

Shuddhi Ayurveda Panchkarma Hospital

(A Unit of Jeena Sikho Lifecare Pvt Ltd)

(BACK SIDE OF JUGRAJ DHABA , OPP SIDE OF HALDIRAM DERA BASSI PUNJAB-140506)

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PREPARED BY	Name & Designation: Dr.Pooja Thakur (Dy Medical Superintendent) Signature:
REVIEWED BY	Name & Designation: Dr Suyash Pratap Singh (Medical Superintendent) Signature:
APPROVED BY	Name & Designation: Acharya Manish (Owner) Signature:
ISSUED BY	Quality Department



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 (A Unit of Jeena Sikho Lifecare Pvt Ltd.)
 Back Side Of Jugraj Urli, Dera Bassi
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 Punjab-140506

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AMENDMENT SHEET



**Shuddhi Ayurveda Panchkarma Hospital
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Document Title : General Policies for Medication Management

SUMMARY	<p>This document provides instruction and guidance to hospital staff on various issues pharmacy services and management of medication in the hospitals.</p> <p>The policy discusses the overall compliance to various standards pertaining to the Medication Management and links to further downstream policies and documentation established for compliance to standards specific to various issues like storage, ordering, administration, adverse reactions etc</p>
DISTRIBUTION	This policy and procedure is for distribution to all departments, pharmacy

1. Introduction

This policy has been formulated to ensure as far as possible compliance to various standards pertaining to Management of Medications (MOM) as prescribed by the NABH Accreditation Standards.

2. Purpose and Scope

The purpose of this policy is to guide the hospital staff in managing the process of medication management at various units of the hospital to ensure patient safety and well-being.

3. Responsibilities

HOD's/Senior Doctors

They are responsible for implementing the various guidance in terms of ordering and administration of medications.

In-charge – Pharmacy



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Is responsible to ensure that the policies pertaining to dispensing services are implemented.

4. Policies

A. Pharmacy Units

The hospital operates the following pharmacies;

1. Main Pharmacy
2. Medicine Preparation Kitchen

The Pharmacy in charge is responsible to ensure the operation of the Main Pharmacy under standardized policies.

Medication management in Medicine preparation Kitchen is ensured by the Panchakarma Manager and is supervised by Panchakarma In-charge.

B. Drugs & Therapeutics Committee

The hospital has a Drugs & Pharmacy Committee which is multi-disciplinary in nature and the committee is empowered to establish and monitor an effective medication management system in the hospital.

The constitution and working system of the committee is described in the relevant section of the hospital manual.

C. Drug Formularies

The hospital formulary shall be made available in all wards and departments for easy reference.

The same is approved and periodically reviewed by the Drugs & Pharmacy Committee.

D. Purchasing and Procurement

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The Central Pharmacy will be the only purchasing and procurement point for medicines in the Hospital. The detailed procedure governing the purchase of medications is specified in the Pharmacy Manual.

The purchasing and procurement of drugs are controlled by the Drugs & Therapeutic Committee established by the hospital.

E. Policy for the Introduction of New Drugs

All patients of Shuddhi Ayurveda Panchkarma Hospital (A Unit of Jeena Sikho Lifecare Pvt Ltd) Hospital will be prescribed all the medicines they clinically require, based on their diagnosis from the hospital formulary.

To ensure the best use of resources there is a formal procedure for the introduction of new drugs. No new drug will be prescribed without prior authorization from the Drug and Therapeutics Committee.

For inclusion of the new drug in the formulary an application for the same would be sent to the Chairperson

F. Obtaining of Drugs not listed in formulary

On specific request the pharmacy will make arrangements for procurement of the same. This shall be done only in cases where the same is ordered through a prescription by Sr. Doctors

All such instances will be reported to the Doctor In-charge Pharmacy Services by the Pharmacy on a daily basis.

5. Procedure (s)

The following policies have been established by the hospital to ensure an effective medication management system

- Storage of Medication
- Prescription of Medications
- Medication Dispensing and Labelling
- Medication Administration

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Adverse Medication Events

Procedures have been established as a part of the Pharmacy Department Manual for defining and establishing a system for procurement, storage and dispensing of medications in the hospital;

Procedure for procurement of drugs

Procedure for Pharmacy

The hospital has established separate policy and procedure for reporting and analysis of Adverse Drug Events.

6. Monitoring

The Drugs & Therapeutics Committee monitors the adherence to the medication management policy and processes across the hospital.

Individual Nursing Unit in-charges are responsible for monitoring of the implementation of the policies and procedures pertaining to medication management at the ground level on a day to day basis.

7. References

A. Standards

MOM 1 & 2 NABH Standards



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Document Title: Policy on Prescription and Ordering

SUMMARY	<p>This document provides instruction and guidance to hospital staff on various issues pertaining to prescription and medication orders.</p> <p>The policy discusses guidelines for prescribing medications, process for verbal orders, orders documentation etc</p>
DISTRIBUTION	This policy is for distribution to all departments of the hospital through the Hospital Manual

1. Introduction

Effective system of medication ordering which is legible standardized and followed universally within a hospital; reduces chances of medication errors and contribute to patient safety.

The NABH standards extensively cover the various aspects of prescription of medications and provide a baseline for the formulation of this policy.

2. Purpose and Scope

The purpose of this policy is to guide the hospital staff in matters relating to prescriptions and medication ordering.

