Medical Facilities

for

The Retired Railway Employee

A Handbook

Dr. Subhashish Das

Addl.CHD, Eastern Rly, Sealdah

Dr. Sujit Mallik

Addl.CMD, Eastern Rly, Kolkata

Indian Railway Medical Service Association

Government of India

Ministry of Railways

(Railway Board)

New Delhi-110001

This handbook has the aim to guide Retired Railway Employees across the country about the medical facility they are entitled to from the Indian Railways. It is primarily aimed at the retired employees but can act as a guide for the Railway administration too, particularly the Medical Department.

It is quite comprehensive, and will hopefully provide interested users relevant information for proper utilization of the post-retirement medical facilities.

There are many circulars and reference materials that can be found in the Indian Railway Medical Manual and various compendiums for the user who wants a more thorough review of the rules and facilities covered.

Of use will be the various forms enclosed that can be used as when necessary. There is also a comprehensive list of the Railway Hospitals and Health Units and their tie-up with private Hospitals applicable for each Zone in Indian Railways that may guide the Retired Employee.

A special section on Geriatric Medicine and "Healthy Living" with emphasis on a few common old age diseases and problems will be helpful for the users.

Retired railwaymen using this directory should note that this handbook is NOT for legal purpose, and they are advised to check the up-to-date information from IR website or from Zonal Railways before taking any action regarding their own or their family members' treatment in the Railway or Private hospitals listed in this compilation.

Dr.M.K.Budhalakoti
Director General
Railway Health Services
Railway Board

Foreword

The Indian Railway retired population forms a sizeable portion and medical department of Indian Railways is committed to provide full medical facilities to them.

This handbook contains most of the relevant circulars and orders along with excerpts from the Indian Railway Medical Manual 2000 as applicable. As the population ages and the average life expectancy increases, issues of primary and secondary prevention become increasingly important. The prevalence of undetected, correctable conditions and geriatric diseases is high in older persons. Moreover, a growing number of older persons are enthusiastic and highly motivated about disease prevention and health promotion. Keeping this in mind, a special section on Geriatric Medicine is included .

We at Eastern Railway have separate OPD clinics, separate medicine counters and Health programmes tailor made for the retired employee.

Necessary application and claim forms have been included. I hope this handbook acts as a guide to our retired Railway fraternity.

Dr. J. Swain
Chief Medical Director
Eastern Railway
Kolkata

Preface

The first part of the initial compilation by Sri S. Chattapadhyay, Retd. FA & CAO, SER, and Sree Bablu Kr. Chattapadhyay ex-Sr.AFA SER and JGM (RVNL, Kol) contained some useful circulars pertaining to the medical facilities for retired railwaymen. The second part had a complete list of railway hospitals, health units and empanelled private hospitals which have signed MOUs with the Zonal Railways for emergency and referral treatments. This was based on information as available on 01-04-2012.We have added a few important telephone numbers.

Considering the fact that Indian Railways is one of the very few organizations in the world to give FULL medical benefit to its retired employees, a guide book was felt necessary that would be informative to the retired beneficiaries to make full use of this facility.

Included are relevant portions of the IRMM, some useful circulars and rules, various forms and annexures and a few medico-legal cases of relevance.

Also included towards the end is a chapter on geriatric diseases with qualified doctors presently attached to Railway Hospitals giving their opinions on selected old age diseases in the form of “Frequently Asked Questions”.

Retired railway men using this directory are advised to check the up-to-date information from IR website or from Zonal Railways before taking any action regarding their own or their family members’ treatment in the railway or private hospitals listed in this compilation. While all attempts have been made to include only authentic information, possibility of some unintended errors creeping in cannot be entirely ruled out.

We hope this compilation will prove to be useful for retired railway men and their family members.

Dr. Subhashish Das, ACHD,
B.R Singh Hospital, Eastern Railway, Sealdah

&

Dr. Sujit Mallik, ACMD,
Eastern Railway, Kolkata

Kolkata, 16 January, 2015

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Introduction

Indian Railway is one of the few rare organizations in the world that provide Medical Facilities after retirement as to a serving Employee. Retired Employees get all the essential medical facilities. Retired Employees' Liberalised Health Scheme (RELHS) was started in 1997 in terms of Railway Board's letter no. 97/H/28/1 dated 23.10.1997,wherein retired Railway employees covered under RELHS-97 are provided with full medical facilities as admissible to serving employees under the Railway Medical Attendance Rules. This scheme is also open to spouses of the Railway employees who die in harness. With effect from 1.12.1997, Pensioners are entitled to a medical allowance of 300/- per month (Revised now to Rs.500/-) if they are residing outside the City/Municipality/Town where the Railway Hospital/Health Unit/Dispensary is situated. It is in lieu of outpatient treatment and is admissible irrespective of possession of medical card.

Mission Statement

TOTAL
PATIENT SATISFACTION
Through
HUMANE APPROACH
&
SHARED COMMITMENT
of
EVERY SINGLE DOCTOR
&
PARAMEDIC
to Provide
QUALITY HEALTH CARE
Using
MODERN & COST EFFECTIVE TECHNIQUES & TECHNOLOGIES

HEALTH CARE SERVICES IN INDIAN RAILWAYS

2009-2010

No. of existing Hospitals (including 9 Zonal Hospitals,56 Divisional, 37 sub-divisional and other Productive/workshop hospitals)	125
No. of Health Units	586
No. of Beds (indoor)	13,963
MEDICAL OFFICER	2,506
PARA MEDICAL STAFF	54,337
Total No. of Employees	14,32,675
Total No. of RELHS Card Holders	3,38,828
Total No. of beneficiaries	64,08,356

Initial Circulars and Orders

Circular	Date	Page
Initial Circulars	1988	8
RELHS Registration thereafter	1995	10
RELHS Further Liberalisation	1995	10
Delegation of Powers to GM/CMD regarding advance payments	1996	11
Reimbursement of medical claims	1996	12
RELHS-Medical Facilities at par with serving Railway Employees	1997	12
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Re-opening of RELHS	2009	16
Grant of fixed medical allowance to Railway Pensioners	2011	18
Revised Undertaking Form	2011	18

Sl No. 1

Mech. No.
Health /86/05/51 1/01
N0.86/H/6-2/21 New Delhi , dt 28-9-88

Sub : Retired Employees Liberalized Health Scheme (RELHS) -
Introduction of .

The IV Central Pay Commission had recommended that the Ministry of Railways may examine the improvements that will be necessary in extending further facilities of Medicare to retired railway employees. They had also recommended provision/replacement of artificial aids after retirement in certain cases . The medical benefits, as available in Railway Hospitals/Health units , were extended to retired railway employees, under Retired Railway Employees Contributory Health Scheme, introduced vide Board's letter No. 64/H/1/26 dated 11.3.1966 as amended from time to time. The Ministry of Railways have considered the matter and have decided to introduce a Retired Employees Liberalized Health Scheme (RELHS).

- The medical facilities under this scheme will be open to all retired railway employees, who were governed by Railway Medical Attendance and Treatment Rules and who may be willing to avail of such facilities, irrespective of the amount/type of retirement benefits (pension or provident fund) that they were/are in receipt of and will be on the following terms and conditions

The medical facilities under Liberalized Scheme shall be available on a contributory basis as explained below to any retired employee, who elects to join this scheme, his / her wife/husband, widowed dependent mother and dependent children . The Liberalized Scheme is also open to the surviving wife/husband of a railway employee , who dies in harness or after superannuation . The definition of dependency will be same as in pass rules . These orders are not applicable to those railway servants who quit by resignation .

4.1. For Retired Railway employee , his /her spouse and widowed mother.

4.1.1. Free out-door and in-door treatment in any of the railway hospitals and health units shall be provided .

4.1.2. Free supply of artificial limbs , once after retirement , for amputations in cases of employees hurt on duty shall be made as per provisions contained in Board's Letter No.87/H/6-2/10 dated 12.1 1.87.

4.1.3..There shall also be no charge for consultation with Hony. Consultant attached to railway hospitals, if the railway doctor in charge in his discretion considers such consultation necessary. The Liberalized Scheme will, however, not entitle beneficiaries to free visits by railway doctors to their residence.

4.2. For dependent parents :

Both outdoor (OPD) and indoor facilities shall be available to the dependent parents of the retired railway employees on the same scale and terms and conditions as applicable to dependent parents of serving employees .

4.3. For dependent children .

Free medical facilities will be provided in OPD for dependent children of retired railway employees. However, a charge equal to 10% of the scheduled charges laid down for outsiders shall be levied for special investigations listed in the Annexure ‘A’. Indoor

treatment, excluding items which are free in OPD , shall also be charged at the rate of 10% of the schedule of charges for outsiders.

5. Full charges for diet shall be recovered from all the beneficiaries of the Liberalized Scheme .

6. Reimbursement to the extent of 50% for medical treatment to the retired employee, his/her spouse and widowed mother in accordance with existing rules for serving employees would be permissible at Government Hospitals/Medical Colleges, when officially referred with the approval of the CMO or CHS/CMS in charge of Zonal/Divl hospital. Cases which have not been referred to Government Hospitals etc. with the specific approval of CMO or CHS/CMS in charge of Zonal/Divisional Hospitals will not be considered for reimbursement under any circumstances.

6.1 The reimbursement shall be allowed to the extent of 50% for admissible items only .

6.2 The reimbursement under this scheme shall not include the cost of prosthesis/valves/disposable items/donor organs .

7. For obtaining treatment in the railway hospitals/health units under the Liberalized Scheme , a one-time payment equal to the last month's basic pay at the time of retirement/superannuation shall require to be made by those joining the Liberalized Scheme The contribution shall be deposited with the Hospital/health units and credited to the head "Z-660 - Receipts on account of Retired Employees Liberalized Health Scheme (RELHS)".

8. Those who joined the Liberalized Scheme shall hold identity cards with photographs of the beneficiaries.

9. The existing retired railway employees will have an option to continue with the existing Retired Railway Employees Contributory Health Scheme or to join the Liberalized Scheme . In the latter case , they will be required to make a onetime payment of an amount equal to one month's basic pay at the time of retirement/superannuation . The contribution already made under the existing Retired Railway Employees Contributory Health Scheme shall not be adjusted against this one - time payment .

9.1 The last date for exercising options for switching over to the RELHS by retired railway employees shall be 31.12.88. No further extension will be given .

9.2 Railway employees in service at present shall also have the choice to join the Retired Railway Employees Contributory Health Scheme by exercising a separate option for the same The last date for exercising the option shall be 3 1.12.88.It shall be assumed that all serving railway employees , who have not exercised a specific option to join existing Retired Railway Employees Contributory Health Scheme (RRECHS) and specifically opted out of. Retired Employees Liberalized Health Scheme (RELHS) by 31.12.88. (as per option form at Annexure $^{!}$B'*) have opted for the Liberalized Scheme. Option once exercised shall be final and will not be allowed to be changed.

9.3 To facilitate both the retired as well as serving employees to exercise their option , the benefits available under the Retired Railway Employees Contributory Health Scheme (RRECHS) and the new Retired Employees Liberalized Health Scheme are given in Annexure'C'*

9.4 All the new entrants to service w.e.f. 1.1.89 shall be automatically covered under he Retired Employees Liberalized Health Scheme for retired railway employees .

10. Wide publicity shall be given to the Liberalized Contributory Scheme for retired railway employees . In addition to publishing in the Gazette , a brief notification , as given in Annexure 'D^{1}* shall be inserted in the newspapers .

This has the approval of the President and issues with the concurrence of the Finance Directorate of the Ministry of Railways .

Please acknowledge.

Joint Director Health Railway Board

SI No. 2

Sub: Retired Employees Liberalized Health Scheme -Registration therefor

AUTHORITY : Railway Board's letter No. 94/H/28/2 dated 2-1-1995.

A point has been raised whether the retired railway employees covered under Retired Employees Liberalized Health Scheme can avail medical facilities in any Railway Hospitals/ Health Units as mentioned against Para 4.1.1 of this office letter No. 94-M8-2/21 dated 28.9.88 or they are required to be registered with Hospital/Health Units located near to their residences.

In this connection it is clarified that Retired Railway Employees who opt to join RELHS are required to get their medical identity cards registered with the Hospitals/Health Units near to their residence like the serving employees. Their cards may be registered in the same way as for serving employees. Necessary endorsement indicating the name of dispensary/hospital where their cards are registered should be made on the medical identity cards before issue by the Personnel Branch

However, in emergency and for shorter duration, these retired employees can take treatment from any Hospital/Health Units. The doctor in charge of the dispensary where their card is registered will be their Authorized Medical Attendant.

Sd/- Executive Director/Health, Railway Board.

SI No. 3

No.66/H/6-2/21 _ New Delhi, Dated 12-9-1 995.

Sub: Retired Employees Liberalized Health Scheme (RELHS) - Further liberalization of facilities under this scheme

Kindly refer to sub-Para I of para-2 of this office letter of even number dated 6-7-1995 containing Ministry of Railways' decision regarding reimbursement and his/her spouse for treatment of major diseases like cancer , heart - surgery , and renal failure.

2. Keeping in view the practical difficulties for constitution of Medical Board proposed therein and seriousness of the diseases, the Ministry of Railways have reviewed the matter and it has now been decided that medical expenses incurred by retired employees under RELHS for his / her own and his/her spouse's treatment

of cancer, heart - surgery and renal failure in recognized specialized hospitals/Government Medical Colleges Hospitals/Govt. Hospitals should be reimbursed fully up to a ceiling of Rs. One Lakh for self and another One Lakh for the spouse, with overall ceiling of Rs. Two Lakhs provided such cases are referred to aforesaid hospitals with the approval of CMD of Zonal Railways on the recommendations of Medical Director and Specialist Consultant of that particular discipline attached to the Zonal Hospital of the Railway concerned as is being done for serving employees and their dependent family members instead of subjecting them to Medical Board as conveyed earlier vide this office letter of even number dated 6-7-1995 .

3 The remaining provisions will remain unchanged.

Please acknowledge receipt,

Sd/-Executive Director /Health Railway Board

SI No. 4

Delegation of powers to GM/CMD regarding advance payment on estimate from Govt. /non-Railway Hospitals towards medical treatment.

(Rly Board's letter No. 96/H/6-2/91 dated 22.3.96)

In terms of Ministry of Railways' letter No. 92/H/4/8 dated 18.9.1992. General Managers of the Indian Railways have been empowered to authorize advance payment, up to the reimbursable portion of the anticipated cost of treatment or Rs.75, 000/- whichever is less, in consultation with CMD and with the concurrence of FA & CAO, for the treatment of serving railway employees and their eligible dependents in non-railway medical institutions, if the same is insisted upon by the concerned medical authorities where the patient was officially referred to by the AMA.

Demands raised by AIRF during the PNM meeting with Board for providing aforesaid facility to the retired railway employees covered under RELHS have been examined in the Ministry of Railways and it has now been decided that facility of advance payment up to the aforesaid ceiling limit, may also be extended to retired employees covered under RELHS provided. :

A) The retired employee/spouse has opted to be referred under the provisions of Ministry of Railways' letter of even number dated 6.7.95 & 8.12.95 i.e. one time reimbursement up to one lac.

B) The Hospital Authorities where such patient is officially referred, has made a written demand and given the estimated cost of the treatment.

C) The payment will only be advanced to the Hospital Authorities and not to the patient concerned and

D) The money so advanced will be adjusted against the provision of reimbursement up to the ceiling limit of Rs.l lac. while making the final settlement.

A clear indication is required to be given on the reference letter itself to the recognized Hospital about the ceiling limit of Railway's responsibility of reimbursement.

Sl No. 5

Reimbursement of medical expenses to retired railway employees covered under RELHS.

