

# 'SERVING PATIENTS IS SERVING GOD'

## **RULES AND REGULATIONS**

### **I) ACADEMICS**

- 1. You will report to hospital at 6.45 am**
- 2. Morning Meetings**  
All residents should be present for the morning meeting in CMR at 7.00 am sharp.
- 3. Evening Teaching**  
Evening teaching classes are compulsory for all exam going residents at 3.15 pm. Lectures/ Seminar / Case Presentation / Small Group Teaching by consultants and affiliate faculty are compulsory for all residents even though they may be revision lectures.
- 4. Log Books**  
All residents should maintain daily log books and get it signed on daily basis from respective unit In-charge consultants or Monday /Tuesday in CMR. They need to be submitted on periodic basis for checking to the academic department.

### **II) RESIDENT WARD DUTIES**

- 1. Patient History**  
On admission of the patient the resident will write the complete detailed history and clinical findings of the patients and advise investigations.  
Initial assessment and care plan should be filled in the HMIS on admission of the patient.
- 2. Pathology Reports**  
Investigation reports will be checked and verified in the Trio HMIS. Change in treatment planned based on investigation results needs to be mentioned in the patient file.
- 3. Fitness Physician & Anaesthetist**  
Fitness given by the physician is to be checked by the resident and informed to the patient as well to the consultant.  
Inform physician / anaesthetist / reference to outside consultant enter the reference in the HMIS along with the reason for the reference after every admission.
- 4. Documentation During Ward Round**  
They will record detailed morning rounds as regards the condition of the patient and his progress (Clinical Notes& Orders). The morning notes and orders should be written at the bed side and not at the ward counter. They should also enter the consultant's findings.  
  
Daily medication orders are to be written every morning and in capital letters only. Medication orders should follow below mentioned standards
  - Capital letters
  - Frequency of the drug
  - Dose of the drug
  - Route
  - Remarks (If any)A patient file will be completed in all respects and submitted to the MRD on the same day when the patient is discharged.

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### **5. Dressing Wound Status**

After every dressing the wound status is to be recorded in the notes (Progress Report) and shown to the consultant.

Preferably take a photo and send to the consultant.

Before performing any procedure information to be given to the patient and procedure form to be filled before dressing. All necessary Infection Control Protocols should be followed during dressing.

### **6. Medicine Dose**

Daily drugs and the medicine dose given to be checked personally by the resident during morning rounds and prescription given accordingly in the MCI approved format only.

It is mandatory to know the dose/ adverse reaction / drugs interaction about every drug prescribe by you as are RMP according to MCI rules.

### **7. Discharge Card/ Summary ( as per new format of TRIOTREE software)**

Discharge card/summary to be filled one day prior to discharge and consultant’s sign should be taken. The medications on discharge should be discussed with the respective physicians if needed. Discharge summary should be ready before 10:00 am on the day of discharge. Patient should take appointment from the OPD secretary for his next scheduled visit as per the date given by the doctor. Probable discharges to be informed on appropriate whatsapp group.

All Parameters in the Discharge Card/Summary need be filled properly.

Diagnosis should be mentioned in the Discharge summary in the form of ICD code as well. The discharge summary must be explained by any one of the unit residents and the follow up date should be well explained to the patient. Confirmation of appointment for follow up at SIOR should be done.

### **1. Dress Code**

All residents should always wear clean apron & shoes at any given time in the hospital campus especially whenever they are in the wards, OPD and emergency. No doctor should enter the hospital without apron & shoes. They have to be clean shaven.

### **2. OT Dress**

No doctor will be allowed to leave the OT in OT Dress. They have to change and go out.

### **3. No Medication over the telephone**

Verbal and hand written orders will not be valid/ executed. No orders will be given to the nurse regarding medication over the telephone. The resident should personally come and write it on the case paper after which the nurse will execute the order. **(Telephonic order will not be executed as per NABH rules).**

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### **4. Behavior**

All the residents must be extremely careful about their behavior with patients and staff. Under no circumstances will the resident raise his voice at any patient or the staff, even if they are wrong. They should complain about the person / the incident to the administrator and the consultant in writing. Our culture is to treat every patient as our close relative. Caring approach will be the same as for our near and dear ones. You must realize that you are under constant CCTV surveillance in wards and every corner of the hospital. Do not talk in “Loose Talk” in public areas like the casualty, cafeteria and the elevators.

