



आरोग्यम् सुख सम्पदा

अखिल भारतीय आयुर्विज्ञान संस्थान, रायपुर
**ALL INDIA INSTITUTE OF MEDICAL SCIENCES,
RAIPUR**

PRIVATE WARD'S POLICY

CONTENTS

CHAPTERS	PAGES
1. ADMISSION CRITERIA	3
2. ADMISSION PROCEDURE	3
3. DISCHARGE PROCEDURE	4
4. TRANSFER IN	4
5. TRANSFER OUT	5
6. PROTOCOLS FOR THE PATIENTS DURING HOSPITAL STAY	5
7. PRIVATE WARD ROUTINE FOR NURSING OFFICER	5
8. PRIVATE WARD PROTOCOLS	6
9. VISITORS POLICY FOR PRIVATE WARD	7

1. ADMISSION CRITERIA

1. Pre-operative patients can be admitted in the private ward.
2. Post operative who are stable can be admitted in the private ward.
3. Patients who are stable (who doesn't require O2 support or ventilator support) can be admitted in the private ward.
4. Patient who doesn't need continuous monitoring can be admitted in the private ward.

2. ADMISSION PROCEDURE

1. Nursing officer should check the advance payment receipt.
2. Nursing officer should take the consent on the back of face sheet and phone number must be noted at the Time Of admission.
3. The protocols of private ward should be explained by Nursing Officer.
4. Patient, who needs extra diet, can be started with dietician's permission.
5. Nursing officer should give signed entry pass for one week and get the signature in the face sheet.
6. Enter the admission in admission register, with complete address and phone number
7. Make the case file of the patient
 - Keep advance payment slip
 - Treatment chart, clinical notes
 - Nurses record, temp chart, medicine chart, i/o chart
8. Baseline data should be recorded in all charts and admission notes should be written in the nurse's notes.
9. Establish good IPR with the patient
10. Hand over the T.V., Remote control to the patient & get it signed from them the checklist of private ward.
11. Enquire about any drug sensitivity or any other acute complaints.
12. Inform concerned doctor as soon as patient comes to private room.
13. Patient can discontinue the diet in between hospital stay, if they wanted.

3. DISCHARGE PROCEDURE

1. Discharge summary should be ready and signed by the concerned doctor.
2. After the final bill clearance bill no and receipt no. should be entered in register.
3. At the time of final bill clearance the nursing officer should check the room check list and make ensure that all check list items are present and has to enter and check all the entries in patient ID (During bill settlement), then send the patient or relative to billing section to take clearance once the clearance done and patient leaves the room, the discharge should be done in HIS portal.
4. No lunch for the forenoon discharge patient, room should be vacated before 12 noon.
5. No face sheet or case sheet will be given to the patient for money refund.
6. Before leaving the room patient need to fill suggestion form & should be posted in suggestion box.
7. Discharge summary should be explained well to the patient and relatives by on duty SR/JR.
8. One copy of summary (true copy) other investigation report, OPD card should be given to the patient.
9. Two copies of discharge summary are essential one for the patient and other for dispatching record.
10. Dispatch the file with MRD clearance slip attached with it.
11. Room should be washed or fumigated in case of infections/chronic disease.

4. TRANSFER IN

1. Check advance payment receipt.
2. Ward bill has to be received along with other records. Check proper entry of dates, signature etc.
3. Please note whether shifting instructions are written or not.
4. When patient received from other ward, check bed occupancy and make sure that patient get transferred out from the respective ward, in HIS.



5. TRANSFER OUT

1. For shifting the patient to general ward, ICU, HDU...etc, special written instruction should be mentioned in doctors noted by concern doctor.
2. Bill to be cleared before shifting patient from private ward.

6. PROTOCOLS FOR THE PATIENT DURING HOSPITAL STAY

1. Patient has to get themselves all medicines, injections, other items necessary for them.
2. Prescription slip should be given by concern department doctor.
3. All investigation, medical and surgical need to be paid attention.
4. Weekly bill has to be cleared in time; this bill statement contains all investigation, surgery, delivery, if any diet, medicines, IV fluid etc.
5. Any type of complaints should be paid attention and problem should be solved as early as possible.
6. Patient who need continues monitoring will not be admitted in private ward.
7. Patient who need ventilator support will not be admitted in private ward.

7. PRIVATE WARD ROUTINE FOR NURSING OFFICER

1. Nursing officer will be punctual for duty timings.
2. Should Check emergency articles, medicines and record it.
3. Handover of patients should be taken from room to room.
4. Patient's bed linen should be changed every day by HA and it should be supervised by nursing officer.
5. Anticipate the need of the patient.
6. No verbal instructions to be carried, record the name of the doctor concerned.
7. Medications and other consumables that are given to patient should be replaced from patient.

8. Nurse's record should be complete in each shift.
9. Night duty nursing officer is responsible for making diet sheet, weekly bill and final bill.
10. All set of autoclaved items should be checked, send for autoclave after 72 hrs.
11. All the hospital weekly bill, will be received by nursing officer on duty and to be distributed to patient in the room.
12. Blood bank slip should be received by nursing officer on duty and slip to be attached to weekly bills.

8. PRIVATE WARD PROTOCOLS

1. SR/JR will be available or present in private ward round the clock.
2. Nursing officers will check vital signs every 6th hourly.
3. In case of medical or surgical emergencies patient should be immediately shifted to MICU and for emergency management.
4. Hospitality and therapeutic communication should be maintained by SR/JR, nursing officers, HA and other paramedical staff.
5. Dietician should visit the patient every day and should advise the diet for patient in diet chart.
6. Patient is responsible for their own belongings.
7. In case of gynecology emergencies patient should be immediately shifted to labor room or gynecology department for treatment.
8. Private rooms can only be allotted on the recommendations of treating doctor.
9. Govt. employee, (EHS) who are not entitled may avail private room against payment, for which no claim of charge of private ward will be entertained for verification and their bills will be verified excluding the charges of private ward.
10. Private rooms will only be allotted on the availability of rooms strictly as per waiting list.
11. Dietary charges 200 Rs/- per day in private ward.



12. Charges for eligible EHS 10 Rs/Day and for retired eligible EHS is 200 Rs/day (dietary charges extra).
13. Pre-booking is allowed only if it is signed from concern department HOD.
14. EDL & ECL are given for EHS those are entitled for private ward.

9. VISITORS POLICY FOR PRIVATE WARD IN-PATIENTS.

1. Two attendant passes will be issued for all private ward admissions.
2. Only two attendants will be allowed during the visiting hours for each patient with a pass.
3. One attendant is a must for all patients.
4. The general visiting hours for all private ward patients are from 8:30 a.m. to 5 p.m.

QUALITY PATIENT CARE

Quality is never an Accident. It is always the results of high intention, sincere effort, intelligent, direction and skillful execution: it represents the wise choice of many alternatives.

Ram
16/02/2022

(Dr. Ramesh Chandrakar)
Deputy Medical Superintendent
AIIMS, Raipur