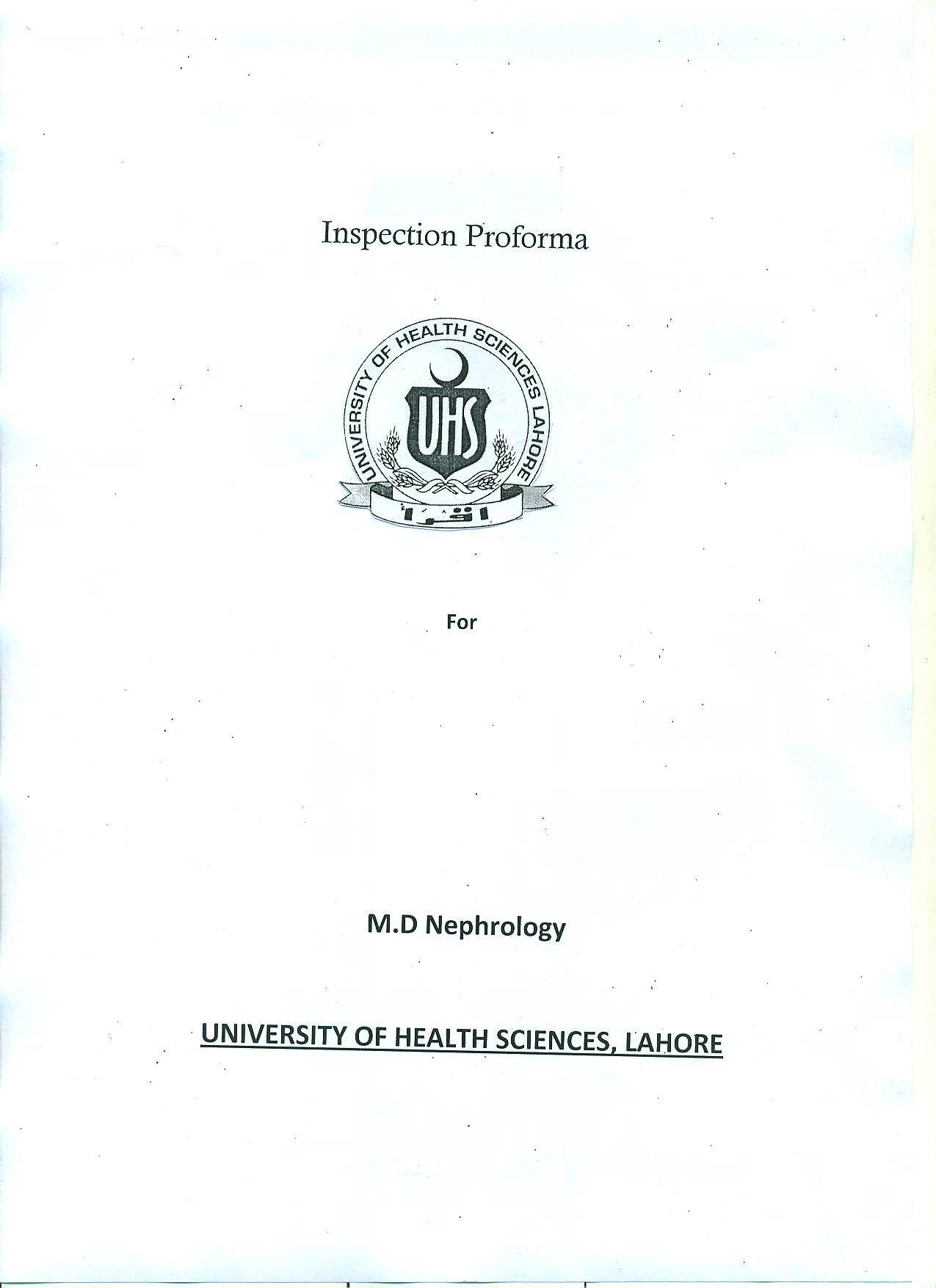
Inspection Proforma



**For**

**M.D Nephrology**

**UNIVERSITY OF HEALTH SCIENCES, LAHORE**

**DEPARTMENT OF MEDICINE**

**Part I**

|  |  |
| --- | --- |
| **MEDICINE (Teaching staff and Technical staff)** | |
| **Designation of Teaching staff** | **Name** |
| Professor |  |
| Associate Professor |  |
| Astt. Professor |  |

