

Through e-mail

e-File No -13582 NHMHP-CH0HDU/1/2019-CH-Section -438  
National Health Mission, SDA complex, Kasumpti  
Shimla-9, Himachal Pradesh

To,

The Medical Superintendent of District  
RH Bilaspur, Dr. RKGMC, Hamirpur, ZH Dharamshala at Kangra,  
RH Kullu, RH Solan and RH Una  
Himachal Pradesh

The Chief Medical Officer  
District Kinnaur  
Himachal Pradesh



Dated May 2024 the Shimla-9

Subject: Regarding operational guideline for utilization of funds for HDU

Sir,

District Hospitals form the crux of public health system as they provide secondary health care facilities ranging from preventive, promotive, curative, rehabilitative and palliative to the community within the District. Patients with severe complications that are not life threatening can be managed under existing medical/ surgical specialty with round the clock care and can be monitored in High Dependency Units. A high dependency unit is an area of a critical care unit, where patients can be cared for in a more extensive manner than that in a normal ward, Those admitted in ICU who have improved, may be shifted to HDU (step down).

With aim to reduce Under 5 Mortality, unnecessary referrals, improve quality of Pediatric care and strengthen facility based care for children requiring more observation, intervention or monitoring at District Hospitals; Pediatric High Dependency Units (HDU) have been established in your district. Unit in-charge should be a specialist, or a doctor trained in emergency medicine. The unit should be managed round the clock by the MBBS doctors and the nurses. They should ideally be qualified in relevant critical care courses.

In FY 24-25, Rs. 60,000/- per HDU is being released for operationalization of HDU. The detail guideline is as under:

**Committee for HDU Operational Cost:**

- CMO/ Medical Superintendent (as the case may be) of the Hospital- Chairman
- DPO/Nodal Officer (preferably Pead., or MO trained in emergency medicine)  
: Member Secretary
- Superintendent/Accountant: Member

**Expected services at HDU:**

Criteria for admission should be considered only in correlation with the clinical and physiological parameters and/or lab reports interpreted together.

Some are indicated below-

1. ARI/Bronchitis Asthmatic
2. Diarrhoeal Diseases
3. Severe acute malnutrition, vitamin deficiencies and micronutrient deficiencies
4. Pyrexia of unknown origin
5. Haematological Disorders
6. Diseases of Bones and Joints
7. Childhood Malignancies
8. Liver Disorders
9. Poisoning, Sting, Bites
10. Paediatric Surgical Emergencies
11. Surgical- all post operative patients requiring intensive monitoring either due to pre-morbid conditions, due to complexity of surgery or due to intra-operative complications.

Note: Despite above, individual clinical skills and expertise should be weighed in against the individual patient conditions with the above being guiding principles.

#### **Step-down Criteria for transfer out from ICU to HDU**

Resolution of the above criteria with reasonable clinical stability for at least 12-24 hours can be taken as criteria to step down / transfer the patient from ICU to HDU. However, the clinicians must keep in mind that strict vigilance will be required for such transferred patient in the HDU as the clinical condition may again worsen and some patients may again need to be shifted back to ICU.

#### **Step-down Criteria for transfer out from HDU to ward**

Once the underlying physiologic condition that necessitated admission to HDU gets resolved or stabilized for a reasonable period of time, the patient can be considered for transfer from HDU to ward.

While most childhood illnesses can be managed at District Hospital, some of them will require referral to a tertiary level facility for specialist care.

Patients referred from District Hospitals should be provided with referral notes stating the condition, reason for referral and any treatment given. Referred patients receive appropriate pre-referral treatment when indicated.

#### **Guidelines for utilization of the Operational Cost:**

1. All local purchases should be done as per existing system.
2. Purchase of consumable Distilled water for oxygen concentrator, oxygen hood boxes etc.
3. Keeping standby oxygen Unit with Oxygen cylinder, trolley, disposable tubes, wrench and refilling of empty oxygen cylinder to be used at the time of non-functioning of oxygen concentrator.
4. Repairing/ Replacement of mattress cover and day to day maintenance of material within HDU.
5. Antiseptic solution & disinfectant - bleaching powder, Lysol (5%), Detergent, liquid hand wash, utility gloves, mopper etc.

6. Keeping functional water taps, electrical switches, FL bulb, furniture etc.
7. Surgical attire for service provider, like gown, face mask, head cap, sleeper, shoe cover, gloves etc.
8. Printing of Pediatric HDU Board
9. It is of utmost importance that the staff of unit is trained and motivated for leading healthy lifestyle with low/zero mental stress. They should also be trained and oriented in various technical processes, that are pre-requisite to providing high quality services in the unit.

#### General Administrative Guidelines

- CMO/MS/MoH/DPO (as the case may be) will review the performance of HDU activities at least once a month and monthly report of HDU is to be sent to SHQ (NHM).
- The MO incharge will be primarily responsible for first reporting of any event in HDU- like any death, any untoward incident, any instruments/equipments going out of service to CMO/MS/MoH/DPO/ Pediatrician (as the case may be) of facility.
- An annual indent should be submitted to CMO/MS/MoH/DPO/Pediatrician (as the case may be) for all drugs and consumables required for HDU by Nodal incharge.
- Each unit should have one regular staff nurse as incharge along with other staff nurses for maintenance of store, maintenance of HDU admission and discharge register as per standard format and supervision and duty allocation of staff nurses, helpers & sweepers.
- Staff nurse in charge should be responsible for preparing the monthly report.
- The staff posted in HDU must be trained for providing critical care.
- Medical Officers and nurses working in these units should be trained and oriented on various technical parameters, practices required for identification and management of critical illnesses. They also need to be oriented on various monitoring parameters like diagnostics and lab reports, clinical condition of the patient and the protocols for their management. All MOs/nurses should be trained in ALS/BLS/ BCLS / CCLS / Trauma Life support courses / NELS.
- The medicines included in the essential drug list for emergency management of children should also be available for use in the HDU.

Yours faithfully



Dy. Mission Director  
National Health Mission  
Himachal Pradesh.



Endst No. e-File No -13582 NHMHP-CH0HDU/1/2019-CH-Section Dated  
Copy forwarded to

1. The Secretary (Health) to GoHP, Shimla-2 for information please
2. The Director Health Services, SDA Complex, Kasumpti, Shimla-9, for information please.
3. The Chief Medical Officer of district Bilaspur, Hamirpur, Kangra, Kullu, Kinnaur Solan and Una for information and necessary action please.
4. The DPO (CH) for information and necessary action please.

  
Dy. Mission Director  
National Health Mission  
Himachal Pradesh.