3. Responsibilities

Clinicians

The clinicians are responsible for adhering to the prescription guidelines of the hospital.

Nurses

The nurses are responsible to ensure that they adhere to the guidelines provided for verbal and telephonic medication orders.

4. Policies



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A. Prescribing

All medicines (including medical gases) must be prescribed by a Junior Doctor or above in the approved prescription area of the patient's medical record.

The prescription must be written in legibly (BLOCK CAPITAL LETTERS PREFERRED) and signed and dated by the authorized prescriber.

The generic drug name should preferably be used as far as possible, and the prescription shall include the following:

- The approved name of the preparation
- The dose
- The frequency
- The route of administration
- Any other special instruction e.g. length of supply for courses
- For children under 16 years – weight of the patient

All prescriptions shall be made from the approved hospital formulary only.

B. Medication Orders

Orders / prescriptions for inpatients shall be written in the medication sheet by the doctors. All features applicable to prescription must be followed while writing in the medication order sheets.

All medication orders are named, signed, dated and signed.

C. Doubts about Prescriptions / Orders

In accordance with professional responsibilities, any nurse, therapist or pharmacy Assistants who has **any doubt** about the prescription's legibility, accuracy or meaning **must not administer or dispense** the medicine and must be notify the Senior



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Pharmacist/senior therapists / nurse in-charge immediately for verification with the prescriber.

Any alterations to a prescription must be in the form of a cancellation of the original instruction; the revised instructions being in the form of a new prescription. The cancellation should be clear and unambiguous, be signed and dated by the prescriber.

D. Verbal / telephonic Orders

In exceptional circumstances where patient care could be compromised and where the medication has been previously prescribed and the authorized prescriber is unable to issue a new prescription, but where changes to the dose are considered necessary, a verbal order will be made to the duty medical officer manning the area. This shall be recorded in the patient medical record. This shall be validated and countersigned by the prescriber within 24 hours.

In case of verbal orders the following process shall be adhered to;

A verbal order shall be issued only by anybody who is a Medical officer or above that and none other than that. A seal is made available in the wards which shall be stamped and the verbal order given by the doctor shall be written down by the nurse in charge with the date, time, and whose order and the nurse signs it and then carries out the order.

The order once written down by the nurse shall follow this step of action also;

The order shall be written and before closing the conversation (telephone or person) the **nurse shall read back the order to the doctor** and confirm if the written down order is

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correct, in case of drugs she shall even spell the drug to recheck with the consultant and then close it.

Doctor who issued the verbal order within 24 hrs should counter sign that verbal order and authenticate the same.

E. High Alert Medications

List of high alert medications have been developed and exhibited by all nursing units and departments. They are checked / verified twice before dispensing and administration.

5. Procedure (s)

The procedure / guidelines for Prescription of Medication are provided as an appendix to this policy.

6. Monitoring

The Chairperson is responsible for monitoring of the policy.

The Case Sheet Audit process, Prescription audit will measure the compliance level to this policy.

7. References

A. Standards

MOM 4 – NABH Standards



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Appendix 1. Guidance for Prescription & Medication Order Writing

In general all prescriptions must:

- be legible
- state the patient's full name, age, Gender, UHID Number
- state the treatment in block letters using the approved drug name
- state the form of the drug
- state precisely the frequency and times of administration
- be signed with the prescriber's full signature
- be dated

These general requirements for prescriptions are expanded to more specific elements below:

ALLERGY

The allergy box on the inpatient drug chart / file must be completed before **ANY** medication can be prescribed.

DRUG NAME –

The drugs must be written as the approved name itself (preferably) **without using abbreviations.**

When using brand names kindly ensure that only brands approved as per formulary is used.

DOSE –



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Specified dose written appropriately on the prescription or in the appropriate box of the Drug Chart.

Units written using acceptable abbreviations i.e.ml, gm, mg. The words, units and micrograms must be written in full.

VALID PERIOD

Specified the number of days for a course should be stated. Indication that the prescription is to be continued indefinitely is acceptable.

FREQUENCY

The frequency must be clearly defined.

The frequency must not be increased or reduced, without the entry being rewritten.

Time of administration the indicated time of administration has to be clearly stated. This applies to 'once only' prescriptions as well.

SIGNATURE

The prescription / medication drug prescription must be signed by the prescriber in full signature with name, date and time

DISCONTINUATION

Cancellation to cancel a prescription a line must be drawn through the administering section of the Medication Sheet and the instruction signed and dated by the prescriber.

ALTERATION



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If a drug is altered in any way a line must be drawn through that section signed and dated by the doctor, and the drug rewritten with the alteration.



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Document Title : Policies for Medicine Preparation Area / Kitchen Procedure

SUMMARY	This document provides instruction and guidance for operating the medicine preparation kitchen proving required medications to be used in Panchkarma and other therapies.
DISTRIBUTION	This document is for distribution to all departments, as a part of hospital manual.

1. Introduction

The medicine preparatory area is responsible for preparing, packing and dispatching various medication required for the various therapies in a centralized manner.

2. Purpose and Scope

The purpose of this policy is to guide the dispensary staff in the activities of the area.

3. Responsibilities

Panchakarma Doctor In charge

Panchakarma Doctor In charge prescribes the preparation of medication for various procedures and overlooks its preparation in the Kitchen

Treatment Room Staff

They are responsible for preparation of the various medications in the prescribed manner, apportioning the same for patients and preparing the various modes of topical applications like kizhis.

