



शरीरमाद्यं खलु धर्मसाधनम्



होमक एवर्सी 1856-2016 D AI/OND J. BILEE  
स्वास्थ्य सेवा PATIENT CARE

**ALL INDIA INSTITUTE OF MEDICAL SCIENCES**

**NEW DELHI**



**PROTOCOL**

**FOR**

**ADMISSION/DISCHARGE/TRANSFER/LAMA/DEATH**

**2024**

## **ACKNOWLEDGEMENT**

Writing the protocol for admission/discharge/transfer/LAMA/death has been a great learning experience. There had been no such document available at AIIMS, New Delhi. And this endeavor has been both challenging and rewarding. Hours of studying AIIMS protocols and admission/discharge policy circulars issued from time to time has given a final shape to this document. At this point, the NIE Cell of the Main Hospital would like to thank everyone who has been instrumental in the shaping of this document.

The first version of this document was brought out in May 2019 during the Nurses Day celebration. Lately, with the coming out of new circulars regarding LAMA policy and revision in private ward charges, a need was felt to bring out a revised version of the said document.

We are greatly indebted to our Medical Superintendent Prof. Nirupam Madaan for being there always as mentor, guide and a pillar of support. Our sincere thanks to Chief Nursing Officer (Actg) Ms. Nanki Rani for her constant encouragement. Our thanks to Dr. Nishant Sharma, Faculty DOHA. We are also grateful to Mr. Devanad Sharma, Medical Records Officer and Mr. Rajbir Singh, Medical Records Technician for their valuable contribution in the compilation of this document.

NIE Cell

Office of Chief Nursing Officer  
Main Hospital, AIIMS, New Delhi

## **Contributors**

Prof. Nirupam Madaan  
Medical Superintendent, Hospital

Ms. Nanki Rani  
Chief Nursing Officer (Actg)

Dr. Nishant Shrama  
Faculty, DOHA

Ms. Rebecca Herald  
CNE Coordinator, NIE Cell

Ms. J. Subbulakshmi  
Educator, NIE Cell

Ms. Tisha Mary Thomas  
Educator, NIE Cell

MR. Devanand Sharma  
Medical Records Officer

Mr. Rajbir Singh  
Medical Records Technician

## **ADMISSION OF A PATIENT**

1. Admission in the ward is either from Out Patient Department or Emergency Service and directly in VIP cases.
2. Admission is given to those patients who fulfill the criteria for admission.
3. It is advised by the doctor of concerned dept/unit and the admission slip is given by the senior resident of the concerned unit. For private ward admission, the admission slip is given by Officer In Charge, Private Ward.
4. The patient should be instructed to present the admission slip to the clerk at the Central Admission Office. The Central Admission Office directs the patient to the ward where he or she is to be admitted.
5. The admission is then made in the Admission Office after paying advance hospitalization charges for 10 days. [Rs 35/- + Rs.25/-, admission Charge/ day charge and Rs.60/- for short admission. The admission office generates a “face-sheet” of the patient. **Refer Circular**<sup>1</sup>
6. For short admission under day care hematology, only Rs.35/- is charged and admission charge of Rs.25/- is exempted.

### **Criteria for general ward admissions:**

- (a) Patients seen in general OPD, who are sick enough or have a diagnostic problem needing detailed investigations, are admitted directly.
- (b) Patients seen in specialty clinics, being run under the purview of general disciplines, needing admission may also be admitted in general wards under the unit-on-call for that day of the week.
- (c) Patients presenting in the casualty with acute and serious illness needing hospitalization can also be admitted in general wards.

### **Admission Procedure for the Emergency Wards:**

1. There are three emergency wards C-6, D-6 and New Emergency Ward (specified beds) for emergency admission only from casualty. The CMO, in consultation with the Senior Resident of the unit-on-call, decides on the admission.
2. The CMO fills in the admission slip and directs the patient to the Central Admission Office for generating the Face Sheet for admission, as described above.
3. Respective departments should shift their patient from emergency wards within 48 hours failing which their routine OPD admissions will be blocked by the Duty Officer.

4. Several patients are referred from casualty to other Govt Hospitals for lack of availability of beds in one hospital. However, some cases such as intubated patient, follow up case of AIIMS or EHS patient, any serious condition likely to deteriorate further on his way to another hospital, are not referred/transferred and are given admission on priority.
5. The Duty Officer coordinates their admission going through the hospital ward census, which he/she receives at 8.30 p.m. daily. However, it is the responsibility of the unit (to whom the patient belongs) to transfer the case back to their own ward at the earliest so that admission of other units does not suffer the next day.

**Admission procedure for the private ward:**

1. Generally, Private Ward's admissions are "Elective" admissions of patients, who can afford to pay the charges.
2. A consultant advises the admission of the patient to the private wards on the OPD card.
3. These patients are registered and kept on a waiting list. When a room falls vacant, they are informed about the vacancy by post or by telephone and are advised to report on a particular date and time.
4. Patients being admitted in private ward will have to pay an advance for 10 days charges, at the time of admission i.e. :

Room Rent: Rs 6000/- (for 'A' class/ Deluxe Rooms).

Room Rent: Rs 3000/- (for 'B' class/ Ordinary Rooms).

Diet Charges

Rs 300/- per day (for patients- optional and /or for attendant-if specifically requested).

The room rent as above is inclusive of admission charges etc.

The revised charges are applicable wef 01.06.2022. **Refer Circular**<sup>(2,3,4)</sup>

As the private ward patients are admitted as and when a vacancy arises, it is generally not possible to co-ordinate it with the admission day of the unit to which the consultant belongs.

**FOR EHS:**

1. There are separate but limited number of EHS beds available in AB1, D1, AB 6, AB 7 and New Private Ward ground floor also has dedicated rooms for EHS patients. Senior officials (pay level 10 & above) are admitted on other private ward rooms as well.

**Entitlement of EHS beneficiaries for private ward allotment is notified in circular dated 09.12.2022 vide no F.no.F/HBS/Misc./22 -23 Refer Circular**<sup>(5)</sup>

2. An EHS patient needing hospitalization is referred to the relevant general or specialty department for consultation.
3. From there the patient is admitted on EHS beds. If no EHS bed is available the patient may be admitted on the emergency ward beds or even on regular ward beds.

4. However, these patients must immediately be transferred to the EHS beds as soon as they fall vacant.
5. In no case should an EHS beneficiary be sent to other hospitals without the permission of the Medical Superintendent.
6. Duty officer in control room should be contacted for allotment of EHS beds. These earmarked beds are under the control of Duty Officer in control room.
7. Various departments have earmarked EHS beds in their own departments. EHS patient should get first preference in departmental EHS bed.

