



Sant Dnyaneshwar Shikshan Sanstha's
**Hon. Shri. Annasaheb Dange Ayurved Medical College
& Post Graduate Research Center**
A/p: Ashta, Tal. : Walwa, Dist: Sangli – 416 301
Website: www.adamc.ac.in E-mail: ashta.adamc@gmail.com
NAAC Accredited ISO Certified 9001-2015, 14001




2.3 Teaching Learning Process

2.3.2 Skill Lab SOP Index

Sr No.	Name of SOP
1	SOP FOR BANDAGING
2	SOP FOR SUTURE REMOVE
3	SOP FOR INJECTION
4	SOP FOR SPINAL ANAESTHESIA
5	SOP FOR CPR
6	SOP FOR NORMAL DELIVERY
7	SOP FOR CHILD CPR
8	SOP FOR CATHETERIZATION
9	SOP FOR KNOT TYING




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Hon. Shri. Annasaheb Dange Ayurved Medical College

A/p: Ashta, Tal. : Walwa, Dist : Sangli – 416 301

Phone: 02342-241103/241108, Fax – 02342-241110

Website: www.adamcashta.com

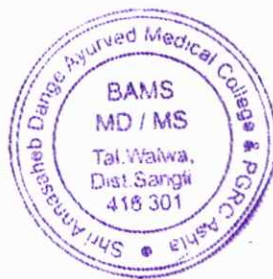
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Sop for Bandaging

1. Select bandage of proper size and suitable material
2. Put the patient in comfortable position
3. Support the injured area while bandaging
4. If joint is involved, flex it slightly
5. Face the patient while applying the bandage, except when applying it to the head



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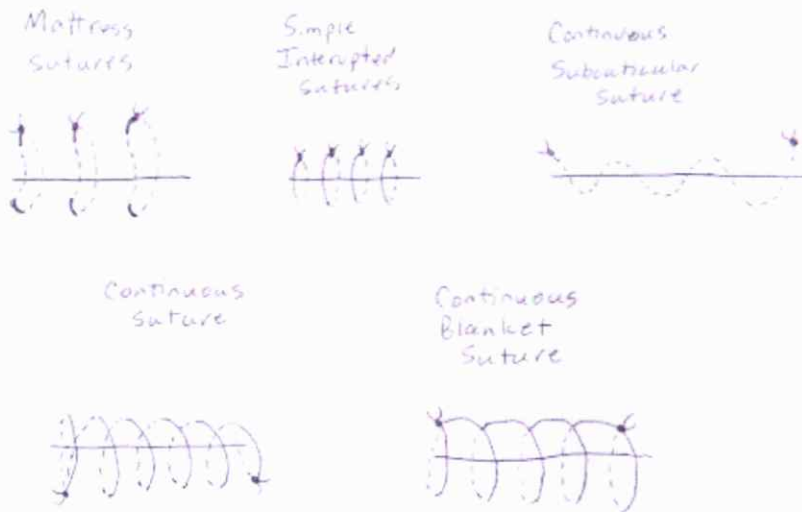
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Sop for Suture Remove

Sutures are tiny threads, wire, or other material used to sew body tissue and skin together. They may be placed deep in the tissue and/or superficially to close a wound. A variety of suture techniques are used to close a wound, and deciding on a specific technique depends on the location of the wound, thickness of the skin, degree of tensions, and desired cosmetic effect (Perry et al., 2014).

Picture. 1



Picture. 1.2



There are different types of sutures techniques. Some of these are illustrated in Figure 1.2. The most commonly seen suture is the intermittent or interrupted suture.

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Sop for Injection

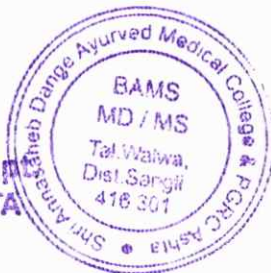
Hold it firmly about an inch away (2.54 cm) from the muscle. In the other hand, hold the needle at a 90-degree angle and insert it quickly and deeply enough to penetrate your muscle. Inject the medication. If there is no blood in the syringe, push on the plunger to inject the medication slowly into the muscle.

Picture. 1

Insert air into the vial



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Sop for Spinal Anesthesia

The technique of administering spinal anesthesia can be described as the “4 P's”: preparation, position, projection, and puncture. Preparation of equipment/medications is the first step. It is important to think ahead. Discuss with the patient options for anesthesia

Only qualified Anesthesiologist can do Pre-Anesthesia assessment.

2. Pre-Anesthesia assessment of the patient is carried out a day before the scheduled day of operation.

3. Pre-Anesthesia assessment and documentation shall be performed according to the guidelines (Basic Standards for Pre-Anesthesia care described by the American Society of Anesthesiologist)

4. The Pre-Anesthetic assessment may even be carried out prior to admission in case of elective surgeries if required.

5. An appropriate time should be chosen for Pre-Anesthesia assessment before the scheduled surgery to allow adequate preparation of the patient. This also applies to day surgery patients.

