HOSPITAL INFORMATION

| 1. Name of the Hospital: | BA | JE | | WADIA | HOSP | ITAL | FOR | _ |
|---|-------------------------|------------|--------------------------|----------------------------------|--|--|---|------------------------|
| 2 Table LandOPP | | . Y | CHILD | | | J | | |
| 2. Total number of OPD, | PD in th | ie Institi | ution and | concerned depa | artment (| uringthe | e last of | ie year: |
| In the en | In the entire hospital | | | | | nent of concerned Fellowship subject | | |
| OPD | 87 | -161 | (Apoul 21- | . OPD | | 21 | 101 | |
| IPD (Total No. of Patients admitted) | 129 | | M09122 | IPD (Total No Patients admitt | | | 12. | ¥ |
| 3. Hospital Beds Distribu | tion & N | o of O. | Г.: | | | | 2.5 | |
| · | | | In the e | ntire hospital | | · Accessor | | |
| No of Beds | | | 437 | | | | | |
| No of Beds in ICU 1 | PCU | | 16 | | *************************************** | | | |
| No of Beds in IRCU | | | <u> </u> | | | | *************************************** | |
| No of Beds in SICU | ILCU | 8 | 5 | | 8- | | | |
| No of Major O.T. | 7 | | | | | | | |
| No of Minor O.T. | | |) | | | | | |
| No. of available for | | | inspection | | | | | |
| • Daily OPD – 2 PM | | | | | | Average of random 3 days25-35 | | |
| Daily admissions | | | | | | <i>5</i> | t | |
| Daily admissions in | Dept. | | | | | 4 | -:5 | |
| Through casualty at 10amBed occupancy in the Dept. | | | ••••• | | ••• | 65- | -70 · | |
| Number of patients in ward (IPD)at 10. | | | | | | 7 | r.y | ••••• |
| Percentage bed occ 10Am | | at | | | | 88 | - 90 | 7 |
| (For further details in | n this conc n Inspec | ern, kindl | y peruse the | Avera Enclo Umbo PICC. | ation sheed ge of ran trache li cal line | supplied hadom 3 da al cuft Caltro | nerewith) ays whalite checisa on 6 | on 12. Iton 2 illion 1 |

5. Casualty:/ Emergency Department:

| Space | 457.52 Sqift |
|--|---------------------------|
| Number of Beds | 4 |
| No. of cases (Average daily OPD and Admissions): | OPD 50-60, IPD 20- |
| Emergency Lab in Casualty (round the clock): | available / not available |
| Emergency OT and Dressing Room | Available |
| Staff (Medical/Paramedical) | Available |
| Equipment available | Available. |

6. Blood Bank:

| (i) | Valid FDA License(copy of certificate be annexed) | Xes/ | No |
|-------|--|-----------------------------|-------------------------|
| (ii) | Blood component facility available | facility available Yes / No | |
| (iii) | All Blood Units tested for Hepatitis C,B, HIV | Yes/No | |
| (iv) | Nature of Blood Storage facilities (as per specifications) | Yes / No | |
| (v) | Number of Blood Units available on inspection day | | |
| (vi) | Average blood units consumed daily and on inspection day in the entire Hospital (give distribution in various specialties) | Average daily 40-45 | On Inspection day |

| _ | | |
|----|---------|-------------|
| 7 | Cantral | ahorotory |
| 7. | Centrai | Laboratory: |

| • | Controlling Department: ATHOLOGY | |
|---|--|--|
| • | No of Staff : | |
| • | Equipment Available: Attach separate List Attooned | |

Working Hours: 24 Ivouls

8. Central supply of Oxygen / Suction:

9. Central Sterilization Department

10. Ambulance (Functional)

11. Laundry:

12. Kitchen

13. Incinerator: Functional / Non functional

14. Bio-Medical waste disposal

15. Generator facility

16. Medical Record Section:

ICD X classification

Sign & Stamp

Head of the Department

Date: Date: 19/05/22

DR. SUDHA RAO Neonatology Parel, Pa

Training Centre Round Seal

Available / Not available

Available / Not available

Available / Not available

Manual/Mechanical/Outsourced:

Available / Outsourced/ Not Available

Capacity/Outsourced

Outsourced / any other method

Available / Not available

Computerized / Non computerized

Used / Not used

Sign & Stamp

Dean/Principal/Director of Training Centre

DR. SHAKUNTALA S. PRABHU MD.DCH,FRCPCH (LONDON)

REG No 57833

PROFESSOR & MEDICAL DIRECTOR B. J. WADIA HOSPITAL FOR CHILDREN