

प्रेषक,

डॉ० पंकज कुमार पाण्डेय,
सचिव,
उत्तराखण्ड शासन।

सेवा में,

महानिदेशक, चिकित्सा स्वास्थ्य एवं परिवार कल्याण,
उत्तराखण्ड, देहरादून।

चिकित्सा स्वास्थ्य एवं परिवार कल्याण विभाग

देहरादून: दिनांक : 04 मई, 2021

विशय : कोविड-19 मरीजों के उपचार के लिए **Tocilizumab** की आपूर्ति के सम्बन्ध में नई **SOP** का प्रेषण।

महोदय,

कृपया उपर्युक्त विषयक पत्र संख्या 373/PS/Secy/2021, दिनांक 30 अप्रैल, 2021 376/पीएस-स./2021 03 मई, 2021 का संदर्भ ग्रहण करने का कष्ट करें। उक्त आदेशों को निरस्त करते हुए संशोधित **SOP** संलग्न कर प्रेषित की जा रही है। कृपया संलग्न **SOP** में दी गयी व्यवस्थानुसार कोविड-19 मरीजों के उपचार के लिए **Tocilizumab** की आपूर्ति के सम्बन्ध में आवश्यक कार्यवाही करने का कष्ट करें।

संलग्नक : यथोपरि।

भवदीय,



(डॉ० पंकज कुमार पाण्डेय)
सचिव

संख्या : / पीएस-स0_/2021, तददिनांकित।

प्रतिलिपि निम्नलिखित को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित:-

1. मुख्य सचिव, उत्तराखण्ड शासन महोदय के अवलोकनार्थ।
2. सचिव, चिकित्सा स्वास्थ्य एवं परिवार कल्याण, उत्तराखण्ड शासन।
3. महानिदेशक, चिकित्सा शिक्षा, उत्तराखण्ड।
4. कुलपति, चिकित्सा शिक्षा विश्वविद्यालय, देहरादून।
5. ड्रग कंट्रोलर, उत्तराखण्ड, देहरादून।



(डॉ० पंकज कुमार पाण्डेय)
सचिव

Standard Operating Procedure for issue of TOCILIZUMAB. Uttarakhand

In order to ensure the judicious use of TOCILIZUMAB for COVID cases, the following Standard Operating Procedures will be followed -:

1. The medicine for COVID 19 case management namely Tocilizumab 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 this medicine in the aforementioned hospitals have to request the issuing authority on a prescribed format, duly signed by them.
3. The requirement can be projected two times a day, i.e. before 11.30 am and at 6 pm after taking ward rounds.
4. The request/application for medicine will be sent by doctor/hospital to the Head of Department of Medicine Department, Govt. Medical College Haldwani(for Kumaon division districts) and Head of Department of Medicine Department, Govt. Doon Medical College, Dehradun (for Garhwal Division districts) respectively for decision regarding the issue of medicine as per the following details:-
 - Doon Medical College - Dr. Narayan Jeet Singh
(drmadhulata@gmail.com Phone 8279869646)
 - Haldwani Medical College -Dr. S.R. Saxena
(drrsaxena@gmail.com Phone 9412327887)
5. The respective HoDs will send their recommendations by return email to the requisitioning doctor and cc to the nodal officers nominated below.

6. 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

7. These nodal officers will issue the drug on the recommendation of respective HoD of Medicine Departments as outlined above.

8. 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 - INR 33,956.43 (with GST) per injection

9. It is mandatory to deposit the empty vial of used medicine or any unused medicine by hospital to the Nodal Officer.

Application for demand of TOCILIZUMAB

(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 the TOCILIZUMAB for a patient whose detail is given as below-

Name of Patient –

Hospital name-

Aadhar No-

Age of Patient –

Date of Admission –

Date of Admission in ICU –

Date of Advice-

1. Suspected COVID/RT-PCR Positive -
2. Duration of symptoms-< 10 days/ > 10 days. -
3. Oxygen saturations level- on ventilator/BIPAP/HFNM/nasal canula or normal mask
4. Number of days of hospital admission-
5. Clinical condition on date-
 - a) RR- < 20/ > 20 per minute.
 - b) HR- < 100/ > 100 per minute.
 - c) CT Score- < 10/> 10. (if available)
 - d) CRP- Raised Y/N. Latest value-
 - e) Procalcitonin level-
 - f) SGOT-
 - g) SGPT-
 - h) Neutrophil count (if available)-
 - i) HIV status reactive /non-reactive /unknown
 - j) Hemoptysis-Y/N
 - k) Pain in abdomen (to rule out perforation)-Y/N
 - l) History of tuberculosis-Y/N

Brief of O2 Therapy/demand –

Brief of Steroid Therapy/demand –

Indications - (Please indicate the reason for prescribing the medicine)

1.

2.

3.

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 MoHFW, GOI that the above mentioned patient requires TOCILIZUMAB.

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 favour of

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

Name of Consultant-
Signature

Qualification-

MCI Registration no;

Treating Hospital Name and Address

Recommendation of committee -