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Document Title : Policies for Medicine Preparation Area / Kitchen Procedure

4. Procedure

A. Room Facilities

The preparation room shall be organized for meeting demands of medicine preparation by way of qualified man power, equipment and instruments like, utensils, grinders, heaters, medicinal ingredients in appropriate form, water supply, cloths, etc. in sufficient quantity.

There shall be facility for keeping the prepared medicines in labeled containers so that the staff can collect the same for use as per requirement.

B. Medicinal ingredients

The standard ingredients are to be prepared, maintaining quality, form and arranged in labeled containers in sufficient quantity so that the same can be used as per requirement.

Special and other ingredients like milk, lemon, oil, medicinal leaves, etc are procured and stored separately maintaining the keeping properties in suitable containers.

C. Advice for preparation

The advice for treatment is prescribed by the treating doctor through the patient record and the advice is conveyed by the duty staff to the preparation room through the treatment guide available with the doctor in- charge of preparation room.

The preparation room staff collect the room/patient-wise information from the guide book through standard noting slips and use the same for preparation of medicines.

D. Preparation of Kizhi, Vasti, etc.

The medicinal appliances as above shall be prepared by the staff based on the specific SOP available with them.



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The appliances required for specific room and patient shall be arranged in labeled containers and arranged in the ready to use storage room.

The appliances shall be collected by the ward duty staff as per requirement, verifying the label, and shall be used for treatment.

The preparation room staff shall maintain the preparation slips for a specific period.

5. Annexure

1. Medicine Preparation Recipes

6. References

MOM 2e, 6b NABH Standards

Amendment Record

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Document Title : Policy for medication administration

SUMMARY	<p>This document provides instruction and guidance to hospital staff on various issues pertaining to administration of medications to patients.</p> <p>The policy discusses the procedure for medication administration including checks and balances that ensure highest level of patient safety and avoiding of medication errors.</p>
DISTRIBUTION	This document is for distribution to all departments, units and wards of the hospital through the hospital manual

1. Introduction

Medication administration processes are the key stone in reducing medication errors in the hospitals. Actual administration of medication is the terminal event in a process chain of the medication management cycle. Hence right checks and balances in this process level results in reduction of potential medication errors.

2. Purpose and Scope

The purpose and scope of this policy are to:

1. To ensure that patients are administered prescribed medications safely.
2. To ensure that any appropriate records are maintained.
3. To increase staff knowledge and understanding of medication management process and as far as possible, develop an institutionalized approach to medicines administration.

3. Responsibilities

Doctors ,Nursing & Therapy Staff

The Doctor nurses and therapists are responsible for implementing the provisions of this policy.



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4. Policies

A. Administration of Medicines

Medications are administered to patients in the wards and therapy room only in the presence of qualified nurses and therapists.

Nursing / Therapist trainees involved in medication administration will perform the same under supervision of qualified staff nurses and therapists.

Medicines shall only be administered in accordance with a prescription or agreed protocols.

Self-administration of medications (in wards / rooms) are allowed only for those patients for whom self-administration of medications are allowed through documented order of the doctors.

5. Procedure (s)

Procedure for Administration of Medicines

Responsibilities of Administration

The administration of medicines across the clinical setting including those administered as part of various treatment procedures like massages, vasthi, dhara, tharapanam will be undertaken by either:

A nurse posted in the ward/Patient Rooms.

A therapist posted in the panchakarma / treatment rooms

Safeguards in Medication Administration

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The following points must be checked by the administering nurse or therapist:

- Patient's name on prescription sheet
- Prescription sheet is clearly written and signed by the prescriber.
- The prescribed time, date and method of administration
- The drug name on the container is the same as that on the prescription / order sheet.
- Check allergy box is completed and patient is not allergic to the medication prescribed.
- The dose has not already been given
- The correct dose of the drug is prepared
- High alert medication must be verified by two persons prior to administration

**IF THERE IS ANY DOUBT REGARDING THE ABOVE, THE THERAPIST OR NURSE
MUST REFER THE MATTER BACK TO THE PRESCRIBER / DOCTOR IN-CHARGE -
PANCHAKARMA**

ALWAYS ENSURE

RIGHT	<u>Patient</u> <u>Medication</u> <u>Dosage</u> <u>Route</u> <u>Timing</u> <u>Education</u> <u>Documentation</u>
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Preparation of Drugs for Administration

In case of high alert medications and medications for procedures like Basti; every drugs must be prepared and labelled prior to preparation of next medication.



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Self - Administration of Medication

The prescribing doctors should indicate specifically while prescribing if self - administration of medications are allowed on each specific case. The nurses should specifically remind each patient permitted for self - medications and also prepare the medications where necessary.

Recording

The administration of the drug must be recorded on the drug chart after administration has occurred and been observed.

If a prescribed drug is not given, the reasons for omission must be recorded on the nursing notes

6. Monitoring

The respective nursing in-charges of each ward and therapy rooms are responsible to monitor the adherence to the policy by nurses / therapy.

7. Formats

Pre-existing medication form

Medication sheet

8. References

Standards

MOM 6 – NABH Standards

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Document Title : Policies for Medication Dispensing procedure

SUMMARY	This document provides instruction and guidance to Pharmacy staff on various processes followed in the unit.
DISTRIBUTION	This document is for distribution to all departments, wards as a part of hospital manual.

