سوال نمبر:_12752

ا کی اسمبلی ،صوبه خیسر یخة نخوا	محترمه ریجانه اساعیل صاحبه، رکن صوبا	منجانب:
<u>جواب</u>	سوال	نمبرشار
ئىبا <i>ن</i>	کیاوز برصحت ارشادفر مائیں گے کہ	
	آیا یہ درست ہے کہ صوبے کے بڑے ہپتالوں میں	(الف)
	نوزائیدہ بچوں کیلئے نرسری کی سہولت موجود ہوتی ہے؟	_
اس سلسلے میں عرض ہے کہ صوبے کے تمام بڑے ہیتالوں میں زسری	اگر (الف) کا جواب اثبات میں ہوتو صوبے کے کن کن	(ب)
کی سہولت موجود ہے نیز ان نرسر یوں میں جوسہولیات موجود ہیں	مپتالوں میں نوزائیدہ بچوں کیلئے نرسریاں قائم ہیں؟ نیز	
اور جن سہولیات کی کمی ہے اسکی تفصیل ہیتال وار منسلک ہے۔	ان نرسر يول ميں جو سہوليات موجود ہيں اور جن سہوليات	
	کی کمی ہے اسکی تفصیل فراہم کی جائے۔	

OVERVIEW OF NURSERY UNIT KTH MTI,

INTRODUCTION

SCBU the first neonatal unit of the province established in 1976, providing level I,II and partially III care.

Playing a vital role in reducing neonatal mortality.

Location:

The unit is located on 3 floor of the hospital case to labour ward.

Space:

Not exactly measured but he unit is related to the population served, maximum area required 100 square feet and there shall be no compromise on space and the adequacy is crucial for reduction of nosocomial infection.

Problems: the present space is insufficient.

Services

24/7 services are provided

Daily admission = 20 - 22 / Day

OPD = 50-60 / Day

Immediate care at Gynae Obs = 30 - 35 / day

Bed occupancy = 170

Mortality = 16%

Human resource:

1 Consultant

SMO

01 MO

D6 HO5

06 TMOs

Medical care

The unit must have an independent / experience 02 senior doctors, junior Residents 02 in evening and night shift. More House Officer, TMOs need. Ho must work for 02 months and TMOs for 04 months for the continuity of medical care.

Nursing care

Survival of newborn depend upon on the availability trained nurses. More nurses shall be provide to the unit at present 02 head nurses and 08 charge nurses are working

Equipments

Large number of monitoring devices for diagnostic and therapeutic use for high risk babies have been introduced shall be provided and also need maintenance.

Present capacity:

Accommodate total 35 babies but always doubling which is harmful from health point of view.

HDU = 05 Cots

Low dependency = 16

Premature = 09

Jaundice room = 05 Plus reception area

Lightening:

Electrical failure, floatation are frequent and dangerous, need urgent attention.

Repair maintenance:

Must be painted, wall tiles need proper fixing and proper lightening

Temperature:

Temperature / humidity need attention also need fire extgtengishure and emergency exit.

Conclusion:

SCBU need:

