

Dr. Pankaj Kumar Pandey, IAS
Secretary



Government of Uttarakhand

Department of Medical, Health and
Family Welfare
Room No. 1, Vishwakarma Bhawan,
4 -Subhash Road, Secretariat,
Dehradun, Uttarakhand

Letter No. 411 /PS-Secy-MH/2021

Dated : 21 May, 2021

Sub: Amended Standard Operating Procedures for the issue of Amphotericin B for Mucormycosis management in COVID 19 patients.

Madam/Sir,

In supersession of the Standard Operating Procedures (SOPs) laid down for issuing of Amphotericin B for Mucormycosis cases vide letter no. 406/PS- Sec-MH/ dated 18th May 2021, please find attached the amended SOPs.

Please ensure compliance to the same so as to provide adequate and timely treatment for the patients.

Encl: As above

Yours Sincerely,

(Dr. Pankaj Kumar Pandey)

1. District Magistrates, All districts of Uttarakhand
2. Chief Medical Officers, All districts of Uttarakhand

Cc:

1. Secretary, Medical, Health and Family Welfare, Govt. Of Uttarakhand
2. Director General, Medical Education, Uttarakhand
3. Mission Director, National Health Mission, Uttarakhand
4. Director General, Medical Health and F.W., Uttarakhand
5. Chief Operations Officer, COVID 19 control room, Uttarakhand

(Dr. Pankaj Kumar Pandey)

Standard Operating Procedure for issue of Amphotericin B. Uttarakhand Rev. 1

In order to ensure the judicious use of **Amphotericin B** for COVID 19 cases complicated by **Mucormycosis**, the following Standard Operating Procedures will be followed -:

1. The medicine for case management namely **Amphotericin B** will only be issued to DCH and medical colleges/ institution of state of Uttarakhand, if available and no other private or individual prescription will be entertained.
2. The consultant/doctors who requisition these medicines in the aforementioned hospitals will have to request the issuing authority on a prescribed format, duly filled and signed by them and after payment as outlined below.
3. The requirement can be projected anytime during working hours of the Govt. Offices.
4. The request/application for medicine will be sent by treating doctor/health care institution to the respective issuing authority i.e. the Nodal Officers for Kumaon and Garhwal as follows-:
 - a. Kumaon Division – Dr. Rashmi Pant
Mobile - 97568 26562 Email - nainitalcmo1@gmail.com
 - b. Garhwal Division – Dr. Kailash Gunjyal
Mobile -75002 80838 Email - cmodehradun@gmail.com
5. The Director General, Medical & Health has nominated two Nodal Officers, one each for Kumaon and Garhwal divisions, who will be responsible for storage and issue of this medicine for their respective regions as follows-:
 - a. Kumaon Division – Dr. Rashmi Pant
Mobile - 97568 26562 Email - nainitalcmo1@gmail.com
 - b. Garhwal Division – Dr. Kailash Gunjyal
Mobile -75002 80838 Email - cmodehradun@gmail.com
6. These nodal officers will be issue the drug on recommendation of the doctors on the prescribed format [Attached].

7. The nodal officers will also ensure that medicine will be issued on payment to DCH and medical colleges/ institution. The payment can be made through D/D, Cheque in favour OR electronic payment as per the following detail-

Bank - Punjab National Bank, Sahastradhara Road

A/ C name - Directorate of Medical Health and FW UK CMRF

A/C number - 4925000100052107

IFSC Code - PUNB0492500

Amount - As per actuals

8. It is mandatory to deposit the empty vials of used medicine or any unused medicine has to be deposited by hospital to the Nodal Officer.

Application for demand of Amphotericin B

(To be filled by physician in charge of the patient and submitted to Nodal Officer)

Date-

To,

The Issuing authority

Dear Sir,

You are requested to kindly issue **Amphotericin B** for a patient whose detail is given as below-

Name of Patient –
Hospital name-
Aadhar No-
Age of Patient –
Date of Admission –
Date of Advice-

1. Diagnosis
2. Duration of symptoms-
3. Clinical signs and symptoms (pertaining to diagnosis of mucormycosis)
4. History of diabetes
5. Blood sugar levels-FBS, PPBS, HBA1C
6. History of Covid Illness
7. History of hospitalization for covid illness- YES/ NO
8. History of oxygen saturation
9. Number of days of hospitalization for covid illness.
10. History of Steroids YES/ NO
11. Dose and duration of steroids
12. Any other history of immunosuppressant medication.
13. Relevant investigation (if any done) CT/MRI/BIOPSY
14. Reports of investigations if available
 - a. CT/ MRI-
 - b. Biopsy
 - c. KOH staining & microscopy, culture or any other test
15. Investigations send
16. Number of days of hospital admission-
17. Clinical condition on date-

Total injections required -

Progress in patient's condition after earlier dose if given-

Declaration --

Based on above condition of patient, it is justified as per recommendation of ICMR that the above mentioned patient requires **Amphotericin B**.

I declare that the medicine will be given to this patient only. After having used this medicine, the empty vial will be return to you. In case, the medicine is not required by the time it is delivered, it will be returned to the issuing authority. I am also enclosing a D/D, Cheque for Rs. in favourof

I have paid Rs through RTGS (UTR No.....)

Name of Consultant-
Signature

Qualification-

MCI Registration no;

Treating Hospital Name and Address

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