KES LOKNETE ADV. DATTA PATIL HOMOEOPATHIC MEDICAL COLLEGE AND HOSPITAL VENGURLA

Clinical Material

1.7	OPD Area: Patient wait clause 4.(a) of sub-regula	ation 4 of Schedule- II o		ulation 9) Furni	
Sr. No.	Name of the Equipment	Name of the Equipment State of the Equipment		51 to 100	Available
i. Room with well- lighted and ventilated and equipped with a chair and a table for doctor	and ventilated and room			consultation room	OPD With Necessary thing
ii.	X-ray viewer	1 per consultation room	1 per consultation room	1per consultation room	01
iii.	Two chairs for patients and attendants	1 set per consultation room	1 per consultation room	1 set per consultation room	02 in each consultation 08 YES
iv.	An examination table of 6 ft. X 2.5ft.With privacy screen	1 per consultation room	1per consultation room	1per consultation room	04 Available
v.	Blood pressure- apparatus	lper consultation room	lper consultation room	lper consultation room	04 YES
vi.	Stethoscope	1per consultation room	1per consultation room	1 per consultation room	04 YES
vii.	Torch	1 per consultation room	1per consultation room	1per consultation room	04 YES
viii.	Thermometer	1 per consultation room	1per consultation room	lper consultation room	04 YES
ix.	Weighing machine.	1 per consultation room	1per consultation room	1per consultation room	04 YES
X.	Essential diagnostic tools required for examination of patients as per the scope of services offered by the hospital.	As per requirement	As per requirement	As per requirement	Available
xi.	Light source which gives light colour and temperature similar to solar light, Light intensity of atleast 500 lux at the point of examination	As per requirement	As per requirement As	per requirement	Light source available

xii.	computers	1 per consultation room	1 per consultation room	1 per consultation room	04 YES
xiii.	Telephone equipment	As per requirement	As per requirement	As per requirement	04 YES
xiv.	Airconditioning	As per requirement	As per requirement	As per requirement	NO
XV.	Adequate lockable storage space	As per requirement	As per requirement	As per requirement	YES
xvi.	Foot stools	1 per consultation room	1 per consultation room	1 per consultation room	04 YES

b.	Furniture/Fixtu	ire Requirements fo	or IPD mentione	d in table below: -			
Sr. No	Name of the Equipment	For 30 Beds	31 to 50 beds	51 to 100	Availabl		
1.	Iron beds(simple, surgical & pediatrics)	30	50	100	30		
2.	Adequate wall or steel Cupboards	4	8	15	06		
3.	Arm Board Adult	12	24	24	04		
4.	Backrest	4	8	20	04		
5.	Bain marie trolley stainless steel 1 per floor	1 per floor	1 per floor	1 per floor	02 Available		
6.	Bed side cabinets	1per 5 patients	1 per 5 patients	1per 5 patients	Available		
7.	Bedside Screen	l per ward or full length curtains between the beds	1 per ward or full length curtains between the beds	1 per ward or full length curtains between the beds	04 Available		
8.	Bucket Plastic	12	24	24	06		
9.	Cerling Fans	As per requirement	As per requirement	As per requirement	Available		
10.	Clock1per ward	1 per ward	1 per ward	1 per ward	Available		
11.	Containers for kitchen	As needed	As needed	As needed	Available		
12.	Doctor's chair for OPD and ward,	As needed	As needed	As needed	Available		
13.	Doctor's or Office table	3	10	20	03		
14.	Dressing trolley-1 per floor/ ward depending on layout	4	8	10	04		
15.	Dust bins in each ward and consultation room	6	12	15	06		
16.	Duty table for nurses	8	20	30	08		
17.	Emergency resuscitation kit	1 per floor	1 per floor	1 per floor			
18.	Enema Set	4	. 4	8	04		
19.	Fire extinguisher –	ABC 1 per ward or floor based on layout	ABC 1 per ward or floor based on layout	ABC 1 per ward or floor based on layout	09		
20.	Foot stools	16	25	25			
21.	Fridge	1 Per Area or Ward	1 Per Area or Ward	1 Per Area or Ward	Available		