1. Introduction

The Pharmacy unit is a key unit of the hospital responsible for compounding and dispensing various medications to both OP, and IP patients.

2. Purpose and Scope

The purpose of this policy is to guide the Pharmacy staff in the activities of the area.

3. Responsibilities

Doctor In Charge - Pharmacy

Is responsible for overseeing pharmacy / dispensary activities.

In-charge – Pharmacy

Is responsible to ensure that the policies pertaining to dispensing services are implemented.

4. Procedure

A. General

The pharmacy shall be organized by streamlining the activities like, procurement, safe storage, prescription, dispensing, etc.

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There shall be smooth functioning in the pharmacy with patient care activities. The pharmacy shall oversee the medication process including storage at different locations duly maintaining the storage conditions of room temperature, specific locations for keeping look-alike, sound-alike medicines, expiry date monitoring and maintaining documentation.

There shall be proper monitoring of medication processes including difference of opinion on administration of high risk medication with proper corrective actions on the same.

Patients and family members are educated about safe medication and food-drug interactions.

The pharmacy functioning shall comply with the applicable laws and regulations.

There shall be a multidisciplinary committee to advise and guide the pharmacy activities.

There shall be a hospital formulary for the pharmacy by preparing the list of medicines suitable for patients and hospital resources also covering the process for acquisition and preparation of medications.

There shall be proper guidelines to make available medications round the clock and also to obtain medications not listed in the formulary.

The storage of medication under standard conditions of temperature, clean atmosphere, inventory control measures, preventing pilferage, making available emergency medication, etc.

There shall be clarity on prescribing medication like, who can write orders, indicating ordering person's name, signature, date, time and the writing location on patient record, etc.

There shall be guidelines on verbal orders and methods of verification on high risk medication prior to dispensing including definition on high risk medication.



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The safe dispensing shall include the medication recall process in case of discrepancy, monitoring of expiry date, proper labeling and methods for administration and guidance on use of formulations containing toxic/narcotic drugs.

Procurement of Medications

Based on the formulary, the medicines are to be arranged. Medicines are purchased from approved suppliers.

The requirement of purchase shall be on the basis of the last few months' consumption pattern.

The list of medicines and quantity thereon as required for the pharmacy and the medicine preparing unit is ordered and the same on receipt, verified, accounted and stocked.

The purchase order is written, reviewed and approved by competent authority.

In emergency cases, telephonic order can be placed, however written confirmation shall follow.

The suppliers shall be periodically evaluated on the basis of quality and schedule keeping and corrective action taken if violations noticed.

Statutory and regulatory requirements are to be met as applicable.

B. Receipt, Verification and Acceptance

Items ordered and supplied are to be received and verified and stored at specific location in the rack at the pharmacy area.

The verification shall cover normally the name of the medicine, expiry date, quantity, any damage, etc.



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C. Storage and Issue

The storage area shall have sufficient racks to keep the medicines as per order. There shall be temperature controlled areas as well as refrigeration facility with assured temperature controls.

The material shall be adequately protected from fire, pests, water seepage, etc.

Statutory and regulatory requirements as applicable shall be adhered to.

The issue shall be controlled based on the prescription.

Based on the prescription the bill is prepared and medicines are collected from racks.

Preferably a second person shall issue the medicine with advice for usage.

In case the medicine is to be issued by mixing different type of medicines, the same is carried out with proper standard measuring device, and collected in cleaned containers with proper labels.

D. Inventory Control

The purpose of the inventory control is to prevent stocking of materials which results in locking up of capital, possible pilferage and to reduce stock out problems.

The minimum stock is maintained mainly to avoid a stock-out in case the consumption increases unexpectedly or lead time extends.

ABC, VED and FSN are other requirements that are to be analysed and applied.



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Physical inventory shall be taken at least once in a year and compared with the system stock and necessary corrective action taken to remove the detected anomalies.

E. Records

All relevant records like list of approved suppliers, purchase order copies, verification records, copy of bills, stock verification reports, etc shall be maintained properly.

All documents related to statutory and regulatory requirements are also to be maintained.

F. References

MOM 5 , NABH Standards –

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Document Title : Policy on Patient's own medication

SUMMARY	This document provides instruction and guidance to hospital staff on handling patients own medications.
DISTRIBUTION	This policy and procedure is for distribution to all departments, units and wards of the hospital through the hospital manual.

1. Introduction

Patients own medications are a key issue that can lead to medication errors. Most patients; especially senior citizens are likely to be under regular allopathic medications for chronic conditions like diabetes, blood pressure related conditions, cardiac problems etc.

These medications have potential to react with medication prescribed by the hospital or cause adverse physiological events detrimental to treatment lines undertaken in the hospital. Hence processes have to be established as a part of medication management system to address the issues.

2. Purpose and Scope

The purpose and scope of this policy are to:

1. To ensure that existing medications taken by the patient is accounted for as part of the patients assessment.
2. To ensure that no unauthorized drugs are brought to the hospital from outside sources; so that the hospital can ensure the quality of all medications.

3. Responsibilities

Duty Medical Officer

Supervises and co-ordinate the process

Nursing Staff

The nurses are responsible for implementing the provisions of this policy



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4. Policies

A. Medicines Brought into Hospital by Patients (Patients' Own Medication)

Hospital inpatients shall be advised of the need to inform staff of medicines they are currently taking and have brought into hospital.

