



NATIONAL AYUSH MISSION KERALA



STANDARD OPERATING PROCEDURE
KARUNYA
AYUSH PALLIATIVE SERVICES

Karunya: AYUSH Palliative Services

Purpose

The purpose of this Standard Operating Procedure (SOP) is to establish a consistent protocol for potential program implementers to effectively execute the KARUNYA program and monitor its activities uniformly across the State of Kerala

Introduction:

Karunya is a palliative care initiative dedicated to enhancing the quality of life for individuals facing life-limiting illnesses and providing vital support to their families across various communities. With a steadfast commitment to holistic healing, Karunya embraces the physical, emotional, social, and spiritual dimensions of care, recognizing the unique needs of each patient.

In response to the escalating demand for palliative services, particularly in regions like India grappling with a rising prevalence of non-communicable diseases (NCDs), Karunya emerges as a beacon of compassionate care. Karunya harnesses the holistic approach of traditional systems of medicine to address the multifaceted challenges encountered by palliative patients.

Through its comprehensive framework, Karunya aims not only to alleviate physical distress but also to provide invaluable psychosocial support, promote awareness, and facilitate community engagement. By fostering partnerships with healthcare professionals, community leaders, and caregivers, Karunya strives to build a network of support that extends far beyond medical treatment alone.

At its core, Karunya embodies a commitment to dignity, comfort, and empowerment for patients and their families, guided by a deep respect for individual values and preferences. With an unwavering dedication to excellence, Karunya endeavors to set new standards in palliative care delivery, ensuring that every individual facing life's most challenging moments finds solace, support, and compassionate care through the Karunya programme.

Objectives

1. To ensure the delivery of high-quality, integrated supportive palliative care to individuals with life-limiting illnesses.
2. Addressing psychosocial needs through counselling.
3. Promoting awareness and sensitization.

4. Providing comfort devices eg. Wheelchair, water bed, air bed, walker, walking stick, commode chair, oxygen concentrate, Ryles's tube, Fowler's cot.

Target Group:

Individuals with life-limiting illnesses

Implementation strategy

- A Project Monitoring Committee should be established at both state and district levels to ensure effective oversight and coordination.
- Dedicated personnel, including State and District Project Coordinators, Medical Officers, Multi-Purpose Workers, and Health Workers/ASHA, should be recruited and trained.
- Domiciliary visits should be conducted for comprehensive patient assessment and care delivery.
- Well-equipped OPD and IPD facilities, including wheelchair-accessible spaces and essential medical equipment, should be set up.
- Psychosocial counseling services should be provided for patients and families to address emotional and mental health needs.
- Community mobilization and awareness workshops should be organized to promote understanding and acceptance of palliative care.
- Sensitization training for healthcare professionals should be conducted to ensure a collaborative approach to patient care.
- Regular monitoring and evaluation of program effectiveness should be carried out, with monthly reports submitted to higher authorities.

Training and capacity building

- ❖ State and district level training for AYUSH medical officers, multi-purpose worker, and frontline workers.
- ❖ Facility level hands-on trainings for onsite staff.
- ❖ Annual refresh trainings to sustain knowledge and upgrade the skills.

General Instructions

- Strict confidentiality of patient information should be maintained, and adherence to national and state guidelines for palliative care should be ensured.
- Maintain a clean, safe, and welcoming environment.
- Ensure a patient-centric approach in healthcare delivery.

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- Adhere to ethical and professional standards.
- Adhere to all relevant central and state policies.
- Comply with all relevant healthcare regulations and standards.
- Adhere to Ayurvedic treatment principles.
- Continuously update knowledge and skills by attending training and orientation sessions.
- Ensure patient safety and follow emergency procedures.
- Conduct regular team meetings for collaboration and problem-solving.
- Promote a positive image of Ayurveda and the project within the community.