22.	Heavy duty Torch light	1 per ward	1 per ward	1 per ward	
23.	Hospital Cots	100	300	500	30
24.	Hospital Cots Pediatric *	10	30	50	05
25.	Hot Water Bags 2 per ward	2 per ward	2 per ward	2 per ward	06
26.	Ice bags	2 per ward	2 per ward	2 per ward	06
27.	Hot Water geyser	2 per ward	2 per ward	2 per ward	Available
28.	I V Stands - 2 per 10 beds	20	50	100	10
29.	Intercom System	2 per ward	2 per ward	2 per ward	No
30.	Kidney Trays1 per 5 beds	40	50	50	10
31.	Kitchen utensils,	Adequate	Adequate	Adequate	YES
32.	Massage table of 7ft. x 2.5ft (wood or fiber) if service is provided	One per procedure room	One per Procedure room	One per procedure room	No
33.	Medicine trolley	1 per ward	1 per ward	1 per ward	No
34.	Office chairs	8	20	20	10
35.	Office Table	6	10	10	06
36.	patient Beds with side rails	20% of total beds	20% of total beds	20% of total beds	03

37.	Patient call Bell System	1 per bed	1 per bed	1 per bed	No
38.	Patient locker	1 per bed	1 per bed	1 per bed	30
39.	Patients examination table—1 per ward or floor a per the profile of patients and layout of facility	-1 per ward or floor as per the profile of patients and layout of facility	- 1 per ward or floor as per the profile of patients and layout of facility	- 1 per ward or floor as per the profile of patients and layout of facility	03
40.	Patients side table	1 per bed	1 per bed	1 per bed	20
41.	Pediatric cots with railings as per scope of services	as per scope of services	as per scope of services	as per scope of services	03
42.	Steel or Wooden cupboard	16	20	25	6
43.	Steel rack	10	20	40	04
44.	Stool 1Per bed	8	. 15	25	04
45.	Stools revolving - 1 per ward	2 per ward	2 per ward	2 per ward	.04
46.	Stretcher or Patient trolley – 1 per ward	I per ward	1 per ward	1 per ward	. 05
47.	Urinal Male and Female	20	50	100	20

48.	waiting chairs or benches for patients relatives	50% of the bed strengths	50% of the bed strengths	50% of the bed strengths	15
49.	Weighing Machine	1 per ward	1 per ward	1 per ward	12
50.	Wheel chair	2 per 50 beds	2 per 50 beds	2 per 50 beds	02
51.	X-ray viewer	one per ward	one per ward	one per ward	0

Requirements for In-Patient Department (IPD) mentioned in table below

c.

(See sub-clause 9.(c) of sub-regulation 9 of Schedule-II of regulation 5 and regulation 9) Equipments Requirements for In-Patient Department (IPD) (en circle sanctioned bed strength)

Sr. No	Name of the Equipment	For 30 Beds	31 to 50 beds	51 to 100	Available
1.	Ambu bags	6	6	6	03
2.	Arm Board Adult	12	24	24	04
3.	Auto clave Drums	6	9	12	06
4.	Back rest	4	8	20	04
5.	Bain marie trolley 2 stainless steel 1 per floor	4	8	0	
6.	Bed pans, 1 per 5patients	6	10	20	06