(Board's letter No. 88/H/28/1 dated 25.3.96)

As per provisions of Para 6 of Board's letter No 86/H/6-2/21 dt. 28.9.88, retired railway Employees and their eligible dependents covered under RELHS are entitled to reimbursement up to 50% of the reimbursement items towards the treatment taken from any Government Hospital/Medical college as a referred case.

50% cost of C.T. scan and MRI done in the Govt. Hospital as also in non-Government Hospitals subject to ceiling limit of total cost as stipulated for serving employees, provided it is undertaken with the prior approval of CMD/MD/CMSs, is also admissible to the RELHS beneficiaries in terms of this office letter of even number date 14.12.94.

A number of representations have been received from various RELHS beneficiaries and their Associations for referring their cases to non-railway institutions for various essential Laboratory investigations in the event of non-availability of these facilities in Railway Hospitals and also in the event of heavy rush, long waiting period or in case of nonfunctioning/non-availability of requisite equipment in the Govt. Hospitals etc. on the same lines as is available to the serving employees.

After careful consideration of the matter, Ministry of Railways have decided to delegate the powers of GMs/CMDs to reimburse 50 % of the total cost of these special investigations carried out in non- Government laboratories undertaken for the RELHS beneficiaries provided the same are done with the prior approval of the CMD/MD/CMS. The monetary ceiling of total cost of these special investigations as stipulated for serving employees in Para-ii of this office letter No. 91/H/6-4/26 dt. 5.1.94.will also be applicable in such cases of RELHS beneficiaries.

GOVERNMENT OF INDIA (BHARAT SARKAR)
MINISTRY OF RAILWAYS/RAIL MANTRALAYA
(RAILWAY BOARD) .

No, 97/H/28/1 dated 17/05/1999

Subject: Retired Railway Employees — Medical facilities at par with serving Employees.

Reference: Board's letter No. 97/H/28/1, dated 23.10.1997.

The subject of revision of certain provisions of Retired Employees Liberalized Health Scheme (RELHS-97) as contained in Board's letter referred to above has been under consideration of the Board for some time. After careful examination of the various references and representations received in this regard. The Board has decided to amend the provisions of RELHS-97 as detailed in the following paragraphs.

2. Retired Railway Employees Contributory Health Scheme.

The existing members of erstwhile Retired Employees Contributory Health Scheme will be allowed to continue under this scheme on payment of subscriptions as revised from time to time up to 31.12.1999.

3. Retired Employees Liberalized Health Scheme-97.

2.1 Rate of Contribution : It has been decided that only in respect of pre-96 Retirees the basis for the one time contribution will be the revised pension drawn by the Retired Railway Employee for joining the RELHS-97. The rate of contribution shall be calculated as under: revision of the pension, after which his card can be extended. Each " Zonal Railway has to ensure that the difference has been paid and this has to be endorsed on the Medical Card of the Retired Employee.

- Mode of Joining: For pre-96 retirees there is no cutoff date joining RELHS, 1997. However, persons desirous to become members of the scheme will have to pay their contribution rates mentioned in the preceding paragraph.

  The post-1.1.1996 retirees will continue to be governed by provisions contained in Board's letter No. **97/H/28/1, dated 23.10.1997**. However, such of those post-1.1.1996 retirees who have not yet joined the scheme will be given another chance to join by 31.12.1999.

- Refund : Pre-1.1.1996 Retirees who have already joined the RELHS-97 Scheme will be entitled to claim reimbursement of the amount paid in excess of the sum of two months pension as revised by the V Pay Commission. However, the claim for refund, if any, would be preferred only after final revision of pension in terms of Board's letter No. **F (E} m/98/PN** 1/29 dated **15.01.1999** (RBE 8/1999). . .

- Benefits under the RELHS-97 Scheme: RELHS beneficiaries will be provided full medical facilities as admissible to serving employees in respect of medical treatment, special investigations, diet and reimbursement of claims for treatment in government or recognized non railway hospitals. They will also be eligible, inter alia, for (a) ambulance services (b) medical passes (c) home visits (d) treatment for first two pregnancies of married daughters at concessional rates and (e) treatment of private servant, as applicable to serving-railway employees.

  Details of certain other provisions are given below;

  For the purpose of 2.4 (d) above, special identification cards will be issued duly affixing photographs of married daughters with clear instructions on the card which shall read "Only for confinement and treatment during ante-natal and post-natal period for the first two pregnancies at concessional charges".

- Diet: Since diet is considered as part of treatment, the same should be provided and charged for as per paras 641 to 645 of IRMM-81, as revised from time to time.

- The other provisions contained in Board's letter of even number dated **23.10.1997** will remain unaltered.

- This issues with the concurrence of the Finance Directorate of the Ministry of Railways and has the approval of the President.

Rate of contribution for RELHS membership applicable to SRPF optees for whom Ex- gratia payment has been approved, will also be applicable to their widows vide Railway Board's letter No. 2000/H/28/1/RELHS. Dated 23.06.2000. .

For Employees who retired before 1.1.1996: Revised basic pension as on 1.1.96 including commuted value (gross Pension) multiplied by the figure of two;

For Family Pensioners: A sum equivalent to double the amount of their revised normal family pension as on 1.1.1996;

For SRPF Optees: For those SRPF Optees for whom ex-gratia payment has been approved on the basis of the recommendations of the V-CPC, a onetime contribution at twice the ex-gratia monthly payment may be deposited;

A Retired Railway Employee who wants to join the scheme has to pay initially double the pension in terms of the Consolidation Orders of the Government vide Board's letter No. FfElIII-97/PN 1/23. Dated 7.11.1997 (RBE 143/1997) and his card will be valid for one year that is, up to 31.03.2000. After revision of pension in terms of Board's Order No. FfEH1H/98**/PN** 1/29 dated 15.01.1999 (RBE 8/1999) the Retired Employee will have to pay the difference between the sum already deposited and any additional sum that becomes due as a result of

GOVERNMENT OF INDIA (BHARAT SARKAR)
MINISTRY OF RAILWAYS/RAIL MANTRALAYA (RAILWAY BOARD)

No. 97/H/28/1 dated 23/10/1997

Subject Retired employees liberalized Health Scheme - Further Liberalization

Keeping in view the assurance given by the Hon'ble M.R, in his Budget speech for year 1997-98, Ministry of Railways, in supersession of all previous instructions on this subject have now decided that retired Railway Employees covered under the Retired Employees Liberalized Health Scheme (RELHS) will be provided with full medical facilities as admissible to serving employees under the Railway Medical Attendance Rules. The new scheme will be called RELHS-1997.

ELIGIBILITY A minimum 20 years of qualifying service in the Railways will be necessary for joining the scheme and the following categories of persons will be eligible to join the same

i. All serving Railway Employees desirous of joining the scheme will be eligible to join it in accordance with the procedure laid down herein under 'Mode of Joining'.
II. All retired Railway Employees who are presently members of the existing RELHS will automatically be included in the RELHS-1997.
iii. Spouse of the Railway employees who dies in harness.

These orders are not applicable to those Railway servants, who quit service by resignation.

FAMILY/ DEPENDENTS:

Definition of the 'Family' for the purpose of this Scheme will be the same as in respect of the serving Railway Employees. The definition of dependency will be the same as in the Pass Rules/IRMM-81.

RATE OF CONTRIBUTION:

For joining RELHS-97, one time contribution equal to the last month's basic pay will have to be made at the time of retirement by those opting to join the scheme. The persons who are already members of existing RELHS are not required to make any fresh payment. However, those who have joined the existing RELHS after 1.1.96 will have to pay the difference of one time contribution on account of introduction of fifth pay commission's revised pay scales w.e.f 1.1.1996. It will be the responsibility of the Railway Administration to realize the amount due from the concerned RELHS members. Those who join the RELHS - 97 shall hold identity cards with photographs of all the beneficiaries.

MODE OF JOINING:

All retiring employees will have to give their option to join the RELHS-97 at least 3 month prior to their date of retirement. The option given once will be treated as final. No further chance will be given subsequent to retirement.

All those retired employees/surviving spouses of deceased retirees who have not yet joined, the RELHS can now join RELHS-97 by paying an amount equal to the payment of all monthly contribution due under Railway Employees Contributory Health Scheme from the date of Superannuation/retirement of the employees to the date of joining RELHS, in addition to the equalized basic pay at the time of their retirement, as a result of the recommendation of successive pay commission after the date of retirement of the employees. This option is also available to all those who have not yet joined the RELHS, as a last chance, only up to 31.1.1998.

Optees of RRECHS will also have the option to switch over to RELHS-97 by making payments as advised above before 31.1.1998, after which RRECHS will stand withdrawn and no fresh registration/ extension under RRECHS will be done. Medical facilities as per rules under RRECHS will however continue to be extended on the basis of valid RRECHS cards to those, who have already renewed and subscribed under the scheme, till the date of current validity and no further extension will be done after that.

Wide publicity should be given provisions of RELHS-97. In addition to publishing in the gazette, a brief notification has given in Annexure (A) shall be inserted in the newspapers.

This has the approval of the President and issue with the concurrence of finances Directorate of the Ministry of Railways.

These orders will take effect from the date of issue of the letter and only the cases of medical treatment taken on after this date will be covered under the new scheme, viz. RELHS-97.

ANNEXURE *A’

PRESS NOTE

Railway Health Scheme for retired Railway Employees

Ministry of Railways has introduced a new health Scheme for the retired railway employees titled as "Retired Employees Liberalized Health Scheme-97". The medical facilities under this scheme will be admissible to those retired railway employees, who have put in at least 20 years qualifying service on the Railways. The scope of the facilities will be at par with the serving employees. A one-time payment equal to the last month’s basic pay drawn at the time of retirement will

have to be deposited. Under this scheme, the definition of family will be the same as for serving employees and that of dependents as in the Pass Rules/IRMM-81.

The existing retired railway employees & surviving spouses of deceased employees who have not joined RELHS can join RELHS-97 before 31.01.1998. In this case, they will be required to make payment of an amount equal to the payments under RRECHS from the date of superannuation to the date of joining RELHS-97, in addition to the equalized basic pay at the time of their retirement, as a result of the recommendations of successive pay commissions after the date of retirement of the employee.

Full details of the scheme may please be obtained from the nearest divisional or zonal railway hospital by sending self-addressed envelope size 22 cm. X 15 cm. with postage affixed for.

GOVERNMENT OF INDIA MINISTRY OF RAILWAYS (RAILWAY BOARD)
No.2003/H/28/l/RELHS New Delhi dated: | £ .3.2009

The General Managers,
All Indian Railways (including Production Units)
Director General, R.D.S.O.

Sub: Re-opening of Retired Employees Liberalized Health Scheme (RELHS-97).

Ref:-Board's letter No.2003/H/28/l/RELHS dated 28.1.05, 21.10.2005, 30.12.2005, 10.5.2006 and 10.01.2007.

Arising out of demands raised by old retirees and Pensioners Associations, the subject of extension / re-opening of the Retired Employees Liberalized Health Scheme (RELHS-97), for those retired employees who have not yet joined the RELHS -97 scheme, has been under ! Consideration of the Board for some time. After careful examination of the matter it has been decided that all retired Railway employees having qualifying service period and who have not yet joined the RELHS -97 scheme, will be given another last and final chance to join RELHS-97.

The period during which the scheme shall be opened is from the date of issue of this letter and up to 31, 03.2010 (Thirty first March two thousand and ten only).

The Re-opening of RELHS-97 scheme has been approved by Railway Board with the same conditions as stipulated in Board's letter of even number dated 10.1.2007 viz. there will be a "lock-in period" of six months from the date on which a retired employee joins the scheme Le. the date of depositing the fees. During this period, the retired employee will be entitled for medical treatment as available in Railway hospitals and other Govt., hospitals including Govt., owned autonomous hospitals and Govt. Medical College Hospitals only. They shall not be referred to private hospitals, which are recognized for Railway employees and other RELHS card holders. In any circumstances and in any medical condition, during the "lock-in period", reimbursement of medical claims for treatment taken in private hospital including the private recognized Hospitals

will not be permitted.

All other terms and conditions of the RELHS-97 mentioned in Board's letters under reference will remain unaltered. RELHS (Medical identity) card will be issued by the Personnel Branch of concerned Railways. The RELHS Card issued to beneficiaries with lock-in period should clearly indicate the designation, amount and date of deposit, name and designation of issuing authority/signatory along with date.

Lock in period to be clearly and prominently mentioned on the card.

The retired / medically invalidated employees who are willing to join this scheme must give a clear declaration along with application that he/she is joining the scheme with full knowledge about the "lock-in" period. He/She should also give clear declaration that during the "lock-in" period, he she will not submit any reimbursement claim for treatment taken in private or private Railway recognized hospitals and would not challenge the orders of Railway Board to this effect in any court of law.

The instructions regarding Lock-in Period are also applicable to those retired / medically invalidated employees and spouses of Railway employees who died in harness / after superannuation and have not joined the RELHS-97 scheme earlier because they are permitted to join the scheme within 3 months from the date of invalidation / death of the employee.

It has further been decided by the Board that joining of RELHS-97 may be made mandatory for all retiring Railway employees. In case, the retiring officer/staff is unwilling to join the Scheme, he/she should clearly submit his/her unwillingness in writing in the declaration proforma along with reasons thereof, (Revised Annexure of Booklet containing Pension Forms). As such, option/declaration proforma may be modified suitably. The retiring Railway employees may also be explained that the certification of his/her willingness to join RELHS shall be treated as final and no further chance will be given to join the scheme thereafter. ... .

In the wake of the recommendations by Vl th Central Pay Commission, it has been decided by Board that following should be the rate of contribution for joining RELHS-97:

I	The employees who have already retired on the date of RE-OPENING OF THE RELHS and have not joined at the time of retirement.	A sum equivalent to double the amount of revised basic pension after the implementation of Vl th CPC.
II	Family pensioners	A sum equivalent to double the amount of revised family pension after the implementation of the Vl th CPC.
III	SRPF optees	A sum twice the amount of ex-gratia monthly payment admissible on the date of joining the scheme.

A wide publicity should be given.

- This issues with the concurrence of the Finance and Pay Commission Directorates of the Ministry of Railways sd

(Dr. Pankaj Kapoor) Executive Director/Health (Pig.), Railway Board

New Delhi, dated: .3.2009

No.2003/H/28/I/RELHS

Copy to .

The FA&CAOs, all Indian Railways including CLW/DLW/DMW/RWF.
Dy. Comptroller and Auditor General of India (Railways), Room No.224, Rail Bhawan, New Delhi. ;

Board's letter No. PC-V/2011/A/Med/1 dated 26.08.2011 [RBE No.117/2011]

Sub: Grant of Fixed Medical Allowance to railway pensioners / family pensioners.

…

Kindly refer to railway Board's letter of even number dated 07.06.2011 enclosing therewith revised Undertaking Form for claiming Fixed Medical Allowance. In partial modification to the letter dated 07.06.2011 ibid, it is mentioned that Para 2 of the said letter may be read as under:

–The revised Undertaking Form to opt for Fixed Medical Allowance is enclosed. In terms of Para 4 of Board's letter No.PC-V/98/I/7/1/1 dated 21-4-1999 (RBE No.65/99), the Railway pensioners / family pensioners who retired prior to 21-4-1999 should submit the claim for Medical Allowance to their concerned Pension Disbursing Authority and those retired on or after 21-4-1999 should submit the claim for Medical Allowance to their concerned Pension Sanctioning Authority‖.

