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 GIscopes) |  |  |  |  |
| 4 | Trolley for Endoscopes  |  |  |  |  |
| 5  | Echo Cardiography 2D withcolor Doppler (as part of theradiology Departmentfacility) | 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)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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| --- |
|  **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 |