7. #	Biomedical waste colour coded bins	One set each per floor	One set each per floor	One set each per floor	06
8.	Cheatle forceps assorted sizes	8	16	25	04
9.	Clock per ward	1 per ward	1 per ward	1 per ward	0
10.	Containers for kitchen	As required	As required	As required	0
11.	Dressing trolley-1per floor/ ward depending on layout	1 per ward	1 per ward	1 per ward	02
12.	Dust bins in each ward And consultation room	1 per ward	1 per ward	1 per ward	06
13.	Emergency Resuscitation kit	1 per floor	1 per floor	1 per floor	0
14.	Enema Set	As required	As required	As required	06
15.	Fridge	As required	As required	As required	01
16.	Heavy duty Torch light – 1per ward	1 per ward	1 per ward	1 per ward	0
17.	Hot Water Bags 2 Per ward	2 per ward	2 per ward	2 per ward	04
18.	I V Stands - 2 per 10beds	2 per 10 beds	2 per 10 beds	2 per 10 beds	10
19.	Infra-Red lamp	5	10	10	02
20.	Instrument tray— minimum1perward	minimum 1 per ward	minimum 1 per ward	minimum 1 per ward	06
21.	Instrument trolley – 1 per ward	minimum 1 per ward	minimum 1 per ward	minimum 1 per ward	. 0
22.	Intercom System	As required	As required	As required	0