**Criteria for Short Admission:**

1. Protocol to be followed when a patient admitted in AIIMS hospital as a ' Short admission' patient. **Refer Circular**<sup>(6,7,8 & 9)</sup>

**Nurses responsibilities:**

1. Nursing officer in charge on duty provides the bed to the patient on presentation of the admission papers (face sheet) provided that the patient is physically present in the hospital premises **Refer Circular**<sup>10</sup>
2. The admission sheet should have: Name, age & sex, address, consent signature of patient if conscious and major or the relative if patient is not in a condition to sign or in case of minor.
3. Patient is received. Weight, height and vital signs are checked.
4. History about present illness, past medical history, drug history and any drug allergy is obtained.
5. Patient and the family are oriented to the ward.
6. Admission is informed to the resident doctor of concerned department/unit.
7. Whenever a foreigner reports for treatment in the hospital, he/she may be advised to get registered himself/herself with FRRO, Delhi FRRO concerned. The particulars of the foreign national admitted in the ward should be filled in the prescribed C-Form and sent to MRD. **Refer Circular**<sup>11</sup>

## DISCHARGE OF A PATIENT

- 1) Discharge is planned by the unit doctors once the patient fulfils the criteria.
- 2) Patient and the family is explained prior to actual discharge.
- 3) Private Ward patients may also be discharged by 12:00 noon or patients have to pay charges for that day also. Sister In charge Private Ward should also be informed of discharge of paying patients well in advance to enable her to get the bills cleared in time.
- 4) Special care is taken for discharge of EHS patients. Ambulance service is available for discharged EHS patients (if so required) for transport to residence, which is available only till 8:30 p.m. EHS patients should preferably be discharged from wards during the morning and afternoon hours.
- 5) A detailed discharge summary is prepared by the resident doctor that includes the history, various investigations done in the hospital, the treatment given, the medicines advised and the recommendations for the follow up.
- 6) The nurse has to check the various bills and to ensure that the patient has cleared the entire bill.
- 7) All the investigations, reports, OPD card(s) and imaging studies to be handed over to the patient during discharge and receiving of the same to be mentioned number wise at the back of the face sheet.
- 8) Health education is given about the discharge medicines, diet and the follow up.
- 9) Once the patient has left, bed is shown as vacated in the computer and the discharged patient cannot be shifted on a virtual bed.
- 10) The Vacant bed is cleaned and disinfected and kept ready for the new patient.
- 11) Ensure that the actual date of discharge in the discharge summary and the TPR sheet (Nurses chart) should be the same.
- 12) As per the guidelines of MCI, all the files of Discharge/ Death/ Abscond/ LAMA patients must be handed over to the MRD staff within 48 Hours (Working Days) **Refer Circular**<sup>12,15</sup>
- 13) Further, if any Obstetrics and Gynecology department patient has been registered under 'JSSK' and later on takes a private ward bed, the nurse on duty should convert the payment category of mother and newborn from the MRD on the very same day or latest by the next working day.

## TRANSFER OF PATIENT

- 1) A patient can be transferred from one ward to another ward or from one centre to another centre.
- 2) Transfer order is written by the resident doctor in the instruction book.
- 3) Transfer notes is printed out through CPRS which contains patient details and the treatment.
- 4) Information is given to staff in the counter of the ward to which the patient is to be transferred.
- 5) Patient and the attendant are explained about the transfer.
- 6) General condition and the vitals of the patient is checked and recorded before transferring.
- 7) If the patient is on oxygen, ventilator or sick, the resident doctor of concerned unit has to accompany the patient.
- 8) Once the patient has been transferred, it is entered in the computer.
- 9) Once the patient has been transferred (after being entered in the computer) to any other center of AIIMS, a new center specific CR.No is generated while the UHID No. remains the same. **Refer Circular**<sup>13</sup>

## LAMA

- 1) It is **Leaving or Left Against Medical Advice. It is also called Discharge Against Medical Advice (DAMA)**
- 2) The patient has the right to leave the ward if he /she is not satisfied with the care.
- 3) In that case, patient is counseled and is allowed to leave.
- 4) The resident has to get the signature from the patient/ relative in the face sheet that he is leaving against advice.
- 5) The resident is supposed to write the notes and fill the face sheet discharge column as LAMA.
- 6) The nurse's record should have the proper documentation of the general condition, vitals and the other appropriate observations of the patient.
- 7) The nurse must ensure that the file is collected properly and dispatched. A brief discharge summary/ treatment advice during the period of hospitalization, such a summary can be given by the concerned resident doctor specifically endorsing on it (in bold letters) the fact that the patient is leaving against medical advice, should be ordinarily given to the patient. **Refer Circular**<sup>14,15</sup>
- 8) If the patient is terminally ill or on ventilator, staff must ensure that the patient is shifted in ambulance safely with oxygen and other necessary equipments.
- 9) Once the patient has left, the details are entered in the computer and the bed is shown as vacated.

## **ABSCOND REPORT**

- 1) Abscond report is a legal document stating that the patient is missing from his/her bed in the ward.
- 2) When the patient is not found on his/ her bed for more than four hours, it must be informed to the unit duty doctor.
- 3) If the patient is absent for more than 12 hours, a detailed report about the patient and the time since he is missing is mentioned and patient is declared as absconded.
- 4) The abscond report is written by the doctor and the copies are sent to Duty Officer, Security officer, CNO and Medical Record Department.
- 5) In case of MLC cases, it is very important to inform the police officer about the abscond report.
- 6) A copy of abscond report is attached to the file and dispatched.
- 7) The bed is shown as vacated in computer as absconded.