2. Similarly, the text on top of the undertaking in Annexure-I to the letter dated 07.06.2011 may be read as under:-

–(to be submitted in DUPLICATE by pensioners / family pensioners to the concerned Pension Disbursing Authority (PDA)/ Pension Sanctioning Authority (PSA), whichever is applicable. PDA should retain one copy of the Undertaking and furnish the other to the PSA for necessary action.)‖

Annexure- I
Board's letter No. PC-V/2011/A/Med./1 dated 07.06.2011 & 26.08.2011
REVISED UNDERTAKING FORM

[To be submitted in DUPLICATE by pensioners / family pensioners to the concerned Pension Disbursing Authority (PDA)/ Pension Sanctioning Authority (PSA), whichever is applicable. PDA should retain one copy of the Undertaking and furnish the other to the PSA for necessary action]

***

I_____, a retired employee /family pensioner whose _____ [specify relation of Family pensioner with deceased Railway employee] was an employee of [Office address] _____ declare that I am residing at [residential address indicated in PPO] _____, which is beyond 2.5 Kms from the nearest Railway hospital / health unit _____ [Name of the Hospital /Health Unit as contained in Annexure III to Railway Board's letter No. PC-V/98/I/7/1/1 dated 21.4.99].

2. Accordingly, I hereby opt to claim fixed medical allowance of 100/- and /or 300 per month as per prescribed rate. Necessary endorsement may please be made in my PPO in this regard. Simultaneously, I undertake that I will not avail of OPD facilities [except in cases of chronic diseases as

mentioned in Board‘s letter No. 2006/H/DC/JCM dated 12.10.2006] at Railway hospitals /health units from the day I claim Medical Allowance. I also understand that grant of Medical Allowance is subject to the terms and conditions specified in Board‘s letters No. PC-V/98/I/7/1/1 dated 21.4.99 and 1.3.2004 and latest being letter No. PC-V/2006/A/Med/1 dated 15.09.2009.
3. I also declare that I have not availed of any treatment as Out Door Patient [except in cases of chronic diseases as mentioned in Para-2 above] for the period from _____ [indicate here the date of retirement or the date of availing OPD facility on the last occasion or 1.12.1997, whichever is later] to this day_____ [indicate here the date on which this declaration is signed]. I may accordingly be paid arrear of Medical Allowance @ 100/- and /or 300 per month for the period mentioned above as per prescribed rate. 4. The above information furnished by me is correct to the best of my knowledge and belief. I also understand that, if at any stage, it is found that the undertaking submitted by me is incorrect or carries false information, my FMA is liable to be stopped with immediate effect and further suitable action could be taken to recover the excess amount paid to me.
Signature……..
Name in full……..
PPO No…….
Issued by …….
SB A/c No…….
Post office /Bank……..
Branch……
Place……..
Date……

Board’s letter No. 2003/H/28/1/RELHS dated 21.07.2011
Sub: Joining of RELHS by Railway employees at the time of superannuation
Ref: Board‘s letters of even number dated 08.07.09,
08.04.2009 and 16.03.2009.

…Attention is invited to the Board‘s letters on the subject mentioned above wherein the following has been decided:
–Joining of RELHS has been made MANDATORY for all retiring employees. In case the retiring staff /officer are unwilling to join the scheme, he /she will have to submit his /her unwillingness in writing with a clear understanding that no further chance shall be given to join the scheme in future.‖
In order to avoid unnecessary requests by the post 16.3.09 retirees for joining the scheme in future it is desired that the above instructions be reiterated and periodic checks be arranged for detecting any system failures.
For strict compliance please.

Subsequent Modifications

Circular	Year	Page
Re-delegation of powers to the MD/CMS/MS in respect of Clinical Investigations.	2007	**21**
RELHS -97	2012	**22**

GOVERNMENT OF INDIA
MINISTRY OF RAILWAYS
(RAILWAY BOARD)

No. 99/H/6-4/Policy **New Delhi, dated 11.04.07**

The General Managers, All Indian Railways (Including Production Units).

Sub: - **Re-delegation of powers to the MD/CMS/MS in charge of Division or Production Units and Director/CRI/Varanasi, in respect of Clinical Investigations.**

Ministry of Railways have already delegated powers to CMD/ Zonal Railways, MD/Central Hospitals, CMS/ MS In charges of Divisional Hospitals to reimburse/ sanction the cost of C.T. Scan and MRI up to Rs. 10,000/- for each test separately, as per Board letter No.99/H/6-4/ Policy dtd. 20.9.2000 (Advance Correction Slip No. 7 of Health 2000). This will remain unchanged.

However, arising out of demand made by FROA 85 AIRF in the 37th Meeting of PREM Group, the subject of re-delegation of powers of MD/CMS/MS in charge of Division, Production Units and Director/CRI/Varanasi, in respect to Clinical Investigations in Govt. Hospital/ Private Hospital /Private Diagnostic Centre has been under consideration of the Board for some time. After careful examination of the matter, it has been decided as under:-

"The upper ceiling limit of powers of MDs of Central Hospitals, CMS/MS In charges of Divisional hospitals/ Production Unit hospitals and Director/CRI/Varanasi for all Clinical and Pathological investigations, Radiological investigations and other types of diagnostic procedures of Railway beneficiary (other than CT Scan & MRI) may be enhanced up to Rs. 5,000/- for each test to be done in Govt. Hospital/Private Hospital/Private Diagnostic Centre etc., in case the requisite facility is not available in Railway Hospital".

The enhanced delegation of powers is subject to monitoring the essentiality of the Clinical Investigation and the expenditure incurred on such tests.

Any instructions on this subject as available in IRMM-2000 or any Office Order issued prior to this office order will stand modified accordingly.

These issues with the concurrence of the Finance Directorate Railways.

End: ACS to Paras 601 (2) (d) of IRMM' 2000

New Delhi, Dated 31.05.12

No.201 l/H/28/l/RELHS/Court Case

The General Managers,
All Indian Railways (Including Production Units),
Director General, RDSO

Sub: Retired Employees Liberalized Health Scheme (RELHS-97)

Ref.; Board's letters No, 2003/H/28/1/RELHS dated 28.01.05, **21.10.05,** 30.12.05, 10**.05.06, 10.01.07 & 16.03.09.**

Arising out of demands raised by Federations & various Pensioner Associations, the subject matter of facilitating Railway Medical Services to all Retired Railway personnel through RELHS- 97. had been under consideration of Board for some time. After careful & detailed examination of the matter the following has been decided by Ministry of Railways -

(a) <u>For Pre-March 2009 retirees</u> - The RELHS-97 will remain open-ended with a lock-in- period of six months for referral outside the Railway Hospital with the rider that this lock- in-period can be relaxed only in an emergency provided the patient is either admitted or visits the Railway Hospital and the facilities for the treatment are not available in Railway Hospital. Such referrals are to be processed only on recommendation of a specially constituted Medical Board

(h) <u>For March 2009 and onwards retirees</u> - The RELHS-97 will remain open for a period of another one year from the date of issue of the letter for all those retired railway personnel who have not joined the scheme for one reason or the other. The lock-in-period of six months as applicable for pre-March, 2009 retirees shall be applicable for these retirees also. Henceforth joining RELHS-97 has been made mandatory for all retiring Railway personnel without any exit clause whatsoever.

All other terms and conditions of RELHS-97 mentioned in Board's letter dated 16.03.2009 under reference will remain unaltered.

This has the approval of the President and issues with the concurrence of Finance Directorate of Ministry' of Railways. Wide publicity should be given to the above provisions.

/Dr. D.P. Pande
Excc. Director Health (Pig)
Telefax -
2338962
3. **Email:** edhp**@rb.railnct**.gov.**in**

New Delhi, Dated 31.05.12

No.201 l/H/28/t/RELHS/Court Case

<u>Copy to:</u> I The FA&CAOs, AH Indian Railways including CLW/Dl.W DMW-

IRMM excerpts

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Medical Attendance

IRMM Para 602. Medical attendance and treatment facilities shall be available, free of charge, to all "Railway employees", their "family members" and "dependent relatives", (as defined **under Pass Rules**) irrespective of whether the employees are in Group A, B, C or D, whether they are permanent or temporary.

Ordinarily. the jurisdiction of a Railway doctor will be taken to cover Railway employees residing within a radius of **2.5 K.M** of railway hospital or health unit to which the doctor is attached, and within a radius of **1 K.M** to a Railway station of the doctor's line jurisdiction.

A railway employee may not obtain free medical attention for his real mother as well as for an adoptive mother.

601 :(2) "Medical attendance" means-

(a) Attendance on Railway employee, members of the family or dependent relatives as defined in pass rules (hereafter called " Beneficiary ") at the consultation room maintained by the Authorized Medical Officer or in any Railway hospital/health unit.

(b) If there is no such consultation room/health unit/hospital, then attendance in any non-Railway hospital/health center/dispensary to which the Railway "beneficiary" is referred to by the authorized medical officer.

(c) Attendance on a Railway employee at his residence in terms of Para 634 of this chapter.

(d) Such pathological, bacteriological, radiological tests or other methods of examination for the purpose of diagnosis and treatment as are available in any Railway hospital and are considered necessary by the authorized medical officer.

Special Investigations

Note: (i) Special investigations may include Pathological, Bacteriological and similar Tests, USG, Endoscopic examinations, FNAC etc.
(ii) For such special investigations up to Rs 1000/- in each case done in Govt. recognized Hospital or in any hospital, powers for referral/reimbursement are re-delegated to MD/CMS/MS up to Rs 5000/-in each case, in case the requisite facilities are not available in nearby Govt./recognized Hospital
(iii) This power will be exercised by the MD/CMS/MS in consultation with two senior doctors (one pathologist and the other from surgical or medical specialty or by the last two when a pathologist is not available) and the proceedings of the opinion, justification and sanction recorded in the bed head ticket of the patient before the test is recommended
(iv) It should be ensured that only the special investigation facilities which are not available in Railway Hospital are referred and not the routine ones.
(v) Investigations costing more than Rs 5000/- each will continue to be decided by the Chief Medical director of the Railways, wherever necessary, in consultation with the FA&CAO,

provided these were done at the instance of the Authorized Medical Officer and the amount involved does not exceed Rs.10000/- per case.
(Ministry of Railway's letter No. 89/H/6-4/policy dated 20/09/2000 and No.99/H/6-4/Policy dated 8-11-2001)
(e) Such consultation with a specialist or other medical officer in the service of Government, stationed at places served by the Railway administration which the Authorized Medical Officer, with the approval of the Chief Medical Director, certifies to be necessary to such extent and in such manner as the Specialist or the medical officer may determine.

(3) (A) ***"Treatment" means -***

The use of all medical and surgical facilities available at the Railway hospital/health unit or the
Consulting room of the Authorized Medical Officer and includes:
(a) the employment of such pathological, bacteriological, radiological and other methods as are considered necessary by the Authorized Medical Officer;
(b) the supply of such medicines, vaccines, sera or other therapeutic substances as is Ordinarily stocked in the hospital;
(c) the supply of such medicines, vaccines, sera or other therapeutic substances etc., not ordinarily stocked, which the Authorized Medical Officer may certify in writing to be essential for the recovery or for the prevention of serious deterioration in the condition of the patient.
(d) such accommodation as is ordinarily provided in the hospital suited to the status of the Railway employee concerned. If accommodation suited to his status is not available, accommodation of a higher class may be allotted provided it can be certified by the medical officer in charge of the Government/recognized hospital:-
(i) that accommodation of the appropriate class was not available at the time of admission of the patient, or, if subsequently available, the condition of the patient did not permit shifting, and
(ii) that the admission of the patient into the hospital could not be delayed due to the nature of the illness until accommodation of the appropriate class became available.
Note: - In the case of admission of a Railway *"beneficiary"* in a Government or a recognized hospital, the Hospital authorities, where agreeable, should debit to Railway administration concerned by preferring bills or by raising debits in respect of the charges for accommodation provided in the hospital. Otherwise, reimbursement to the Railway employee concerned would be permissible as per rules.
(e) such nursing as is ordinarily provided to in-patients by the hospital. (Engagement of special nurses will be allowed to the extent indicated in sub section (3) of Section C of this Chapter).
(f) the specialist consultation as described in Para (2) (e) above.
(g) shifting of the patient for treatment or examination from residence to a hospital or from one hospital to another hospital in an ambulance belonging to the Railway or Government or a local authority, etc.
Note :-(i) If, in any situation, an ambulance cannot be pressed into service to attend to an exceptionally emergent case, alternative arrangements of taxi or other suitable and available transport vehicle should be made to ensure prompt transport. The nominal payment that may be involved in such cases may be met out of the contingencies. Assistant Divisional Medical Officers may be delegated with powers for incurring of such contingent expenditure. However, all such cases, where public transport facilities are hired, should be reviewed by the competent higher authority such as MS/CMS in charge of the division to ensure that engagement of taxi etc, is not made on frivolous grounds.
(ii) In exceptional cases, when the patients are not actually fit to resume duty but

are discharged from the hospital e.g., fracture cases discharged with plaster of Paris cast, amputation cases, convalescent cases recommended sick leave, etc., with the specific approval in writing of the Medical Officer in charge of the hospital, the facility of transporting patients to their residence in an ambulance may also be allowed free of cost.
(h) Blood transfusion charges paid to a Government Institution or any other local organization registered/ approved for the supply of blood to patients in hospitals.
(i) free diet to the extent indicated in sub-section (2) of Section C of this Chapter.
(j) The dental treatment to the extent indicated in Para 637 of this Chapter.‖

(B) It does not include:-

(a) Massage treatment, except that in the case of poliomyelitis, may be allowed as part of the general treatment.
(b) Testing of eye sight for glasses except at Railway hospitals where facilities exist for the same.
Note: - (i) If local conditions warrant, the Railways may have their own arrangements for manufacturing and supplying of glasses to Railway *"beneficiaries"* on no-profit- no-loss ' basis. This scheme should be financed from the Staff Benefit Fund. In the case of group D staff, only 50 percent of the cost of spectacles may be borne by the Staff Benefit Fund.
(ii) Reimbursement of charges incurred in connection with treatment by a private oculist is not admissible under any circumstances whatsoever even if it is taken on the advice of the Authorized Medical Officer.
(c) Taxi, Tonga or other conveyance charges incurred to convey a patient from his residence to the hospital or vice versa, except as provided in clause a (g) above.
(d) Cottage booking fee, admission fee, dhobi charges and charges for attendants/ ayahs at the Hospital.
(e) Special articles of diet not ordinarily provided by the hospital to its in-patients.
(f) Charges incurred on account of treatment for immunizing or prophylactic purposes except at
Railway hospitals at the discretion of the Authorized Medical Officer.
Note: - Cost of vaccination, inoculations and injections for prophylactic and immunizing purposes taken before commencement of international travel by Railway employees and members of their families and dependent relatives in order to procure health certificates required under International Travel Regulations, may be reimbursed to them from the Railway revenue provided they are travelling on duty or on authorized leave in circumstances in which they are entitled to fares at Railway expense.

636. Supply of artificial limbs and appliances:-

(1) A Railway ‗beneficiary' (injured on duty or not), requiring artificial limbs and appliances, would be entitled to reimbursement of both hospitalization charges and the full cost of artificial limbs and appliances, as recommended by the Orthopedician, as also the cost of repairs, renewals and adjustments thereof from time to time, subject to the following conditions:
(i) Production of certificate from a specialist in the concerned specialty in the Railway hospital that the purchase, repairs and renewals or adjustments are essential.
(ii) Purchase, repairs, renewals or adjustments being done at the rehabilitation department of a Medical College, artificial limb center, Pune or such other organizations and centres recognized for the purpose by the Central/State Governments concerned.
(iii) The cost of the repairs or adjustments of the limb/appliance should not exceed the cost of the replacement of the limb/appliance.