23.	Kidney Trays-1 per 5 beds	1 per 5 beds	1 per 5beds	1 per	5 beds	10
24.	Medicine trolley	minimum 1 per ward	minimum 1 per ward	110000000000000000000000000000000000000	num 1 ward	0
25.	Needle cutter – 3 Per ward	3 per ward	3 per ward	-	r ward	01
26.	Non mercury Thermometer clinical- 1per ward	1 per ward	1 per ward	1 per	r ward	06
27.	O2 cylinder with spanner – 1per ward	1 per ward	1 per ward	1 per	r ward	06
28.	Patients Examination table– 1 per ward/ floor As per the profile of patients & layout of facility	1 per ward	1 per ward	1 per	ward	03
29.	Sphygmomanometers Stand Type1 & Portable (aneroid or Digital) Type 1 —lper ward	1 per ward	1 per ward	1 per	ward	01
30.	Stretcher/Patient trolley – 1 per ward	1 per ward	1 per ward	1 per	ward	05
31.	Weighing Machine – 1per ward	1 per ward	1 per ward	1 per	ward	06
22	X-ray viewer – one per ward	1 per ward	I per ward	1 ner	ward	0
1.16.	Emergency unit: shall be mana Emergency Equip	aged under supe ment and drugs	rvision of gen	eral ph	nysician (Sc v in table.	hedule II)
	Emergency unit: shall be mana	aged under supe ment and drugs	rvision of gen are mentione hedule- II of re	eral ph d belov gulatio	nysician (Sc v in table.	hedule II)
	Emergency unit: shall be mana Emergency Equip (See sub-clause 12.(a) of sub-re	aged under supe ment and drugs egulation 12 of Sc Emergency Ed For 30 bed	ervision of generate mentione chedule- II of requipments 31 to 50 b	eral ph d belov gulatio	nysician (So v in table. n 5 and regu 51 to 100 bed	hedule II)
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	Nitrous Oxide	Medical grade	10.000	er requirement	-37627	ailable
	Oxygen	Medical grade		per requirement		ailable
	Injection Thiopentone Sodium *	0.5g,1 g powder				NO
B.	The state of the s	Local Anae	sthesi	ia		
	Injection Bupivacaine Hydrochloride	0.25%,0.5%0.5% +7.5%Gluco se		As per requirement	ent	NO
2	Spray Ethyl Chloride	1%	1	As per requirem	ent	NO
3	Injection Lignocaine	Topical Forms 2- 5%		As per requirem	ent	NO
1	Injection Lignocaine	THE SALE OF THE SA	Hydrochloride 1- 2% Spinal 5% +		ent	NO
5	Injection Lignocaine Hydrochloride + Adrenaline	1%, 2% +Adrenaline 1:200.0 In vial 1.3	000	As per requirem	ent	NO
C.	Preoperative N	ledication and Seda	tion f	or Short Term	Procedure	es
1	Injection Atropine Sulphate	0.6mg /ml		As per requirement		NO
2	Injection Diazepam	5mg Injection 5mg/ ml		As per requirement		01
3	any other medication as		As per requirement			NO
,	decided by the concerned	i				
D.	decided by the concerned	i	Sched	ule- II of regulat	ion 5 and r	egulation
	decided by the concerned	i sub-regulation 12 of S	Sched	ule- II of regulat ugs Minimum quantity	76	vailable
D.	decided by the concerned anesthetist (See sub-clause (ii) 12.(b) of	sub-regulation 12 of S	Sched	ule- II of regulat ugs Minimum	76	vailable NO
D. Sr.no	decided by the concerned anesthetist (See sub-clause (ii) 12.(b) of Name of the drug	sub-regulation 12 of S 9) Emergence Strength	Sched	ule- II of regulat ugs Minimum quantity Minimum 10 Ampules Minimum 10 Ampules	76	NO NO
D. Sr.no	decided by the concerned anesthetist (See sub-clause (ii) 12.(b) of Name of the drug Inj. Adrenaline	sub-regulation 12 of S 9) Emergence Strength As per I.P	Sched	ule- II of regulat ugs Minimum quantity Minimum 10 Ampules Minimum 10 Ampules Minimum 10 Ampules	76	NO NO NO
D. Sr.no 1. 2.	decided by the concerned anesthetist (See sub-clause (ii) 12.(b) of Name of the drug Inj. Adrenaline Inj. Atropine	Strength As per I.P As per I.P	Sched	Minimum quantity Minimum 10 Ampules	76	NO NO NO NO
D. Sr.no 1. 2. 3.	Name of the drug Inj. Adrenaline Inj. Calcium Carbonate	Strength As per I.P As per I.P As per I.P	Sched	ule- II of regulat ugs Minimum quantity Minimum 10 Ampules	76	NO NO NO NO NO
D. Sr.no 1. 2. 3. 4.	Name of the drug Inj. Adrenaline Inj. Calcium Carbonate Inj. Dopamine	Strength As per I.P As per I.P As per I.P As per I.P	Sched	Minimum quantity Minimum 10 Ampules	76	NO NO NO NO NO NO
D. Sr.no 1. 2. 3. 4. 5.	Name of the drug Inj. Adrenaline Inj. Calcium Carbonate Inj. Dopamine Inj. Dobutamine	Strength As per I.P	Sched	Minimum quantity Minimum 10 Ampules	76	NO NO NO NO NO NO NO
D. Sr.no 1. 2. 3. 4. 5.	Name of the drug Inj. Adrenaline Inj. Calcium Carbonate Inj. Dopamine Inj. Dobutamine Inj. Nitro-glycerine	Strength As per I.P	Sched	Minimum quantity Minimum 10 Ampules	76	NO
D. Sr.no 1. 2. 3. 4. 5. 6.	Name of the drug Inj. Adrenaline Inj. Calcium Carbonate Inj. Dopamine Inj. Dobutamine Inj. Nitro-glycerine Inj. Sodium Bicarbonate	Strength As per I.P	Sched	Minimum quantity Minimum 10 Ampules	76	NO N
D. Sr.no 1. 2. 3. 4. 5. 6. 7.	Name of the drug Inj. Adrenaline Inj. Atropine Inj. Calcium Carbonate Inj. Dopamine Inj. Dobutamine Inj. Nitro-glycerine Inj. Sodium Bicarbonate Inj. Hydrocortisone Inhaler Beclomethasone(250micro/dose Inhaler	Strength As per I.P	Sched	Minimum quantity Minimum 10 Ampules	76	NO N
D. Sr.no 1. 2. 3. 4. 5. 6. 7. 8.	Name of the drug Inj. Adrenaline Inj. Atropine Inj. Calcium Carbonate Inj. Dopamine Inj. Dobutamine Inj. Nitro-glycerine Inj. Sodium Bicarbonate Inj. Hydrocortisone Inhaler Beclomethasone(250micro/dose	Strength As per I.P	Sched	Minimum quantity Minimum 10 Ampules	76	NO OI NO OI
D. Sr.no 1. 2. 3. 4. 5. 6. 7. 8. 9.	Name of the drug Inj. Adrenaline Inj. Adrenaline Inj. Calcium Carbonate Inj. Dopamine Inj. Dobutamine Inj. Nitro-glycerine Inj. Sodium Bicarbonate Inj. Hydrocortisone Inhaler Beclomethasone(250micro/dose Inhaler Salbutamol(200micrograms)	Strength As per I.P	Sched	Minimum quantity Minimum 10 Ampules	76	NO N