## **PATIENT CARE AFTER DEATH**

1. Two sets of the e -Death Certificates should be prepared and signed by the Resident doctor (Senior or Junior) concerned.
2. In the case of M.L.C., the death certificate should be marked M.L.C. at the top and the MLC information slip be filled up by the Sister-in-charge/Staff Nurse on duty and sent to the Police Officer in the Casualty, for further necessary action.
3. Appropriate care and packing of dead body is to be followed according to the protocol given in the infection control manual
4. An adhesive plaster bearing the name of the patient in indelible ink is put on the right wrist, chest and on the sheet of the deceased.
5. The other copies of the 'Death Slip' with rest of the papers of the Death Certificate are sent to the Central Admission Office. The staff in CAO completes the 'Death Register' from the Death Certificate.
6. The CAO will issue the 'death slip' to the relative of the deceased after stamping 'The Body may be released' and obtain the signature of the relative/ friend in the Death Register. Then the dead body can be handed over to the family with a copy of the 'Death Slip'.
7. If the body is to be kept in mortuary, the staff in mortuary will hand over to the relatives of the deceased, the dead body along with the death slip which was sent to them earlier, in exchange of the death slip from the CAO, keeping this as an acknowledgement from the relative(s).
8. In case the body is sent to the mortuary and the next of kin/relatives are not present, then with the help of details on the death information slip the Central Admission Office informs the relatives/next of kin by telephone. On their arrival, the body is handed over to them from the mortuary and the procedure for this being the same as described above.
9. Dispatch the file to MRD within 48 hours.

### **References /Circulars**

1. Vide Circular dated 26<sup>th</sup> March 2008 No. F.4-VI/2008/B/Hosp.(MR)
2. Vide circular dated 5<sup>th</sup> December 2014 No. F.37/Circular/2014- Estt. (H.)
3. Vide circular dated 09<sup>th</sup> October 2012
4. Vide circular dated 19<sup>th</sup> May 2022 F.No.07-56/08/SFC/2022- Estt.(H)
5. Vide circular dated 09<sup>th</sup> Dec 2022 F.No.F/HBS/Misc./22 -23
6. Vide circular dated 14<sup>th</sup> September 2009 No. F.15/Misc./2009-Estt-(H.)
7. Vide circular dated 11<sup>th</sup> January 2014 No. 37/Circular/2014- Estt. (H.)
8. Vide circular dated 26<sup>th</sup> August 2014 No. F.4-VI/B/2014/Hosp.(MR) Circular
9. Vide circular dated 16<sup>th</sup> August 2016 No. F.4-VI/B/2016/Hosp. (MRD)- Misc.
10. Vide circular dated 27<sup>th</sup> December 2011 No. F.4-VI/B/2011/Hosp. (MR)- Misc.
11. Vide circular dated 05<sup>th</sup> December 2007 No. F-23/DelhiGovt./2007-Estt.(H.)
12. Vide circular dated 25<sup>th</sup> March 2013 No.F.4-VI/B/2013/Hosp. (MR) Circular
13. Vide circular dated 10<sup>th</sup> December 2014 No. F.37/Circular/2014- Estt. (H.)
14. Vide circular dated 22<sup>nd</sup> March 2024 No.F -37/circular/2024 – Estt(H).
15. Vide circular dated 17<sup>th</sup> Feb 2024 No.F.4-VI/2024/Hosp.(MR)

**ALL INDIA INSTITUTE OF MEDICAL SCIENCES  
(MEDICAL RECORD SECTION – HOSPITAL)**

No.F.4-VI/2008/B/Hosp.(MR)

Dated: 26<sup>th</sup> March, 2008

**Subject: Implementation of Unified Central Admission Number w.e.f. 1<sup>st</sup> April, 2008.**

It has been decided with the approval of competent authority viz. Director, AIIMS that w.e.f. 1<sup>st</sup> April, 2008, there will be a uniform central registration number of all inpatient admissions whether the patient is being hospitalised for one day or longer duration. However, the need for depositing advance hospitalisation charges for such patients who are likely to be kept admitted for a short duration of less than 24 hours (earlier short admission), the same may be specified by the treating doctor on the top of the admission slip so that a deposit of Rs.60/- (Rs.25/- admission charges and Rs.35/- for one day hospitalisation charges) may be made at the cash counters. In case this is not specified, the advance deposit money would be Rs.375/- (Rs.25/- admission charges and Rs.35/- per day hospitalisation charges for 10 days).

The process of refund of excess deposit if any and for making additional advance deposit when the likely duration of hospitalisation exceeds than expected, would remain the same.

The process of exemption of charges for very poor indigent patients would also remain the same i.e. by the treating faculty or Medical Social Service Officers.

It is further informed that since earlier six digit central registration number of inpatient admission is nearing 999999, a fresh series of number starting with 000001 would be started w.e.f. 1<sup>st</sup> April, 2008.

ANS / Sisters-in-charge of all inpatient wards including C.N. Center are required to ensure that the balance of hospital charges are deposited before discharge of each and every patient from their wards and extra care is to be maintained for sending all the Case-Sheets to Medical Record Section (Hospital).

  
**(DR. D.K. SHARMA)**  
**MEDICAL SUPERINTENDENT**

**Distribution:-**

- All HOD's & Faculty of Clinical departments
- Professor-In-Charge, Emergency Services
- Duty Officer, Control Room
- All inpatient wards & OPD's of main hospital and CN Centre
- Central Admn. Office / Hosp. Enquiry
- Hospital Cashier / Officer-In-Charge Billing Section
- Office-In-Charge, Medical Record Section (Hosp)
- Medical Record Section – Hospital

**Copy to:**

**Dy. Director (Computer Facility) – For necessary changes in computer programming (CR Nos.)**

**CC:**

- Director
  - Chief C.T. Centre
  - Chief N.S. Centre
- } For information

Circular 1

**ALL INDIA INSTITUTE OF MEDICAL SCIENCES  
ANSARI NAGAR, NEW DELHI - 110029**

No.F-37/Circular/2014-Estt. (H.)

Dated: 05.12.2014

**CIRCULAR**

**Subject: Revision of diet charges in Private Ward for nursing staff at AIIMS.**

The undersigned is directed to notify the following revised diet charges for all patient hospitalised in the Private Wards including nursing staff of AIIMS:

**Diet Charges:**

1. Rs. 200/- per day.
2. Rs. 300/- per day (for attendant – if specifically requested).

The revised charges will be applicable w.e.f. 08.12.2014.

This issue with the approval of Director, AIIMS.

  
**(DR. D.K. SHARMA)**  
**MEDICAL SUPERINTENDENT**

**Distribution:**

1. Chief(s) of all centres.
2. Dean / Dy. Director (Admn.) / Sr. F.A. / Dy. Secy.
3. Medical Superintendent RPC / Addl. M.S. of all centres.
4. Head of all departments/units/sections/areas.
5. Professor Incharge Computer Facility.
6. All faculty of Hospital Administration & Hospital Officers.
7. Financial Advisor / Chief Admn. Officer / Superintendent Engineer / C.N.O.
8. Account Officer Cashier Cell, Central Admission Office / Billing (Hosp.)
9. Officer Incharge EHS / CMO's, EHS.
10. All ANS/Sister Incharge of Old & New Private Wards / All Wards (Thru: C.N.O.).
11. All ANS/Sister Incharge of Dr. BRA IRCH / CNC / Dr. RPCOS Private Wards (Thru.: N.S.)
12. All Administrative Officers/All Section Incharges/Sections.
13. Faculty Association / Resident Doctors Association / Students Association / Society of Young Scientists / Officers Association / Nurses Union / Karamchari Union.
14. All Notice Board/Guard File.