### **12. Consent Form**

Prior to taking a patient in OT/EOT the resident will ensure Pre-operative anesthetic fitness and consent form is duly signed.

All consents pertaining to treatment are to be personally taken by resident only.

The mandatory parameters should be mentioned in the surgery consent.

- Benefits of the surgery
- Risk involved in the surgery
- Alternates (If any)

Name of Consultant, Date, time and signature of the consultant should be taken on the consent form.

### **13. OT Etiquettes**

Once the patient is inside OT, make sure no personal or any loose talks to be made. Mobile phones strictly not to be used inside OT.

Female patient catheterization and other such procedures should be done by sister or female residents. Also while doing primary for a female patient, ensure presence of female nurse or female OT assistant in OT.

Once surgery is done to accompany the patient to Recovery and hand over to the Recovery sister. Then complete all post-operative notes, before scrubbing for the next case.

### **14. Blood Transfusion**

If blood transfusion is ordered the resident on duty will ensure the correctness of the blood bottle, stick the counter foil on the case paper; enter the time of starting as well as completion of the B.T. Write necessary orders for any reaction to B.T. The blood will be checked by resident compulsorily in the ward itself. The resident will personally be present while starting the B.T. and monitor patient for 15 mins in the ward after the blood has been started to ensure no untoward reaction occurs. Blood transfusion consent should be taken before transfusion of the blood.

### **15. Signing of Certificates**

The resident will not sign any reimbursement papers, insurance forms; neither will they issue any temporary/permanent disability certificates, any duty modification certificate unless told by the consultant. Instead they will direct the patient to the consultant / care manager. **Resident is not authorized to sign any certificate or legal document.**

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- 16. Residents timing in the Hospital**  
All residents should stay in the hospital campus everyday from 6.55 a.m. till all work is completed or minimum till 6.00 pm and thereafter if work is pending or OT/OPD is going on.
- 17. Leave the hospital campus**  
No resident will leave the hospital campus during duty hours (6.55 am to 6.00 pm) except with prior permission of Unit Head and academics office or his locum.
- 18. Treatment of Staff Members**  
No residents will write any prescriptions/investigations for treatment of staff members. Refer them to staff OPD instant.
- 19. Post Op Round:**  
Resident should ensure that operated patients are seen by consultants before leaving the campus.  
Documentation of round findings should be written in the patient file.
- 20. Resident Evening Round**  
The resident will take an evening round along with JC's and put notes along with the respective unit. After the rounds are over, he shall inform the consultants regarding the status of the patients under his care
- 21 Morning Rounds**  
The morning and post op rounds will be taken with the consultants.
- 22 Documentation :**  
All records, investigations, orders, pertaining to patient care must be entered into the Hospital EMR : TRIOTREE. Detailed training of the same would be given to every resident on admission.
  - Verbal and hand written orders will not be valid / executed.
  - All residents will be given individual Log-in Ids which are unique. Patient confidentiality must be followed at all times.

### **III) WARD ROUNDS**

- 1. Morning Rounds**  
Daily morning rounds to be taken with consultant. All patients to be seen and appropriate notes entered into the case paper immediately.
- 2. Post Op Rounds** to be taken with consultants.
- 3. Evening Rounds**  
Daily evening rounds to be taken by JC/ Fellows with all unit residents. After the rounds are done, report to the respective consultant should be sent by Whatsapp.
- 4. Sunday Rounds**  
Sunday morning rounds to be taken by JC's & residents before 10.00 a.m. and then report to be sent to the Consultant by Whatsapp. No resident will leave the campus on Sunday before taking rounds and finishing ward work. Trauma consultant on call will take round of E-ward & critical patients.

**Use of mobile phones during ward rounds is not permitted.**

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### **IV) OPD**

**1. Time**

The Residents will finish ward work and come to the OPD sharp at 9.30 a.m. The residents will stay in the OPD till all patients have been attended to. If the OPD continues till 3.15 pm then exam going residents shall take permission of the respective consultants and attend the Clinic.