14.	Inj. Phenytoin sodium	As per I.P	Minimum 10 Ampules	NO
15.	Inj. Avil	As per I.P	Minimum-10 Ampules	01
16.	Inj. Ondansetron *	As per I.P	Minimum 10 Ampules	01
17.	Inj. KCl	As per I.P	Minimum 10 Ampules	NO
18.	Inj. Lignocaine2%	As per I.P	Minimum 10 Ampules	02
19.	Inj. Amiadarone	As per I.P	Minimum 10 Ampules	NO
20.	Inj. Magnesium sulphate	As per I.P	Minimum 10 Ampules	NO
21.	, Inj. Mannitol	As per I.P	Minimum 10 Ampules	NO
22.	Inj. Morphine/Inj.Pethidine	As per I.P	Minimum 10 Ampules	NO
23.	Inj. Noradrenaline bititrate	As per I.P	Minimum 10 Ampules	NO
24.	Inj. Fentanyl	As per I.P	Minimum 10 Ampules	NO
25.	Water for Injection	As per I.P	Minimum 10 Ampules	NO

26.	Inj. Sodium Valporate	As per I.P	Minimum 10 Ampules	NO
27.	Inj. Voveran	As per I.P	Minimum 10 Ampules	01
28.	Inj. Paracetamol	As per LP	Minimum 10 Ampules	NO
29.	Metoprolol Injection	As per I.P	Minimum 10 Ampules	NO
30.	N/2 saline Injection	As per I.P	Minimum 10 Ampules	NO
31.	Oxygen Inhalation	As per I.P	Minimum 10 Ampules	NO

1.17. Central laboratories: - the college shall have facility of scanning and sonography equipment in own hospital or under MoU with NABL accredited super speciality Hospital

Sr. No	Name of the equipment	For 30 bed	31 to 50 bed	51 to 100 bed	Availabl
i.	Alarm clock	1 Per Area/Ward	1 Per Area/Ward	1 Per Area/Ward	0
ii.	Automatic cell counter	Optional	Optional	Minimum 1	0
iii.	Auto analyzer or Semi auto analyzer	Optional	Optional	Optional	0
iv.	Auto clave	Minimum 1	Minimum 1	Minimum 1	0
v.	Binocular Microscope	Minimum 1	Minimum 1	Minimum 1	0
vi.	Biochemistry analyser	Minimum 1	Minimum 1	Minimum 1	01
vii.	Chemical Balances	Minimum 1	Minimum 1	Minimum 1	0
viii.	Counting chamber	Minimum 1	Minimum 1	Minimum 1	01
ix.	Electric Colorimeter	Minimum 1	Minimum 1	Minimum 1	0
X.	Centrifuge Machine	Minimum 1	Minimum 1	Minimum 1	01
xi.	Electrolyte analyser	Minimum 1	Minimum 1	Minimum 1	0
xii.	ESR stand with tubes	Minimum 1	Minimum 1	Minimum 1	01
xiii.	Flame photometer	Minimum 1	Minimum 1	Minimum 1	0
xiv.	Glucometer	1 Per Area/Ward	1 Per Area/Ward	1 Per Area /Ward	01 Available
xv.	Hematology Analyser or Cell Counter	Minimum 1	Minimum 1	Minimum 1	0
xvi.	Haemoglobinometer	Minimum 1	Minimum 1	Minimum 1	01
xvii.	HbA1c machine	Minimum 1	Minimum 1	Minimum 1	0
xviii.	Hot air oven	As needed	As needed	As needed	0
xix.	Hot plates	As needed	As needed	As needed	0
xx.	Lab Incubator	As needed	As needed	As needed	0
xxi.	Laboratory AutoClaves	As needed	As needed	As needed	0
xxii.	Micro pipette of different volumes	As needed	As needed	As needed	0
xxiii.	PH meter	As needed	As needed	As needed	0
xxiv.	Refrigerator	Minimum 1	Minimum 1	Minimum 1	01
xxv.	Rotor or Shaker	Minimum 1	Minimum 1	Minimum 1	0
xxvi.	Simple balances	Minimum 1	Minimum 1	Minimum 1	0
xxvii.	Spirit lamp	Minimum 1	Minimum 1	Minimum 1	0
xxviii.	TCDC count apparatus	As needed	As needed	As needed	Available
xxix.	Testtube holders	As needed	As needed	As needed	Available