Note: - The above Para does not apply to the supply or replacement of heart pacemakers and heart
Valves for which Para 666 may be referred to.
(MOR's letter No.80/H/6-4/33 dt. 05/12/1980 and 05/02/81)
(2) Supply of Breast Implant/Prosthesis in cases where patients undergo Mastectomy would be as under:-
(i) Patients willing to undertake permanent Breast implantation may undergo such implantation at Zonal level Railway Hospital. Implants may be arranged by the Zonal Hospital,
itself.
(ii) Patients opting for external prosthesis may submit the reimbursement claim up to an upper limit of Rs. 5,000/-. Replacement will be allowed once in 5 (five) years only. Each such
case should be thoroughly scrutinized and examined by a suitable lady doctor of the Railway Hospital.

(Authority Board's letter No. No.2005/H/2313 dated: 5-8-2005)

On account of investigation of CT Scan/ MRI done at non railway institution on referral by AM O:

CMD/DRM/ADRM/MD/CHD/CMS/MS in charge: up to Rs 10,000/- in each case.

Authority:
1. Rly. Bd.'s letter no.99/H/6-4/Policy dt.20.09.200 & 30.04.07
2. Para 601 (2) of IRMM -2000

Delegation of powers on account of all clinical and Pathological investigation, radiological investigations and other types of diagnostics procedures (other than CT Scan & MRI):

CMD/DRM/ADRM/MD/CHD/CMS/MS in charge: Up to Rs 5,000/-

Delegation of powers for referral to non-Railway Hospitals for PET Scan: Para: 664:

The following amendments may be carried out in Chapter-VI of
IRMM-2000 regarding PET Scan investigation.
"Para 664(i) may be inserted below Para 664 as follows:-
Sanction up to Rs. 21,000/- for NABL accredited Labs/Hospitals and up to Rs. 17,850/- for non-NABL accredited Labs/Hospitals to Railway employees for PET Scan investigation from will henceforth be given by the CMD/MD/CMS/MS of the C.H./D.H./Workshop Hospitals/Production units.
This power will be exercised by the CMD/MD/CMS/MS or equivalent in
consultation with two or more senior doctors of different specialties with

appropriately recorded procedure.
The cases where the cost of PET Scan exceeds the limit of Rs.
21,000/ (NABL accredited) or Rs. 17,850/- (non-NABL accredited), would
continue to be referred to the Ministry of Railways, duly concurred by the FA &CAO.
Revi/PA1DDH.

Note: (i) A patient should not be referred to:-
(a) A specialist or medical officer not in the service of Government.
(b) A specialist or medical officer in the service of Government but posted outside the place Served by the Railway administration.
(ii) Consultation with a specialist or other medical officer means obtaining an opinion on the case and advice as to the line of treatment, and management of the case, but not treatment by him.
(iii) If the Authorized Medical Officer is of the opinion that the case of a patient is of such a serious or special nature as to require medical attendance by some person other than himself, he may, with the approval of the Chief Medical Director of the Railway (which shall be obtained beforehand unless the delay involved entails serious danger to the health of the patient)-
(a) Send the patient to the nearest specialist or other medical officer by whom, in his opinion, Medical attendance is considered necessary for the patient, or
(b) If the patient is too ill to travel, request such specialist or other medical officer to attend upon
The patient.
(iv) A specialist or medical officer summoned as above, on production of a certificate by the Authorized Medical Officer, will be entitled to travelling allowance as admissible to him under the rules applicable to him.
(v) Honorary specialists attached to Government Hospital or other recognized hospitals may be
considered as Government specialist for the purpose of this Sub-Para subject to the condition that such consultation will be permissible only in places where Government specialists are not available and only on the advice of the authorized medical officer who should obtain prior approval of the Chief Medical Director. The fees paid to the honorary specialists for consultation at their private consulting rooms will be reimbursed to the Railway employees in accordance with the rates prescribed for Government specialists.
The consultation with the honorary specialists at their private consulting rooms will be permissible only in emergent cases.
(vi) The State Government, where agreeable, should debit the Railway administration concerned by preferring bills or by raising debits in respect of consultation fees of Government specialists. Otherwise reimbursement to the Railway employees concerned would be permissible as per rules.

Referral to Non-Recognized Private Hospital: Medical Board Report.

All cases for sanction/approval of Board For referral and advance payment for treatment in Non-recognized Private Hospital Should inevitably contain the following:-.

",. ,. (i) Report of the Medical Board consisting of MD/CMS/MS(IC) as a Chairman,

a senior physician/surgeon, a specialist super specialist/honorary Consultant/visiting specialist of the concerned specialty<as a co-opted member

To opine the efficacy of the treatment, especially I1).considering:

(a) Chances of recovery,

(b) Whether it will be a complete cure or only a palliation and if palliation,

The expected period of remission and future course of action after it, and possible side-effects.

Report may be supplemented by relevant statistics and reference of current Literature.

(Ref: Rly Bd. L. No..200SIH16-1/Policy/I6 New Delhi, dated ~7Feb. 2008)

628. Passengers who take ill while travelling:

(1) While it is not incumbent on the Railways to provide medical relief to passengers who take ill, such assistance is invariably rendered in practice as a matter of courtesy to a customer.

(2) Charges for medical aid to passengers afflicted with sudden illness or injury (other than as a result of a railway accident in which case it is the duty of the Railway administration to provide free medical attendance and treatment facilities) are levied on the principle that the relationship between a bona fide passenger and a Railway doctor must be that of a private patient and his medical attendant. A **Railway doctor attending such a passenger may be allowed to recover consultation fee at the following rates:-**

Consultation fee **of Rs. 20/-** irrespective of the grade of the attending Medical Officer; this fee is retained in full by the attending doctor:

(Rly Bd.'s No 82/H/6-1/22 Dt. 30/03/89)

(3) As regards the charges for medicines, injections, etc., the same may be recovered at the following rates and the amount so recovered will be credited, in full, to the Railway revenue:-

(i) Re. 1 per tablet or dose of mixture.

(ii) Maximum retail price as mentioned on the strip per dose of higher antibiotic.

(iii) Rs.5 per sterile dressing of wounds.

(iv) Rs.10 per injection (which includes the cost of the common items e.g. the injecting materials).

(Bd's No. 99/H/6-5/1 dt. 27/08/1999)

(4) In the case of indigent passengers, where it is not possible to recover the cost of medicines etc., these may be issued free on the certificate of indigence from the doctor. The expenditure, if any, incurred in connection with the hospitalization of such cases, may be treated as a part of ordinary expenses of working the Railway hospitals.

IRMM Para 626. Identity card necessary for availing of facilities in Railway hospitals

(l) No medical treatment facilities should be provided to a Railway beneficiary if the medical identity card is not produced for the purpose.

(4**) In emergencies**, however, a patient, even in the absence of identification papers, has to be attended first, including administration of such medicines, and use of such appliances as may be necessary. With the help of Welfare Inspectors, efforts should be made to establish the patient's identity.

670. Issue of Passes under medical advice:

1) Special Passes on medical grounds will be issued for journey from station nearest to the residence of a Railway servant where Railway medical facilities for treatment of the railway servant or his family members are not available to a station where railway dispensary or hospital or sanatorium with the required facilities for treatment is located. Passes will ordinarily be issued for the class of entitlement of the railway servant on privilege account.

The grant of higher class passes and attendants on medical grounds shall be regulated as under:-
(2) If the Medical Officer considers that the patient should be accompanied by an attendant during travel for his journey to an outstation for treatment the inclusion of the attendant in the Railway pass shall
be regulated as under:-
(a) **One attendant** may be allowed, on the recommendation of the Medical Officer in-charge of the hospital, heath unit /polyclinic, if the patient is bed ridden and is unable to sit up.
b) If the patient is in big plaster, or physically handicapped or unconscious or paralyzed or

Mentally retarded, where one attendant cannot lift the patient, **two attendants** in the same class may be provided on the express recommendation of the Medical Officer. In cases where the patient is in coma/shock/stupor due to any cause (irrespective of T.B/ Cancer) such as head injury etc**., a higher class pass along with an attendant in the same class may be given**, on the recommendation of the Medical Officer.

(i) Provided that, the facility of an attendant shall be available **only when no other family member is accompanying the patient. Such passes where an attendant has been allowed should, therefore, be restricted to the patient and the attendant only**.

(ii) Provided further that higher class passes shall be allowed only for outward journey while Proceeding for treatment to an outstation. After the patient recovers**, the return journey pass shall be issued for the class to which the patient is entitled**. Where an attendant was allowed to accompany the patient, he shall be issued second class pass for the return journey.

(iii) In case, **higher class pass to the Railway employee for his return journey has also been considered necessary specific recommendation of the C.M.D of the Railway** in whose jurisdiction the hospital is located shall be necessary

(v) In cases where a Railway servant falls seriously ill outside the Zonal Railways on which he is working and is referred to a hospital located on another station for specialized treatment by the Railway Medical officer, he may be given a special pass available from that place to the location of the hospital/dispensary to which he has been referred to and back to the same place. The concerned medical officer recommending the grant of the pass shall report the facts of the case to the controlling C.M.D of the employee indicating clearly reasons that necessitated the treatment at an out station in support of his recommendation for issue of a Special Pass.

(3) **The Medical Officers recommending the issue of pass on medical grounds shall submit a monthly statement to the concerned C.M.D** indicating the circumstances of each case and the reasons for recommending such passes. C.M.D should ensure that the recommendation of the Medical Officers for issue of Passes were in accordance with the guidelines of these orders.

SI No. 6

Sub.: Issue of Special passes on medical grounds for retired railway employees under RELHS,

(Rly Board's letter No. E (W) 95 PS 5-1/33 dated 6.5.96)

As part of the liberalization of facilities available under Retired Employees Liberalized Health Scheme (RELHS), Ministry of Railways have decided that retired railway employees covered under RELHS and who are suffering from cancer, major renal problem and serious heart ailments may be issued special pass on medical grounds for travel from the station where they have settled to the station where approved specialized hospitals are located and back subject to the following conditions.

- Any retired railway servant or his / her spouse covered under RELHS and who is suffering from cancer or major renal problem or serious heart ailment is eligible for the issue of special pass on medical grounds.

- The pass will be issued to them in the event of their referral to zonal headquarters hospital for necessary checkup, assessment and treatment from

the place where they have settled to the station where zonal headquarters hospital is located and back.

- The pass will be issued to them from the zonal headquarters hospitals in the event of their inter-zonal referral for specialized treatment for places where such specialized Railway Hospitals are located and also to the Government Hospitals wherever referred

- The pass will be issued from the headquarters hospitals in the event of their referral to the recognized specialized hospital for places where such hospitals are located. However, this facility will be confined only for those cases who opt to avail medical facilities under the provision of Ministry of Railways' letter No. 86/H/6-2/2 1 dt. 8/12.9.95 and will be restricted in the cases of self and spouse only.

Pass will be issued for the class of entitlement of the railway servant for port retirement complimentary passes.

Note: It is presumed that the spouse of the patient can accompany on the same pass and in the same class. We asked the Rly. Board to clarify .

RELHS: Lock-in Period for RELHS-97 Scheme:

6 Months for a retired Employee from date of depositing fees
and for spouses who have to join within 3 months from the date of invalidation/death of employee
Free treatment (OPD and IPD) in railway Hospitals and Govt. Hospitals and Govt. Medical Colleges. No reimbursement from Private or private recognized Hospitals.

Hospital Charges for Non-Railway Patients: \

ADVANCE CORRECTION SLIP TO ANNEXURE — 1 TO PARA 622 OF IRMM — 2000

It has been decided that the outsiders i.e. non-railway patients taking treatment in the Indian Railway Hospitals may be **charged as per CGHS/Non —NABH/city specific rates or the nearest city rates, as the case may be.**
(Authority: Board's letter No. 2012/H-1/2/9 dated 7.09.2013

Web Links for City Specific CGHS Rates:

msotransparent.nic.in/writereaddata/**cghs**data/mainlinkfile/File786.pdf

cghskolkata.nic.in/pdf/**cghsrate**%20KOL.pdf

Railway Beneficiaries:

Para 601(5) (b) (ii) Unmarried sons over 21 yrs. of age without an upper age limit, even if not a student or in valid, provided he is wholly dependent on, and resides with the railway Employee.

Para 601(5) (c) (ii) Widowed daughters, irrespective of their age, provided they are wholly dependent on the Railway Employee (No mention of married daughters under 18 yrs. as it is illegal.)

Authority: Bd.'s L.no.2008/H-I/2/15 dt 16.02.09

The provision below 601 (6) may be substituted with the following: -
"Provided that the above are wholly dependent on and reside with the Railway employee. The words "wholly dependent" mean a person who does not have independent income more than 15% of the emoluments of the Railway servant concerned or Rs.3500/- plus dearness relief thereon, rounded off to the nearest ten rupee figure, whichever is more."
(Authority Railway Board's letter NO. 2010/H-1/2/21 dated 07.6-2011)

B. Retired Railway Employees Contributory Health Scheme (RRECHS)
(1) RRECHS will continue for the existing members of the scheme. No new members will be allowed to join the scheme
(2) The benefits under the scheme will be limited to outdoor treatment of retired railway Employee and his/her spouse in Railway hospitals/health units
(3) The beneficiary may avail of the facilities from the hospital where he/she is registered Irrespective of the railways he/she has retired from.
(4) The retired railway employee and his/her spouse will be entitled to the services of the railway doctor of the same rank as retired employee was entitled to at the time his/her retirement. Free supply of medicines and drugs ordinarily stocked in Railway hospitals for the treatment of outpatients may be permitted by the railway doctor treating the case, who may also refer the case to the Hony. Consultant attached to the railway hospitals for which no separate charges will be levied. Routine examination of blood, urine and stool including blood sugar, blood cholesterol, blood urea examination and routine Chest x-ray P.A view and routine E.C.G may be done free. Separate charges based on 40 % of the schedule of charges laid down for Outsiders will however be recovered for indoor treatment, specialized treatment, other Pathological examinations, radiological examinations and operations. Cost of medicines not Ordinarily stocked in railway hospitals for treatment in the outpatient department, charges for blood when supplied form railway hospitals and charges for diet will be recovered in full. The facility for out door treatment for chronic diseases like T.B., Leprosy, Cancer and Diabetes

Group ‗B‘ Rs 27/-
Group ‗A‘ Rs.36/-
Group ‗D‘ Rs.9/-
Group ‗C‘ Rs.18/-

(6) The benefits of the scheme may be extended to the dependent children of the retired railway
employees on payment of additional charges at half the rates as mentioned in sub Para 5

.

(7) Endorsement for the contribution made from time to time should be made on the identity card.
(8) In the event of death of the beneficiary /beneficiaries before the expiry of the term for which Contributions have been paid; the contribution already paid is not refundable to their heirs.
(9) No reimbursement is allowed in cases where the beneficiaries have to take medical treatment in places other than the railway hospitals. If referred to other railway hospitals for indoor treatment charges may be recovered by the treating hospitals.
(10) No medical pass can be issued.
Note: (i) Advance payment covering bed charges for 10 days as also other expected dues in full,
subject to a minimum of Rs. 50/- is a precondition for admission of a beneficiary as an indoor patient. Further payment should be ensured for amounts that may become or expected to be due.
The doctor in-charge of the case has to take it as his personal responsibility. Settlement of dues
may be finalized at the time of discharge of the patient.
(iii) A person who is in this scheme should keep his/her identity card valid by paying the Subscriptions regularly in time and getting his card renewed. The card cannot be renewed for short intermittent periods without payment for the intervening spells irrespective of Whether the beneficiary has availed of any treatment or not during those spells.
(Rly Bd's No 83/H/6-2/6 dt 15/09/1984, No.84/H/6-2/9 dt 15/06/1985, No.88/H/6-2/19 dt 10/05/1988, No.81/H/6-2/8 dt.24/08/1982, No.82/H/6-2/6 dt. Nil/12/1982 and Bd's Letter No..97/H/28/1(pt) dt 30/08/1999)

Useful Circulars and SOPs

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SI No. 9

Retired Employees Liberalized Health Scheme (RELHS)Clarification regarding the charges for implant towards the treatment of dependent children of RELHS beneficiaries.