**C.C.:** Director, AIIMS - for information.

**ALL INDIA INSTITUTE OF MEDICAL SCIENCES**  
**Ansari Nagar, New Delhi-110029**

Dated : 9.10.2012

To,

Mr./Ms. \_\_\_\_\_

Room No. \_\_\_\_\_

**Subject : Enhancement of private ward room rent and diet charges for private ward indoor patients at AIIMS – regarding**

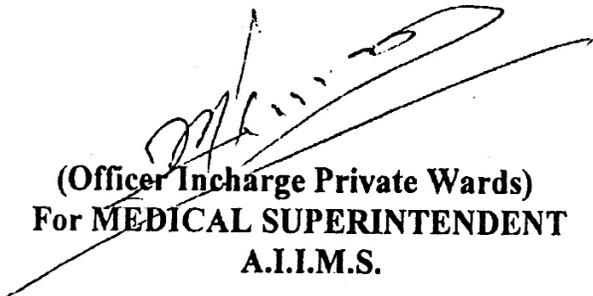
Dear Sir/Madam,

This is to inform you that as per approval of competent authority, the private ward room rent and diet charges for private ward hospitalized patients are being revised as below w.e.f. 15.10.2012 :-

1. Room Rent/Day      -Rs. 3000/- (for 'A' class/deluxe room)  
                                     -Rs. 2000/- (for 'B' class/ordinary room)
2. Diet Charges/Day    -Rs. 200/- (for patients)  
                                     -Rs. 300/- (for attendants of patients, if specifically requested)

Accordingly, you are being informed about the revised charges as above which would be applicable from 15.10.2012. In case you have any reservations about paying revised charges, you may consider consulting your treating faculty for shifting to general ward or planning early discharge etc.

This may kindly be treated as advance intimation for kind information and necessary action as appropriate.

  
**(Officer Incharge Private Wards)**  
**For MEDICAL SUPERINTENDENT**  
**A.I.I.M.S.**

Circular 3

**ALL INDIA INSTITUTE OF MEDICAL SCIENCES  
ANSARI NAGAR, NEW DELHI - 110029**

F.No.07-56/08/SFC/2022-Estt. (H.)

Dated: 19.05.2022

**Subject: Revision of room rent & diet charges for private ward hospitalized patients - reg.**

\*\*\*\*\*

The undersigned is directed to notify the following revised hospital charges for room rent & diet charges for private ward hospitalized patients: -

**Room Rent**

Rs. 6000/- (for 'A' Class/Deluxe Rooms).

Rs. 3000/- (for 'B' Class/ordinary Rooms).

**Diet Charges**

Rs. 300/- per day (for patients – optional and/ or for attendant – if specifically requested).

The room rent as above is inclusive of admission charges etc.

The 10 days advance deposit for the patients for 'A' Class/ Deluxe Rooms will be Rs. 63000/- and for 'B' Class/ Ordinary Rooms will be Rs. 33000/-.

The revised charges will be applicable w.e.f. 01.06.2022.

(Authority SFC – Item No. SFC-222/5 held on 21.03.2022 approved by the President AIIMS.

This issues with approval of Director AIIMS.

  
**(DR. D.K. SHARMA)**  
**MEDICAL SUPERINTENDENT**

**Distribution:**

1. Chief(s) of all Centre & Head of all departments/units.
2. Prof. Incharge Computer Facility } – With request to upload on content provider.
3. All Faculty of Hospital Administration.
4. Financial Advisor (alongwith 10 copies for all Accounts Officers, Billing Sections/Cashiers).
5. Chief Nursing Officer – with 20 additional copies for DNS/ANS incharges of Pvt. Wards of the hospital & all centres – to ensure informing all patients presently admitted in the pvt. Wards rooms about revision of pvt. Wards room rent & diet charges w.e.f. 01.06.2022.
6. All OPDs/Wards/Private Wards (Thru.: CNO).

C.C.: Director/ Dean/ DD(A)/ President's Office/ Sr. F.A./ Dy. Secy. } – for info pl.

**Circular 4**

**ALL INDIA INSTITUTE OF MEDICAL SCIENCES  
ANSARI NAGAR, NEW DELHI – 110029  
(HOSPITAL BILLING SECTION)**

F.No. F/HBS/Misc./22-23

Dated: 09.12.2022

**NOTIFICATION**

In continuation of this office notification No.: F/HBS/Misc./20-21 dt. 17.04.2022, it is notified to all concerned that the entitlement of EHS beneficiaries for Private Ward allotment will be as follows as per existing Pay Level.

Pay Level	Types of Accommodation
Pay Level 6–9 And all Nursing Officers & Sr. Nursing Officers, Research Associates (SRO, RO, SRF & JRF) and all UG, PG & Ph.D Students	Sharing Pvt. Ward room in Pvt. Ward-III in Main Hospital and similar sharing Pvt. Ward room in various blocks and all Centres.
Pay Level 10–12	"B" Class Pvt. Ward Room
Pay Level 13–17	"A" Class Pvt. Ward Room

SRS  
RS

All Chief of Centers, Head of Departments & Branch Officers may please note for their information and circulation.

This issues with the approval of Director, AIIMS.

This notification becomes effective from the date of issue.

(Dr. D.K. Sharma)  
Medical Superintendent

Distribution :

1. Chief of Centers
2. Head of the Departments
3. Registrar, Academic
4. Branch Officers
5. CNO Office

**Circular 5**

ALL INDIA INSTITUTE OF MEDICAL SCIENCES  
ANSARI NAGAR, NEW DELHI - 110029

No.F.15/Misc./2009-Estt-(H.)

Dated: 14.09.2009

Subject: Regarding admission of patients requiring day care hospitalisation.

\*\*\*\*\*

It has been brought to my notice that in few instances, patients requiring regular admission are admitted as short admission and then these are converted into regular admission. This practice is being resorted by few departments/units to bypass the block on their regular admissions.

