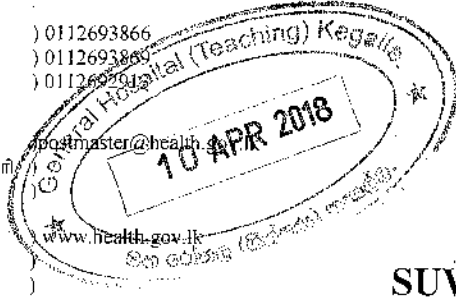


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சுகாதார, போசணை மற்றும் சுதேச வைத்திய அமைச்சு  
Ministry of Health, Nutrition & Indigenous Medicine

General Circular No: / 01-15/2018

- All Provincial Directors of Health Services
- All Regional Directors of Health Services
- All Directors, Teaching Hospitals
- All Heads of Line Ministry Institutions
- All Directors/ Medical Superintendent of Provincial Hospitals.

Establishment of Haematology day units

As per the decision taken in Task force meeting of College of haematologist on 06.03.2018  
Considering the national requirements, policies, and recent development in health care services, ministry of health identified the necessity of establishing haematology day units and provide inward facilities for haematology patients. Therefore it has been decided to establish "haematology day units" in hospitals where permanent hematologists are available.

These units will function under the supervision of the consultant haematologist of the respective Hospitals from 8 am to 4 pm on week days and 8 am to 12 pm on Saturdays.

Services provided in these units shall be for hematological conditions for which full day admission to a ward are not required but, can be managed and discharged in a shorter period of time. Such as;

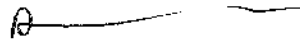
- |  |                          |
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| Blood and blood product transfusions           | Therapeutic venesections |
| Iron chelation                                 | Special procedures       |
| Parenteral iron and other parenteral therapies |                          |

Haematology patients with any other condition who are eligible for day care treatment as per the decision of the haematologist of the institution.

①

The details of the minimum requirements for these units (basic requirements, man power requirements, lay out of the center, furniture and fittings) are attached as the annexure 1

It is understood the necessity of inward care for day unit patients who develop an unexpected clinical situation or emergency while undergoing treatment in the day unit. For such patients and for the patients who need extended care, a 24 hour haematology ward should be established. Until such a facility is established those patients should be managed in an appropriate ward where the facilities are available or facilities should be provided to convert the day unit to a 24 hour functioning ward.

  
Dr. Anil Jasinghe  
Director General of Health Services

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Ministry of Health, Nutrition & Indigenous Medicine,  
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Cc: Secretary, Ministry of Health, Nutrition and Indigenous medicine  
Deputy Director General of Health Services, Laboratory Services  
Director, Laboratory services

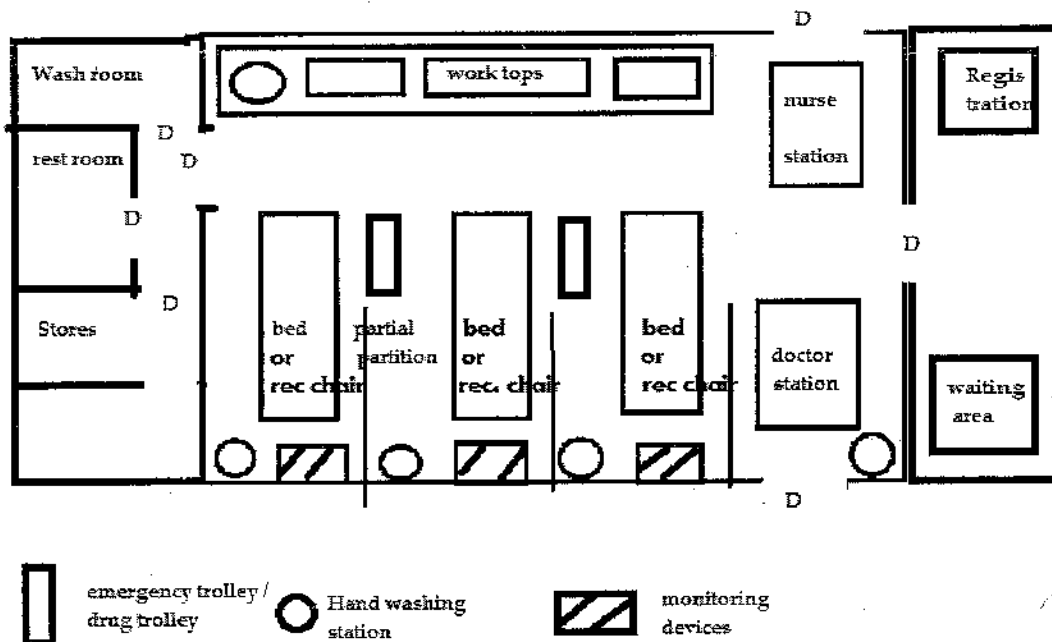
## Request to establish Haematology Day Centres

It is well accepted globally that the day centres improve care, cut down a greater magnitude of health care costs as it minimizes inward care and ensure patient satisfaction. Therefore, SLCH would like to cater growing needs of patient care with many haematological disorders by introducing internationally accepted practices and standards as per the planned developments of Ministry of Health.