**2. OPD Patients**

All cases coming to the OPD must be shown to the consultant. No resident will see patients on his own. No patients will be disposed without meeting the consultants.

**No OPD Patients will be seen in the casualty.**

**3. Dressing Room**

All routine dressings will be done in the dressing room and not in the casualty. To inform OPD receptionist after the dressing is done for recovery of charges.

**4. X-ray Orders**

Patients should be given digital X-ray orders for the next visit during his present visit to facilitate follow-up. X-ray form must clearly mention the part to be X-rayed, diagnosis and signed by the resident.

**5. Primary Consultation**

To be done in cubicles only. Appropriate investigation is to be prescribed by Senior Resident only.

**6. Photography** for research / thesis must be done after obtaining proper consent.

**7. Admission Protocol:**

The resident has to complete the admission form and ensure proper diagnosis, treatment plan, and orders on admission are written on the form. The resident has to then keep track of the admission process and ensure that the file is duly completed in all respect within half an hour of patient reaching the ward.

**8. Care Manager – Estimates / Insurance :**

For any inquiry regarding costs or bill patient has to be directed toward the care manager and the insurance desk. Residents are strictly prohibited from any indulgence regarding the same with patients

**9. Use of Mobile phones during OPD is not permitted.**

### **V) COLD-ON-CALL (COC) RESIDENT**

**1. Timing**

The COC resident (AOC & SI) must stay in the campus from 7.30 p.m. to 7.30 a.m. on his call day. He must take the round of operated patients in detail and Whatsapp the same to the concerned consultant and to the Chairman at 9.00 p.m. He must attend every call from the ward of all units. Telephonic orders will not be honored. He will carry the COC phones from Day-COC (7.30 pm to 7.30 am). Night COC will hand over the mobile phone to the trauma unit Day-COC during the morning clinical meeting.

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3. **Night Stay** – AOC-COC will stay in Resident’s Room in Casualty.

SI –COC will stay in 1<sup>st</sup> Floor Resident’s Room

Female SI COC will stay in COC Room provided in E Ward.

The Trauma Unit on call will be responsible for calls coming during the day from ward, in case the concerned unit resident is in the OT.

4. **Cold-on-Call resident**

Both SI & AOC COC resident should be available at all the times in the hospital campus. They are required to assist the casualty residents whenever there is mass casualty and will cover for any trauma resident in case of emergency OT.

4. **Cold-on-Call duties (COC) - Current**

The COC duties cannot be exchanged unless prior permission is obtained from Dr. Chetan Pradhan

SICOC looks after wards : A,B,C, D, E, S wards & 6<sup>th</sup> floor Recovery

AOC COC looks after wards : Jasmine, Rose, Lily, Orchid, Tulip wards

5. **Display of COC list**

A list of doctors on COC for the entire month shall be displayed in all the wards, casualty and at the telephone operator. These duties should not be changed under any circumstances.

6. **Intensivists** should not be called to manage ward cases / procedures and should be personally informed incase there is an emergency which cannot be handled at resident level.

7. The COC resident will always keep the mobile phone with him. He shall not keep it on vibrate or silent mode. He will ensure that all calls are promptly answered.

8. COC resident shall inform the respective JC/ Consultant of any problem faced by their patient in the ward.

9. **COC Phone Protocols:**

- Ensure full charging while they are with you.
- Must be always answered without fail/delay
- Should be properly handed over to next COC

	Mobile No.
CMO – (Casualty)	8806666303
Cold on call resident doctor (AOC)	7066351567
Cold on call resident doctor (SIOR)	8806666305
Intensivist – E ward	8806666301
Intensivist – Advanced ICU	8806666302

10. AOC & SICOC phone should be handed over to Day COC resident during morning meeting and to be taken from him at 7.30 pm before commencing the COC duty.

11. Both COCs will also be responsible of helping for admission process at the reception counter in the morning. They will physically be present at reception counter for the same.