This statement shall be included in the patient rights & responsibility / patients' information booklets.

All medicines brought in by patients are their property and the patient's consent (verbal) for their removal or use must be obtained.

It is the hospital's policy to ask patient's to bring their current medication with them on admission. This enables staff to see what treatment the patient is having and allows accurate medication history taking.

The Sr. Doctors or Jr. Doctors with the consent of Consultants assisting them will decide on continuation of the current medications. The list of current medication to be continued will be written on the Pre existing medication sheet in the medical record as a medication order with appropriate details.

The nursing staff will then include the patient's current medications as a part of the medication administration plan.

Drugs which are no longer needed or which may be detrimental to the patient's treatment should, with the patient's consent, disposed of or sent back with the patient attendants. In no case the unwanted medication should be allowed to mix with the patient's medication increasing chances of medication errors.

Prepared by	Approved By
Dr.Pooja Thakur	Dr.Suyash Pratap Singh
DY MEDICAL SUPERINTENDENT	MEDICAL SUPERINTENDENTS



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6. Monitoring

The respective nursing in-charges of each ward is responsible to monitor the adherence to the policy by nurses.

7. References

A. Standards

MOM 6 – j – NABH Standards –

Amendment Record

AMENDMENT		DETAILS OF AMENDMENT	ISSUE STATUS	REV. STATUS
NO	DATE			



Document Title : Policy on Adverse Drug Events

SUMMARY	This document provides instruction and guidance to hospital staff on identification and reporting of Adverse Drug Events and its analysis.
DISTRIBUTION	This policy and procedure is for distribution to all departments, of the hospital through Hospital Manual.

1.0 Purpose

To readily identify adverse drug reactions / events and to provide for documentation of such in order to prevent the possibility of similar reactions / events occurring in future.

2.0 Definitions

1. Adverse Drug Reaction (ADR) - any response to a drug which is noxious and unintended and which occurs at doses normally used in man for prophylaxis, diagnosis or therapy of disease, or for the modification of physiological function.
2. No harm – An error which is not recognized and the deed is done but fortunately for the healthcare professional, the expected adverse event does not occur.

3.0 Policy

1. A history of any allergies/ADRs shall be obtained during the admission nursing assessment before any medications are administered, except in emergencies. This history is documented in the space provided on the Patient History/Assessment and Discharge Record.
2. Suspected Adverse Drug Reactions shall be identified and reported on the Patient Incident Form, which is available at all Nursing Units and Therapy rooms. The



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physician must also document the ADR in the Progress Notes of the patient's medical record.

3. The Drug and Therapeutic committee will be responsible for monitoring of reported adverse reactions. A route cause analysis will be done for all reported ADRs
4. The reaction will be reported to the manufacturer or the appropriate authorities in cases where the severity of reaction is high and has occurred in several cases.

5. Procedure (s)

Nil.

6. Monitoring

The Drug and Therapeutic Committee will be responsible for monitoring all ADR / ADE and conduct analysis.

7. References

A. Standards

MOM 8 – NABH Standards



Shuddhi Ayurveda Panchkarma Hospital
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Document Title : Medication Storage Policy

SUMMARY	This document provides instruction and guidance to hospital staff on various issues pertaining to Medication storage.
DISTRIBUTION	This Manual is for distribution of to all departments, the Hospital. .

1.0 Purpose

All policies and procedures pertaining to storage of medications should be followed.

2.0 Scope:

Hospital wide

3.0 Policy:

Medications are stored in the pharmacy according to the manufacturer's recommendation. All medications are stored in designated areas, which ensure proper sanitation, temperature, light, ventilation, moisture control, segregation, and security. Proper consideration is also given to the safety of employees as well as patients. Special storage requirements are listed below.

4.0 Procedure for Storage of Medications

All medications are stored in designated areas which ensure safety and integrity of the products, according to the instructions on their packing.

4.1 – General Medication storage:

- a. Individual Patient's Medication Storage: medicines are stored in bedside and is administered by the duty nurse.
- b. Pharmacy Level - Medications are stored in racks, cabinets, etc. which are properly labeled as per the name, strength of medication and pharmacy code.
- c. Medications to be stored at room temperature, unless specified in the label / package insert.

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- d. All the drugs in the pharmacy are stored as per the earliest expiry date. The concerned person checks the expiry date prior to dispensing of the drugs (FIFO system).
- e. Stock audits are done on an annual basis

4.2 External use medications- Disinfectants and drugs for external use are stored separately in different column in the racks/ cupboard from internal medications.

4.3 Light Protection- Light sensitive drugs are kept away from the direct light. All drugs, which require light protection while in storage, remain in the original package, in the racks, which are kept a little interior in the pharmacy away from the direct light until the time of patient administration.

4.4 Look Alike/ Sound Alike Medications- Medications which have the potential for confusion due to look-alike or sound-alike drug names or packaging are identified and treated with extra precautions to prevent error. They are to be stored separately.

4.5 Unused Drugs/ Non Conformity Drugs: The pharmacy store is monthly inspected for outdated, defective or deteriorated drugs and containers with worn, illegible, or missing labels. These drugs are kept in a segregated area for return or destruction. The unused drugs with short expiry are indented to other user department if required otherwise returned to the pharmacy and disposed off centrally.

4.6 In the pharmacy the drugs which are near expiry (3 months) are marked with a yellow sticker and are used preferentially to other drugs.