(Authority: Rly. Board's letter no. 97/H/28/1 , dated 26-2-1997)

As per the extant provisions contained in Para 4.3 of this Ministry's letter no 86/H/6/2/21 dt.28-9-88, the dependent children of **RELHS** beneficiaries are to be provided free medical facilities in OPD and a charge equal to the 10 % of schedule of charges laid down for outsiders is required to be levied for special investigations as listed in the Annexure 'A' of the letter *ibid* and for indoor treatment, excluding items which are free in OPD.

A point has been raised whether implants like Heart valve , pacemaker , Ortho implants, IOL , etc. are also required to be supplied to them as a part of their treatment at the concessional charges of 10% or not .

Ministry of Railways , after careful consideration of the mater have decided to extend the benefit of concessional charges of aforesaid items to the dependent children of RELHS beneficiaries only in those railway hospitals where the facility for the same is routinely available.

SI No. 18

RETIRED RAILWAY EMPLOYEES -MEDICAL FACILITIES AT PAR WITH SERVING EMPLOYEES

Special passes available to serving railway employees on medical grounds are made applicable to retired railway employees governed under RELHS Scheme.

Authority: Railway Board's Letter E (W) 95PS 5-1/33 dated 06.8.1999 (RBE 194/99)

In terms of Para 2.4 of Board's letter No. 97/H/28/1 dated 17.5.1999 (Page 3 of RG July 1999) RELHS beneficiaries are entitled to full medical facilities as admissible to serving railway employees. Accordingly, it has been decided that special passes available to serving railway employees on medical grounds, in terms of provisions contained under Schedule VII of Railway Servants (Pass) Rules, 1986 may be made applicable also to the retired railway employees governed under RELHS Scheme. Board's letter No. E (W) 95 PS 5-1/33 dated 6.5.1996 (P-9 RG July 96) & 6.2.1997 (Page 61 of RG April 1997) may therefore be treated as withdrawn.

- In view of the above, in exercise of power conferred by the proviso to Article 309 of the Constitution of India, the President is pleased to direct that the Railway Servants (Pass) Rules, 1986 may be amended as in the advances correction slip no. 15.

- These issues with the concurrence of the Finance Directorate of the Ministry of Railways.

Sd/- Deputy Director, Establishment (Welfare), Railway Board.

ACS No. 15 to Railway Servants (Pass) Rules, 1986 (2nd Edition, 1993)
Add the following under the caption "Groups A, B, C &D" of item 1 Schedule VII.
"Serving & Retired"
Authority: Railway Board's Letter E (W) 95PS 5-1/33 dated 06.8.1999 (RBE 194/99)

GOVERNMENT OF INDIA ©
MINISTRY OF RAILWAYS
(RAILWAY BOARD)

No. 201 l/H/6-4/Policy I **New Delhi, Date 11 .09.2013**

General Manager,
All Indian Railways including PUs.

Sub: - Delegation of powers.....to DRMs, AGMs, and GMs for Sanction of expenses of treatment of Railway Beneficiaries.

******

The issue of further delegation of powers to DRMs, AGMs and GMs in the matter of sanction of medical advance, referral of Railway beneficiaries for non-recognized hospitals and sanction of medical reimbursement to the Railway beneficiaries has been engaging attention of Ministry of Railways for some time. After careful consideration in the matter and in super-cession of all existing instructions issued from time to time relating to sanction of advance/referral of beneficiaries to non-recognized private hospitals and reimbursement of expenses incurred on treatment taken in emergency, the following delegation has been

approved by the competent authority:-

Medical Advance

Authority	Delegated Powers
DRMs-	To sanction referral in emergency to Govt. Hospitals including Autonomous body hospitals* and Medical Advance up to Rs. 50,000/- in each case.
AGMs-	sanction referral of patients in emergency to private non-recognized hospitals with sanction of advance up to Rs. 4 Lakhs in each case. II. Without any Financial ceiling limit if the patient is to be referred to a Government Hospital including Autonomous body* hospitals.
GMs-	sanction referral of patients in emergency to private non-recognized hospitals with sanction of advance up to Rs. 5 Lakhs in each case. . II. Without any financial ceiling limit if the patient is to be referred to a Government Hospital • including Autonomous body* hospitals. o referral of patients for kidney transplant in Government /non-recognized private hospitals with sanction of advance up to Rs. 5 lakhs in each case subject to the condition that the amount to be sanctioned should not exceed CGHS package rate applicable in the city where the hospital is located

.

Medical Reimbursement

Authority	Delegated Powers
DRMs-	sanction reimbursement up to Rs.25, 000/- per case, without any annual ceiling limit, for treatment undertaken in emergency in private non- recognized hospitals. sanction reimbursement up to Rs.50, 000/- per case, for treatment undertaken in emergency in Government including Autonomous body* hospitals, without any annual ceiling limit.
AGMs-	To sanction medical reimbursement up to Rs. 4 lakh, for treatment taken in non-recognized private hospitals, and without any limit for Government hospitals including Autonomous body* hospitals in emergency.
GMs-	To sanction medical reimbursement up to Rs.5 lakh, for treatment taken in non-recognized private hospitals, and without any limit for Government hospitals including Autonomous body* hospitals in emergency.

* Autonomous body hospitals are those hospitals fully funded from Govt. funds but given autonomy for administrative purposes like AIIMS, NIMS (Hyderabad).

- The above delegation to Zonal Railways and Production Units is subject to the fulfillment of norms as prescribed in Railway Board's letter No. 2005/H/6-4/Policy-II dated 31.01.2007 & 22.06.2010 being followed. These powers are delegated to the DRMs, AGMs & General Managers of Zonal Railways/Production Units only. These powers, however, may not be re-delegated further.

- All such cases within the above delegation, which are still pending in Board's office or in the Zonal Railway/PUs for sanction of competent authority, may be processed by the Zonal Railways/Production units at their end.

ADVANCE CORRECTION SUP FOR AMENDMENT OF PARA 640 OF IRMM. 2009

A. Para 648(11 (b) may be replaced as under

"(b) Upto a limit of Rs. 5, 00,000/- (Rupees Five Lakh only) in each case Where treatment is taken in Recognized/non-recognized private Hospitals and Dispensaries run by philanthropic organizations without proper referral by Authorized Medical Officer (AMO) in emergent circumstances. However, in case of treatment taken in emergent conditions in government hospitals/autonomous bodies, there shall be no limit. **All cases above rupees five lakh in private hospitals should be *referred* to Railway Board** along with the Proforma as given in Annexure

VI to this Chapter duty filled in all the columns. The above delegation to Zonal Railways and Production Units is subject to the norms prescribed in Railway Board's letter No. 2005/H/6-1/Policy-II dated 31.01.2007.

B. Para 640 (2) stands deleted.

(Authority: Board's letter No.2011/H/6-4/policy-I dated 3.12.2012

GOVERNMENT OF INDIA
MINISTRY OF RAILWAYS
RAILWAY BOARD

No. 2005/H/6-4/Policy New Delhi, dated :6 .07. 2007

The General Managers,
All Indian Railway/Production Units.
Director General, R.D.S.O., Lucknow.

Sub: Enhancement of powers for procurement of Hearing aid.

Arising out of demand raised by AIRF and partial modification of Board's letter No. 2000/H/6-4/Policy dated 25.7.2000, it has been decided that the ceiling on powers delegated to CMDs to sanction the cost of hearing aid, as specified in Para 667 (Hearing aids) of Indian Railway Medical Manual, 2000, may be raised from Rs. 5,500/- to Rs. 20,000/- per case.

- The cases where the cost of Hearing Aid exceeds the limit of Rs. 20,000/-, the same would continue to be referred by Chief Medical Director concerned to the Ministry of Railways duly concurred in by their FA&CAO for consideration and approval.

- The above has the sanction of the President and issues with the concurrence of the Finance Directorate of Ministry of Railways. . •

Dr. Hanuman Singh' Executive Director (Health)
Railway Board

DA : One advance correction slip to para 667 of IRMM 2000

No.2G05/H/6-4/Policy New Delhi, dated: fcf.07.2007

Copy forwarded to:-

. FA&CAO, All Indian Railways.

The Chief Medical Director, All Indian Railways.

(Dr. Hanuman Singh)
‘‘Executive Director (Heath) Railway Board

No.2005/H/6-4/Poi icy **New Delhi, dated: 6.07.2007**

Copy forwarded to

. The Principal Director of Audit/ All Indian Railways
. Dy. Comptroller & Auditor General of India (RIys.), Room No.224, Rail Bhawan, New Delhi.

For Financial Commissioner/ Railways.

Copy to F (E) Spl. Branch.

S**.No. 4 of Health 2007**

ADVANCE CORRECTION SLIP TO PARA 867 of **IRMM 2000 Amendment to Para** 887-Hearing **Aids the existing Para** 687 **may** be **corrected to read** as under

"Rs.20, 000/- or the cost of Hearing Aid, whichever is lower, can be reimbursed by the Chief Medical Directors. The Administrative authority would make the payment involved direct to the supplying agency and not to the Railway employee concerned.

The cases where the cost of Hearing Aid exceeds the limit of Rs. 20,000/-, the same would continue to be referred by Chief Medical Director concerned to the Ministry of Railways duly concurred in by their FA&CAO for consideration and approval.

(Authority Board’s letter No. 2005/H/6-4/Policy 6.07.*2007}*

No. 2009/H-1/12/5/E.R. **New Delhi, dated .05 .2013**

The Chief Medical Directors,
All Indian Railway/PUs.

An **Advanced Cardiac Centre has started functioning at B.R.Singh Hospital, Eastern Railway, Sealdah** since January, 2011. In this department, the procedures related to Cardiology like Angiography, Angioplasties with Stent, Balloon Mitral Valvotomy, EP Study with Radio Frequency Ablation, Pacemaker implantation and Peripheral Angioplasty are regularly undertaken. Since May, 2012 Coronary Artery By-pass Graft Operation has been started and a good number of CABG operations have already been performed in this Centre.

The neighboring zones can take advantage of this good initiative of Eastern Railway and refer their patients requiring Cardiac services of this center.

The letter of reference should also contain the service particulars of the patients including MIC No. /RELHS Card No. with the undertaking that the debits raised by Eastern Railway, will be accepted by the Associated Accounts of the respective zones. As far as rates of procedures are concerned, it will be same as that of Southern Railway Hospital, Perambur.

Dr. S.K.SabharwaI) Executive Director/H (G)

GOVERNMENT OF INDIA
MINISTRY OF RAILWAYS
RAILWAY BOARD

OFFICE ORDER-No *6* OF .2068‖

. **Sub:** Enhancement of powers of **DG/RHS**

Consequent upon enhancement of powers of GMs of Zonal Railways/PUs for reimbursement of medical expenses and Advance Payment and Referral, it

has been decided to enhance the powers of Director General/Railway Health Services from Rs 1 lakh to Rs. 5 lakh for the cases as under:- .

(i) :
Sanction of reimbursement claims for medical expenses incurred treatment undergone in emergency in non-recognized private hospitals and private recognized hospitals without proper referral by AMO

(ii)
Sanction-for referral of emergent cases to non-recognized private hospitals if the treatment is neither available in Railway Hospitals or in-recognized private hospitals; and

(iii) Advance payment to non-recognized private hospitals .up to Rs 5 lakh where the employee/beneficiary has specifically been referred to such Hospitals by AMO.
"

1.1 The enhancement of powers up to Rs. 5 lakh shall be" exercised: by

No.2G08/0&M/5/l (R.B.S.Neg!)

Dated: *8* /2/2008 - ^ Joint Secretary, Rkiiway Board

All Officer and Branches in Board's Office.

DG/RHS with the concurrence of Adviser (Finance). r~

/GOVERNMENT OF INDIA

/MINISTRY OF RAILWAYS

/RAILWAY BOARD)

S.No.03) Health & Family Welfare 2013

No.2012/H-l/2/9

New Delhi, dated21.09.2013

General Managers, All Indian Railways/PUs.

Sub^ **Revision of charges laid down for treatment of outsiders in Indian Railway Hospitals.**

Ref: Board's letter no. 2000/H/6-1/45 dated 15.05.2001.

In supersession of all previous instructions on the subject, it has been

decided that the outsiders i.e. non-railway patients taking treatment in the Indian Railway Hospitals, may be charged as per CGHS/Non -NABH/city specific rates or the nearest city rates, as the case may be.

Rates will be effective from the date of issue of this letter.

This issues with the concurrence of the Finance Directorate of the

Ministry of Railways.

DA/ One ACS to Annexure - 1 to Para 622 of IRMM - 2000

Executive Director/H (G) Railway Board New Delhi, datcd2.XD9.2013

2. The Chief Medical Directors, All Indian Railways/PUs.

3. The FA&CAOs, All Indian Railways/PUs.

GOVERNMENT OF INDIA

/MINISTRY OF RAILWAYS

/RAILWAY BOARD)

No. 2010/11-1/2/21 New Delhi, dated / 7 .07.2013

The General Managers,

All Indian Railways/PUs

(CORRIGENDUM)

Sub**: Grant of Medical Facilities to dependent relatives — Raising_ the income ceiling.**

Ref: Railway Board's letter of even no. dated 07.06.2011.

In the Advance Correction Slip No.-12 to the Indian Railway Medical Manual (IRMM) -2000 enclosed with the above referred Board's letter dated 07.06.2011, the words "15% of the emoluments" appearing in the 3" 1line may be read as "15% of the basic pay". Rest of the contents will remain the same.

No. 2010/11-1/2/21

(Dr.S.K.Sabharwal)

Executive Director Health (G)

Railway Board

New Delhi, dated/? .02.2013

Copy for information and necessary action to:

1. The Chief Medical Directors, the Chief Medical Suprintendents, All Indian

Railways/PUs.

2. The Chief Personnel Officers, All Indian Railways/PUs. 3. The Principal Directors of Audit, All Indian Railways/PUs. 4. The General Secretary, AIRF, Room No.253, NFIR, Room No. 256-

E, Rail Bhavan, New Delhi. For Finance Commissioner, Railway Board

/GOVERNMENT OF INDIA

MINISTRY OF RAILWAYS

RAILWAY BOARD)

No.2008/H-1/12/1 (Policy) **New Delhi, dated/ 03 .2011**

General Managers,
All Indian Railways.

Sub; Extension to the arrangement relating to provision of reimbursement of expenditure incurred on the Dental treatment of Railway beneficiaries.
Ref: Board's letter of even no. dated 16.04.2009.

Sanction of the Ministry of Railways was accorded for the arrangement relating to provision of reimbursement of expenditure incurred on the Dental treatment by Railway beneficiaries for a period up to 30.09.2004 vide this office letter of even no. dated 02.09.2002. This arrangement has since been extended from time to time , on the same terms and conditions, last being for a period of two years from 13.09.2008 ide Board's letter of even no. dated 16.04.2009.

Ministry of Railways has now decided to extend the aforesaid arrangement, further for a period of two years from 12.09.2010 till 11.09.2012, on the same terms and conditions. . .

However, this facility would stand withdrawn automatically in case any Railway hospital/health unit is provided with part time/ full time dental surgeon and infrastructure facilities in terms of Board (MS)'s D.O. letter of even number dated 25.10.2002 to all General Managers and no reimbursement would be permissible in such cases thereafter.

It may be ensured that re-imbursement may be made only as per rates prescribed. In all cases whose re-imbursement has been sanctioned beyond the prescribed limit, responsibility may be fixed at railway's level, without fail, in each case.

. These issues with the concurrence of the Finance Dir. of the Ministry of Railways.