As such, this is an undesirable practice and defies the basic objective of blockage of regular admission i.e. streamline & regulate use of emergency beds.

With a view to prevent misuse & improve availability of emergency beds, it has been decided that short admissions will only be made for day care procedures only and the same should be clearly mentioned on the admission slips that it is a DAY CARE PROCEDURE ADMISSION.

*bdc*  
(DR. D.K. SHARMA)  
MEDICAL SUPERINTENDENT

Chief Medical Records Officer  
AIIMS Hospital.

*(Signature)*  
16/9/09  
d. Office

Copy to:

1. All Head's of the Clinical Departments/Units.
2. All Faculty of Hospital Admn.
3. Financial Advisor.
4. Chief Nursing Officer
5. Control Room
6. Cashier, (Central Admission & Enquiry office).

*Reg No-1692MR*  
*16/9/09*

MEDICAL RECORD SECTION - (HOD)

*No.F.4-VI/6/09/Hosp(CMR) Misc.*

*Date:- 16/9/2009.*

*All the staff posted at CAO/Hosp Enq. is requested to ensure the compliance of the above orders before making any admission sheet (face sheet).*

*(N.K. SHARMA)*  
*16/9/09*  
Chief Medical Record Officer

*All staff of CAO/Hosp. Enquiry*

*cc: Medical Superintendent for reference*

ALL INDIA INSTITUTE OF MEDICAL SCIENCES  
Ansari Nagar, New Delhi-110029

No. 37/ Circular/2014-(E.H. CH.)

Date: - 11/01/2014

**CIRCULAR**

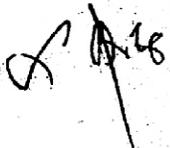
\*\*\*\*\*

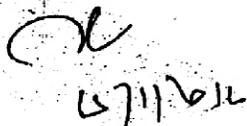
It has been brought to notice that many patients admitted as 'short admission' cases remain admitted in the wards for long periods of time. As such it is an irregular practice and is being regularly practiced by some departments despite earlier advisories to the contrary. With a view to curb this wrong practice, it has been decided that all patients admitted under short admission category shall be automatically discharged by the Central Admission Office at 8:00 am on the next day until and unless they have been duly discharged or their admissions have been specifically cancelled before that time and duly the same is intimated to the Medical Records Department.

  
Medical Superintendent

**Distribution:-**

1. All Head of Clinical Departments/ Units in AIIMS Hospital
2. Chairman, Computerization Committee AIIMS Hospital
3. Faculty Hospital Administration
4. Officer Incharge, Medical Records Section
5. Chief Medical Records Officer



  
15/1/2014

Dy. No - 81 (MP)  
15/1/14

ALL INDIA INSTITUTE OF MEDICAL SCIENCES  
(MEDICAL RECORD SECTION- HOSP.)

No. F. 4-VI/ B/ 2014/ Hosp. (MR) Circular

Dated: 26.08.2014

**CIRCULAR**

Subject:- Unauthorised overstay of short admission patients even after their discharge- reg.

\*\*\*\*

In continuation with the earlier circular dated 11/01/2014 regarding subject noted above (copy enclosed), it is brought to the notice of all concerned that sometimes the short admission patients who have already been discharged from the hospital medical records system are found to be undergoing treatment in the wards. In this context, it is clarified that the inpatient hospitalization of the patients may be either regular admissions or short stay admissions. As regards short admissions, it is imperative that *"a short admission is a patient admitted electively during the course of a day with the intention of receiving care, who does not require the use of a hospital bed overnight and who returns home as scheduled. If this original intention is not fulfilled and the patient stays overnight, such a patient should be converted into an ordinary admission"*.

Even if we consider an extension of overnight stay, such short admission cases can be admitted for a duration of less than 24 hours and as per the new computerized ADT (Admission, Discharge, Transfer) module, these short admission patients are auto-discharged from the system (if not discharged earlier) at 8:00 am next day.

It need not be overemphasized that a patient occupying an inpatient bed for his/ her treatment in the hospital inpatient ward, has to be an admitted patient (whether regular admission or short admission) and any patient who is not hospitalized through inpatient admission process, ought not to remain on the hospital bed in the ward. Once any patient is discharged from the system, retaining him/ her physically in the ward is wrong and can cause serious medico- legal repercussions for the hospital since it amounts to illegal confinement of the patient. If such an unauthorised (read unauthorisedly kept) patient undergoes a sentinel event or dies in the ward, there is no way that the patient may be shown as a retrospective admission due to the computerization of the registration process, and in case the patient's attendants go to court, the hospital has no defence for the illegal confinement of the patient.

In view of the same, all stakeholders in the patient care process in different clinical departments/ units are requested to adhere to hospital policy for the admission/ treatment of patients, particularly with regard to short admission patients as explained above.

  
Dr. D.K. Sharma  
Medical Superintendent

**Distribution:-**

1. Chief Nursing Officer
  2. DNS/ ANS Incharges of all inpatient wards
- } with request to ensure strict compliance

**Copy to:-**

- Chief(s) of all Centres.
- Head(s) of all clinical departments/ units.
- Chairman, Computerisation Committee.
- All Faculty of Hosp. Administration.
- Duty Officer, Control Room.
- Chief Medical Record Officer.

CC.: Director/ Dean- for information.

**ALL INDIA INSTITUTE OF MEDICAL SCIENCES**  
**ANSARI NAGAR, NEW DELHI**

No.F.4-M/B/2016/Hosp(MRD)-Misc

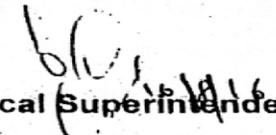
Dated: 16 Aug 2016

**CIRCULAR**

**Subject: - Protocol to be followed when a patient admitted in AIIMS hospital as a 'short admission' patient needs to be hospitalized as a 'regular admission' patient on account of clinical exigency.**

This is to bring to the notice of all concerned that occasionally a patient who is admitted in AIIMS hospital as 'short admission' patient may need to be hospitalized as a 'regular admission' patient on account of clinical exigency'. In this regards, it is put up for information and compliance of all concerned that all such short admission cases that require to be converted into long admission need to be discharged online from the ADT ( Admission, Discharge & Transfer) module before being readmitted as regular admission patients and before accepting the requisite hospitalisation charges for regular admission.

Accordingly, all concerned are requested to take note of above procedure for future compliance. In such situations, it is essential that the short admission status of the patient must be discharged online, before re-admission as a regular patient.

