

JABATAN KESIHATAN NEGERI SARAWAK

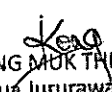
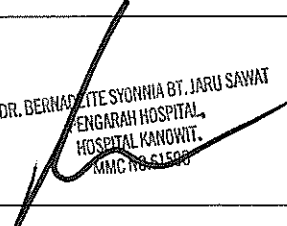
HOSPITAL KANOWIT

DOCUMENT: DEPARTMENTAL OPERATIONAL POLICIES & PROCEDURES IN-PATIENT (MALE WARD)	
EFFECTIVE DATE: 28 JANUARY 2024	NO. OF PAGES: 6

DOCUMENT : Departmental Operational Policies and Procedures In-Patient (Male Ward)

OBJECTIVE : To ensure the nursing care delivered to patients is effective, efficient and safe.

SCOPE : All Nursing Staff of Male Ward Hospital Kanowit.

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DATE:	28/1/2024	28/1/2024



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HOSPITAL KANOWIT

DEPARTMENTAL OPERATIONAL POLICIES MALE WARD

1. Location:

It is a single storey block, located between Operation Theatre and Haemodialysis Unit.

2. Goals:

To ensure comprehensive care that considers the patient's social, emotional, cultural and physical needs.

3. Objectives:

- To provide quality care to patients in general medicine and surgery.
- To provide the skills and level of quality care to patients.
- To promote patients' participation in decision making in health care and treatment.

4. Scope of service:

4.1 The main function of the adult Male ward is to provide facilities for the assessment, diagnosis, treatment, nursing care and rehabilitation of acute or chronically ill patients aged 12 years old and above.

4.2 When circumstances arise, such as shortage of beds, the Hospital Director may use his/ her discretion to allow additional beds to be added.