	Teettoha and	As needed	As needed	As needed	Availabl		
XXX.		As needed	As needed As needed	As needed	Availabl		
xxxi.			As needed As needed	As needed As needed	0		
xxxii.	The state of the s	As needed		Minimum 1	0		
xxxiii.		linimum 1	Minimum 1		0		
xxxiv.		As needed	As needed	As needed	0		
1.18.	See sub-clause 16. (a) of sub-regulation 16 of Schedule-II of regulation 5 and regulation Operation theatre and labour room- equipment requirement for operation theatre is mentioned below in table.						
Sr. No	Name of the Equipment	For 30 bed	31 to 50 bed	51 to 100 bed	Availabl		
1.	Anterior vaginal Wall retractor	Adequate	Adequate	Adequate	01		
2.	Artery forceps	Adequate	Adequate	Adequate	90		
3.	Auto Clave HP Vertical (2bin)	Minimum 1	Minimum 1	Minimum 1	01		
4.	Autoclave equipment for sterilization/Sterilizer	Minimum 1	Minimum 1	Minimum 1	01		
5.	Bladder sound (Urethral dilators)of different sizes	Minimum 1	Minimum 1	Minimum 1	01		
6.	Cusco's Speculum	As needed	As needed	As needed	01		
7.	Diatherny Machine (Electric Cautery)	As needed	As needed	As needed	NO		
8.	Disposable syringes (5-10cc)	As needed	As needed	As needed	NO		
9.	Enema Pot	Minimum 1	Minimum 1	Minimum 1	01		
10.	Focus lamp Ordinary	Minimum 1	Minimum 1	Minimum 1	01		
11.	Foley's Catheter	As needed	As needed	As needed	02		
12.	Formaline dispenser	Minimum 1	Minimum 1	Minimum 1	NO		
13.	General Surgical	Minimum 1	Minimum 1	Minimum 1	NO		
	Instrument Set Piles, Fistula, Fissure						
14.	Instrument Trays of Various Sizes	Adequate	Adequate	Adequate	02		
15.	Instrument Trolley	As needed	As needed	As needed	02		
16.	IV stands	As needed	As needed	As needed	02		
17.	Kidney tray	As needed	As needed	As needed	04		
18.	Knife and scissor 1 each	As needed	As needed	As needed	20		
19.	L.P. Tray	Adequate	Adequate	Adequate	NO		
20.	Magill's forceps (two sizes)	Adequate	Adequate	Adequate	0		
21.	Metallic or disposable insemination cannula	Adequate	Adequate	Adequate	0		
22.	Operation table Hydraulic Minor with	Minimum 1	Minimum 1	Minimum I	01		
23.	OT Spotlight (Shadow less ceiling fitted/stand mounted)	Minimum 1	Minimum 1	Minimum 1	01		
24.	Oxygen Cylinder	Minimum 1	Minimum 1	Minimum 1	01		
25.	Oxygen Mask with Circuit	Minimum 1	Minimum 1	Minimum 1	02		
26.	Plastic aprons, gloves and mask	Adequate	Adequate	Adequate	01		