6. The Pre-Anesthesia assessment should be performed by the Anesthetist who will conduct the anesthesia .In case the pre-Anesthesia assessment and the conduct of anesthesia are to be carried out by two different HCPs, an effective system should be in place to make sure that the findings of pre-Anesthesia assessment are in the knowledge of the Anesthesiologist who will conduct the process. .

7. An anesthesia plan for the patient is prepared on the basis of the Pre-anesthesia assessment and the same is documented.

8. The anesthesia plan depicts the type of anesthesia (local, general, epidural etc.), monitoring and plan for postoperative analgesia etc.

9. Pre-Operative medication may be prescribed to facilitate the Anesthetic management. The patient's current medication should be reviewed and continued when necessary. Primary and Secondary Healthcare Department 22



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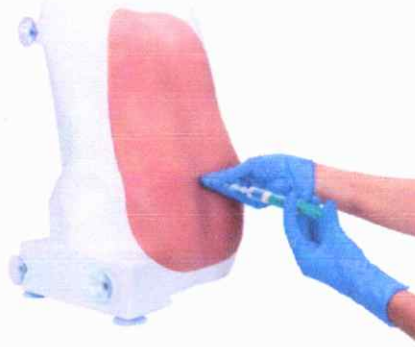
10. Surgeon should be informed of the planned choice of anesthesia for patient after conducting Pre Anesthesia assessment.

11. For all surgical interventions, results of laboratory, diagnostic investigations and consultations should be attached to the medical record before pre-medicating the patient and should be sent to the OT.

12. Anesthesiologist may seek input and professional advice from other departments in the pre Anesthesia stage. The decision about patient's fitness to undergo anesthesia or otherwise, however, remains the sole responsibility of the concerned Anesthesiologist.

13. There might arise cases in which immediate emergency surgery becomes unavoidable. In such cases, the Anesthesiologist is still responsible for pre-anesthesia assessment. In case the surgery cannot be delayed and the pre-anesthesia assessment protocols cannot be executed in full, the case should be completely documented for future reference.

Hold the preselected tube in your right hand like a pencil, curve forward. Pass the tube into the larynx through the cords in one smooth motion. If the patient is breathing, time the forward thrust for inspiration when the cords are fully open.



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H.O.D.
Shalya Tantra Dept.
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SOP for CPR

What Are the Seven Steps of CPR? The seven steps of CPR (cardiopulmonary resuscitation) involve checking the scene and the person, calling 911 for assistance, opening the airway, checking for breathing, chest compressions, delivering rescue breaths, and repeating CPR steps.

Picture.1



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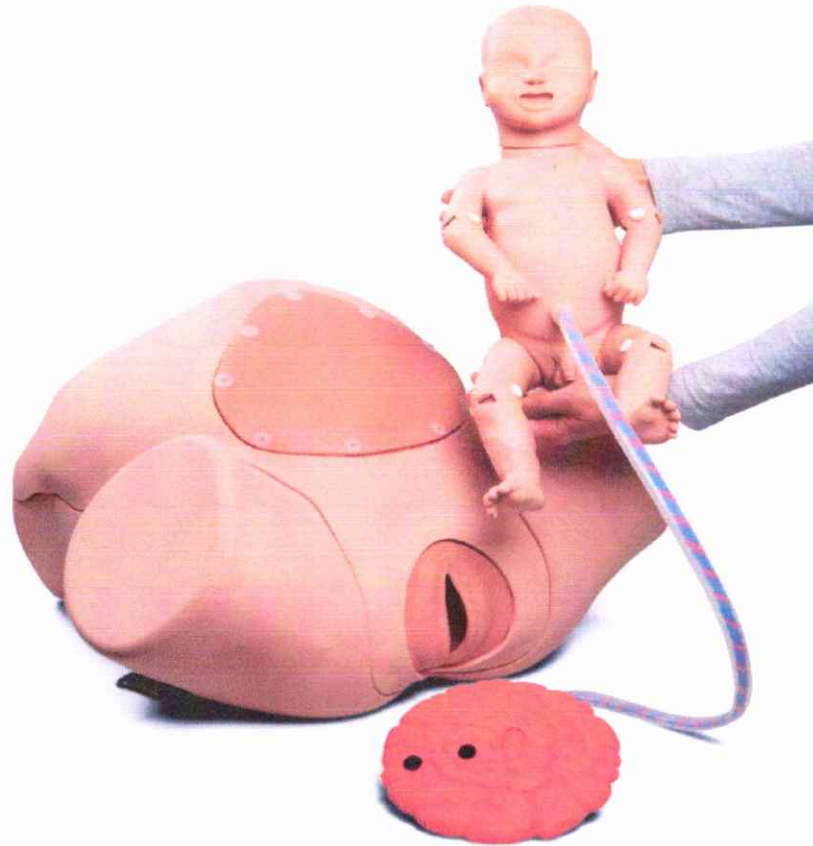
SOP for Normal Delivery

The SOP describes steps that the health personnel should follow in the labour rooms, OT, Central Sterile Supply Department. The SOP also describes at length the points to be considered to ensure respectful maternity care is provided at all levels to the pregnant women at the district hospitals.

