

GOVERNMENT OF NATIONAL CAPITAL TERRITORY OF DELHI
DIRECTORATE GENERAL OF HEALTH SERVICES
(NURSING HOME CELL)
3RD FLOOR, DGD BUILDING, S-1, SCHOOL BLOCK, SHAKARPUR, DELHI- 110092

F.23/Misc/COVID-19/DGHS/NHC/2020/Pt XV/ 75-81

Dated 11/04/2021

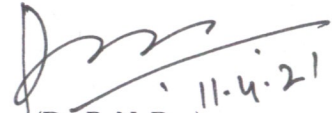
ORDER

Whereas this Directorate vide Order Nos. 427/DGHS/PHW-IV/Admn. Policy/COVID-19/2020/113-183 dated 08.04.2021 & 427/DGHS/PHW-IV/Admn. Policy/COVID-19/2020/184-237 dated 08.04.2021 directed all hospitals of Delhi, Government & Private, to strictly adhere to the admission & discharge policy in respect of COVID patients framed by MoHFW, Govt. of India.

Whereas, it has been brought to the notice of this Directorate that some private hospitals are acting in contrary to the aforementioned admission & discharge policy leading to a decreased turnover of COVID beds.

Whereas, it has also been observed that in certain private hospitals mild to moderate category of COVID-19 patients are being admitted in the ICU leading to non-availability/ denial of ICU beds to COVID-19 patient of severe category who qualify for intensive care treatment.

Therefore, in order to ensure that admission & discharge policy in r/o COVID patients framed by MoHFW, Govt. of India is followed meticulously and only those COVID patients who genuinely qualify for intensive care treatment are admitted in the ICU, all private hospital providing COVID related treatment are hereby directed to fill the daily evaluation sheet (annexed at Annexure 'A') on a regular basis and send the scanned signed copy to this Directorate on email ID: covidbedaudit@gmail.com and also provide a hard copy with the signature & seal of the hospital authority to the SNO posted in the concerned hospital.


(Dr. R. N. Das)

Medical Superintendent, Nursing Homes
Dr. R. N. DAS
Medical Superintendent Nursing Home
Government of NCT of Delhi

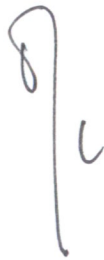
To
MSs/MDs/Directors of Nursing Homes providing COVID related treatment


F.23/Misc/COVID-19/DGHS/NHC/2020/Pt XV/ 75-81

Dated: 11/04/2021

Copy to:

1. Secretary to Hon'ble Lt Governor, GNCTD
2. Secretary to Hon'ble Minister of Health, GNCTD
3. SO to CS, GNCTD
4. PS to Addl. Chief Secretary (Services)/Nodal Officer for COVID, GNCTD
5. PS to Pr. Secretary (Health & FW), GNCTD
6. PS to Director, DGHS




(Dr. R. N. Das)

Medical Superintendent, Nursing Homes

Dr. R. N. DAS
Medical Superintendent Nursing Home
Government of NCT of Delhi

DAILY EVALUATION SHEET

Name of Hospital: _____ Date: _____

COVID ICU/ WARD

COVID ICU

Total number of beds:

Number of beds occupied:

Number of patients on-

- Invasive Mechanical Ventilation (IMV):
- Non-invasive Ventilation (NIV):
- High Flow Nasal Cannula (HFNC):
- None of the above :

Number of patients shifted to Ward from ICU (Step down):

COVID WARD

Total number of beds on-

Number of beds occupied:

Number of patients on:

- <5L oxygen:
- >5L oxygen :
- On room air:

Number of patients shifted to ICU from ward-:

COVID DISCHARGES

Total number of patients discharged:

Number of patients admitted for > 7 days:

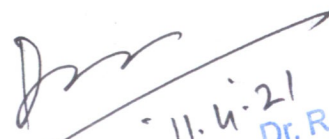
Number of patients admitted for > 10 days:

Number of patients admitted for > 14 days:

Signature & Stamp of Hospital
Administration

Name of SNO :

Signature :


11.4.21
Dr. R. N. DAS
Medical Superintendent Nursing Home
Government of NCT of Delhi

COVID ADMISSION DETAILS - Patient wise (Seperate sheet for each patient)

Name: Age: Gender:	Aadhaar ID: Address:
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SpO₂ on room air (mention level of oxygen support if not on room air):

<input type="radio"/> Lab confirmed Date of positive test for SARS-CoV2 (RTPCR/RAT):	<input type="radio"/> Suspect
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<input type="radio"/> Referred from other hospital Name of Hospital:	<input type="radio"/> Direct from home
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<input type="radio"/> Symptomatic Duration of symptoms:	<input type="radio"/> Asymptomatic
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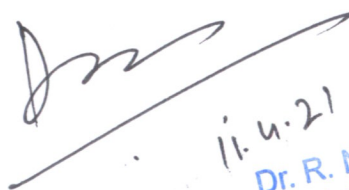
Comorbidities:

<input type="radio"/> None <input type="radio"/> Diabetes <input type="radio"/> Hypertension <input type="radio"/> Cardiac disease <input type="radio"/> Chronic kidney disease	<input type="radio"/> Chronic lung disease <input type="radio"/> Cerebro-vascular disease <input type="radio"/> Immune-suppression <input type="radio"/> Cancer <input type="radio"/> Other
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Signature & Stamp of Hospital
Administration

Name of SNO :

Signature :



11.4.21
Dr. R. N. DAS
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