**Facilities in Hospital**

**PART II**

|  |  |  |
| --- | --- | --- |
| **Infrastructure** | **Number /**  **Y/N** | **Remarks** |
| Beds |  |  |
| Patient Turnover |  |  |
| Bed occupancy |  |  |
| OPD Attendance |  |  |
| PMDC recognition of Hospital |  |  |

**Part III**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Medicine (Equipment)** | | | | | |
| **S#** | **Equipment**  **Remarks** | **Min**  **Required** | **Available** | **Deficiency** | **Working/ Not Working** |
| 1 | Dc defibrillator | 1 |  |  |  |
| 2 | ECG machine | 3 |  |  |  |
| 3 | Video Endoscopic System (with upper and lower GI  scopes) |  |  |  |  |
| 4 | Trolley for Endoscopes |  |  |  |  |
| 5 | Echo Cardiography 2D with  color Doppler (as part of the  radiology Department  facility) | 1 |  |  |  |
| 6 | ETT machine | 1 |  |  |  |
| 7 | Nebulizer complete | 4 |  |  |  |
| 8 | Ventilator |  |  |  |  |

**DEPARTMENT OF BASIC SCIENCES**

**Part I**

|  |  |
| --- | --- |
| **DEPARTMENT** | **FACULTY** |
| Anatomy |  |
| Physiology |  |
| Biochemistry |  |
| Pathology |  |
| Pharmacology |  |
| Behavioral Sciences |  |
| Biostatistics & Research Methods |  |

**Part II**

|  |  |
| --- | --- |
| **Teaching AIDS – Any Number** |  |
| Educational Charts |  |
| CDs |  |
| Models |  |

**DEPARTMENT OF NEPHROLOGY**

**PART (I)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  | | --- | | **FACULTY OF NEPHROLOGY** | | **Designation Name Qualification Experience in Nephrology** | |  | |  | |  |     **PART (II)**   |  |  |  | | --- | --- | --- | | **Infrastructure** | **Number /**  **Y/N** | **Remarks** | | Total Beds |  |  | | Monthly Admissions |  |  | | Monthly OPD attendance |  |  | | ICU availability |  |  | | Reorganization by PMDC |  |  | | Reorganization by UHS |  |  | | Reorganization by CPSP |  |  | | Hospital library |  |  | | Departmental library |  |  | | Audio Visual System + Computers |  |  |     **Facilities in Hospital** |

**PART (III)**

**Infrastructure**

**Bed Strength**

|  |  |  |  |
| --- | --- | --- | --- |
| **Infrastructure** | **Minimum required** | **Available** | **Remarks** |
| **Beds** | **16** |  |  |
| **Male** | **8** |  |  |
| **Female** | **8** |  |  |

**Hemodialysis Unit**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Minimum required** | **Available** | **Remarks** |
| Beds | **6** |  |  |

**EQUIPMENT**

|  |  |  |  |
| --- | --- | --- | --- |
| **Equipment** | **Minimum Required** | **Available** | **Remarks** |
| **H.D machines** | **6** |  |  |
| **Water Treatment System** | **1** |  |  |
| **Resucitation trolley with defibrillator** | **1** |  |  |
| **USG machine** | **1 optional** |  |  |
| **Nebulizers** | **1** |  |  |
| **Glocometer** | **1** |  |  |
| **Oxygen** |  |  |  |

**SUPPORT DEPARTMENTS**

|  |  |
| --- | --- |
| **Department** | **Availability** |
| Urology |  |
| Kidney Transplantation |  |
| Radiology –XRAY  USG  CT/MRI |  |
| Biochemistry |  |
| Microbiology |  |
| Hematology |  |
| Histopathology |  |
| Cardiology/Ecchocardiography |  |
| Vascular Surgery |  |
| Emergency |  |

**Remarks**

**WORKLOAD OF DEPARTMENT**

|  |  |  |  |
| --- | --- | --- | --- |
| **Work Load** | **Minimum required** | **Actual** | **Remarks** |
| **Monthly admissions** | **50** |  |  |
| **Monthly OPD attendance** | **150** |  |  |
| **Monthly dialyses** | **200** |  |  |
| **Monthly renal biopsies** | **5** |  |  |
| **Acute Vascular Access** | **5** |  |  |
| **Acute Peritoned dialysis** |  |  |  |
| **CAPD** |  |  |  |
| **CRRT** |  |  |  |

**Overall Remarks**

**Recommendations**

Recommended for approval

Not Recommended for approval

Recommended for approval subject

to improvements in the following

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Member |  | Member |  | Member |