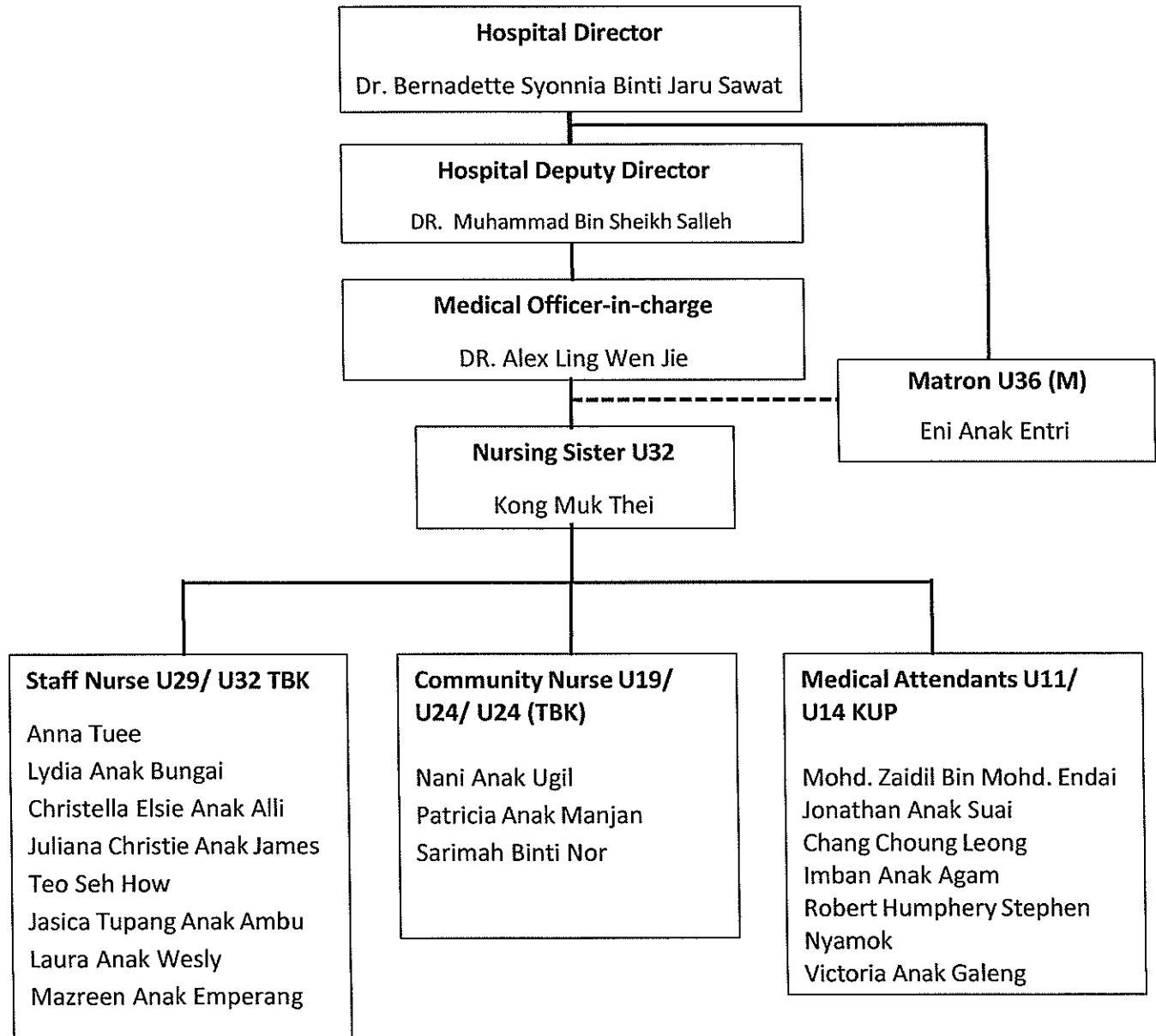
Hospital Rakan Sayi



5. Organization:

5.1 The day to day running of the ward shall be done by the sister in charge.

5.2 The organization chart as follows:



6. Operational Policies

- 6.1 Patient shall be admitted through Outpatient department or Emergency Department to hospital wards during office hours. After office hours, patients requiring admission will be admitted through the Emergency Department.
- 6.2 Pre admissions RTK Antigen Test should be taken on all patients and caretakers.
- 6.3 Patients, who are foreigners, will pay the registration fees at the admission counter prior admission, and later their employers will be responsible in clearing the payment once the patient is discharged.
- 6.4 A confidential case history note shall be opened for each patient once they are admitted in the ward..
- 6.5 All emergency and non emergency cases shall be managed and clerked by a medical officer at the Emergency Department till the patient's condition has been stabilized prior to his admission to the ward.
- 6.6 The ward shall maintain the confidentiality of the in-patient registry in the ward registration book.
- 6.7 The placement of the patient in the ward will be subjected to their clinical status based on his nursing assessment after consultation with the medical doctor. Generally, ill patients shall be placed near to the nursing station to permit closer observation by the nurses. Patients with infectious disease shall be placed in the isolation room and shall be managed according to the standard procedures of infectious disease protocols.
- 6.8 No additional beds shall be added to the ward unless necessary.
- 6.9 Informed Consent is a formal agreement between the patient and health healthcare provider acknowledging the patient's understanding of the treatments and procedures planned. In view of frequent practice of the procedures for patients warded, the following procedures are to be taken consent during patient orientation in the ward and consent shall be valid throughout the patient's hospital stay. Consent given shall be documented in the patient's case notes with signature and chop of attending healthcare provider and signature and name of the patient/ caretaker.

These are the list of procedures that may be done on a warded patient:

- 6.9.1 Blood taking procedure (venepuncture and blood withdrawal).
- 6.9.2 Intravenous cannulation procedures.