4.7 Effective pest control practices are carried out on daily basis to prevent entry of rodents/ pests and worms.

4.10 All medication storage areas will be inspected once in every month to ensure medications are stored properly.



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5. References

Standards – MOM 3 –

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Document Title : High alert medication Policy

SUMMARY	This document provides instruction and guidance to hospital staff on High alert medication policy.
DISTRIBUTION	This Manual is for distribution to all departments, of the Hospital.

PURPOSE AND SCOPE

The purpose and scope of this policy are to:

1. To ensure that patients are administered prescribed medications safely.
2. To ensure that any appropriate records are maintained.
3. To increase staff knowledge and understanding of medication management process and as far as possible, develop an institutionalized approach to medicines administration.

RESPONSIBILITIES

Medical Director

The overall responsibility for implementing the policy rests with Medical Director of the hospital.

Nursing Staff

The nurses are responsible for implementing the provisions of this policy.

Policies of hospital for administering high alert medicines are:

- High alert medication orders verified with regards to patient name, diagnosis, ordering doctors, dose and route, frequency of administration.

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Document Title : High alert medication Policy

- Patients instructed regarding the likely adverse events in a manner which doesn't produce apprehension.
- Patient observed for a specified period of time for adverse events.

High alert medicines dispensed from pharmacy are double checked by Pharmacy in charge.

References

A. Standards

MOM 4 h, i, NABH Standards

Amendment Record

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Document Title : Medical Supplies and Consumables

SUMMARY	This document provides details regarding the policies for the purchase, handling and storage of medical supplies and consumables used by the hospitals in clinical, nursing and supportive procedures.
DISTRIBUTION	To all clinical departments through the Hospital Manual

PURPOSE

To provide guidelines for purchase, handling and storage of medical supplies and consumables with in the hospital system to establish a system for monitoring the use, ensuring the usage of quality supplies and consumables and controlling the materials costs of the hospital.

RESPONSIBILITY PERSON

Medical superintendent and Pharmacy in-charges

SCOPE

This policy is applicable for purchase of all medical supplies and consumables which is directly used in patient care and excludes all items listed as medication (listed in the Hospital Formulary and those items falling under supplies used by medical equipment



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for therapeutic or diagnostic purposes including papers, cartridges, reagents, films etc. This also excludes materials used for infection control like hand washes, sanitizers, hand rubs, disinfectants, fumigation agents etc which are listed in the approval list of infection control committee

POLICY

1. Qualification and Approval of Medical Supplies and Consumables

The offices of the Pharmacy In-charges will maintain a Master List of Approved Medical Supplies and Consumables after obtaining the same from each clinical department.

The list will contain list of medical supplies and consumables used by hospital with their suggested vendor / supplier / brand options and sizes to be stocked where applicable. The same will be approved by the drugs and therapeutic committee.

The selection of vendors for items commonly used by all clinical departments like Gloves, Bandages, Cotton, Plasters, drapes etc will be done by the Drug and Therapeutic Committee and details provided to all departments.

Any additions to the list can be made by doctors / departments by an application to Medical Director and Purchase Manager accompanied by a report on use of samples on trial basis. The addition of same in the approved list will be done in the next meeting of Drug and Therapeutic Committee .



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As a matter of principle the hospital will maintain only 2-3 approved suppliers for each category/item based on quality and pricing parameter. Option of maintaining one lost cost option will be done wherever possible to address the needs of the economically backward patients.

2. Storage, Issue and Sales:

The items will be stored in the Central store/Pharmacy store/dispensary depending upon the category.

The direct sales of any medical supply or consumable will be done through the hospital pharmacy only. All other cases the same will be issued by the departments / units and the items used will be recorded in the activity / billing sheet by the unit nurses / technicians and added to the final bill of the patient.

3. Re-use / Refurbishing of Consumables:

The hospital has a policy of re-use of medical consumables and supplies wherever possible to reduce costs (example oxygen masks). Any such re-use will be after proper cleaning, disinfection and sterilization process through a local method of disinfection approved by the Infection Control Committee of the hospital.

4.Expiry Dates



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All such items used in the hospital will have an expiry date. In case of items where manufacturer expiry dates may not be available printed in the package the stores / user unit will seek the opinion of the Infection Control Committee and designate a expiry period. This is applicable for all sterilized items used in the hospital.

5. Reporting of incidents pertaining to medical supplies and consumables

Incidents linked to medical supplies and consumables like defects, poor quality, irritation / allergy / injury to patients etc shall be reported to the Hospital Quality In-charge through the incident report form. The specimen of the item involved will be sent in as it is condition along with the incident report. The Office of the Medical Director will investigate the matter.

