

# Oxygen Check List

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# Assessment of Oxygen requirement and accessories by facilities in the district

S. No.	Check points	Availabl e	Additional Requireme nt	Timelin es	Responsible Officers/dep t.
1	Number of facilities with provision for oxygen				
2	Number of ICU O <sub>2</sub> beds in each facility				
3	Number of Non ICU O <sub>2</sub> beds in each facility				
4	Average per day consumption of O <sub>2</sub>				
	a) ICU O <sub>2</sub> beds				
	b) Non ICU O <sub>2</sub> beds				
5	Availability of O <sub>2</sub> therapy accessories (regulator, humidifier & consumables)				
6	Availability of Human Resource for PSU plant operation				
7	Number of trainings in last 3 month on oxygen therapy conducted for the staff				
	a) trained medical officers in oxygen therapy				
	b) trained paramedical staff in oxygen therapy				

# Assessment of Functionality of the Oxygen supply system

S. No.	Check points	Available	Additional Requirement	Time lines	Responsible Officers/dept.
1	Number of oxygen supply source				
	a) Oxygen generation plant (OGP)				
	b) LMO				
	c) Through private vendor				
2	Per day Generation of oxygen by each OGPs in MT (mention separately)				
3	Number of HR functioning at these oxygen generation plants				
4	Number of government/private vehicles deployed for transport of oxygen cylinders to and fro				
6	Check leakage from MGPs				
7	Valve Closed when not in use at all MGPs				

# Assessment of Monitoring and review Mechanism

S. No.	Check points	Available	Additional Requirement	Timeliness	Responsible Officers/dept.
1	Constitution of District level O <sub>2</sub> consumption monitoring/audit Committee for periodic monitoring.				
2	Constitution of Facility level O <sub>2</sub> consumption monitoring/audit Committee for daily monitoring.				
3	Number of times joint review meeting of District and facility representatives in last month				