- 6.9.3 Intravenous medication administration.
- 6.9.4 Intramuscular/subcutaneous medication administration by injection.
- 6.9.5 Finger skin prick toe bedside glucose examination.
- 6.9.6 Continuous bladder draining (foley) catheter insertion for selected patients.
- 6.9.7 Naso gastric tube uinsertion for selected patients.
- 6.9.8 Per Rectal manual examination for selected patients.
- 6.10 Any medical/surgical emergencies in the ward shall be notified immediately to the ward doctor or doctor on-call, who shall see the patient as soon as possible.
- 6.11 A patient shall be seen at least once a day by the ward doctor.
- 6.12 The staff nurse on duty must follow the medical officer whenever ward round is being conducted.
- 6.13 All treatment ordered by treating doctor shall be carried out promptly and correctly by the nursing staff who shall maintain their own nursing documentation in the integrated case notes.
- 6.14 All patients shall be given an explanation regarding their condition, investigations done and treatment that will be done on them during their hospitalization.
- 6.15 Most medical procedures shall be carried out in the treatment room in the ward, unless the patient cannot be moved, in which case the procedure shall be done by the bedside with adequate privacy. Relatives or friends shall not witness any procedure unless specifically allowed by the treating doctor.
- 6.16 The sister in charge or staff nurse shall abide by a regular schedule for indenting drugs and medication from pharmacy and ensure that there is sufficient stock available at all times.
- 6.17 The ward staff shall inform the operator or ETD staff (after OH) when requesting for an ambulance service. An escort personnel will depend on the condition of the patient. The MO in charge shall discuss and inform respective departments prior to departure.

- 6.18 A midnight census of patients shall be carried out each day and notified to the medical records department in the prescribed form.
- 6.19 Upon discharge, patients shall be given an emphasis and also advise regarding health education & health promotion to increase their knowledge in health.
- 6.20 Upon discharge, patients shall be given a discharge certificate, a medication prescription form, a medical leave certificate, if required and a follow up appointment if needed.
- 6.21 A medical attendant will accompany the patient or relative to the billing counter for payment of hospital charges prior to discharge from the ward.
- 6.22 Medication prescribed on discharge shall be explained and given by the in-patient Pharmacist prior to discharge.
- 6.23 After discharge, the case summaries shall be completed by the treating doctor and the case notes will be dispatched to the medical record department within 72 hours of working days. The staff nurse in charge will ensure the security and movement of patient's records in the ward.
- 6.24 Ward sister and staff nurse shall maintain and update inventory of all ward equipments and assets. They shall ensure that planned preventive Maintenance (PPM), breakdown maintenance is carried out accordingly and all equipment are maintained in good working condition by the concession company.
- 6.25 Ward sister and staff nurse shall monitor all Cleansing and housekeeping services, linen & laundry service, waste management service that are carried out by the appointed concession company by Ministry of Health Malaysia, according to the schedule drawn up and agreed upon by the hospital and concession company.

7. NURSING POLICIES

- 7.1 Relevant aspects for the hospital Nursing policies shall be complied

8. Whole Hospital Policies.

- 8.1 Relevant aspects of the whole hospital policies shall be observed.



ORIENTASI SEMASA KEMASUKAN KE WAD LELAKI HOSPITAL KANOWIT

NO	PERKARA	YA	TIDAK
1	<p>Memberitahu pesakit dan saudara-mara tentang waktu melawat;</p> <ul style="list-style-type: none">a) Isnin-Jumaat; 12:30 tengah hari hingga 2:00 petang 4:30 petang hingga 7:30 petangb) Sabtu / Ahad / Hari Kelepasan Am 12:30 tengah hari hingga 7:30 petangc) Pelawat tidak dibenarkan melawat pesakit sekiranya doktor dan para jururawat sedang menjalankann rondaan wad ataupun semasa melakukan tugas dan tatacara.d) 2 (Dua) Pas Pelawat akan diberikan kepada setiap pesakit untuk kegunaan ahli keluarga akses ke wad di luar waktu melawat.e) Hanya seorang sahaja penjaga yang dibenarkan untuk menjaga pesakit yang tenat.f) Untuk kes penyakit berjangkit, pelawat adalah dihadkan dan mesti mendapatkan kebenaran daripada staf yang bertugas.		
2	<p>Utamakan Keselamatan;</p> <ul style="list-style-type: none">a) Pesakit dan penjaga akan diberitahu tentang laluan kecemasan / pintu kecemasan dan tempat berkumpul sekiranya ada berlaku kebakaran di wad (Assembly Point 1, 2 dan 3).b) Nasihatkan penjaga pesakit sentiasa memastikan pagar katil pesakit sentiasa ditarik untuk keselamatan pesakit.c) Nasihatkan pesakit supaya jangan membuka atau menggunakan pintu belakang untuk memastikan keselamatan pesakit.		
3	<p>Kanak-kanak di bawah umur 12 tahun tidak dibenarkan masuk / melawat pesakit di dalam wad.</p>		
4	<p>Orientasi pesakit dan penjaga tentang;</p> <ul style="list-style-type: none">a) Kepentingan mencuci tangan dengan betul untuk mengelak dari jangkitan / infeksi.b) 'Clinical waste' – sila buang ke dalam tong sampah berwarna kuningc) 'General waste' – sila buang ke dalam tong sampah berwarna hitam.d) Beg linen Merah – linen yang tercemar oleh darah atau cecair badan.e) Beg linen putih – linen yang kotor tetapi tidak tercemar oleh darah atau cecair badan.		