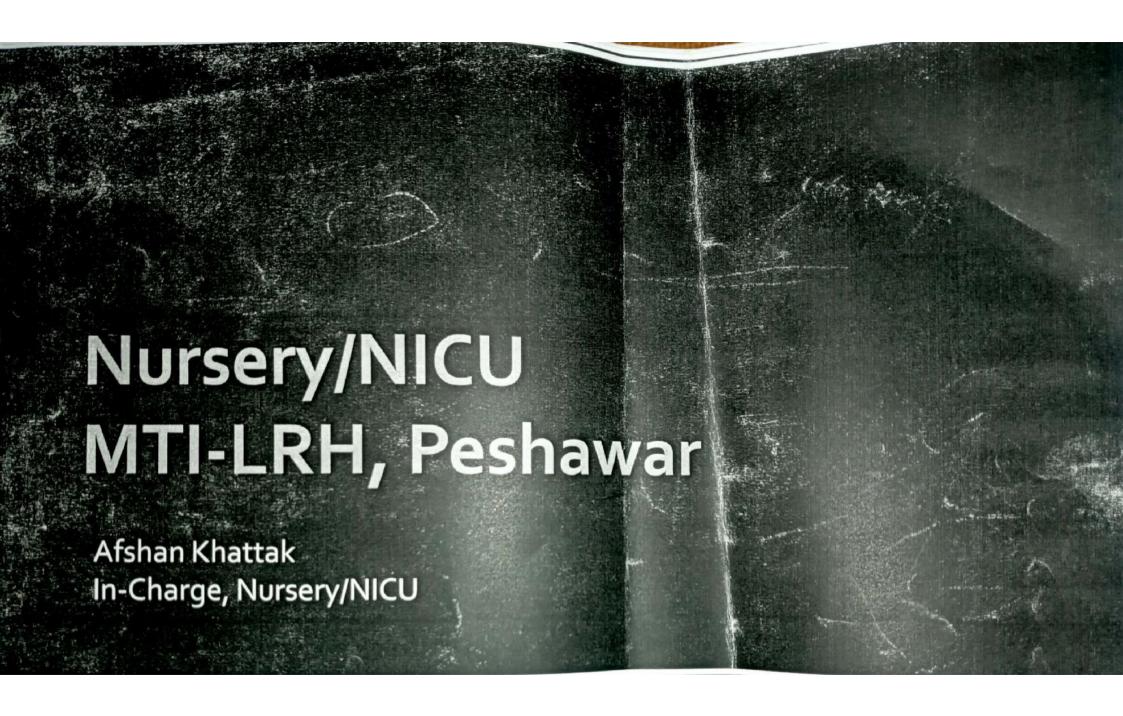
- 1 HR
- 2. Physical space and equipment

Dr. Hamid Bangash Registrar Nursery MTI, KTH Peshawar

EQUIPMENT LIST NURSERY

5.NO	EQUIPMENT	QUANTITY
1	PHOTOTHERAPY	25
3	INCUBATOR	4 + 2 = 6
4	WALL CLOCK	4
5	PHONE SET	2
6	WEIGHT MACHINE	2
7	SUCTION MACHINE	4
8	NEBULIZER MACHINE	2
9	INFUSION PUMP	12
10	RESCUSITATOR	8
11	UVC SET	2
12	LARYNGOSCOPE	2
13	CARDIAC MONITOR	8
14	PULSE OX METER	2
15	OXYGEN CYLINDER	7
16.	CPAP MACHINE	20
17	IV STAND	20
18	GLUCPMETER	1
19	FLOW METER	33
20	B.P.SET	1
21	REGRIGARATOR	2
22	AC SAPLET	5
13	SHIFTING TRAY	3
24	OXYGEN KEY	A

5	CRUSH CARD TROLEY	2
6	EMERGENCY TRAY	2
7	BLOOD EXCHANGE SET	2
8	COMPUTER SET	3
29	BED	28
30	OXYGEN GAGC	3
31	PATIENT CHAIR	33
32	KETAL	1



Catchment/Referral Area We admit babies from.....

Born in LRH Peshawar Nowshera Swabi Mardan Temargara Mohmand Kohat Bannu Gilgit Chitral



Admission/Bedding Detail

- Alloted beds 45 beds
- Average Census for 2021 65 babies
 - Daily admissions 2021-11-25/day
 - Daily discharges 2021 5-15/day
 - Daily expiry 2021 3-7/day
 - Doctor to Bed ratio 1 doctor for 10 beds
 - Nurse to Bed ratio 1 nurse to 12 beds

The Smallest Premature baby we saved in 2021 was 950 grams.



- Babies up to 700 grams currently admitted.
- We give manual c-pap and other home devised mechanical supports as much as possible.
- Difficult to save such babies due to lack of availability of surfactant, (Rs. 35,000/- per dose) and ventilator support.