  
Medical Superintendent

**Distribution:**

1. All Heads of Clinical Departments and units, with a request to direct the concerned residents for future compliance.
2. Chairperson, Computerization Committee, AIIMS
3. Chief Nursing Officer, Main Hospital, AIIMS.
4. DNSs/ANSs of all Inpatient care areas, with a request to train the nursing staff concerned for future compliance.
5. Officer Incharge Medical Records.
6. Officer incharge Billing section.
7. Chief MRO, AIIMS
8. Accounts Officer, Billing Section
9. Cashier, Billing Section
10. Central Admission Office
11. Senior Resident, Medical Records
12. Control Room, AIIMS.

Circular 9

ALL INDIA INSTITUTE OF MEDICAL SCIENCES  
Ansari Nagar, New Delhi - 110029  
(MEDICAL RECORD SECTION – HOSP.)

No.F.4-VI/B/2011/Hosp.(MR)Misc.

Dated : 27/12/2011

**CIRCULAR**

It has been observed that occasionally in some cases, the patients attendants are **handed over the admission slip by the concerned Faculty/ S.R.'s for patient's admission in the hospital without the presence of the patient in the hospital premises.** The Central Admission Office/ Enquiry Office accordingly prepares the admission (Face-Sheet) to these patient mentioning time of patient's admission but actually the patient has not reported in the concerned General Ward/ Private Ward Room. The hospital admission record shows the presence of the patient in hospital whereas concerned ward/ private room shows that patient has not reported in their records.

Such practices create a legal problem for the hospital authorities to identify the presence of the patient in the hospital, if something adverse happens in this time, period.

In view of the above, it is advised to the all concerned **Head of Clinical Departments/ Units of the Departments to issue the necessary instructions not to issue the admission slips of such type of patients who are not present at the time of admission in hospital premises.** It should be ensured by the Consultant/ Sr. Resident of the unit that the patient should be physically present in the hospital premises at the time of his/her admission for occupying the bed/ private ward rooms at AIIMS.

  
(DR. D.K. SHARMA)  
MEDICAL SUPERINTENDENT

**Distribution:**

1. Chief, C.T. C./ N.S.C.
2. All the Head of the Clinical Departments/ Units.
3. Addl. Medical Supdt. CNC.
4. Head, Deptt. of Emergency Medicine.
5. Central Admission Office/Enquiry.

**CC:** Director/ Dy. Director (Admn.) – for information please.

Ansari Nagar, New Delhi- 110029.

No.F-23/DelhiGovt./2007-Estt. (H.)

Dated: 5<sup>th</sup> December, 2007

A letter received from Dr. Ashok Kumar, Medical Superintendent (Nursing Homes), Directorate of Health Services, Govt. of NCT of Delhi, Swasthaya Sewa Nideshalaya Bhawan, F-17, Karkardooma, Delhi-110032 is endorsed herewith to all HOD's, Faculty members of all Clinical Departments/Units including all centres, all Faculty of Hospital Administration, Chief M.R.O. of all Centres, Duty Officers and Professor incharge Emergency Services for necessary action at their end.

(DR.D.K. SHARMA)  
MEDICAL SUPERINTENDENT

DIRECTORATE OF HEALTH SERVICES: GOVT. OF NCT OF DELHI:  
SWASTHAYA SEWA NIDESHALAYA BHAWAN, F-17, KARKARDOOMA, DELHI-110032.

F.No. 24/Misc/M.Visa/NH/DHS/2007-08/34403-35063

Dated: 25 Nov 2007

**CIRCULAR**

It has been informed by Foreigners Regional Registration Officer (FRRO), East Block-VIII, Sector -1, R.K.Puram New Delhi-110066 that a number of foreign patients visit Delhi for treatment in hospitals while holding Tourist Visa. This has been found in violation of visa rules. The Foreigners Act 1946 and the Foreigners Order 1948 govern the arrival, departure, stay and movement of foreign nationals in India. In this regard, the following details have been provided by FRRO for information to all concerned.

**1. Visa for treatment:**

Govt. of India has initiated a separate category of visa called "Medical Visa" only for foreign patients. All Indian Missions/Posts abroad grant this medical visa after satisfying that the applicant has sought preliminary advice for specialized medical treatment at a reputed specialized hospital in India. This visa also facilitates for two persons to accompany the patient as attendants on "Medical Attendant Visa". Medical visa is denoted by Med visa and Medical attendant visa is denoted by MEDX visa. Since the duration of treatment varies from case to case, the medical visa is extendable, while the tourist visa is not extendable.

**2. Registration:**

All the patients on Med Visa or MEDX visa shall have to register themselves with FRRO, Delhi, East Block-VIII, Level -II, Sector -1, R.K.Puram New Delhi within 14 days of arrival. The Pak national on Med visa or MEDX visa shall register themselves with DCP, Special Branch, Delhi police Bhawan, Asaf Ali Road Delhi within 24 Hours. The Afghan Nationals shall register with FRRO Delhi within 7 days on arrival.

**3. "C- form" for inpatients:**

Under section 7 of the abovementioned act it is mandatory on the part of the keeper of any premises whether furnished or unfurnished where lodging or sleeping accommodation is provided to the authorities. The hospitals are also legally bound to provide particulars of such foreigners in the prescribed C-Form (copy enclosed) to the FRRO, Delhi. It is duty of the hospital authorities to advise the foreign patients either admitted in the hospital or taking treatment by staying outside the hospital to get himself registered with the FRRO, Delhi and also to send that their C-Forms. In case the foreign patient or his attendant is not staying in the hospital than also they should be advised the necessity of sending C-Form through the owner of the premises/hotels where they are staying.

**4. Visa Extension:**

Visa extension for foreign patients is generally done on the advice of the doctor treating the patients, whose advise should be only on the Letter-Head of the hospital duly signed by Doctors concerned and countersigned by Medical Superintendent of the hospital.

In view of above details, I am directed to bring it to the notice of all Heads of the Hospitals / Nursing homes in Delhi to bring the same into the notice of all Heads of the Departments/ branch in-charges, the following directions/guidelines for strict compliance:

- (i) Whenever, a patient from abroad approaches your hospitals for treatment, apart from other things he/she may be advised to visit India for treatment only on the Medical Visa i.e. MED visa.
- (ii) Whenever, a foreigner reports for treatment in your hospital, he/she may be advised to get registered himself/herself with FRRO, Delhi/FRRO concerned.
- (iii) Whenever, a foreigner is admitted in the hospitals, it is legal duty of the concerned hospital authorities to submit particulars of such foreigners in the prescribed C-Form to the FRRO, Delhi. It is also the moral duties of the hospital authorities to advise the foreigner out-patients to register themselves in the office of FRRO, Delhi as well as to ensure that their C-Forms have been sent to FRRO, Delhi office by the owner of the premises/hotels where they were staying.