STANDARD REFERENCE-

MOM 10 – NABH Standards

Amendment Record

AMENDMENT		DETAILS OF AMENDMENT	ISSUE STATUS	REV. STATUS
NO	DATE			

		17	DIVYA BRIHAT VISHNASHAK VATI 60 TAB
		18	DIVYA CHANDER VATI 60 TAB
GAGAN PHARMA SGNR		19	DIVYA CHARM ROG HAR VATI 60 TAB
1	DR SHUDDHIPOWDER 100GM	20	DIVYA CHARAM ROG YOG HAR VATI 60 TAB
2	DR SHUDDHIPOWDER 50GM	21	DIVYA GRANTHI HAR VATI 60 TAB
3	DR IMMUNE 80TAB	22	DIVYA GRAHNI HAR VATI 60 TAB
4	DR IMMUNE 40TAB	23	DIVYA GADOOD SUDHARK VATI 60 TAB
5	PATH FREE 60 TAB	24	G B S POWDER 60 GM
6	HT PRO 60 TAB	25	DIVYA KANTH SUDHAR VATI 60 TAB
7	NO PAIN 60 TAB	26	KAFF HAR CHURAN 60 GM
8	CARDI SURE 60 TAB	27	LICONIL 50 GM
9	URO PLUS 60 TAB	28	DIVYA MAHA GRANTHI HAR VATI 60 TAB
10	LUNGS D- TOX 60 TAB	29	DIVYA MAHA CHARM ROG HAR VATI 60 TAB
11	GO DM 60 TAB	30	DIVYA MAHA RAKT CHAP VATI 60 TAB
12	LIV GAIN 60 TAB	31	DIVYA MALL STAMBHAK VATI 60 TAB
13	XTRA POWER 60 TAB	32	DIVYA MUTRAL VATI 60 TAB
14	NERVE PRO 60 TAB	33	DIVYA MUTRA VARDHAK VATI 60 TAB
15	G CORDIAL 500 ML	34	DIVYA NETRA SHODHAK VATI 60 TAB
16	G LIV FORTE 500 ML	35	DIVYA PAIN NIL 30 TAB
17	JEEVAN AMRIT 500 ML	36	DIVYA PRADAR VATI 60 TAB
18	MADHUMEH NASHAK 500 ML	37	DIVYA PUSHPANTAK VATI 60 TAB
19	PURODURM G 500 ML	38	PARDAR NASHAK 50 GM
		39	DIVYA RAKT CHAP VATI 60 TAB
40	DIVYA RAKT SHODHAN VATI 60 TAB	15	
1	DIVYA AMALPITTA NASHAK 60 CAP	41	DIVYA RAKT STAMBHAN VATI 60 TAB
2	DIVYA DHATU POSHAK 60 CAP	42	DIVYA SHIR SHOOL HAR VATI 60 TAB
3	DIVYA SKIN CURE 60 CAP	43	DIVYA VAT HAR RAS 60 TAB
4	SHE CAPSULE 60	44	DIVYA VISHNASHAK VATI 60 TAB
5	TELOME + SYRUP 500 ML	45	DIVYA YAKRIT SHOTH HAR VATI 60 TAB
6	DM + SYRUP 500 ML	46	SHUDHI KARAN TAB.
7	IMNU + SYRUP 500 ML	47	HEART CARE BLK 450 ML
8	SAMA VATI 60 TAB	48	LADIES TONIC BLK 450 ML
		49	ORTHONIL BLK 450 ML
50	LIVER TONIC BLK 450 ML		
SANJIVAN ANUSANDHAN PVT. LTD.		51	IMMUNE POWER BLK 450 ML
1	DIVYA VISH HAR RAS 500 ML	52	BLOOD PURIFIER BLK 450 ML
2	DIVYA CKD SYRUP 500 ML	53	NERVINE TONIC BLK 450 ML
3	DIVYA PSORO 60 TAB	54	KIDNEY CARE BLK 450 ML
4	DIVYA VITILIGO 60 TAB	55	RENAL STONE REMOVING BLK 450 ML
5	DIVYA PSORO OIL 100 ML	56	G. I. T. STIMULATOR BLK 450 ML
6	DIVYA VITILIGO OIL 100 ML	57	GARBH CRAE 100 GM
7	DIVYA PEARL 60 CAP	58	GARBH CARE 60 TAB
		59	RAKT CARE + 60 TAB
		60	SHUDHI KARAN TAB. 3 TAB
	LUXMI PHARMACEUTICALS		
1	NUTRIROZ 850 GM	1691	61 32 HERBS TEA 30 GM
1	DVD		62 32 HERBS TEA 250 GM
2			DR SHUDDHI PACKAGE
3			DR SHUDDHI PACKAGE 20 DAYS

SOUND ALIKE

1	DIVYA ASTHI POSHAK VATI 60 TAB.	2004	870
2	ASTHI PURAK VATI 60 TAB		600
3	AATRI CARE 60 CAP	4001	1500
4	DIVYA ARTHRI 60 CAP	3004	1500
5	DIVYA URI PLUS 60 TAB.	2028	870
6	DIVYA URI-CURE 60 TAB	11015-00	1500
7	DIVYA MAHA GRANTHI HAR VATI 60 TAB.	2016	870
8	DIVYA GRANTHI HAR VATI 60 TAB.	2013	870
9	DIVYA GRAHNI HAR VATI 60 TAB.	2012	870
10	CARDI CARE HERBAL TEA 100 GM	2049	1050
11	DIVYA MAHA RAKT CHAP VATI 60 TAB.	2017	1050
12	DIVYA RAKT CHAP VATI 60 TAB.	2024	1230
13	DIVYA MUTRAL VATI 60 TAB.	2020	1230
14	DIVYA MUTRA VARDHAK VATI 60 TAB.	2019	870

