



Assessment Criteria

Pediatric Intensive 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 PICU

- Open access ()
- Closed access ()

2. PICU BED CAPACITY

2a. Total Beds (PICU Dedicated)

- Less than or equal to 4 ()
- In the range of 5-9 ()
- Equal to or more than 10 ()

Specify Number: _____

2b. Ventilators

- In the range of 2-3 ()
- Equal to or more than 4 ()

Specify Number: _____

3. PICU DEDICATED STAFF

3a. PICU In charge ()

- Pead Specialist ()

3b. Registrar/ Pead's specialist evening coverage ()

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

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

Specify Number: _____

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

- 5 or more Beds per Nurse ()
- 4 Beds per Nurse ()
- 3 Beds per Nurse ()
- 2 Beds per Nurse ()
- 1 Bed per Nurse ()

Specify Number: _____

4. EQUIPMENT

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

5. SUPPORTING DEPARTMENT

Department Name	Is Available	
	Yes ()	No ()
Anaesthesia (in house)	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 PICU.	Yes ()	No ()
One staff nurse for 4 patients.	Yes ()	No ()
Availability of one Paed's Specialist	Yes ()	No ()
Centralized Available Oxygen Supply	Yes ()	No ()
Anesthesia facility should be available inhouse .	Yes ()	No ()

7. MADATORY PICTURES

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