27.	Shadow less lamp ceiling type major or minor	1	1	2	01	
28.	Shadow less Lamp Stand model	Minimum1	Minimum1	Minimum1	01	
29.	Sims speculum in small, medium and large size	Adequate	Adequate	Adequate	02	
30.	Sphygmomanometer	Minimum 1	Minimum 1	Minimum I	01	
31.	Sterile cotton	As needed	As needed	As needed	01	
32.	Sterile gloves	As needed	As needed	As needed	01	
33.	Sterilizer Small (Instruments)	As needed	As needed	As needed	01	
34.	Sterilizer big(Instrument)	As needed	As needed	As needed	01	
35.	Sterilizer Medium (Instrument)	Minimum 1	Minimum 1	Minimum 1	01	
36.	Stethoscope	Minimum 1	Minimum 1	Minimum 1	01	
37.	Suction Apparatus - Electrical	Minimum 1	Minimum 1	Minimum 1	01	
38.	Suturing Set	Minimum 1	Minimum 1	Minimum 1	01	
39.	Swab holders	Minimum 1	Minimum 1	Minimum1	01	
40.	Thermometer	Minimum 1	Minimum 1	Minimum 1	01	
41.	Tongue depressors	Minimum 1	Minimum 1	Minimum 1	12	
42.	Toothed forceps	Minimum 1	Minimum 1	Minimum 1	04	
43.	Two long(8inch) and two short (6inch) Artery forceps	Minimum 1	Minimum 1	Minimum 1	10	
44.	Two Uterine sound	Minimum 1	Minimum 1	Minimum 1	02	
45.	Urethral Dilator Set	Minimum 1	Minimum 1	Minimum 1	01	
46.	Vaginal Examination set	Minimum 1	Minimum 1	Minimum 1	01	
47.	Vulsellum	Minimum 1	Minimum 1	Minimum 1	04	
1.19.	See sub-clause 16. (b) of sub-regulation 16 of Schedule-II of regulation 5 and regulation Equipment requirements for Anaesthesia					
Sr. No.	Name of the Equipment	For 30 beds				
1.	Airway female & male		Resemble 1	51 to 100 beds	Available	
2.	Anaesthesia Trolley	Adequate	Adequate	Adequate	02	
	/Boyle's Apparatus	Minimum 1	Minimum 1	Minimum 1	01	
3.	Apostbatic low-	11	1111	3 41 4	2.4	
	Magill's with Four blades	Minimum 2	Minimum 2	Minimum 2	01	
4,	Magill's with Four blades	Minimum 2 Minimum 1	Minimum 2 Minimum 1	Minimum 2 Minimum 1	01	
4,	Magill's with Four blades CO2 cylinder for laparoscope		Minimum 1	Minimum 1	02	
4, 5, 6.	Magill's with Four blades CO2 cylinder for laparoscope Connector set of six for ETT Defibrillator or Automated external defibrillator	Minimum 1	ACCUMENT AND AND AND			
4, 5, 6.	Magill's with Four blades CO2 cylinder for laparoscope Connector set of six for ETT Defibrillator or Automated external defibrillator Endotracheal tube sets	Minimum 1 Minimum 1	Minimum 1 Minimum 1 Minimum 1	Minimum 1 Minimum 1 Minimum 1	02 01 NO	
4, 5, 6.	Magill's with Four blades CO2 cylinder for laparoscope Connector set of six for ETT Defibrillator or Automated external defibrillator Endotracheal tube sets	Minimum 1 Minimum 1 Minimum 1	Minimum 1 Minimum 1	Minimum 1 Minimum 1 Minimum 1 Minimum 1	02 01 NO	
4. 5. 6.	Magill's with Four blades CO2 cylinder for laparoscope Connector set of six for ETT Defibrillator or Automated external defibrillator Endotracheal tube sets Magill's forceps (two sizes)	Minimum 1 Minimum 1 Minimum 1 Minimum 1 Minimum 1 Minimum 1	Minimum 1 Minimum 1 Minimum 1 Minimum 1 Minimum 1	Minimum 1 Minimum 1 Minimum 1 Minimum 1 Minimum 1	02 01 NO 01 04	
4. 5. 6. 7. 8.	Magill's with Four blades CO2 cylinder for laparoscope Connector set of six for ETT Defibrillator or Automated external defibrillator Endotracheal tube sets Magill's forceps (two sizes) Mouthprop	Minimum 1 Minimum 1 Minimum 1 Minimum 1 Minimum 1 Minimum 1	Minimum 1 Minimum 1 Minimum 1 Minimum 1 Minimum 1 Minimum 1	Minimum 1	02 01 NO 01 04 NO	
4. 5. 6. 7. 8. 9.	Magill's with Four blades CO2 cylinder for laparoscope Connector set of six for ETT Defibrillator or Automated external defibrillator Endotracheal tube sets Magill's forceps (two sizes) Mouthprop Multi-parameter Monitor	Minimum 1 Minimum 1 Minimum 1 Minimum 1 Minimum 1 Minimum 1	Minimum 1 Minimum 1 Minimum 1 Minimum 1 Minimum 1	Minimum 1 Minimum 1 Minimum 1 Minimum 1 Minimum 1	02 01 NO 01 04	