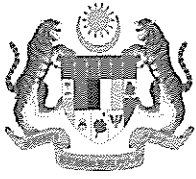
5	<p>Pesakit dan penjaga akan diberitahu cara menggunakan loceng panggilan untuk mendapatkan bantuan kakitangan jika perlu seperti sekiranya pesakit mengadu kesakitan.</p>		
6	<p>Masa makan dan minum / hidangan air panas akan disediakan pada setiap syif;</p> <p>a) Waktu makan; Sarapan pagi: 6:30 pagi Makan Tengah hari: 11:30 pagi Minum petang: 2:30 petang Makan malam: 5:00 petang</p> <p>b) Hidangan air panas; 10:00 pagi, 3:00 petang, 5:00 pagi dan bila perlu. c) Makanan tidak disediakan untuk penjaga pesakit. d) Pesakit berhak memilih menu mengikut kepercayaan agama masing-masing.</p> <p>Makanan yang disediakan oleh pihak Unit Sajian hospital mestilah dimakan dalam masa 4 jam selepas dihidangkan untuk mengelak daripada keracunan makanan.</p>		
7	<p>Keperluan yang mesti dibawa semasa kemasukan ke wad;</p> <p>a) Cawan dan sudu b) Tabung air panas c) Bekas/botol untuk menyimpan air sejuk d) Tuala mandi dan sabun mandi e) Tikar/kerusi malas untuk menjaga pesakit yang tenat sahaja</p>		
8	<p>Pesakit dinasihatkan tidak membawa barang berharga seperti;</p> <p>a) Duit, barang kemas dan jam tangan b) Telefon bimbit</p> <p>Sebarang kehilangan barang berharga adalah atas risiko sendiri. Sekiranya tiada ahli keluarga/waris, barang berharga akan direkod dan disimpan di peti simpanan besi di Unit Pentadbiran Hospital.</p>		
9	<p>Pesakit bebas mengamalkan ajaran & kepercayaan masing-masing asalkan tidak bertentangan dengan peraturan hospital. Hospital Kanowit ada menyediakan khidmat pakar rujuk mengenai kerohanian kepercayaan agama masing-masing.</p>		
10	<p>Pesakit berhak mengetahui penyakit & rawatan yang diterima dan menolak rawatan sebarang ubatan, rawatan dan prosedur yang diberikan dan boleh mendapat khidmat nasihat dari pihak kedua (<i>2nd opinion</i>).</p>		
11	<p>Pesakit dilindungi dari unsur penganiayaan mental, fizikal, seksual 'verbal abuse', pengabaian dan kecuaiian eksploitasi sama ada dari staf, pelawat, pelatih, pesakit lain ataupun saudara-maranya.</p>		
12	<p>Semasa berlaku kecemasan cth: kebakaran. Prosedur evakuasi kanak-kanak, OKU, warga emas & pesakit yang tidak berupaya wajib dipatuhi seperti yang tertakluk dalam polisi 'Patient's & Family's Rights'.</p>		