Organization structure

Project Monitoring Committee (State Level)

- Chairman-State Mission Director
- Convenor- State Programme Manager (ISM)
- Members- DMO, DPM

Project Monitoring Committee (District Level)

- Chairman- DMO
- Convenor-DPM
- Members-Head of the Institution
- Project Medical Officer

Project Team

- Project Convenor
- Project Medical Officer (NAM)
- Supporting Staff

State Convener: The State Convener is responsible for overseeing the operation of Karunya in the state. This includes developing and implementing policies and procedures, coordinating with the state government, and providing support to the District Project Coordinators.

State Project Coordinator: The State Project Coordinator is responsible for assisting the State Convener in managing the Karunya program. This includes developing and implementing training programs, collecting and analyzing data, and preparing reports.

District Project Coordinator: The District Project Coordinator is responsible for overseeing the operation of Karunya programme in the district. This includes developing and implementing local policies and procedures and providing support to the NAM Medical Officers.

Performance Indicators

1. Number of patients served:
 - Total number of patients enrolled in palliative care.
 - Breakdown of patients by gender, age group, and diagnosis.
2. Quality of care provided:
 - Patient satisfaction surveys.
 - Percentage of patients reporting relief from pain and other symptoms.
 - Adherence to treatment plans and protocols.
3. Access to care:
 - Number of domiciliary visits conducted.
 - Timeliness of response to patient needs.
 - Availability of palliative care services in remote or underserved areas.
4. Psychosocial support:
 - Number of counseling sessions conducted.
 - Feedback from patients and families regarding emotional and mental health support received.
 - Participation in support groups or community workshops.
5. Awareness and sensitization:
 - Number of awareness workshops conducted.
 - Reach of awareness campaigns through media or community outreach.
 - Knowledge assessment surveys to evaluate public understanding of palliative care.
6. Program effectiveness:
 - Reduction in hospital admissions for palliative patients.
 - Decrease in pain scores or symptom severity over time.
 - Long-term follow-up data on patient outcomes and survival rates.
7. Infrastructure and equipment utilization:
 - Percentage of OPD and IPD facilities utilized.
 - Maintenance records for equipment such as wheelchairs, air beds, and oxygen cylinders.
 - Accessibility features and compliance with standards for differently-abled patients.

8. Compliance with guidelines:

- Adherence to National and State palliative care guidelines.
- Review of policies and procedures for alignment with best practices.
- Participation in training and orientation programs for staff members.

Program Rollout:

- a) Phase 1 (Month1-6): Pilot in selected districts
- b) Phase 2 (Month 6-12): Expand to additional districts.
- c) Phase 3 (Months 12 onwards): Statewide rollout.

Infrastructure and equipment required

OPD

- Wheelchair-accessible space with ramp should be designated for OPD.
- Well-ventilated room with ample space for examination and patient waiting area; display token facility and prebooking facility.
- Separate pharmacy with all essential drugs for palliative management and medicine store for palliative unit.

IPD facility

- 5 bed (minimum) should be reserved for palliative patients.
- Toilet facility for differently abled person should be provided.

Equipment required

- Wheelchair
- Waterbed
- Air bed
- Walker
- Walking stick
- Commode chair
- Oxygen cylinder
- Ryles's tube
- Fowler's cot
- Urine catheter
- Urine bag
- Colostomy bag

- Hot water bag
- Dressing materials- (cotton, gauze)
- IV facilities
- Elastic crepe bandage
- Oxygen mask
- Nebulizer etc.

അറിവോടു കൂടിയ സമ്മതപത്രം

മുഖ്യ ചികിത്സകൻ ഈ ചികിത്സയെക്കുറിച്ചുള്ള / പദ്ധതിയെ കുറിച്ചുള്ള കാര്യങ്ങൾ വിശദമായി വിവരിച്ചു തന്നിട്ടുള്ളതും കാര്യങ്ങൾ എനിക്ക് ബോധ്യപ്പെട്ടിട്ടുള്ളതുമാണ്.