12. Both COCs should meet the Chairman at 7.30 p.m. in the knee OPD before starting their Duty.

13. The on-call anaesthetist ( staying in Room No. 711 – Lily Ward) may be called in need of advice for pain medication, sedation and epidural care ( Cell No: 70300 58748)

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### **EMERGENCY DUTIES (CASUALTY)**

**Casualty must be manned by trauma unit on-call all time 24 x 7.**

**1. Emergency Day**

It is mandatory for all the residents from the respective trauma unit to stay in the emergency at all times on emergency day. They should be available at any time in the campus.

**2. Stay in Casualty**

Resident shall stay in the Casualty through the night. The Casualty should not remain unmanned anytime. At night he will be available in doctor’s room in the casualty.

**3. Emergency Room**

Residents on emergency duty will stay in Doctor’s room provided.

**4. Strictly follow all casualty, NABH and ATLS protocols.**

**5. All patients coming to casualty will be seen by Dr .Deshmukh & J.C. Resident cannot send of /discharge/dismiss the patients independently by themselves.**

**6. No patient can be allowed to leave the casualty without prescription, case paper or discharge summary.**

**7. No patient to be referred out of casualty without permission of consultant.**

**8. CMO Casualty Phone : ( Cell No: 8806666303)**

- Ensure full charging.
- Must be always answered immediately

**9. Patients reporting to emergency**

All the patients coming to the emergency, OPD will be initially seen by the residents and necessarily shown to the consultant or Jr. Consultant. No patients will be allowed to leave the casualty unless JC/ Consultant has seen patient.

Triaging of the patient should be documented in the given format. Forms are available in the casualty to be attached in the patient file.

**10. Patients admitted through casualty**

The resident shall visit the patient immediately after getting admitted to ward from casualty, confirm the patient is comfortable and ensure all the orders are followed. †

For admission of any patient the resident will write a complete detailed history and clinical findings and advice investigations. They will personally record the B.P. of the patient. They should fill out the letter form to be sent to the referring doctor and ensure that it is typed.

Any spine, knee or other speciality patient getting admitted through casualty will be transferred to that particular unit next day morning and not the same day evening.

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**12. DAMA /LAMA discharges**

All DAMA discharges and transfers to other hospital from casualty or ward, must be informed to the consultants and personally to Dr. Parag Sancheti.

**13. Presence of consultant**

No casualty case in the OT will be started without the presence of consultant.

**14. Emergency Cases**

All casualty cases to be taken up in OT under anesthesia & must be taken before 6.00 pm with following exceptions.

- a. All dislocations
- b. Life saving procedures
- c. Open wounds
- d. Vascular injuries
- e. Compound fractures.
- f. Emergency surgery

**15. Documentation**

The resident must complete notes, orders, prescriptions of all casualty patients in the wards before going to OT or OPD (next day of admission).

**16. Consents:** are mandatory in any of the following circumstances:

- Giving Local Anesthesia
- Any procedure minor (for e.g. suturing/joint reduction under sedation) or major (like surgery)
- Photographs of patient or patient records must only be taken with prior consent

**17. Medical Representatives**

No call will be given to the Medical Representatives in the Casualty area.

**18. Dressings**

No dressings of wards and OPD patients will be done in casualty.

**19. Panel Consultants**

All panel consultants should be informed about their casualty referrals, personally by the residents and not by the nurses.

**20.** You should not read books in the Consultant office or at the residents desk placed in the casualty, (patients receiving area). You may read in the resident's room provided to you next to casualty.

**21. OT List**

The junior resident in casualty must prepare OT list for next day, with all details, including implants. This should be done before 3.30 p.m. Only casualty patients getting admitted after 3.30 pm can be added to the trauma list.

**22.** Trauma JC on duty shall prepare the OT list for Advanced OT latest by 9:00 pm. He shall personally ensure that there is clearance of all 1<sup>st</sup> round patients with respect to deposit/ insurance and all other financial clearances.