13.	Tongue depressors	Adequat	e Adequate	Adequate	30		
14.	Tubes connecting for ETT	Adequat		Adequate	01		
1.20.	Rehabilitation unit 9 including physiotherapy and yoga facilities-equipment or instruments for physiotherapy are specified below: -						
S. No		Required	Available				
a.	Diathermy machine			01	The state of the s		
b.	Traction (cervical & lumbar)			01			
c.	Physiotherapy cycle	- Level and Table	ME WITH THE	01			
d.	Ultrasound equipment			01			
e.	Interferential therapy machine	01					
f.	Transcutaneous Electrical nerve Stimulation			01			
g.	Treatment Table			01			
1.21.	Imaging Equipments						
Sr. No.	Name of the Equipment	For 30 beds	31 to 50 beds	51 to100 bed	Availabl		
1.	300 M.A. X-ray machine/ Digital X-Ray machine	01	01	01	01		
2.	Ultra Sonogram (Obstetrics and gynaecology	Optional or under Memorandum of	Optional or under Memorandum of understanding	Optional or under Memorandum	In MOU Hospita		
	department should be having a separate ultra- sound machine of its own)	Understanding with super specialty hospital	With super specialty hospital	Of understanding with super specialty hospital			
3.	Echocardiogram	01	01	01	01		
4.	X-ray developing tank	Minimum 1	Minimum 1	Minimum1	01		
5.	Safe light X-ray darkroom	Minimum 1	Minimum 1	Minimum 1	01		
6.	Cassettes X-ray	Minimum 1	Minimum 1	Minimum 1	01		
7.	Lead apron	Minimum 1	Minimum 1	Minimum 1	01		
8.	Intensifying screen X-ray	Minimum 1	Minimum 1	Minimum 1	01		
9.	Thyroid shield	Minimum 1	Minimum 1	Minimum 1	NO		
10.	TLD batches	One per person	One per person	One per person	NO		
11.	Gonadal guard	Minimum 1	Minimum 1	Minimum I	NO		
12.	X-ray lobby single	Minimum 1	Minimum 1	Minimum 1	NO		