Executive Director/H (G) Railway Board

No. 2008/H-1/12/1 (Policy) **New Delhi, dated/.03 .2011**

2. The Director of Audit, All Indian Railways.
3. The Dy. Comptroller & Auditor General of India (Railways), Room No. 222, Rail Bhavan, New Delhi .

for Financial Commissioner/Railways Copy for DDF (E) 1 & F (E) Spl. Railway Board.

Bd's ltr No. E (W) 2008/PS5-1/38 dated 6.1.2011 (RBE No.03/2011) PC VI-244

Sub: Revised pay limits for entitlement of Passes/PTOs on the basis of Pay drawn in the Railway Services (Revised Pay) Rules, 2008.

Consequent upon revision of Pay Scales on the basis of decision of the Government on the recommendations of the 6th Central Pay Commission, the question of revision of existing entitlement of Passes/PTOs under the Railway Servants (Pass) Rules,1986 (Second Edition,1993) has been under consideration of this Ministry.

1. The matter has been examined and the President is pleased to decide that the entitlement of Passes/PTOs in respect of railway servants drawing pay in the Railway Services (Revised Pay) Rules,2008 shall be as under:-

S.No.	Category	Type of Privilege Pass & Privilege Ticket Order	Type of Duty Pass
1	Group _A' & Group _B' [Gazetted]	Ist Class _A' Pass	Ist Class _A' Pass
2	Non-Gazetted employees:[i] In Grade pay 4200 & above	Ist Class Pass	Ist Class Pass
	[ii] In Grade pay 2800	IInd Class _A' Pass*	IInd Class _A' Pass*
	[iii] In Grade Pay 1900 and above but below Grade Pay 2800	One IInd Class _A' Pass* in a year, remaining passes and PTOs of Second/Sleeper Class	IInd Class _A' Pass*
	[iv] Employees in Grade Pay 1800/-	One IInd Class _A' Pass* in a year, remaining passes and PTOs of Second/Sleeper Class	Second/Sleeper Class Pass

* **Note**: In terms of the extant instructions, the holder of II Class _A' pass shall be entitled to travel by AC-3 tier class in trains other than Rajdhani/ Shatabdi/ Duronto Exp. Trains. IInd Class _A' Pass is of yellow color.

3. In all other respects, the provisions of the Railway Servants [Pass] Rules, 1986 [Second Edition, 1993] will apply.

4. The Railway employees who are already entitled to IST Class Passes shall continue to draw IST Class Passes, irrespective of their eligibility in terms of these orders.

5. Necessary amendment to the Railway Servants [Pass] Rules, 1986 [Second Edition, 1993] shall follow.

6. This issues with the concurrence of the Finance Directorate of the Ministry of Railways.

Board's letter No. E [NG] II/2010/RC-4/6 dated 13.01.2011 [RBE No.07/2011]

Sub: Re-engagement of retired staff on daily remuneration basis in exigencies of service.

Keeping in view the acute shortage of staff in various categories of posts owing to various reasons and consequent hampering of the Railway's services, Ministry of Railways [Railway Board] have decided to permit General Managers to re-engage retired employees with the following conditions:

1. Railway should issue necessary notification for such re-engagement by giving wide publicity through open advertisement so that all may get equal opportunity.
2. Re-engaged employees should not have been covered under the Safety Related Retirement Scheme/Liberalized Active Retirement Scheme for Guaranteed Employment for Safety Staff [LARSGESS].
3. While engaging such staff, medical fitness of the appropriate category should be obtained from the designated authorities.
4. Suitability/competency of the staff should also be adjudged before engaging and the issue of their safety record should be addressed.
5. Maximum age limit for such re-engagement shall be 62 years and this limit shall not be exceeded in case of any retired railway employees during the period of re-engagement.
6. While engaging such staff and assigning duties to them, it must be ensured that safety and other operational requirements are adequately addressed.
7. Remuneration to such staff be made as stipulated vide this Ministry's letter No. E [NG] II/2007/RC-4/CORE/1 dated 11.12.2009 [in each and every case of engagement of retired employee, the daily allowances plus full pension should not exceed the last pay drawn].
8. The scheme will be valid up to December, 2011. This may be terminated if adequate staff becomes available.

These issues with the concurrence of the Finance Directorate of Ministry of Railways [Railway Board].

Sub: Children Education Allowance Scheme – Clarification

Subsequent to issue of this Department OM No. 12011/32008-Estt (Allowance) dated 02/09/2008 and clarificatory OMs dated 11/2011/2008, 23/2011/2009 and OM No. 12011/16/2009-(.Allowance) dated 13/2011/2009 on the Children Education Allowance (CEA) Scheme, this Department has been receiving references from various Departments, seeking further clarifications.

The doubts raised are clarified as under:-

(i). Whether CEA is admissible to a Government Servant who ceases to be in service due to retirement, discharge, dismissal or removal from service in the course of an academic year ?	CEA/hostel subsidy shall be admissible till the end of the academic year in which the Government servant ceased to be in service due to retirement, discharge, dismissal or removal from service in the course of an academic year.

The payment shall be made by the office in which the Govt. servant worked prior to these events and will be regulated by the other conditions laid down under CEA scheme.(ii).Whether Children of a Government servant who dies while in service are still eligible for reimbursement under the new CEA scheme?

If a Government servant dies while in service, the Children Education Allowance or hostel subsidy shall be admissible in respect of his/her children subject to observance of other conditions for its grant provided the wife/husband of the deceased is not employed in service of the Central Govt., State Government, Autonomous Body, PSU, Semi-Government Organization such as Municipality, Post Trust Authority or any other organization partly or fully funded by the Central Govt. /State Governments. In such cases the CEA/Hostel Subsidy shall be payable to the children till such time the employee would have actually received the same, subject to the condition that other terms and conditions are fulfilled. The payment shall be made by the office in which the Govt. servant was working prior to his death and will be regulated by the other condition laid down under CEA Scheme.iii) Whether any upper age limit of the children has been prescribed for claiming CEA? Whether CEA can be allowed in case of children studying through –Correspondence or Distance Learning‖? If so the age limit prescribed for the same.

The upper age limit for disabled children has been set at the age of 22 years. In the case of other children the age limit will now be 20 years or till the time of passing 12th class, whichever is earlier. Cases where reimbursement have been already made, in respect of children above this age may not be reopened. It has also been decided that CEA may henceforth be allowed in case of children studying through –Correspondence or Distance Learning‖ subject to other conditions prescribed) What is the definition of the terms ‗two sets of uniform' which occur in para1(e) of our O.M. dated 2.9.08. What is the definition of ‗one set of shoes'?

It is clarified that ‗one set of shoes' would mean one pair of shoes and ‗two sets of uniform' would mean two sets of uniform prescribed by the school in which the child is studying. A set of uniform will include all items of clothing prescribed for a day, as uniform by the school. Reimbursement may be allowed for two sets of such uniform irrespective of the colors/winter/ summer/ PT uniform.(v) What is the definition of ‗station' for the purpose of hostel subsidy?

It is clarified that for the purpose of hostel subsidy, station would be demarcated by the first three digits of the PIN Code of the area where the Government Servant is posted and/or residing'. The first three digits of the PIN Code indicate a Revenue District. (vi) Whether fee paid to organizations/ institutions other than the school or fee paid to private tutors for purposes mentioned in Para 1(e) of the OM dated 2.9.2008 is reimbursable? No. It is clarified that the term ‗fee' contained in the Para 1(e) of the OM dated 2.9.2008 would mean the fee charged by the school directly from the student

New Delhi, dt../g .05.07

No. 2006/H/28/1/RELHS

The General Manager,
All Indian Railways (Including Production Units.)
Director General, R.D.S.O.

Sub: - Grant of Medical facility to dependents & Family Members of Railway employee who dies in harness.

Arising out of demands made by AIRF, the subject of grant of Medical facilities to the dependents & family members of Railway employee, who dies in harness, till the final settlement of dues is paid, has been under Board's consideration for some time in the past. *

It has been decided that:-

Medical facilities to the dependents and family members of Railway employee, who dies in harness, will continue to be given to them, till the time of filling up the forms of settlement dues.

A written option to join or not to join RELHS scheme should be taken from the spouse/dependents of the deceased Railway servant, at the time of filling the forms of settlement dues. In case they opt to join RELHS scheme, the RELHS Medical Identity Card may be issued in their favour, after having deposited the amount of RELHS contribution in cash or authorizing the administration to deduct the same from their final settlement dues.

This issues with the approval of Establishment and Finance Ministry of **Directorate of the**

Railways.

\

(Dr. Hanuman Singh
Executive
Director/Health
Railway Board. New
Delhi, dt. 10.05.07
No. 2006/H/28/1/RELHS
Copy forwarded to:-

The General Secretary, NFIR (with 35 spares).
2./The General Secretary,

Y the General Secretary, AIRF (with 35 spares).
i. The Members of the National Council, Departmental Council and Secretary, Staff Side, National council, 13-C, Ferozeshah Road, New Delhi (with 90 spares).
The Secretary General, FROA (with 5 spares).
The Secretary, RBSS, Group 'A' Officers Association (with 5 spares). The President, Railway Board Class II Officers' Association (with 5 spares). '
The Secretary General, IRPOF (with 5 spares).
The President, Indian Railway Class II Officers Association, Rail o Nilayam, Secunderabad (with 5 spares).

Closing of Central Govt. Offices in connection with Elections:

1. General Elections to Lok Sabha or State Legislative Assembly: the relevant organizations shall remain closed in the notified areas

2. Bye-elections to Lok Sabha/State Assembly: Special CL to only bonafide voters on the day of polling.

3. Local body Elections, Panchyat/Corporation/Municipality: bonafide voters may be allowed to come late or leave early or a short absence on that day

Rly. Bd.'s L. No.E (G) 2008 LE 1/5 dt 2/2/2009

RELHS REOPENING:

The Railway Board has decided to give another chance to those retired railway employees who have not yet joined retired employees liberalized health scheme (RELHS). This step would benefit thousands of retired railway employees throughout the country. **The scheme is open until March 31, 2010**. The retired employees should contact the personnel branch for availing the facility.

The Railway Board has sent letters to all the general managers and heads of the production units through letter number 2008/H/28/1/RELHS dated March 18, 2009.

In order to avail the free medical facilities under the RELHS, a retired employee had to deposit the last salary in the railways coffers. However, most of the railway men have not joined this facility by depositing the said amount, as a result were not entitled to enjoy the free medical facility.

Most of the retired employees who have not joined the scheme are class IV employees due to ignorance. It may be noted that all the retired employees are entitled to medical allowance of Rs 100 per month without having free medical facility.

Welcoming the initiative, Kishan Singh, president of Avkash Prapt Railway Karamchari Hitkari Samiti said, “We have consistently demanded the re-opening of RELHS so that all the retired employees could avail this benefit.”

Re-Opening of RELHS:

The employees who have already retired on the date of re-opening of the RELHS and have not joined at the time of retirement should deposit a sum equivalent to double the amount of revised basic pension after the implementation of Sixth Central Pay Commission. For family pensioners, a sum equivalent to double the amount of revised family pension after the implementation of Sixth Central pay Commission should be deposited.

The letter mentions that there will be a lock-in period of six months from the date on which a retired employee joins the scheme and that is the date of depositing the fees. During this period, the retired employee will be entitled for free medical treatment as available in railway hospitals and other government hospitals including government owned autonomous hospitals and government medical college’s hospitals only. However, they would not be referred to private hospitals, which are recognized for railway employees and other RELHS card holder. In any circumstances and in any medical condition during the lock-in period, reimbursement of medical claims for treatment taken in private hospitals including the private recognized hospitals will not be permitted.

RELHS card will be issued by the personnel branches. The cards should mention the lock-in period and indicate the designation, amount and date of deposit with the signature of the issuing authority.

NCR spokesman Amit Malviya said that this step would benefit the retired employees who were earlier outside the purview of RELHS scheme.

MOST IMMEDIATE
BUDGET MATTER

GOVERNMENT OF INDIA MINISTRY OF RAILWAYS (RAILWAY BOARD)

No. 2009/H/7/5 **New Delhi, Dated 11.02.2010**

General Managers,
All Indian Railways.

Sub: Doctors on Duronto Trains: Pilot Project.

The matter regarding "Doctor on Long Distance Trains" has been examined in Board's office and it has been decided to start a Pilot Project in all Duronto Trains for a period of one year with the following terms and conditions:^,

- It will be a free service.
- Each train will require one General Duty Medical Officer (GDMO) and one paramedical staff.
- The GDMO and other staff at present are being utilized for Railway employees and their family members. The zones will have to outsource manpower. However, till they are able to do so, they can utilize them from their existing cadre with suitable adjustment of duties.
- 2 berths in Ilnd AC compartment will be required to carry the doctor, attendant, medicines, other disposables and resuscitation equipments. These two berths will have to be earmarked in each train by the Commercial Department.
- More advanced equipments with newer technology needed for diagnosis e.g. ECG, Ophthalmoscope, Glucometer etc., equipments needed for treatment e.g. A.E.D. defibrillators, portable suction apparatus, oxygen cylinders, Nebulizer, various emergency management disposables and medicines will be purchased by the Zone as spot purchase under GM's SOP, whenever necessary .
- Mechanical/Electrical Departments will have to make small modifications for providing oxygen cylinder holders, I.V. drip set holder, extra light for

. patient management and extra plug points for various resuscitation equipments.

- As these services will be under close observation not only by the Railways but also by the passengers, it will be very essential to maintain high level of quality service and protocols. Procedures will have to be in place for high level of patient safety.

. The Train Superintendent will coordinate between the ailing passengers and

the doctors.

. For not missing out of any serious or life threatening situation, after the initial examination of the passenger at his own berth, he/she will be moved to the designated patient care sick bay.

. It will be final decision of the doctor to judge the seriousness of the ailment in reference to whether the passenger is fit to continue his journey or has to be detrained.

. Once the decision is taken by the doctor to detrain the passenger, the Train Superintendent will be responsible to stop the train in the next station with available medical facility. For this a list of hospitals on all the stations enroute on the designated trains will be kept by the doctors' team and also by the Train Superintendent.

. Station manager/ASM on duty will be responsible to transfer the patient from the station to the nearest medical centre. This is essential because the concerned station may not have a Railway doctor (Health Unit/Divisional Hospital), but it may be essential to shift the patient quickly to a hospital to save his life.

- % The Train Superintendent, TTE and Coach Attendant will be responsible to assist the team in case of serious emergency situation.
- As the medical team will be busy attending to all kinds of minor and major ailments during journey, they will need proper earmarked accommodation at Delhi in Railway Rest House for Railway Officers and Supervisors' rest house for the Para-medical staff, so they are rested well for the return journey.

MEDICAL DEPARTMENT

EXPRESSION OF INTEREST

Chief Medical Superintendent, Secunderabad Division, South Central Railway, for and on behalf of the President of India, invites Enquiry on Expression of Interest (EOI) from experienced, reputed and resourceful Agencies as under:-

1. Scope of Enquiry

Invitation of EOI for providing Two Medical Teams, each team consisting of one MCI

(Medical Council of India) registered Doctor and one First Aid qualified Paramedical staff in each trip of the following trains for providing Medical assistance & treatment on board free of cost to all kinds of minor and major ailments to the passengers falling sick during the journey period, for a period of one year.

a) SC- HNZM Duronto Express (Train No 12285/12286) running from Secunderabad Station on Thursday & Sunday at 13.30 hrs. and from H. Nizamuddin on Monday & Friday at 15.50 hrs.

b) **SC-LTT Duronto express (Train No 12220/12219)**

Running from Secunderabad station on Tuesday & Friday at 23.05 hrs. and from Lokmanyatilak Terminus (Mumbai) on Wednesday & Saturday at 23.05 hrs.

