	At all times patient's modesty must not be outraged, especially when genital examination is being carried out.
5	Bed side procedures	Dressings are done with the assistance of SN at the bedside, <i>when the need arises</i> else all dressings are done in the dressing room.
6	Advice, reassure, counsel, educate the patient and by-standers	The patient and by-standers are educated about the condition, its stage/severity, complications and management options, after the rounds. The doctor can explain to the by-standers and thus reduce their anxiety. In the likely event of intervention refer PCT DS (12).
7	Prescription of drugs	The prescription is made complete by writing the date, drug, dose, route of administration and signature of the doctor.
8	Precautions, Further investigations, physiotherapy	All this is explained to the patient and SN and he/she is encouraged to be compliant.
9	Issue of certificates	Medical Certificates are issued when the need arises.
10	Maintaining decorum and poise	The doctor at all times maintains his/her poise and decorum, remembering that the GRH staffs are service providers.
11	Document the findings	All the history and findings (progress notes) must be documented in the likely event that the records might be needed as evidence in the court of Law. Non-compliance of patients or obliging the patients their demand for an investigation is also documented. Consent forms/Doctors orders must be filled if patient and /or by-standers have been informed regarding the management option as a proof of discussing the same with them.
12	Inter-office communication	Doctor communicates with the other staff if the need arises
13	Maintaining the confidentiality of the patient	Above all the interaction between the doctor and the patient is a privileged communication; and kept confidential and private.