### **Objectives:**

1. To ensure minimization of inward stay of haematology patients by managing haematological conditions appropriately in the day care settings.
2. To establish haematology day centres in hospitals where consultant haematologists are already available and as per the requirements of the population served by the hospital.
3. To assure standardization and harmonization of practices in Haematology at national level.
4. To support projected health care development and to make the health care institutions ready for the population growth changes.

### Outline of a day centre: (not to the scale)



### **Basic requirements:**

1. Preferably air conditioning with positive ambient pressure
2. Air flow outwards
3. Floor - vinyl non slip standard (non porous cleanable) tiles (not ordinary tiles)
4. Walls single unit, no crevices, fine finish with preferably antifungal paint
5. Ceiling complete –single unit with no crevices
6. Adequate Ambient lighting
7. Task light mounted at each bed – head side wall
8. Additional room if chemotherapeutic agents are prepared
9. Half wall partitions or curtains – to assure privacy
10. Standard safety fittings
11. One eye wash station fitted to a hand washing station
12. Doors and open area should accommodate trolley and wheel chairs without obstacle
13. Premises should be accessible for disabled

### **Furniture and fittings**

1. Adjustable beds – 2 (as per the requirement)  
Reclining chairs – (as per the requirement)
2. Infusion stands double the number for beds – with infusion pumps
3. framework above beds to hang infusion
4. At least one cardiac monitor
5. At least one pulse oxymeter
6. Thermometers – digital calibrated , Stethoscopes 2-3, Calibrated Digital sphygmomanometers 2
7. Emergency trays with oxygen cylinder and all required emergency devices including laryngoscope and ETT tubes of all adult and paediatric sizes
8. Pharmaceutical refrigerators 1-2
9. Direct telephone access
10. Tables and chairs for doctors station, nurse station, registration
11. Suitable couches for waiting area (for bystanders)
12. cupboards for stores and suitable furniture tables/ chairs/ cupboards for other areas
13. Locker to keep personal belongings of doctors and nurses and helping staff

### **Manpower required**

1. Consultant Haematologist
2. 2-3 nursing officers depending on bed number.
3. 1-2 Health Assistants depending on bed number and work load
4. Physiotherapist ( on request to be available)
5. Clinical pharmacist (on request to be available)

### **Benefits for the patients**

1. Can obtain factor concentrate for factor deficient patients (such as haemophilia)
2. Parenteral treatment for haematological disorders (eg Parental Iron, Rituximab, Enoxaparin, Epo, Interferon etc ) which need only monitoring / observation and discharge after procedure. (Safely done globally)
3. Blood and component transfusion for haematological disorders
4. Review patients for response assessment following treatment
5. Keep patients to decide admission/ discharge following initial investigations and treatment
6. Bone marrow biopsy
7. Therapeutic venesection
8. When services are expanded monitoring autologous stem cell transplant
9. Monitoring and to review patients following BMT presenting with complications which does not need admission
10. Minor emergencies management referred from other clinics, out-patient departments such as bleeding following tooth extraction in haemophilia patients or equivalent

### **Official requirements**

Approval from director/MOH to issue drugs including parenteral drugs used for haematological disorders to the haematology day unit.

In charge of the centre should be a Consultant haematologist for all the administrative and other purposes.

### **Patient Admission Criteria**

Admission to the day unit should be done by/ referral through the consultant haematologist Managed by the haematology team after the admission.

Admissions should be only at day time Monday to Friday : from 8 am to 4 pm  
Saturdays: from 8 am to 12 noon

(Excluding public holidays)

If patient needs in patient care, patient should be transferred to the casualty medical unit or the haematology inward beds where available.

Patient can be discharged following procedure/evaluation/ monitoring/treatment with the decision of haematologist

Patients can be referred to other specialties where necessary.

Patients can be referred to Haematologist from other units for appropriate day centre care as appropriate

Prepared by : Dr K.A.C.Wickramaratne  
President SLCH 16.10.2017