2. Infrastructure

Railway will provide

a. Emergency medical kits like AED Defibrillator, ECG machine, Ophthalmoscope, Glucometer, Portable suction apparatus, Oxygen Cylinder, Nebulizer, various emergency management disposables and medicines etc. for treating the passengers who fall ill during their journey.

b. Berths to the doctors & Para-medics in AC 2 Tier and space for keeping the medical kits with proper electrical connection in the Train.

c. Accommodation at H. Nizamuddin & Lokmanyatilak Terminus (Mumbai) during the intervening period of arrival and departure of the train, subject to availability.

3. Railway‘s interest

Railway is interested in extending high quality medical services to the passengers falling ill during their journey by Duronto trains and thus assisting the passengers at the time of need, free of cost.

4. Purpose of Enquiry

To frame the terms and conditions for entering into a contract with the agency for providing doctors and Para-medics to Duronto trains of S.C.Railway regularly. The contract will be for a period of one year from the date of execution of the agreement and the agreement can be terminated/discontinued by Railways with a notice of one month period. 5. Eligibility

Agencies interested to participate in the inquiry shall have experience in providing such services and the doctors;

1. Should have their Nursing Home/Hospital/firm registered with State Government as per registration act. The Agency/contractor should have a registration No. /Trade License from the Government.

2. Preference will be given for Medical institutions/Hospitals which are empanelled by CGHS for giving treatment.

3. Should produce a proof that they have experience in running the institute/Hospital/Nursing Home for a minimum period of three years.

4. The Doctors deputed should be an allopathic doctor with minimum MBBS qualification with MCI registration/or Medical council of any State Govt. registration.

5. The Para-Medical Staff should have passed at least 10th or higher class from recognized Board/Institutions and must possess First-Aid Certificate

6. The contractor should give a declaration that he will provide Doctors and Para-Medical staff who have aptitude for service to passengers in running trains, and capable of independent decision making and crises management.

6. To submit

Interested Agencies to submit: -

a. Details of experience of the Agency in extending such services.

b. Qualification, training and experience of Doctor and Paramedics in operating the medical equipments mentioned above for treating patients.

c. Draft terms and conditions including the annual/monthly charges to be borne by this

Railway. The EOI from interested Agencies will be received up to 12.00 hrs. of 20/09/2011 in the office of the Chief Medical Superintendent, Secunderabad Division, South Central Railway, Health Unit, Chilkalguda Compound, Chilkalguda, Secunderabad – 500 025
7. Contact details
For any clarification please contact Chief Medical Superintendent, Secunderabad Division, South Central Railway, Phone No. 040- 27788626, 27786031 & 9701371500.
8. Pre-bid meeting
After receipt of EOI, Railway will conduct pre-bid meeting with interested Agencies to finalize the terms and conditions for the project

GOVERNMENT OF INDIA

MINISTRY OF RAILWAYS

(RAILWAY BOARD)

No. 2010/H/6-1/POLICY (Liver Transplant)

New Delhi dated: - 28.06.20l3

General Managers
All Indian Railways
(Including PUs).

Sub: - **Guidelines and ceiling limit for Liver Transplant Surgery in respect of beneficiaries of Railway Medical Attendance Rules / RELHS.**

The issue of laying down uniform guidelines to be adopted for Liver Transplant Surgery of Railway Health beneficiaries has been engaging attention of Ministry of Railways for sometime. After careful consideration of the matter, it has been decided to stipulate the under mentioned guidelines for adoption in all cases of Liver Transplantation:-

1. Selection Criteria

A. Indications
(i). Adult Liver diseases

Acute liver failure	Non-Paracetamol (Viral, drug, induced, Wilson's, Autoimmune hepatitis etc.)	Prothrombin time >100 sec or 3 of 5: Interval jaundice-encephalopathy > 7 days Age < 10 or > 40 Years Prothrombin time > 50 sec. / INR > 3.5 Bilirubin > 30 umol/1 Cause non-viral or unknown.
	Paracetamol induced	Arterial Ph. <7.30 or all 3 criteria Encephalopathy grade III or IV Prothrombin time >100 sec./INR > 6.5 Creatinine >300 umol/I
Chronic Liver disease	Cirrhosis (Non- Cholestatic)	Child-Pugh score >or equal 10 or Meld Score > 14
	Cholestatic with or without Cirrhosis	According to American criteria based on MELD scoring
	Miscellaneous	case to case basis
Liver Tumors	Hepatocellular Carcinoma	Single Tumor <6.5 cm or Two Tumors < or equal 4.5 cm No Vascular invasion No distant Metastasis
	Other types	Case to case basis

2. Pediatric Liver diseases: - EHBA and Metabolic Liver Disease to be decided on case to case basis.

B. CONTRAINDICATIONS

Absolute	Systemic extra hepatic infections Extra hepatic malignancy (if not definitely cured)

	Irreversible brain damage Irreversible multi-organ failure Substance abuse (if not abstinent for > 6 months)
Relative	HIV seropositivity Age > 65 years Mental incapacity Extra hepatic disease limiting the chance of survival Residency outside India (unless emergency)

2. Type of Transplant: permitted for reimbursement.

(a) Cadaveric donor

(b) Live donor

i. Related

ii. Unrelated

3. Centres Approved for Liver Transplantation Surgery

Liver Transplant Surgery shall be allowed only in Government Hospitals/ Pvt. Hospitals, which are registered under the Transplantation of Human Organs Act, 1994, as amended from time to time.

4. **Documents required to be submitted for consideration of permission for liver transplant surgery**

(i) Recommendation by Govt. / RIy. Gastroenterologist/GI Surgeon.
(ii) CT/ MRI Liver report.
(iii) Etiology evaluation report.
(iv) Histopathological report, wherever available.
(v) Current Child Pugh/MELD score report.
(vi) Other relevant document.

5**. Package Charges for Liver Transplantation Surgery**

a) Package rate for Liver Transplantation Surgery involving live Liver donor shall be - Rs. 14,00,000/- (Rupees Fourteen Lakhs only). This would include Rs.2, 50,000/- (Rupees Two Lakhs Fifty Thousand only) for pre-transplant evaluation of the donor and

the recipient and Rs. 11, 50,000/- (Rupees Eleven Lakhs Fifty Thousand only) for transplant surgery.

b) Package rate for Liver Transplant Surgery involving deceased donor shall be Rs.11, 00,000/- (Rupees Eleven Lakhs only).

The above package includes the cost of consumables during the organ retrieval and the cost of preservative solution etc. The package charges also include the following:

(i) 30 days stay of the recipient and 15 days for the donor starting one day prior to the transplant surgery.

(ii) Charges for Medical and Surgical Consumables, surgical and procedure charges, Operation theatre charges, Anesthesia Charges, Pharmacy charges etc.

(iii) Investigations and in-house doctor consultation for both donor and recipient during the above period of stay.

(iv) All post-operative investigations and procedures during the above mentioned period.

C) **The package shall exclude the following:-**
Charges for drugs like Basiliximab/Daclizumab, HBIG, and peg interferon. Cross Matching charges for Blood and Blood products.

d) (i) The extra stay if any may be sanctioned/reimbursed after justification by the treating specialists for the reason of additional stay and only as per Railway RMA/RELHS guidelines.

(ii) The drugs mentioned above would be reimbursed as per CGHS rates or actual whichever is lower.

6. **Reimbursement Criteria**:
As Liver Transplant Surgery is a planned surgery and, therefore, prior permission has to be obtained before the surgery is undertaken. However, if for some reason it is done in emergency to save the life of the patient, the medical board shall consider the case referred to it for recommending grant of ex-post-facto permission on a case to case basis.

7. **Procedure for Sanction:**
CMD of the zone shall nominate Medical Board comprising of a CMS/MD as the

Chairman and two specialists each from Gastroenterology and GI Surgery as members which will recommend for Liver Transplantation. The proposal for financial sanction would be considered in consultation with finance of the zone and approval of General Manager before forwarding the same to Railway Board for sanction.

8. Other terms & conditions for payment of advance as per instructions laid down by this office from time to time will remain unchanged.

9. This issues with the concurrence of the Finance Dir. of Ministry of Railways.

10. These guidelines shall come into effect from the date of issue of this letter.

sd/-
(Dr.S.K. Sabharwal)

Executive Director, Health (G)

Railway Board

Smart Cards

Circular	Date	Page
Cashless Service for RELHS Card Holder to take treatment in Recognized Private Hospitals in emergency	2012	**62**
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Operating system of the scheme: B. R Singh Hospital		**67**

GOVERNMENT OF INDIA
MINISTRY OF RAILWAY
(RAILWAY BOARD)

No. **2007/H/28/1/RELHS/Smart Card New Delhi,** **Dated 18.07.2012**

General Manager, All Indian
Railways (including
Production Units).

Sub: Cashless Service for RELHS Card Holder to take treatment in Recognized Private Hospitals in emergency.

In an endeavour to alleviate the problems faced by the Sr. Citizens in getting treatment in emergency, a cashless service for RELHS card holders to take treatment in recognized private hospitals of National Capital Region was introduced by Northern Railway vide Board's letter of even no. dated 29.02.2008 as a Pilot Project. The scheme was subsequently extended by one year each on two occasions i.e. up to 20.08.2011 vide Board's letters of even no. dated 13.11.2009 and 27.01.2011.

The issue of extension of the scheme or otherwise was under consideration in the Ministry of Railways for some time. The Competent Authority in the Ministry of Railways after careful consideration in the matter, has decided to extend the facility till further orders for RELHS beneficiaries to take care of their health care needs in an acute emergency. This scheme will now be available in all Metros, State Capitals and Zonal Headquarters of the Indian Railways. Detailed guidelines on the subject attached.

This issues with the concurrence of Finance Directorate in the Ministry of Railways.

(Dr. D.P. Pande)
Executive Director, Health (P)
Railway Board

DA: - As above.

No. 2007/H/28/1/RELHS/Smart Card .New Delhi, Dated 18.07.2012

Copy to:-

1. FA&CAOs, All Indian Railways including all Production Units.
2. The Chief Medical Directors, All Indian Railways including all Production Units.

(Dr. D.P. Pande) '
Executive Director, Health (P)
Railway Board

Terms & Conditions of the Scheme

i. The scheme is to be implemented in all the Metros, State Capitals and Zonal Headquarters.
ii. Zonal Railways shall enter into an. `MOU' with already empanelled hospitals under their jurisdiction for the scheme. Further, if there are not enough recognized multi-specialty hospitals, zonal Railways shall recognize CGHS empanelled hospitals on CGHS approved rates and/or other hospitals as per extant policy and enter into an `MOU' for the Smart Card Scheme.
iii. Smart Card should provide necessary demographic rata and other Relevant information on a standardized format.
iv. Zonal Railways shall award the job of issuing the Smart Card to a, suitable services provider on most competitive rates, through open bidding.

v. It shall be the responsibility of the hospital to inform the authorized medical attendant regarding emergency within 24 hours. In case an admission is found to be of non-emergency nature, the treating hospital shall refer the patient to authorized medical attendant in next 24 hours.
vi. The scheme shall be implemented with the existing man power of Zonal Railways.
vii. Issuance of Smart Card is made mandatory to RELHS beneficiaries residing in the regions mentioned in (i) above and cost of the card *as* decided upon may also be included in the contribution towards joining RELHS at the time of retirement.

viii. The following conditions, shall qualify as emergencies.

- Acute cardiac conditions/syndromes.
- Vascular catastrophes, Cerebro-vascular accidents.
- Acute respiratory emergencies.
- Acute abdomen including acute obstetrical. Gynecological emergencies.
- Life threatening injuries.
- Acute poisoning and snake bite.
- Acute endocrine emergencies.
- Heat stroke and cold injuries of a life threatening nature
- Acute renal failure.
- Severe infections leading to life threatening situations.
- Any other condition in which delay could result in loss of life or limb.

In continuation to Board's letter of even number dated 29.02.08 on the above subject, **additional guidelines/ modalities, duly approved *by* the Board, to be followed for introduction other Scheme, are given as under:-**

1. The empanelled hospitals to be short listed on geographical basis for signing of Memorandum of Understanding. - .

2. Genuineness of emergencies is to be established at the earliest by any means of communications and not later than 24 hours of the patient being admitted in the Private Recognized Hospital.

3. In case the genuineness of emergency is not established, then the reimbursement to the patient for the amount he paid to the private hospital will be limited to the CGHS rates only for the bill raised till decision is taken on emergency *by* Railway doctor with reference to item no. 2, above.

2. The list of the Private Recognized Hospitals along with the list of emergencies in the specialties for which they are recognized for the treatment, are to be clearly specified in the book-let issued to the beneficiaries.

No. 2007/H/28/IIRELH, s/Smart Card

ENROLLMENT FORM

REQUIRED DATA FOR APPLICATION FOR SMART CARD FOR RLY RELHS CARD HOLDERS.

SMART CARJD IS FOR MANAGEMENT OF ACUTE EMERGENCY SITUATIONS IN NOMINATED NON RLY HOSPITALS (AS ADVERTISED IN LEADING NEWSPAPERS DATED 14 /06/20I3L

PERSONAL DETAILS HEAD OF THE FAMILY:

FATHER/HUSBAND NAME:

AGE: GENDER:

ADDRESS 1:

ADDRESS 2:

CITY:

PHONE NO:

STATE NAME: - RELHS NO: •

EX—DESIG- PPO NO:

SALARY GRADE:

BASIC SALARY:

DATE OF BIRTH: DATE

OF JOINING: DATE OF

RETIREMENT:

M RECEIPT NO :(FOR OFFICE USE ONLY):

MARK OF IDENTIFICATION –

(I).

(2)

HEIGHT (CM):

AADHAR NO (IF EXIST):

SIGN OF EX-EMPLOYEE

DEPENDENT MEMBERS

(THIS PAGE SHOULD BE SUBMITTED SEPARATELY FOR EACH DEPENDENT):—

NAME OF RELHS CARD HOLDER:

DEPENDENT MEMBER NAME:

GENDER:

AGE:

RELATION: '

DATE OF BIRTH:

MARK OF IDENTIFICATION

1)-

(2)

HEIGHT (CM):

AADHAR NO (IF EXIST):

DOCUMENT NEEDED

XEROX COPY OF:-

1. RELHS CARD
2. SERVICE CERTIFICATE
3. Ist PAGE & PPO NUMBER CONTAINING.PAGE OF PPO BOOK
4. BANK / POST OFFICE PASS BOOK — (1st PAGE & LAST 3 MONTHS ENTRY) •
5. 02 COPY PASSPORT SIZE PHOTO OF ALL BENEFICIARIES

PLEASE BRING ALL ORIGINALS.

EASTERN RAILWAY
(Medical Department)

No. MD. 173/0/Smart Card Dated: 11th June, 2013.

Sr. Manager (Printing)
Eastern Railway,
Kolkata.

Sub:- Brochure for Smart Card.

Railway Board has directed that a scheme for treatment of emergency cases of RELHS Card holders of Kolkata & Suburban region of Eastern Railway in multi-speciality hospitals on production of Smart Card to be implemented in Eastern Railway. Approximately, 50,000 beneficiaries will be under the scheme. GM/E.Rly. has directed that the scheme must be implemented before 30th June, 2013. You are requested to arrange for printing of 50,000 brochure as described in Annexure-I. The brochure to be handed over to the undersigned before 20th June, 2013. Fund is available under head of allocation J 215-24 for the year 2013-14.

Please consider the matter as very urgent.

This issues with the approval of CMD.

(Dr. S. Mallik)
Addl. Chief Medical Director (H&FW)
for Chief Medical Director

Following is the steps to be undertaken by RELHS card holders willing to be part of the scheme.

Operating system of the scheme:

The system will consist of following 03 portions.