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23. If both COC’s residents are busy Casualty resident will take COC calls.
24. Behaviors in Casualty
  - Dress code (apron should be worn at all time)
  - Eatables not permitted within the premises of the casualty
  - Chatting & loose talks is not permitted in the casualty area.
  - You may study in the resident’s room in casualty.
25. Computers in casualty should not be used for any other purpose than EMR

**Use of Mobile phones in Casualty is strictly prohibited.**

### **VII) GENERAL POINTS –**

1. **Polite Behavior**  
Polite behavior has to be ensured with all patients and while interacting with colleagues, staff. Please note, our hospital is a No Anger Zone.
2. **Dress Code and Appearance -**  
Properly shaved (for Male Resident), polished shoes and over all good appearance is compulsory. A clean apron has to be worn at all times. Female resident should keep their hair completely tied (bun) at all times
3. **Social Media -**  
All residents need to understand that they are perceived as the representative of this organization. Any idea or comment posted by the resident can have a direct or indirect impact. Please refrain from posting any patient related issue on Social Media. Posts pertaining to the Institute or its pictures or videos, will require prior permission from the Dean / Management. Posts about Surgeries / Activities done in the Hospital CANNOT be posted on Social Media.

### **VIII) LEAVE APPLICATION PROCEDURE**

1. **Authorization**  
Residents are authorized 20 days leave per year plus 5 days academic leave to attend professional events. If one avails leave in excess of authorized number of days his/her term of course shall be extended by same number of days. However one shall be able to appear in examination if one has 80% of attendance.
2. **Attendance**  
In exceptional cases, the Dean may permit leave quota of next year to be availed if the requirement is more than 20 days of that year, for extreme emergencies.
3. **Application**  
Application for leave on prescribed formats available in PG office, should be submitted one week prior to the date for which leave is applied. The leave form is required to be handed over to Col. Ajit Palekar (Retd) or Ms. Priya in person.
4. **Emergency Leave**  
If Emergency Leave is required, the Unit Head will be informed in person and also the Academic Office ( Dr. Darshan & Ms. Priya) will be informed via Whatsapp / SMS

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**5. Signature**

Leave application has to be signed by respective Unit Head Consultant. The signature of locum is also required on the leave form. Final sanction will be given by Col. Ajit Palekar (Retd) subject to the attendance / punctuality / performance record of student.

**6. Sundays/ holidays**

Subject to exigencies of work, Residents will be allowed one weekly holiday. However, on Sundays and other holidays residents are expected to remain in campus and be available to attend emergency or mass casualty at short notice.

7. On Sundays and all other holidays, they are expected to complete their ward work and morning rounds.

**8. Going out of Station on Sundays**

At no point in time residents must go out to any place from where they are not in a position to return to hospital within 60 minutes. In any emergency when called, Residents must report to hospital within 60 minutes.

**IX) Raising an Incident –**

Any Incident which hampers personal / patient safety must be brought to the notice of management through proper channel.

### IMPORTANT MOBILE NUMBERS

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Intensivist – E ward	8806666301
Intensivist – I ward	8806666302

### RESTRICTIONS OF MOBILE USE



- Please refrain from using mobile phone once you are with the patient.
- Also do not use mobile phone inside the OT.
- Please do not use mobile phone in Casualty.
- Do not use mobile phone in OPD while seeing patient.
- Mobile use strictly prohibited in CMR.

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## **LOG BOOKS**

1. Log books will be provided to each resident on the day of admission.
2. Log books should be completed and will be signed by Unit Faculty on every Monday & Tuesday between 8.45 am to 9.00 am.
3. Log books have to be submitted for checking every Monday / Tuesday after signs are obtained of consultants in CMR. They will be assessed and returned in 2 days.
4. Log books will reflect all your academic activities in SIOR and therefore will be useful to you all throughout your career.
5. Also certain institutions/ hospitals insist on seeing the log books during interview before offering a job.
6. Keep your log books clean and neat.
7. Log books will be checked during NMC and MUHS Inspections.
8. If log books are not complete on daily basis, disciplinary action will be taken ( may amount to extra Sunday duties).
9. At the time of final practical examination, log books will be checked by examiners and will be awarded marks.
10. **Periodic Surprise Inspections by NMC and MUHS-**  
Our institute undergoes periodic inspections from regulatory authorities. As a part of the organization, residents are expected to be up to date with their log books and thesis. These can be called for checking at any time, thus all residents are expected to keep their thesis work and log books updated.