എന്റെ രോഗവിവരത്തിന്റെ അടിസ്ഥാനത്തിൽ ശേഖരിച്ച വിവരങ്ങൾ, കുറിപ്പുകൾ എന്നിവ പരിശോധിക്കുവാനും ആയുർവേദ മരുന്നുകൾ ഉപയോഗിച്ചുള്ള ചികിത്സ, പഠനം എന്നിവ നടത്തുവാനും ഉത്തരവാദിത്തപ്പെട്ടവർക്ക് ഞാൻ എന്റെ അനുവാദവും പൂർണ്ണ സമ്മതവും നൽകുന്നു.

പേര്:

ഒപ്പ്:

മേൽവിലാസം:

ചികിത്സകൻ

പേര്:

ഒപ്പ്:

CASE RECORD

General OP No:..... Social OP No:..... IP No:.....

Referred by:..... Date:.....

Name:

Age:

Sex:

Address with contact number:

Panchayath/Municipality/Corporation:

District:

Monthly income:

Economic status: BPL/APL:

Religion:

Cast:

Educational status:

Occupation:

Marital status:

Blood group:

Name of bystander & relation to the patient:

Bystander's contact:

Final diagnosis:

Result:

Presenting complaints:

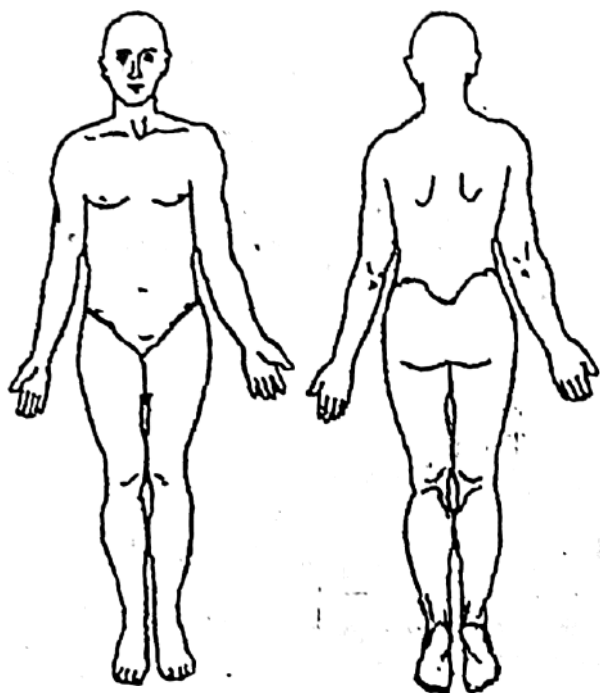
History of presenting complaint:

Most Distressing Symptoms

PAIN

0.....1.....2.....3.....4.....5.....6.....7.....8.....9.....10

No	Mild	Moderate	Severe Excruciating
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(When The patient is unable to score the pain)

Criteria for Assessing the Improvement

Pain	I	II	III	IV
Duration				
Consultant/ intermittant				
Diurnal variation				
Radiation				
Quality				
Pain score				
Provoking factors				
Palliating Factors				
Effect on ADLs				

Date	D.D.S.	P.S.	P.S.C.	Medicine	

D.D.S. Degree of Distress Score

P.S. Pain score

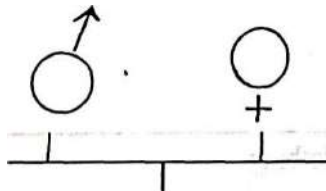
P.S.C.W.H.O. Performance Status Classification

Treatment history:

Year	Disease	Method of Treatment	Result

History of previous illness:

Year	Disease	Method of Treatment	Result

Treatment history:**Family history:****Other than cancer:**

Cardiovascular d/s

Asthma

Epilepsy/convulsions

Skin d/s

Venereal diseases

Other

Diabetes Mellitus

Allergy

Neurological disorders

Tuberculosis:

Mental d/s

Hypertension

Auto-immune d/s

Rheumatoid arthritis

Skin diseases

COPD

Personal history:

Social background:

Occupation:

Number of members in family:

Dependants:

Financial status:

Habits:

Smoking:

Alcohol:

Betel chewing:

Drugs/narcotics:

Others:

Veg./Non Veg:

Hobbies:

Physical characteristics:

Appetite:

Thirst:

Desires & Aversions:

Stool:

Urine:

Perspirations:

Abnormal discharges:

Sleep & Dreams:

Response to:

Air/fanning	Clothing	Covering
Bathing	Food/drinks	Touch/pressure
Posture	Motion	Sex
Time	Thermal	Seasons
Sleep		

Tendencies:

Side affinities:

Menstrual History:

Menarche:

Amenorrhoea:

Primary/Secondary:

Menses cycle:

Duration	Quantity	Consistency	Colour	Odour/Stains/Acidity

Associate complaints:**Climacteric history:**

Age of menopause

Symptoms associated

Obstetrical History:

Sexual Functions

Premarital

Marital

Extra marital

Mental Characteristics:

Patient insight knows the diagnosis

Yes

No

Impression about Disease & Curability

Social emotional & financial problem:

- Are you able to cope?
- If not, what are the difficulties?
- Do you feel sad/anxious most of the time or less interested in activities you used to enjoy before?
- Do you sometimes feel fed up with life?
- What are the specific problems that worry you now/presently?

Food & daily regimen:

Regionals:

Physical examination: -

General examination

Pulse:

Height:

Dehydration:

Cyanosis:

BP:

Weight:

Anaemia:

Lymphadenopathy:

Temp:

Gait:

Jaundice:

Resp rate:

Obesity/wasting

Clubbing:

Systemic Examination:

Provisional diagnosis: -

Investigations: -

Diagnosis:

Management of the case:

General:

Medicinal:

Observation sheet

Name of the patient:

Reg. No:

	Observation	Date	Date	Date	Date	Date
	Degrees of distress
1	1. Did you feel sick today					
	2. Did you vomit today					
	3. How good has your appetite today					
	4. How much pain have you had today					
	5. How did you sleep last night					
	6. How is your bowel patterns today					
	7. How happily have you been today					
	8. How are you feeling today					
	9. What did you do today					
	TOTAL					
2	Pain score					
3	WHO PSC Score					
4	Investigations					
	MEDICINE					
	Signature of the attending physician					

Nurse's record

Date	Observation		Medicine

PROVISIONAL DIAGNOSIS

Date	Time	Medicine/Procedure	Remarks

Date of discharge:

ADVICE

Date

Unit in Charge

OP REGISTER CARD

SL NO	OP NO	NAME	AGE/SEX	ADDRESS & PHONE NO:	F/U

HOME VISIT REGISTER

SL NO	NAME	AGE/SEX	ADDRESS & PHONE NO OF CAREGIVER	DIAGNOSIS	WARD/PANCHAYATH	MEDICINES	REMARKS

DIAGNOSIS AND PRESCRIPTION REGISTER

SL NO	OP NO	NAME	AGE/SEX	PROVISIONAL DIAGNOSIS	MEDICINE	IMPROVED/REFERRAL	REVIEW AFTER

AWARENESS CLASS REGISTER

SL NO	TOPIC	LOCATION	FACULTY	NUMBER OF BENEFICIARIES

MEDICAL CAMPS REGISTER

SL NO	NAME	AGE /SEX	PROVISIONAL DIAGNOSIS	PRESCRIBED MEDICINE	PHONE NO:

MONTHLY STATEMENT – Visit wise

Visit	Cases	Bedridden						Total
		Male		Female		Others		
		Yes	No	Yes	No	Yes	No	
Domiciliary visit	New							
	Old							
Palliative clinic	New							
	Old							
Total								

REPORTING FORMAT

MONTHLY STATEMENT – Diagnosis and statistics wise

Diagnosis		Male			Female			Others			Total
		<17	17-60	>60	<17	17-60	>60	<17	17-60	>60	
	New										
	Old										
	New										
	Old										
	New										
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	New										
	Old										
Total											



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