

VENUE-HOSPITAL FACILITIES ASSESSMENT FORM

NAME OF HOSPITAL: _____

CHIEF OF HOSPITAL: _____

I. OPERATING ROOM

- _____ Number of Operating Rooms
- _____ Operating room air-conditioned?
- _____ Number of Operating Table/S
- _____ Operating room lights working?
- _____ Number Of Anesthesia Machine/S
 - _____ Which of the following anesthetics are compatible with the machine?
 - ___ Halothane
 - ___ Izuflorane
- _____ Anesthesia machine in A1 condition?
- _____ When was the last time the machine was calibrated?
- _____ Is the available cautery machine for ligation or for wart removal only?
- _____ How many major OR packs (laps, sheets, towels) does the hospital have?
- _____ How many sets of major OR instruments?
- _____ Are the instruments for General Surgery department complete?
- _____ Are the instruments for OB-Gynecology department complete?
- _____ Pulse oximeter available?
- _____ Oxygen available?
- _____ Autoclave machine available?

II. RECOVERY ROOM

- _____ How many rooms/ward can be allowed as recovery room/ward for mission beneficiaries?
- _____ How many beds can be accommodated per room/ward?

III. LABORATORY

Capability of the hospital's laboratory:

- | | |
|----------------------------------|---|
| CBC | ECG |
| FBS | Is there a private diagnostic center in the area? |
| Thyroid function tests T3 T4 THS | Ultrasound for TVS |
| X-ray | |

IV. PERSONNEL AND STAFF

- _____ Number Of OR Nurses
- _____ Number Of Recovery Room Nurses