| NEUROLOGY SERVICES IN HOSPITAL |  |   |   |  |  |
|--------------------------------|--|---|---|--|--|
|                                | Template for Minimum standards for<br>Hospital | BASIC (General purpose)   | ADVANCE (Non Teaching Hospital)   | REMARK                                   |  |
| 1                              | Scope  | Providing services for General Hospital with Single Specialities/ Multiple Specialities example SDH, District Hospital, Civil Hospital,Private Hospital,Nursing Home) etc | Providing services for Superspecialities example Civil Hospital, Regional Hospital, Nursing Home, Private Hospital etc. |  |  |
|                                | Services Provided                              |   |   |  |  |
|                                | 1.1 General purpose                            | Yes   |   |  |  |
|                                | 1.2 Single Speciality                          | Yes   |   |  |  |
|                                | 1.3. Multispeciality                           | Yes   |   |  |  |
|                                | 1.4. Superspeciality                           |   | Yes   |  |  |
| 2                              | Human resources                                |   |   |  |  |
|                                | 2.1 Doctors                                    |   |   |  |  |
|                                | Med person incharge                            | DM/ DNB NEUROLOGY or MD/DNB MEDICINE  | DM /DNB NEUROLOGY   |  |  |
|                                | Full time consultant                           | Yes or  | Yes or  |  |  |
|                                | Part time consultant                           | Yes or  | Yes or  |  |  |
|                                | visiting consultant                            | Yes   | Yes   |  |  |
|                                | Duty Doctors                                   | Yes   | Yes   | MBBS Doctors for round the clock cover M |  |
|                                | 2.2 Nurses                                     |   |   |  |  |
|                                | Nursing head                                   | Yes   | Yes   | part of Hospital                         |  |
|                                | General nurses                                 | Yes   | Yes   | part of Hospital                         |  |
|                                | Trained Nurses for ICU/OT/HDU                  | Yes   | Yes   | part of Hospital                         |  |
|                                | 2.3 Pharmacist                                 |   |   | yes, own/outsourced; part of<br>Hospital |  |
|                                | 2.4 Para Medical staff                         |   |   |  |  |
|                                | a. Lab Tech                                    | Yes   | Yes   | M- if own lab                            |  |

| b. Xray Technician                     | Yes                    | Yes                     | M- if own                         |
|--|------------------------|-------------------------|-----------------------------------|
| c.Technician                           | *EEG Technician-1 (BSc | **EEG Technician-1 (BSc | *D                                |
|  | NEURODIAGNOSIS)        | NEURODIAGNOSIS)         | **M                               |
| d. ECG Technician                      | Yes                    | Yes                     | D                                 |
| e. Dietician                           | Yes                    | Yes                     | D                                 |
| f. Physiotherapist                     | Yes*                   | Yes**                   | *D;**M                            |
| g. Psychologist                        | Yes                    | Yes*                    | D,*M-Mandatory if<br>Psychiatrist |
| h. Medicosocial worker                 | Yes                    | Yes                     | D                                 |
| 3 Equipment                            |                        |                         |                                   |
| Therapeutic                            | EEG.EMG                | EEG.EMG                 | M                                 |
| Diagnostic                             | Yes                    | Yes                     | М                                 |
| Emergency                              | CT Scan                | CT Scan                 | Also Refer document on hospital   |
| Sterlizing                             | Yes                    | Yes                     | M                                 |
| Drugs, Medical devices and consumables | Yes                    | Yes                     | Refer document on Hospital        |
| List of disposables                    | Yes                    | Yes                     | М                                 |
| Annual Maintenance records of equip    | Yes                    | Yes                     | D                                 |
| 4 Support Services                     |                        |                         |                                   |
| 4.1. Laboratory                        | Yes                    | Yes                     | own or Outsourced                 |
| 4.2. Imaging                           | Yes                    | Yes                     | own or Outsourced                 |
| 4.3. Pharmacy                          | Yes                    | Yes                     | M-own/outsourced                  |
| 4.4. sterlization/CSSD                 | Yes                    | Yes                     | М                                 |
| 4.5. Medical Gas/Manifold              | Yes                    | Yes                     | М                                 |
| 4.6. Blood storage unit/blood Bank     | Yes                    | Yes                     | M-own/outsourced/TIE UP           |
| 4.7. Amb service                       | Yes                    | Yes                     | M-own/outsourced/TIE UP           |

M-Mandatory

D- Desirable