(DR ASHOK KUMAR)  
Medical Superintendent (Nursing Homes)

To

1. Medical Director/ MS of all registered private hospitals /Nursing Homes (As per list)
2. Medical Director / MS of AIIMS, IHBAS, Dr RML Hospital, Kalawati Saran Hospital, Sucheta Kriplani Hospital, Safdarjung Hospital, GB Pant Hospital, DDU Hospital, Lok Nayak Hospital, Guru Nanak Eye Centre, GTB Hospital, RGSS Hospital Tahirpur, MAIDS, BSA Hospital, AAA Hospital, SGM Hospital, Sushruta Trauma Centre, CNBC Hospital, Babu Jagjivan Ram Hospital, GGSG Hospital, LBS hospital, MB Hospital, RTR Memorial Hospital, Malviya Nagar Colony hospital, ASJ Hospital, ASBS Hospital Moti Nagar, N.C. Joshi Hospital, Sardar Valabh Bhai Patal Hospital, B.M. Hospital, Shastri Park Hospital, Dr. HAS Hospital Karkardooma, SRCH Narela, NHMC Defence colony, A&U Tibbia College & Hospital, B.R. Sur Homeopathic Medical College, Kasturba Hospital, Kalka Ji Hospital, G.L. Maternity Hospital, Civil Hospital, M.V. ID Hospital, RBTB Hospital, SDN Hospital, Tilak Nagar Hospital, Hindu Rao Hospital, Chest Clinic & Hospital Patparganj, Ayurvedic Hospital Bafimaran, ESI Hospital Okhla, ESI Hospital Basai Darapur, ESI Hospital Jhilmil, ESI Hospital Rohini, Balak Ram

Circular 11

**ALL INDIA INSTITUTE OF MEDICAL SCIENCES  
(MEDICAL RECORD SECTION –HOSP.)**

No.F.4-VI/B/2013/Hosp.(MR)circular

Dated : 25.03.2013

**CIRCULAR**

\*\*\*\*\*

It has been found that the case files of many patients are not being sent to the Medical Record Section after discharge/ death of the patients, thus making it difficult for the MRD to compile data and settle insurance claims and respond to parliament and RTI queries. As per the 'Code of Medical Ethics and Regulations' such information is to be provided within 72 hours, and sometimes, at even shorter intervals (as in parliamentary questions).

It is requested that all residents/doctors be advised to hand over the case files of patients to the ward nursing staff immediately after discharging the patients so that they are duly sent to the MRD. Patient accounts shall be settled only after case files are handed over to the Medical Record Attendants. Subsequently, case files may be re-issued from the MRD by doctors/residents for research/academics/miscellaneous purposes once they have been assembled and entered in discharge/death register.

**Your kind cooperation is solicited for the same.**

  
**(Dr. D.K. Sharma)**  
Medical Superintendent

**Copy to:**

1. All HODs/Faculty, All Departments, Main Hospital/ CNC.
2. Dr. Nirupam Madaan, Officer-in-charge, Medical Record Services.
3. Chief Nursing Officer.
4. Control Room.

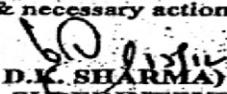
CC: Director/Dean/DD (Admn.) – for information.

**ALL INDIA INSTITUTE OF MEDICAL SCIENCES**  
**Ansari Nagar, New Delhi - 110029**

No.F-37/Circular/2014-Estt. (H.)

Dated: 15.12.2014

\*\*\*\*\*  
A note letter dated 10.12.2014 is endorsed herewith to Chief(s) of all Centre, Head(s) of all Departments/Units, M.S./Addl. M.S. of All Centres, All Faculty of Hospital Admn., C.N.O., Nursing Supdt. of all centres, Chief MRO/Sr. MRO/MRO/MRD of all centres, Control Room, for information & necessary action.

  
**(DR. D.K. SHARMA)**  
**MEDICAL SUPERINTENDENT**

C.C.: Director, AIIMS - for information.

**ALL INDIA INSTITUTE OF MEDICAL SCIENCES**  
**ANSARI NAGAR, NEW DELHI-110029**

Date: 10.12.2014



श्री श्री अरविन्द  
A I I M S

Office No  
96307

**Subject: Policy for the transfer of patients between different centers of AIIMS.**

The AIIMS provides its patient care services through its main hospital and ten specialty / superspecialty centers in the NCR region, out of which five centers are located & functioning within the same complex. The main hospital as well as these centers admit and discharge patients and function as stand-alone units. However, there are times when an admitted patient needs to be referred/ transferred from one centre to another. In such cases, as per current practice, the patient is first discharged from one centre, and then re-admitted in the other centre.

Such an ongoing practice would have been perfectly acceptable if it was being done only technically i.e. the patient is transferred/shifted from one centre to another or main hospital and he/she is discharged & re-admitted only on paper since these are functioning as stand-alone units. However, what has actually happened is that serious ill non-dischargeable patients have been discharged from one centre and asked to attend casualty in a critical condition. This ongoing practice being followed has serious legal ramifications since such patients (who are often in a serious condition) may suffer an acute medical event after being discharged from one centre and before admission into a different centre, for which the hospital may receive bad publicity as well as be held responsible in a court of law for premature discharge of the patient despite providing continuous medical care to the patient.

In order to rectify this problem, and also in view of the fact that every patient reporting to any centre of the hospital now has a unique identification number known as his UHID number which is common for all the centers and also a centre specific C.R. number, the following modus operandi for the transfer of patients is proposed:-

Whenever a patient has to be transferred from one centre to the other, the treating doctor shall ensure that the receiving department has acquiesced to take the patient, and will make a transfer summary (similar to the discharge summary) mentioning the details of the patient and the reason for the transfer. The patient will be shifted to the recipient department/ centre under the same UHID number along with his original file and transfer summary while a photocopy of the entire file shall be retained by the nurse in-charge of the ward where the patient was hospitalized so far and shall be sent to the MRD of that centre along with the transfer summary on the next working day. The department/ ward into which the patient is received shall continue to treat the patient on the original file and shall get a new face-sheet made for the patient with the CR number of the concerned centre to which he is shifted under the same UHID. The original file shall be kept in the centre from which the patient is subsequently discharged.

