



INODAYA Hospitals - Kakinada

Documentation code:

INH/COP .Doc.No:32

Policy on Procedure Vulnerable Patients Care

Prepared Date: 05/09/2023

Reference: COP.16.a.NABH Standards – 5th Edition

Issue date: 05/09/2023

Issue no:2

Review NO:01

Review Date: 04/09/2024

1.0 Purpose:

To identify the vulnerable group(s) of patients seeking medical and surgical healthcare at INODAYA Hospital - Kakinada, and requiring admission / treatment in / at the hospital in an effort to

- Create awareness about vulnerability amongst care providers.
- Offer extra care to such patients in a safe and secure environment.
- Reduce the risk of abuse.

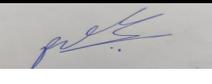
2.0 Definition:

Vulnerability:

This is defined as the potential risks associated with the physical and mental status of an individual and which might reasonably be anticipated irrespective of the context in which care is provided.

Vulnerability is described as the potential for exposure to deliberate maltreatment (active) and unintentional or thoughtless acts (passive). There are many risks involved, which mean that the potential for a breach of care is always present and is not restricted to specific contexts.

3.0 Responsibilities:

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Dr.D.N.S.Prakash	Mrs. Lakshmi Lavanya	Dr.G.Rammohan
Medical Director	Chief Executive officer	Managing Director



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- 3.1** The organization recognizes its responsibility and expects the entire staff of the organization to protect those in care from sexual and other forms of abuse. It also has a system to deal properly with false, malicious or mistaken allegations of abuse of trust and contain safeguard to protect those maliciously, falsely or mistakenly suspected or accused.
- 3.2** The responsibility of identifying and categorizing vulnerable patients lies with the treating consultant, admitting desk and nurses.
- 3.3** Non- medical assistance at the physical level shall be given by the security staff and the Junior Administrators.
- 4.0 Policy:**
- 4.1** Patients in the groups as stated herein are considered to be at greatest risk
- Geriatric patients (> 65 years of age)
 - Pediatric and Adolescent patients (< 16 years of age)
 - Mentally challenged patients.
 - Physically challenged patients
 - All ICU patients
 - Patients who cannot perform Activities of Daily Living.
 - Dialysis Patients
 - Labor patients

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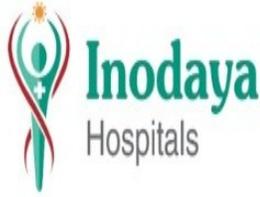
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5.0 Procedure:

- 5.1 In India there exists a culture where-in the family takes care of patients admitted to a healthcare facility and an attendant (close relatives and/or friends) shall be permitted to accompany and stay with the patient.
- 5.2 The hospital shall not encourage the admission of patients, falling in the above categories, without an attendant. Only in case of an emergency, the hospital shall provide immediate medical treatment and refers the circumstance to the Security Officer who in turn informs the Kakinada Rural Police Station in an effort to try and locate the patients' immediate family member(s) or an appropriate responsible attendant.
- 5.3 The mentally challenged shall not be admitted as an inpatient at the hospital, should they not be accompanied by their legal guardian.
- 5.4 As pr the Mental Health Act. 1987, the hospital is not authorized to admit psychiatric patients. The hospital shall refer all mentally disabled patients to a Neuropsychiatry Center.
- 5.5 The hospital shall facilitate the care of the physically challenged patients visiting the hospital.

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5.6 In case the physically challenged patient comes to the hospital in their own personal transport – they shall be assisted by the security and transport personnel positioned at the Emergency Entrance of the hospital

5.7 Identification of vulnerable patients shall be done by:

- Physician (Based on medical condition)
- Admitting Desk (Based on age group)
- Nursing (based on Nursing Admission Assessment)
- Multidisciplinary Team (Based on IDTR Assessment)

5.8 Identifier:

- Yellow “Patient First” sign shall be placed on the door/ head or leg end of the bed.
- Patient Identification Band in yellow color shall be used to identify vulnerable patients.

6.0 Care of Vulnerable Patients

Teaching interventions	Activity & documentation	Nursing and Medical interventions
1. Make patient/family aware of the surroundings and safety measures.	1) Vital signs shall be recorded as per care plan.	<u>Nursing interventions</u> <ul style="list-style-type: none"> ▪ Nurse shall initiate the safety
2. Guide which consists of	2) Assess for	

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Safety Instructions shall be given to the patient

level functional needs.

3) Physical restraints as ordered.

4) In case of fall inform on duty supervisor and complete and submit an Incident Report to Dy. MS

5) Position change documented in Nurses Chart.

initiatives.

- Provide individual scheduled toileting.
- Develop a schedule for turning and position change to provide comfort and to prevent formation of decubitus ulcers.
- Reorient the patient in the room regarding call bell, urinal, drinking water, etc. Keep the necessary articles within easy reach.
- Patients who have incontinence shall be periodically cleared and the skin shall be kept dry.

Elevate head of bed for patients with congestive heart failure, chronic obstructive pulmonary disease, reflux disease, and patient who are on continuous infusion of enteral fluids if not clinically contraindicated.

Accommodate patient's preferred bedtime habits as far as possible.

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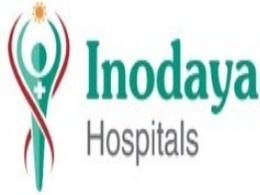
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- If restraints are indicated follow the protocol on using restraints.
- Provide distraction such as music, television, food and fluids for patients who do not sleep throughout the night.
- Provide calming interventions and pain relief.
- Plan time during the day to provide periods of physical activity that help promote a restful sleep.
- Regular assessment by nursing and medical needs to be done for this category of patients.

Medical intervention

- Minimize use of medications that alter mental status.
- Use alternatives to sleeping medications.
- Prescribe diuretics before the late afternoon/evening, so that frequent urination does not become a cause for sleep disturbance in the night.
- Treat pain.
- Screen and treat for hypoxia
- Assess the clinical status of delirious patients to rule out reversible etiologies.
- Promote mobility and fitness, e.g., restorative care to enhance abilities to

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stand safely and to walk.

PROCEDURE TO FOLLOW IN CASE OF INJURY/ABUSE OF VULNERABLE PATIENT

S. No.	Procedural steps	Responsibility
1.	When a case of Injury/abuse of a vulnerable patient is suspected or disclosed, the main consideration is the protection of the vulnerable patient.	All hospital staff
2.	When such an event occurs the senior member of the nursing team on duty is immediately informed. She / He will then inform the primary consultant. The concerns are documented in the medical records by the first person to report the Injury/abuse.	Consultants & Senior member of nursing staff
3.	An incident form is filled by the concerned staff members and forwarded for further process for necessary action	Nursing staff & Medical Director

Forms:

- Incident forms
- Patient first tags for vulnerable patients

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