

संचालनालय स्वास्थ्य सेवायें
मध्यप्रदेश

क्रमांक/अ.प्रशा./सेल-4/2011/914

भोपाल, दिनांक 21/7/2011

प्रति,

- (1) अधिष्ठाता, चिकित्सा महाविद्यालय, भोपाल/इन्दौर/ग्वालियर/जबलपुर/रीवा/सागर (म.प्र.)
- (2) समस्त मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी, मध्यप्रदेश
- (3) समस्त सिविल सर्जन सह मुख्य अस्पताल अधीक्षक, मध्यप्रदेश

विषय:—Assured referral with maintenance of referral registers at the Health Facilities in States-reg.

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विषयान्तर्गत भारत शासन, लोक स्वास्थ्य एवं परिवार कल्याण, मंत्रालय, नई दिल्ली से प्राप्त पत्र क्रमांक No. M.12015/52/2011-MCH दिनांक 05.05.2011 की छायाप्रति संलग्न है। पत्र में किये गये उल्लेखानुसार तथा संलग्नको अनुसार 2 रेफरल रजिस्टर्स मेन्टेन करें, in-referral तथा out-referral हेतु तथा रेफरल स्लिप भी तदनुसार ही संधारित करने की कार्यवाही सुनिश्चित करें।

संलग्न:-4

Jom Malin
15/7/2011
(डॉ. ए.एन. मित्तल)
संचालक चिकित्सा सेवायें
मध्यप्रदेश

पृ.क्रमांक/अ.प्रशा./सेल-4/2011/915

भोपाल, दिनांक 21/7/2011

प्रतिलिपि:—सूचनार्थ एवं आवश्यक कार्यवाही हेतु :-

1. संचालक, चिकित्सा शिक्षा, मध्यप्रदेश, सतपुड़ा भवन, भोपाल।
2. संभागीय संयुक्त संचालक, स्वास्थ्य सेवायें, भोपाल, इन्दौर, उज्जैन, ग्वालियर, जबलपुर, सागर तथा रीवा की ओर सूचनार्थ एवं आवश्यक कार्यवाही हेतु।
3. समस्त अधीक्षक, विशेष चिकित्सालय, मध्यप्रदेश की ओर उपरोक्तानुसार कार्यवाही सुनिश्चित करें।
4. श्री थामस, कम्प्यूटर कक्ष, स्थानीय कार्यालय की ओर भेजकर—इसको विभागीय वेब साइट पर प्रदर्शित करें।
5. आदेश फाइल।

संलग्न:-4

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संचालक चिकित्सा सेवायें
मध्यप्रदेश

No. M.12015/52/2011-MCH
Ministry of Health & Family Welfare
Government of India
MH-Division

Office Memorandum

Nirman Bhawan, New Delhi
Dated the 5th May, 2011

Subject: Assured referral with maintenance of referral registers at the Health Facilities in the States - reg.

In absence of timely and assured referrals to the higher facilities, valuable lives are lost if the referral is not assured and in many cases we also lose the precious life in between the facilities. So, every referral should be provided a transport and referral slips. (already disseminated to the States; copy enclosed) so that timely action at the referred centre can be initiated. A referral record both by the referring facility & also by the facility receiving the patient needs to be maintained to ascertain provision of assured referral. The proforma of the Referral Registers is enclosed for dissemination to all the Health Facilities in the State including Medical Colleges and District Hospitals.

In view of above, it has been decided that two referral registers need to be maintained at every facility one for in-referral and the other for out-referral. It is further informed that there should not be any delay in managing the emergency cases, which is a priority, before filling of referral register.

It is requested to kindly send the directive to all the State and district Programme Officers, in charge of all Health Facilities including Medical Colleges & District Hospitals for maintaining the enclosed Referral Registers for ensuring assured referrals.

This issue with the approval of Ms. Anuradha Gupta (Joint Secretary, RCH), MOHFW, New-Delhi.

Himanshu Bhushan
(Dr. Himanshu Bhushan)
Assistant Commissioner (MH)

To
All the State Secretaries (H&FW)
All the State Secretaries (ME)

Copy to:
All the State Mission Directors (NRHM)
All State Director General of Health Services

Copy for information to:

- 1) PPS to Secy. (H&FW)
- 2) PPS to SS & MD (NRHM)
- 3) PPS to DGHS
- 4) PS to JS (RCH)
- 5) PS to JS (NRHM)
- 6) PS to JS (ME)
- 7) DDG (M&E)
- 8) ADG (Stat.)
- 9) CD (Stat.)

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date 20/05/11
J.D. (HA)
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JD (WRHM)

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REGISTER FOR REFERRAL TO OTHER / HIGHER HEALTH FACILITY (To be maintained at referring facility)

Name of the Referring Health Facility :	3 Address and contact number of patient	4 Date of Admission	5 Reason for Admission	6 Reason for Referral	7 Condition of patient at time of referral	8 Date and Time of Referral	9 Name of Health Facility Referred to	10 Name & designation of Referring Health Official/ Functionary	11 Name of the accompanying person (official or relative)	12 Whether prior information sent to referral facility (Y/N)	13 If Yes, name of the person spoken to and contact number	14 Mode of referral Transport - (Govt. ambulance / ppp / vehicle arranged by the patient)	15 If provided / arranged by Govt, whether free (Y/N)	16 Remarks

The manager, Mnt of the Patient /Case should be the 1st priority and initiated before filling up the registers

REGISTER FOR CASES REFERRED FROM OTHER HEALTH FACILITY (To be maintained at receiving facility)

Name of Patient 2	Address and contact number of patient 3	Date and Time of arrival 4	If referred case is a pregnant women / child, ID No. (NBITS*) 5	Name of the Health Facility Referred from 6	Name & designation of Referring Health Official / Functionary 7	Whether the patient came with a referral slip 8	Whether advanced information received from referring facility 9	Reason for Referral 10	Condition of patient at time of receiving 11	Name & designation of Health Official attending the case on receiving / arrival 12	Mode of referred Transport - (Govt. ambulance / PPP / vehicle arranged by patient) 13	Remarks 14

1. The management of the patient / Case should be the 1st priority and initiated before filling up the registers
2. NBITS: Name Based Information & Tracking System

Referral Slip

Name of the Referring Facility: _____

Address: _____

Telephone: _____

Name of the Patient: _____ Age: _____ Yrs: _____

Father's/Husband's Name: _____

Address: _____ Contact No.: _____

Referred on ___ / ___ / ___ (d/m/yr) at _____ (time) to _____

_____ (Name of the facility) for management.

Provisional Diagnosis:

Admitted in the referring facility on ___ / ___ / ___ (d/m/yr) at _____ (time) with chief complaints of:

- _____
- _____
- _____

Summary of Management (Procedures, Critical Interventions, Drugs given for Management):

Investigations:

- Blood Group:
- Hb:
- Urine R/E:
- Others

Condition at time of Referral:

Consciousness: _____ Temp: _____ Pulse: _____ BP: _____

Others (Specify): _____

Information on Referral provided to the Institution Referred to: Yes / No

If yes, then name of the person spoken to: _____

Mode of Transport for Referral : Govt./PPP/Vehicle arranged by patient:

Signature of Referring Physician/Health Functionary