Most Common Fatal Mishaps with Babies that are PREVENTABLE



- Hypothermia
- Lack of support at birth
- Lack of oxygen at birth
- Lack of trained birth attendents
- LHV and CHW
 conducted deliveries
 with injectible drugs
- Transport without trained staff and oxygen

Our WISH LIST at NICU MTI-LRH



- One oxygen line/intravenous pump for every baby.
- One C-pap for every 5 babies
- One Ventilator for every 10 babies
- One Nurse for every 5
 babies
- One cleaning staff for every 10 babies



OVERVIEW OF NURSERY UNIT KTH MTI

SPECIAL CARE BABY UNIT MTI KTH PESHAWER



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Premature = 09

Jaundice room = 05 Plus reception area

Lightening:

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Temperature:

 Temperature / humidity need attention also need fire extgtengishure and emergency exit.



Conclusion: overcrowding doubling and infection the serious issue SCBU need:

- HR
- Physical space and equipments
- Need proper reffrals from the accident and emergency department and opd intial baby check
- and assessment shall be done at these area and also in case of emergency ABC SHALL BE DONE



Dr. Hamid BangashRegistrar Nursery
MTI, KTH Peshawar

الف: زمری کی مبولت زنانه میتال MTI ، نول عمل موجود ہے۔ (ب) MTI بنول وو من انیڈ چاڈرن میتال میں مندرجہ ذیل مبلولیات موجود ہیں،

ا نوزائيه بچول كاداخله

incubator Care 2.

_3_اكسيجن_

_4_ادويات حسب ضرورت-

5_فوٹوتھرانی اور warmer

(Exchange Transfusion) جادله فون 6.

جن سہلولیات کی ضرورت ہے کین موجووتیں۔

(Neonatal Intensive Care Unit) NICU1

Centerliaze Oxygen Supply System 2

Neonatal Ventilators . 3

Cardiac Montiors 4.

Physical Examination Accessoris 5

موال نمبر 12752

الف: ایاصوبے کے بڑے بہتالوں میں فوازئد بوں کے لیے زمری کی مبولت موجود ہے؟

(ب)جن بہتالوں میں زمری قائم ہان میں کوئی مبولیات موجود ہے ادر کتی کی ہے۔

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Addi: Hospital Director Women & Children (MTI) Bannu 05/8/21

سوال فمبر:12752

محترمه ديجاندا ساعيل صاحبه ركن صوبائي اسمبلي

《 1988年 1997年 1998年 1998年 1998年 1998年 1998年 1998年 1998年		· Karling	3
واب ا	سوال المالية ا	نبرثار	14 1 11 11
Uį	آیا بیدارست ہے کے صوبے کے بڑے ہیتالوں میں نوزائیدہ بچوں کیلئے	(الف)	A CANADA
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	نوزائيده بچول كيليئ زمريال قائم بي؟ نيزان زمريول بين موليات		10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	موجود ہیں اور جن ہولیات کی کمی ہےان کی تفصیل فراہم کی جائے۔		The state of the s

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NURSERY MMC MARDAN

AVAILABLE RESOURCES

Total staff (Doctors: 13 (Consultant /TMOs/Hos) Nurses: 10 Class IV: 03

18 bed nursery (accommodate up to 42 patients)

		09
1	Neonatal incubators	05
2	Infant/Neonatal warmers	08
3	Baby cots	06
4	Infusion pumps	06
5	Pulse oximeters	02
6	Cardiac monitors	02
7	CPAP Machine	07
8	Phototherapy lights	01
9	Emergency crash Cart	02
10	Suction machine	01
11	Refrigerator for Medicine Storage	01
12	Computer system For HMIS	- 01
13	Centralized oxygen Supply	
13	Certes and a second	

Deficiencies:

*Insufficient space for high inflow of babies

*Neonatal Ventilators

*Kangaroo mother care Room

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