Submitted for consideration and approval.



*Nirupam Madaan*  
**Dr. Nirupam Madaan**  
 Asstt. Prof., Hosp. Admni.

**Medical Superintendent, AIIMS**

शुभ मंगल बुध शनि  
 सोम मंगल बुध शनि  
 गुरु शनि बुध शनि  
 शुक्र शनि बुध शनि  
 रविवार  
 11/11/14  
 11/11/14

*I agree with above*

*Forwarded for kind perusal, consideration  
 & approval ~~and~~ for implementation.*

*Director/pe. HOS/CC<sup>mt</sup>  
 11/11/14* *60*  
*Ch*

**ALL INDIA INSTITUTE OF MEDICAL SCIENCES  
ANSARI NAGAR NEW DELHI-110029**

No.F-37/Circular/2024-Estt (H.)

Dated: 22.03.2024

**CIRCULAR**

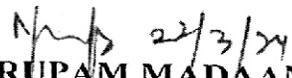
**Subject: Brief discharge summary/ treatment advice for Patients Leaving Against Medical Advice (LAMA)**

It has been brought to the notice of undersigned that patients leaving against medical advice (LAMA) are not provided any documents on discharge. Leaving against medical advice (LAMA) presents significant risks to patients' health and requires careful consideration and documentation to ensure their safety and well-being.

In this regard, it is informed that all patients who leave the hospital against medical advice must have a brief discharge summary/ treatment advice prepared by the Clinical department under which the patient was admitted. This brief discharge summary/ treatment advice is crucial for maintaining continuity of care and ensuring appropriate follow-up, even if the patient decides to discontinue treatment at our hospital.

The brief discharge summary must also include the undertaking by the patient/ patient's attendant stating that "The risk of removing the patient from medical care has been explained to me. I am taking the patient at my own risk". In case the patient's attendant signs the undertaking then the relationship with the patient has to be mentioned. The undertaking needs to be signed in the presence of two neutral witnesses, whose signatures alongwith name and address must be mentioned.

Accordingly, it is requested to all the Heads of the department to ensure that brief discharge summary/ treatment advice is issued to all patients leaving the hospital against medical advice so that necessary information is available to other healthcare providers involved in the patient's care outside our hospital.

  
(DR. NIRUPAM MADAN)  
MEDICAL SUPERINTENDENT

**Distribution:**

1. Chief(s) of all centre & Head(s) of all Deptts./Units.

P.T.O.

2. Content Provider, for distribution to all Faculty and Residents.
3. Medical Superintendent (RPC) / Addl. Medical Suptd. Of all Centres.
4. Prof. Incharge Computer Facility } – For sharing through content providers.
5. All Faculty of Hospital Administration & Hospital Officers.
6. C.M.O Incharge, EHS
7. Chief Administrative Officer
8. Chief Nursing Officer
9. All N.S., DNS & ANS Incharge of all Centres/ OPDs / Wards / Private Wards/ O.T.'s/ Lab./Dispensary (Thru: C.N.O.).
10. Sr. Admin Officers / Administrative Officers/ AAO of all Centres/ Deptt.

C.C.: Director AIIMS } – for information pl.

ALL INDIA INSTITUTE OF MEDICAL SCIENCES  
ANSARI NAGAR, NEW DELHI – 110029  
MEDICAL RECORD SECTION – (HOSPITAL)

No. F.4-VI/2024/Hosp.(MR)

Dated : 17.02.2024

**CIRCULAR**

**Subject: Protocol to be followed for hand over of the case-sheets of discharged/LAMA / Abscond / discharge on request/Death cases from all ward to Medical Record Section (H).**

---

It has been observed that the case records (Case-Sheets) of all discharged/dead patient are still not handed over to Medical Record Personnel/Official, who go to collect these case sheets on daily basis.

The case sheet of a patient is a medico-legal document that belongs to the Medical Record Section (H). All the ward In-charges are advised to hand over the case-sheets of discharged/LAMA/absconding/Discharge on Request/Death cases with **Discharge/Death Summary** from their wards to the Medical Record Section within 48 hours of the patient's leaving the **ward under all circumstances**, failing which they shall be held accountable for the missing case-sheets.

**All Head(s) of the department also requested to kindly support and ensure that the ward In charges in their respective wards fulfill the above mentioned responsibilities.**

Further, it is requested that the ward In charges ensure that all pending case sheets **up to 31 January, 2024** available in their respective wards are sent to Medical Record Section (H).

  
(DR. NIRUPAM MADAN)  
MEDICAL SUPERINTENDANT

**Distribution:**

1. Chief NSC / Chief CTC / Addl. MS CNC & All Heads of Department.
2. Chief Nursing Superintendent (Hosp.) – All Ward In Charges, ICU & OTs  
(with spare 30 copies)

<b>Contact List</b>			
<b>S. No.</b>	<b>Departments</b>	<b>Contact Numbers</b>	<b>Remarks</b>
1.	Admission Counter	4707	Functional 24x7
2.	PMJAY Counter	3251	
3.	Medical Social Welfare Officer	6428	
4.	Security Control Room	4780 / 3333	
5.	Computer Facility	3570/3580	
6.	Ambulance Dispatch Centre (ADC)	4197	Functional 24x7 For intrahospital transportation
7.	Driver Room Main Hospital	3689	Functional 24x7 For staff car
8.	MRD Main Hospital	3937 / 4737	During working hours
9.	EM – 1	4084 / 4085	Functional 24x7
10.	EM – 2	4706 / 4089	
11.	EM – 3	4810 / 4405	
12.	Mortuary	4401	
13.	Constable Room	4367	
14.	Control Room Landline	3308	
15.	Police Control Room	3345	
16.	Ayushman Bharat Kendra Medicine Counter	3251	
17.	Chief Security Officer	4727	During working hours
18.	Duty Officer Main Hospital	9868397016	Functional 24x7
19.	Duty Officer JPNATC	9868398530	Functional 24x7
20.	Billing Main Hospital	4746	During working hours
21.	Forensic Medicine SR	6509	Functional 24x7
22.	Cash Counter	4990	Functional 24x7
23.	Chief MSSO	4242	During working hours
24.	Telephone Exchange	4900 / 4600	Functional 24x7



शरीरमाद्यं खलु धर्मसाधनम्

ALL INDIA INSTITUTE OF MEDICAL SCIENCES  
ANSARI NAGAR, NEW DELHI-110029