13	Pesakit dan saudara-mara harus mematuhi dan menghormati peraturan yang telah ditetapkan oleh pihak hospital/wad. Pesakit harus menghormati pesakit lain dan kakitangan hospital.		
14	Penerangan untuk 'deposit' dan caj hospital untuk warga asing/'Guarantee letter' dari jabatan masing-masing untuk pesakit yang masih berkhidmat dengan kerajaan.		
15	Jika pesakit memerlukan rekod kesihatan/rekod perubatan, pesakit perlu memohon secara bertulis kepada Pengarah Hospital.		
16	Merokok tidak dibenarkan sekali di kawasan hospital/wad.		
17	Pesakit hanya dibenarkan menggunakan pakaian pesakit yang telah disediakan oleh pihak hospital sepanjang kemasukan beliau.		
18	Pesakit, penjaga dan pelawat tidak dibenarkan menggunakan telefon bimbit semasa berada di wad dan kawasan hospital. Dilarang mengecaj telefon bimbit di wad.		
19	Penjaga dan saudara-mara pesakit tidak dibenarkan duduk atau baring di atas katil yang kosong.		
20	Pesakit berhak untuk cara/mekanisme membuat aduan sekiranya tidak berpuas hati dengan perkhidmatan yang diberi. Boleh rujuk kepada penyelar aduan hospital.		

Dikemaskini pada 20.02.2024

Kakitangan yang melakukan orientasi:

Nama dan tandatangan pesakit/saudara-mara:



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PIAGAM PELANGGAN

WAD LELAKI

RAWATAN PESAKIT DALAM

KEMASUKAN KE WAD

1. Pelanggan akan ditempatkan di katil dalam masa 10 minit.
2. Kes kecemasan akan dikendalikan oleh doktor dengan secepat mungkin sebaik saja diberitahu.
3. Kes yang tidak memerlukan rawatan segera akan dikendalikan oleh doktor pada rondaan wad yang seterusnya.

RAWATAN

1. Setiap pelanggan diberi jaminan bahawa kehormatannya akan dipelihara dan diagnosa penyakitnya akan diterangkan semasa menerima rawatan.
2. Pelanggan akan diberi penerangan dengan jelas mengenai keadaan, pemeriksaan serta perawatan yang akan dilakukan terhadapnya.
3. Setiap pelanggan akan dilayan dengan penuh mesra.
4. Setiap pelanggan akan diperiksa oleh doktor wad sekurang – kurangnya sekali sehari kecuali kes-kes yang tertentu sahaja.

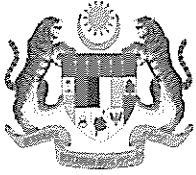
DISCAJ

1. Setiap pelanggan akan dimaklumkan discaj dari wad sehari sebelumnya.
2. Setiap pelanggan akan diberi penerangan mengenai perkara – perkara seperti berikut:
 - a. Tarikh rawatan susulan.
 - b. Sijil discaj dan sijil cuti sakit (jika perlu)
 - c. Caj hospital.
 - d. Ubat – ubatan.
 - e. Pendidikan kesihatan



Hospital Rakap Bayi





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TANGGUNGJAWAB PELANGGAN SERTA KELUARGA

1. Setiap pelanggan bertanggungjawab memainkan peranan dalam mempercepatkan proses pemulihannya.
2. Setiap pelanggan serta keluarga mesti bekerjasama dan mematuhi peraturan hospital semasa kemasukan ke wad.
3. Setiap pelanggan diberi jaminan bahawa keselamatannya akan dijaga dan diagnosa penyakitnya akan diterangkan semasa menerima rawatan.
4. Setiap pelanggan harus menghormati staf yang bertugas.
5. Setiap pelanggan dikehendaki mematuhi perincian isi kandungan yang terkandung di dalam piawaian pelanggan.

Dikemaskini oleh :

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Ketua Jururawat U32
No. LJM: 67595
Hospital Kanowit

(KONG MUK THEI)
Ketua Jururawat Wad Lelaki
Tarikh: 28.01.2024

Disahkan Oleh :

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MNC NO. 61990

(DR BERNADETTE SYONNIA BINTI JARU SAWAT)
Pengarah Hospital Kanowit
Tarikh: 28.01.2024

