



Assessment Criteria

Critical Care Unit

Sehat Sahulat Program

Name of Hospital: _____

Registration Number: _____

District: _____ Tehsil: _____ Urban/Rural: _____

Address: _____

No. of Beds (Registered): _____

Number of Beds (Max. Capacity): _____

Focal Person Name & Designation: _____

Focal Person Contact No: _____

Hospital/Focal person Email: _____

Assessment Done by: (Name, Signature, Stamp) _____

Assessment Date: _____

Assessment Verified by: (Name, Sign and Date) _____

The Performa will be filled by State Life Staff Only in consultation with respective medical facility & Signed by Hospital Focal Person

1. ACCESS TO CCU

- Open access ()
- Closed access ()

2. CCU BED CAPACITY

2a. Total Beds (CCU Dedicated)

- Less than or equal to 2 ()
- In the range of 3-5 ()
- Equal to or more than 6 ()

Specify Number: _____

2b. Ventilators

- Equal to 2 ()
- Equal to or more than 3 ()

Specify Number: _____

3. CCU DEDICATED STAFF

3a. CCU In charge Cardiologist (Dedicated for CCU) ()

3b. Registrar/sr, cardio evening coverage ()

3c. Dedicated CCU MO. 24/7 ()

- Less than or equal to 2 ()
- Equal to or more than 3 ()

Specify Number: _____

3d. Qualified CCU Nurse. (PNC registered) ()

- Less than or equal to 2 ()
- In the range of 3 to 9 ()
- Equal to or more than 10 ()

Specify Number: _____

4. EQUIPMENT

List of Equipment required in CCU	Is Available	
	Yes ()	No ()
Infusion pump/ Syringe driver	Yes ()	No ()
Crash Cart	Yes ()	No ()
Beds with cardiac monitor	Yes ()	No ()
Suction Machine	Yes ()	No ()
Invasive BP monitor	Yes ()	No ()
BiPAP /CPAP	Yes ()	No ()
Temporary Pacemaker	Yes ()	No ()
Portable ECHO	Yes ()	No ()
Portable Ultrasound	Yes ()	No ()
Portable X-ray	Yes ()	No ()
Defibrillator	Yes ()	No ()
Portable ECG	Yes ()	No ()

5. SUPPORTING DEPARTMENT

Department Name	Is Available	
	Yes ()	No ()
Cardiothoracic surgery (in house)	Yes ()	No ()
Cath Lab	Yes ()	No ()
ABGs (inhouse) monitoring	Yes ()	No ()
Disinfection/sterilization	Yes ()	No ()

6. MANDATORY CHECKLIST

Description of checks	Is Available	
	Yes ()	No ()
Every bed should have a monitor.	Yes ()	No ()
At least one defibrillator in CCU.	Yes ()	No ()
One staff nurse for 4 patients.	Yes ()	No ()
Availability of one cardiologist, (FCPS, MD, DIPLOMAT AMERICAN BOARD, CCT UK, all in speciality only means in cardiology) in morning time and on call there after.	Yes ()	No ()
Availability of a Post graduate trainee all time in CCU in tertiary care teaching hospitals, and a trained medical officer (with cardiology experience) in non-teaching hospitals.	Yes ()	No ()
Availability of Anaesthesia	Yes ()	No ()
ACS (Acute Coronary Syndrome) protocol facility available for 24 Hrs	Yes ()	No ()
Availability of SK and Clexane in separate fridge dedicated to CCU	Yes ()	No ()

7. MANDATORY PICTURES

Description of required picture	Is Available	
Picture front of CCU	Yes ()	No ()
Picture of CCU bed with ventilator and monitor	Yes ()	No ()
Picture of CCU ventilator	Yes ()	No ()
Picture of portable x-ray, ultrasound, ECG, Defibrillator	Yes ()	No ()
Picture of duty Roster (MO, Nursing staff) in CCU	Yes ()	No ()
Picture of ACS protocol in CCU	Yes ()	No ()