Stage I: Early labor and active labor

Stage II: Pushing and subsequent delivery of the baby

Stage III: Delivery of the placenta



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H.O.D.
Shalya Tantra Dept.
A.D.A.M.C. ASHTA



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College, Ashta, Tal. Walwa, Dist. Sangli.



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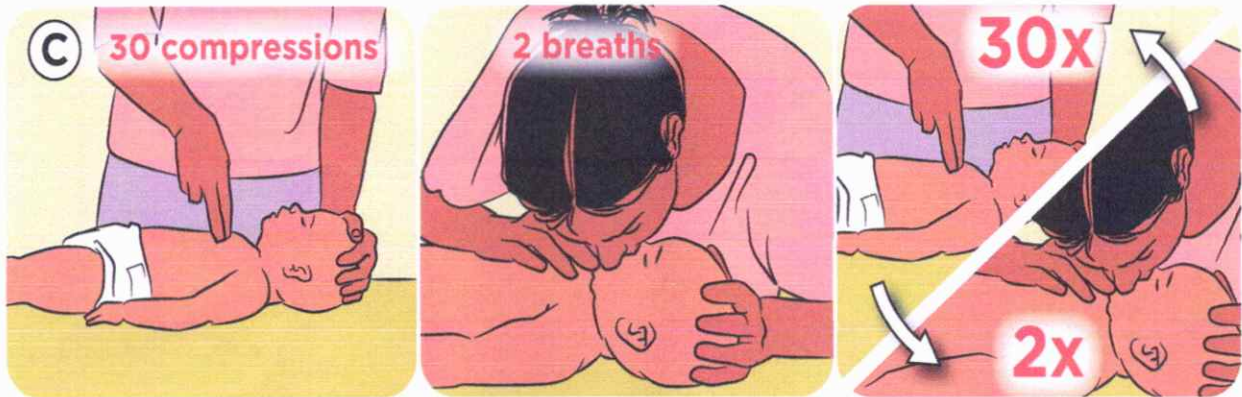
Phone: 02342-241103/241108, Fax – 02342-241110

Website: www.adamcashta.com

E-mail: ashta.adamc@rediffmail.com

SOP for Child CPR

1. Check to see if the child is conscious
2. Check breathing
3. Begin chest compressions
4. Do rescue breathing
5. Repeat compressions and rescue breathing if the child is still not breathing
6. Use an AED as soon as one is available



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H.O.D.
Shalya Tantra Dept.
A.D.A.M.C. ASHTA



[Signature]
PRINCIPAL
Shri Annasaheb Dange Ayurved Medi
College, Ashta, Tal. Walwa, Dist. Sangli



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E-mail: ashta.adamc@rediffmail.com

Sop for Catheterization

Male catheterization (Picture .1)

1. Gently insert the catheter into the urethra opening on the penis.
2. Move the catheter in until urine begins to flow out. Then insert it about 2.5 centimetres (1 inch) more.
3. Let the urine drain into the container or the toilet.

Female catheterization (Picture .2)

1. Gently open the lips of vagina and identify the urethral opening.
2. Gently insert the catheter into the urethral opening.
3. Move the catheter in until urine begins to flow out. Then insert it about 2.5 centimetres (1 inch) more.
4. Let the urine drain into the container or the toilet.

Picture 1



Picture .2



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H.O.D.
Shalya Tantra Dept.
A.D.A.M.C. ASHTA



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PRINCIPAL
Hon. Shri. Annasaheb Dange Ayurved Medical College, Ashta, Tal. Walwa. Dist. Sangli.



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Sop for knot tying

Start with the short thread facing upwards and the long thread facing downwards

Pick up the end of the short thread with the L thumb and ring finger, with the remainder of the thread passing over the L index and middle fingers. Pick up the end of the long thread with the R thumb and index finger

Bring up the long thread with the R hand, to align next to the short thread

Using the L middle finger, whilst still holding the end between L thumb and ring finger, pass the short thread under and then over the long thread

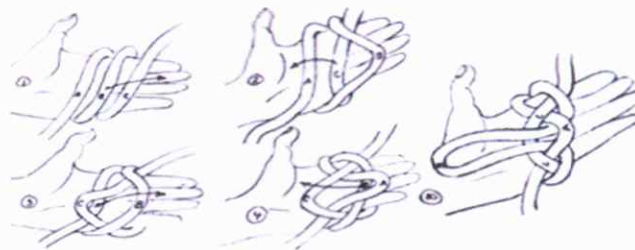
Pull the R hand upwards and the L hand downwards, allowing the knot to rest in position; adjust the tension of the knot as necessary

Come back upwards with the short thread, by holding the end with the L thumb and index finger. Pick up the long thread with the R thumb and index finger and bring downwards, to align next to the short thread

Repeat the same manoeuvre as before, passing the short thread under and over the long thread


Pull the L hand upwards and the R hand downwards, allowing the knot to rest in position; adjust the tension of the knot as necessary

Repeat the same manoeuvre as before with the short thread facing upwards and the long thread facing downwards




H.O.D.
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A.D.A.M.C. ASHTA




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Shri Annasaheb Dange Ayurved Medical
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