LOOKALIKE		
POWDER		
RELIVON POWDER 100 GM	2058	1050
RENAL STONE REMOVING POWDER 100 GM	2059	1230
PARDAR NASHAK POWDER 50 GM	2057	870
LICONIL POWDER 50 GM	2054	870
GFR POWDER 100 GM	2067-00	1050
G.B.S POWDER 100 GM	2051	1050
AMALPITA HAR POWDER 60 GM	2048	870
SHATAYU DETOX POWDER 100 GM	11028-00	1860
PRAMEH ROG HAR POWDER 100 GM	2063-00	1050
PULMONARY CARE POWDER 100 GM	2066-00	1050
UDAR VIKAR JANYA ROG HAR CHURANA 100 GM	2065-00	1050
PACKAGE		
DR. SHUDDHI PACKAGE 40 DAYS	7002-00	4200
DR. SHUDDHI PACKAGE 20 DAYS	DSP20-00-00	2400
CAP.		
AMALPITA NASHAK 60 CAP.	8001	1230
ADV. JOINT PAIN 60. CAP.	AJP-002-00	1230
DIVYA DM 60 CAP	3006	1500

DIVYA STONI 60 CAP	3025	1500
AYUSH KWATH 60 CAP.	AKUU-01-00	780
ADV. FORMULA CANCER CARE 60 CAP.	CCI-001-00	3660
ADV. FORMULA JOINT PAIN 120 CAP.	AJP-001-00	1860
DIVYA FE 60 CAP.	3016	1500
LIPOSUK + 60 CAP - DEFAULT	LIP-001-00	1500
SPERMOSURGE 60 CAP.	3029	1500
GLUCO BALANACE 60 CAP.	GB -001-00	1050
DIVYA SANJEEVANI 60 CAP.	3023	1500
PILES RELIEF 60CAP.	PR-001-00	1050
DIVYA PILE FREE 60 CAP.	3021	1500
DIVYA THYRI	3027	1500
DHATU POSHAK 60 CAP.	8002	1230
DIVYA LIPI 60 CAP.	3018	1500
DIVYA LIV-DS 60 CAP.	3019	1500

CHURAN

KAF HAR CHURAN 60 GM	2052	870
MAHA AMRITAM CHURAN 100 GM.	3030	1500
ADV. FORMULA LUNGS CARE CHURAN 225 GM.	LUJ-001-00	1680

TEA

AMRIT RAS 500 GM.	2047	2850
32 HERABAL TEA 250 GM.	250-01-00	1680
32 HERABAL TEA 30 GM.	5030-00	330

SYRUP

LIVER TONIC BLK. 450 ML.	LTB001-00	1050
KIDNEY CARE BLK 450 ML.	KC001-00	1050
JEEVAN AMRIT 450 ML.	5026	1050
LADIES TONIC BLK 450 ML.	LT001-00	1050
HEART CARE BLK 450 ML.	HC001-00	1050
ORTHONIL BLK 450 ML.	ON001-00	1050
BLOOD PURIFIER BLK 450 ML.	BP001-00	1050
G- CORDIAL 450 ML	5023	1050
MADHU MEH NASHAK 450 ML.	5027	1050
NERVINE TONIC 450 ML.	NT001-00	1050
DIVYA VIS- HAR RAS	11010-00	1050
DIVYA CKD 500 ML.	11012-00	1050

OIL

DIVYA POSORO OIL 100 ML.	1020-00	900
JOINT HEALER OIL 100 ML. DEFAULT	JH001-00	330
DIVYA VITILIGO OIL 100 ML.	11019-00	900

VATI

DIVYA RAKT SHODHAN VATI 60 TAB.	2025	870
DIVYA CHANDER VATI 60 TAB.	2008	870
DIVYA SHIR SHOOL HAR VATI 60 TAB	2032	600
SAMA VATI 60 TAB. DEFAULT	SMB-01-00-00	1230
DIVYA YAKRIT SHOTH HAR VATI 60 TAB.	2034	870
DIVYA RAKT STAMBHAN VATI 60 TAB .	2026	600

DIVYA VISH NASHAK VATI 60 TAB.	2033	870
DIVYA AAROGYA VATI 60 TAB.	2002	1050
DIVYA ARTAV SHODHAK VATI 60 TAB.	2003	870
DIVYA KANTH SUDHAR VATI 60 TAB.	2014	600
DIVYA BRAHM VATI 60 TAB	2006	1050
DIVYA PRADAR VATI 60 TAB	2022	600
DIVYA GADOOD SUDHAR VATI 60 TAB	2011	1050
DIVYA MALL STAMBHAK VATI 60 TAB	2018	870
DIVYA BRIHAT VISHNASHAK VATI 60 TAB	2007	1050

TAB

DIVYA POSORO 60 TAB.	11008-00	1500
DIVYA AAM VAT HAR GUGGAL 60 TAB	2001	1230
DIVYA VITILIGO 60 TAB.	1011-00	1500
PAIN NIL 30 TAB.	2031	1050
DIVYA CKD 60 TAB	11004-00	1230
SHATAYU URJA 60 TAB	11027-00	1860
SHATAYU URJA 80 TAB	11027-00	2400
SHUDHIKARAN TAB.	6005	300
GO-DM + 60 TAB.	GD-2001-00	960
DR IMMUNE 60 TAB	DIT-60-00	1860

VISH

Product Name	Product Code	Price
DIVYA VISH NASHAK VATI.	2033	870

UPVISH

Product Name
Bhram vati- Ras sindoor
D. Rakt Chao vati- bhanga,
Divya vat har ras -
Ras sindoor
Divya vishnashak vati


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 Opp. Side Of Baldev Singh, Dera Bassi
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