



GUIDELINES FOR IN-PATIENT MAINENANCE ARE AS FOLLOWS

SI No.	Activity	Remarks
1	Administration of medications as per guidelines	<ul style="list-style-type: none">- Rule of the thumb – 6 Rights- Right dose, right time, right patient, right route, right drug, right Nurse.- Administering of test doses for certain drugs
2	Meeting patients needs in terms of nature calls, bathing, diet.	<ul style="list-style-type: none">- Patient's by-stander alerts the nurse.- Nurse attends at the bedside- Appropriate care given as per the patient's requirement
3	Making beds	<ul style="list-style-type: none">- Done by HK either on a daily basis at 5.30am or when situation demands it.- Process is supervised by ward nurses- Patient is sent for a bath/ablution whilst this process takes place- In case of a bed ridden patient, bed bath/morning care/hair care/ followed by bed making. Resp: SN<ul style="list-style-type: none">• Beds should be straight and aligned with each other in the ward• Mattress should be cleaned with Bleach solution (1 part bleach and 9 parts water) and in good repair• Bed sheet is tucked into bed• Mackintosh placed on top of bed sheet• Draw sheets placed on top of mackintosh• Pillow with the cover set on the top of the bed• Additional pillows added if required• Stool, foot step and dustbin placed at bedside (only for ICU)• In case of a bedridden patient, the patient is log- rolled whilst the sheets are being changed.
4	Supervising the diet to the patients	SN makes a note of diet consumed and any vomiting etc. after the consumption of diet
5	Preparation of patients for the procedures	<ul style="list-style-type: none">a) Keeping all the consumables ready for the procedureb) Follow pre-procedure ordersc) Informed consent if needed it to be taken/verifiedd) Inform the patient and by-standers if needed
6	Coordinating with the x-ray dept	<ol style="list-style-type: none">1. Doctor raises an X-ray requisition2. SN informs the X-ray Department3. SN accompanies the patient to the X-ray room and assists the X-ray staff if necessary. <p>SN shifts the patient back to casualty after the X-ray.</p>
7	Provision of required equipments and its attachments for the patients	SN coordinates with SN of other wards.
8	Maintaining confidentiality of patient information	Other than GRH staff no one else is allowed to peruse the IPMC
9	Providing prescriptions to patients	After being written by the doctor.



10	Safe custody of medications at appropriate places	- Drugs / consumables placed in the patient medicine cabinet.
11	Getting ready the Trolley for rounds.	<ol style="list-style-type: none">1. Gloves2. Knee hammer3. Tongue depressor4. Torch5. Patient files6. Measuring tape7. Otoscope8. BP apparatus9. Stethoscope10. Face mask11. Sterilium ®
12	Safe discarding of biomedical waste	Refer BWD
13	Responsibility of Blood and its products	<p>Coordinating with the laboratory for the receipt/issue of blood</p> <ol style="list-style-type: none">1. Doctor writes the blood transfusion instruction in patient file and in the requisition form.2. Requisition form is sent to laboratory with a note from the ward about the constraints (how soon the blood is to be administered)3. Status of availability is informed to the wards by the laboratory technician4. laboratory technician hands over blood to ward sister5. Cross check of the donor / patient and cross match forms. <p>Blood transfusion protocol is adhered to</p> <ul style="list-style-type: none">- Any pre-medication is given if ordered- Explain patient blood transfusion procedure and the time that will be taken- Explain benefits/risks and transfusion reactions- Transfusion at the rate that has been prescribed by the treating doctor.- Discarding the blood bag as per biomedical waste disposal norms.
14	Coordinating with the lab for the lab reports and collection of samples	<ol style="list-style-type: none">1. Doctor raises a laboratory requisition form2. Lab is informed regarding the investigation.3. Nurse collects the blood/sample.4. Sends the sample along with Lb requisition form.5. Lab staff submit the reports to the ward and makes an entry in the register
15	Following I V line protocol	As per INTRAVENOUS ACCESS PROTOCOL
16	Universal precautions to be adhered to.	As per PROTOCOL
17	Intimate doctor of patient's progress	Document all the events chronologically.