1. Enrolment/ Verification/ Card Issuance Station at B. R. Singh Hospital.
2. Hospital Verification System
3. Pre-Printed Smart Cards

Details of the system are as follows: Enrolment/ Verification/ Card Issuance Station at B. R. Singh Hospital/Room No. 1 (Contact No. 03323833831) –Notification has been issued through advertisement in newspapers regarding enrolment for the scheme. Proforma to be filled at the time of enrolment should be published in the advertisement.

i) RELHS Card Holders, who are registered in Hospitals & Health Units of HWH, SDAH, KPA LLH in Kolkata region, should deposit filled up Proforma with following details of himself & dependents with two copies of Passport size photos each of retired employees and his dependents, photocopy of Pension Book, Bank Statement of Pension Account and fixed charge of Rs.120/- per card. 01 single card will be issued for retired employee and dependents. The charge will be deposited in the nearest booking office. Voucher will be issued by MD/BRSH's office.

ii) The data , deposited will be checked and verified with the data available in Rly. Records, RELHS Card The Nodal Office will scrutinize the form and ask the beneficiary to come to the Nodal Office along with his dependents on a date to be notified to the retired employee by the nodal office through SMS or over phone.

iii) Photography of Retired staff, dependent members by webcam, biometric details will be captured & card will be printed.

iv) The photo and the biometrics of the beneficiary and his dependents will be uploaded into the software

1. Smart card should include following data:
   A. Sl. No. which includes i) 02 numerical digits for zone of Railway as per extent rule.
      ii) 05 alphabetical digits for name of station

iii) 08 digits for RELHS No.

iv) Relationship – a) 01 – self

b) 02 – spouse

c) 03 – dependent

v) Gender - M – 1, F - 2

B. Name
C. Date of birth

D. Photo

E. Relation with employee
F. Address
G. Contact No.(Mobile)
H. Validity – One year. Every year it will be renewed thereafter in the month of birth of Retired Employee.
I. PPO No. (11 digit).
J. Current Height
K. Current Weight
L. Two Marks of Identification.

2. Hospital Verification System

The scheme will be implemented in the following 11 multi-speciality hospitals for tie up regarding smart card. The hospitals are as follows:

Sl. No.	Hospital Name & Address	Contact No. of Hospital	Email ID of contact person.
1.	Desan Hospital, Desan More, E M Bypass, Kasba Golpark, Kolkata - 107	71222000	Baban1980@gmail.com patientcare@desunhospital.com proy@desunhosital.com
2.	R. N. Tagore Hospital, 124, Mukundapur, E.M. Bypass, Kolkata – 700099.	24364000 71222222	Pinaki.chandra@nhhospitals.org
3.	Daffodil Hospital, 276, Canal Street, Kolkata – 48.	25343107/6649/5681 40505555	kouthakur@gmail.com
4.	Fortis Hospital, 730, Anandapur, Kolkata – 107.	66284444	rajat.agarwal1@fortishealthcare.com kunal.sengupta@fortishealthcare.com
5.	Barackpore Medicare & Recovery Centre Ltd., B. T. Road, Talpukur, Kolkata	25014947/4027	dipankarsatpathi@hotmail.com bmrchospital@yahoo.in
6.	Sterling Hospital, 55/1,	25301313/14/15	sterlinghospital2004@gmail.com

	Bhupen Bose Avenue, Kolkata – 700004 (Shyambazar)		
7.	Care and Cure Hospital, S. N. Road, Nabapally, Barasat, Kolkata – 126.	25426737/2899	7carecure@gmail.com
8.	All Asia Medical Institute, 8B Garcha First Lane, Kolkata – 700019.	40012200	drharshagrawal@yahoo.com
			aamihospitals@gmail.com

9.	Kothari Medical Centre, 8/3 Alipore Road, Kolkata – 700027	24567050 to 59/40127000	kmc@kotharimedical.com marketing@kotharimedical.com dasguptapartha63@gmail.com
10.	Re-Life Hospital, 252/5, K.G.T.Road, Kotrung, Uttarpara, Hooghly.	9831114274	Relifehospitals@gmail. com
11.	Medica Super Speciality Hospital, 127, Mukundapur, EM Bypass, Kolkata – 700099.	09903989611	anupam.shukla@medicasynergie.in
		09830025659	suman.luha@medicasynergie.in sumanluha@gmail.com

Addition, alteration or deletion of multi-speciality hospitals will be uploaded on Eastern Railway Website. www.er.indianrailways.gov.in

The beneficiary/ dependent will have to come to the concerned approved hospital and submit his card to the authority. The smart card will be inserted into the reader and he will have to place his hand on the biometric device.

The data/ biometric will have to match with the data/biometric available on the card. If the same is matched than beneficiary can be permitted to proceed for treatment.

The Nodal Office will be provided information on the admission by the concerned hospital via Email/Fax and SMS immediately after in patient is admitted by authorised official, as nominated by the multi-speciality Hospitals, whose details will be submitted to Eastern Railway Administration well in advance along with individual email address, Mob. No. & signature.

Dr. Sanjeev Chowdhury, Sr. DMO/B.R. Singh Hospital (Mobile- 9002021509, Email – sanjeev.brsh@gmail.com has been nominated by MD/BRSH as In-charge of Nodal Office of B. R. Singh Hospital.

The nominated Medical Officer will certify whether the case was emergency at the time of admission and falls in the items mentioned below within 24 hrs. by email/SMS/Fax.

If the condition is certified by the concerned Medical Officer, the multi-speciality hospital will continue treating the patient. On over-coming of emergency situation the Railway beneficiary should be shifted to the Railway Hospital, as advised by Nodal Medical Officer of concerned disease of Eastern Railway, by Ambulance of that hospital.

If certified otherwise the same will be intimated to the concerned approved hospital within 24hrs. The patient may have to continue treatment at the hospital on his own cost or the hospital may shift the patient to the Railway hospital where he is registered by its own ambulance. The onus shall be on the approved hospital to admit the patient who falls within the criteria laid down by Board. If the case does not fall within the criteria or emergency case, and the patient insists on continuing treatment from the hospital, then the concerned hospital should obtain a declaration from the patient that the expenditure will have to be borne by him personally.

Railways will pay all the items covered by approved rate of CGHS Kolkata. Admitted patients have to pay all other charges during admission separately. Party of admitted patient has to produce signed declaration at the time of admission regarding the above payment clause. If an investigation or procedure is needed urgently for the patient during admission, which is not covered by approved rate of CGHS Kolkata, the concerned specialist Railway Medical Officer should be informed about the necessity of the procedure through Mail/Fax/SMS and necessary approval should be made available within 24 hours from received of the information. If the procedure is approved by Railway Medical Officer, the Railways will arrange for payment of the procedure in the bill.

In case there is dispute between nodal office and the approved hospital as to whether the particular case was an emergency case or not then the issue will be settled between Railways and approved hospital. The patient should not be held responsible for payment, unless the case is decided to be not an emergency case.

After the discharge of the patient the bill details linked to the beneficiary can be sent to the Nodal Office via Email and hard copy will be sent later on. The concerned nominated Medical Officer for the condition will scrutinize the bill and send to nodal office for finalization of bill. Bill payment will be made only on the strength of the hard copy.

Misuse of smart card will attract action as per rules.

If card is lost, a penalty of Rs. 100/- will be imposed. The beneficiary will have to inform Nodal Officer immediately (within 24 hrs.) regarding loss. FIR will have to lodged by beneficiary and fresh card will be issued on production of FIR document and deposition of fee of Rs. 120/-.

At present the scheme is effective till 30.06.2015 and may be extended if Railway Administration wants.

Number of Smart Cards issued in Eastern Railway till 31 st December, 2014: 8410

Annexures and Forms

Form	Annexure Date	Page
Form for joining RELHS Scheme:		**73**
Particulars for issue of pensioners identity-cum-medical card		**74**
Reimbursement : IRMM excerpts	Para 647.	**75**
Reimbursement of medical expenses - procedure of Disposal.	2008	**77**
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Check list for reimbursement claims to be fulfilled by the employee/ claimant		**91**
RELHS Scheme: Frequent Queries:		**92**

Form for joining RELHS Scheme:

_____ANNEXURE Proforma
(to be filled in and signed by serving railway employee three months before the date of Superannuation/Retirement/death case (In triplicate).
I, ...son / daughter / wife of Shri ..... designation ..... station.....Department ....., T. No./GP.No/PF. No....., do hereby opt to join the Retired Employees Liberalized Health Scheme (RELHS). I clearly understand that the contribution to join the RELH Scheme is equal to last month Basic Pay □ 50% DP. This contribution may be deducted/recovered from my Settlement dues of retirement benefits (DCRG). (OR) I, son / daughter / wife of Shri ..... designation ..... station..... Dept. ....., T. No. /GP.No/PF. No....., do hereby not opt to join the Retired Employees Liberalized Health Scheme (RELHS). This contribution towards RELHS may not be deducted from my settlement dues. Witness: 1. Signature: Name: 2. Designation: Signature/Designation of immediate supervisor CERIFICATION BY SETTLEMENT SECTION No. NP/500/Sett/ Date: An amount of Rs..... (B.P.□D.P.□30% RA in case of Running staff) has been recovered from the Retirement Gratuity/DCRG to join Retired Employees Liberalized Health Scheme For DRM (P)/NED

PARTICULARS FOR ISSUE OF PENSIONERS IDENTITY-CUM-MEDICAL CARD
(TO BE FILLED IN BLOCK LETTERS)

1. Name of the Pensioner (as per official records)
2. Residential Address: H. No.
3. Road/Street/Lane

_____

4. City
PIN
5. Telephone No.
6. Blood Group (Please Tick√ as applicable)
A+ve A-ve B+ve B-ve O+ve O-ve AB+ve AB-ve
7. Date of Birth
8. Date of Appointment/Superannuation
9. Post held on Retirement/Designation/Office
10. Scale of Pay Rs.
11. Last Pay/average emoluments
Rs.
12. Qualifying service
Years Months Days
13. Basic Pension sanctioned:
14. P.P.O. No. and Date Date
15. ID Card No. :
16. RELHS Card No. :
17. Details of dependents (As per Pass Rules and Medical Eligibility)
18. Name:-
Relationship:-
D.O.B.:-
19. Name:-
Relationship:-
D.O.B.:-
20. Station
21. Date

Please do Signature with Black ink in the Block only

Note: Individual Passport size color Photographs of each (Self & Dependents as per pass rules and eligibility to avail Medical facilities under RELHS) are to be affixed separately in the block provided above, with the particulars written below each photographs.

The Reimbursement Process

Para 647. Reimbursement allowed if medical attendance was availed at the instance of the Authorized Medical Officer: -

(1) A Railway employee obtaining medical attendance and/or treatment for himself or a member of his family or dependent relatives should, under the provisions of Para 633 consult his authorized medical officer first and proceed in accordance with his advice. In case of his failure to do so, his claim for reimbursement will not be entertained except as provided hereinafter. All claims for reimbursement should be scrutinized with a view to see that the Authorized Medical Officer, or another Medical Officer who is either of equivalents rank or immediately junior in rank to his Authorized Medical Officer and attached to the same hospital/health unit as the Authorized Medical Officer, was consulted in the first instance.

Note: When a patient is referred to any Govt. /recognized hospital by Authorized Medical Officer the referral covers treatment /investigations in that specific hospital only. If in the course of treatment in that hospital some investigations are required to be done at a place other than that hospital such referral should also be routed through the Authorized Medical Officer except those cases who are taking indoor treatment in that hospital. Only those cases, (particularly those taking treatment as OPD patients in the referral hospitals), where it has been specifically certified by the Authorized Medical Officer that re-reference was done with his approval, will be considered for reimbursement.

(Bd.'s Letter No92/H/6-4/121 dt. 10/03/93)

(2) Consent of the Authorized Medical Officer is not necessary in the case of family members and dependent relatives when they go to one of the recognized hospitals. In such cases, the counter-signature on the bills or of the receipts (where the bill system is not in vogue and receipts are issued for payments), by the Superintendent or other head of the hospital will be regarded as sufficient.

(Rules 604 and 618-R.I.and MOR's letters No.67/H/1/11 dated 4th March 1968 and No.71/H/1-1/6 dated 9th November 197l).

Para 648. Treatment in an emergency:

1) Where, in an emergency, a Railway employee or his dependent has to go for treatment (including confinement) to a Government hospital or a recognized Hospital or a dispensary run by a philanthropic organization, without prior consultation with the Authorized Medical Officer, reimbursement of the expenses incurred, to the extent otherwise admissible, will be permitted as detailed below. In such a case, before reimbursement is admitted, it will be necessary to obtain, in addition to other documents prescribed, a certificate in the prescribed form as given in part C of certificate B of Annexure III to this Chapter from the Medical Superintendent of the hospital to the effect that the facilities provided were the minimum which were essential for the patient's treatment. In such cases, the General Managers are delegated with -

a) full powers for reimbursement of medical expenses for treatment taken in Govt. Hospitals and

b) up to a limit of Rs.1, 00,000/- (Rupees one lakh) in each case where treatment is taken in Recognized Hospitals (strictly for the diseases for which such Hospitals has been recognized) and dispensaries run by philanthropic organizations without proper referral by Authorized Medical Officer (AMO) in emergent circumstances. All cases above Rupees one lakh would be referred to Railway Board along with the Proforma as given in Annexure VI to this chapter duly filled in all the columns.

2) In case, where the treatment had to be taken in private/non-recognized hospitals in emergent circumstances, without being referred by the Authorized Medical Officer, the General Managers are empowered to settle reimbursement claims up to Rs.50, 000/- per case. It should be ensured that treatment taken in private hospitals by Railway men is reimbursed only in emergent cases and for the shortest and unavoidable spell of time. All claims above Rs 50,000/- should be referred to the Railway Board. along with the duly filled in proforma given in Annexure VI to this chapter.

Note: (ii)However if treatment is neither available at Railway Hospital nor at recognized hospitals, Zonal Railways may refer the emergent cases to Private non recognized hospitals involving the cost of treatment up to RS 50,000/-(Rupees fifty thousand only) in each case and also to release advance payment thereof, if any, directly to such hospitals

Note: (ii)However if treatment is neither available at Railway Hospital nor at recognized hospitals, Zonal Railways may refer the emergent cases to Private non recognized hospitals involving the cost of treatment up to RS 50,000/-(Rupees fifty thousand only) in each case and also to release advance payment thereof, if any, directly to such hospitals

(Bd‘s No 2000/H/6-4/Policy dt 15-1-04)

3) Divisional Railway Managers are also empowered to settle the claims with the concurrence of their associate finance for reimbursement of medical expenses in respect of treatment taken in emergency in Government or Recognized Hospitals (except in the case of Private Hospitals where the existing procedure of taking personal approval of GM/AGM should continue) up to Rs.10,000/- (Rupees ten thousand only) per case and with a ceiling limit of Rs.50,000/- (Rupees fifty thousand only) per year only.

Note: i) These powers, as mentioned in sub paras 1) and 2) above, will not be delegated further to any lower authorities and will be exercised by the GM/AGM personally, duly scrutinized by CMD (CMS in the case of production units) and concurred by FA&CAO.

ii) The powers of (1) (b) above do apply for the specified diseases only for which recognition to a Private Hospital has been granted and not for treatment of other diseases. Referral of a patient to such recognized hospital for treatment other than the specified diseases in special circumstances and reimbursement thereof would continue to be referred to Railway Board.

(Note 1&2 under Rule 617-R.I 1995 reprint and MOR's letters Nos.67/H/1/26, dated 25th January 1968 and 1st June 1968, No 91/H/6-4/4 dt. 21/02/1992,No.80/H/6-4/49 dated 24th April. No.91/H/6-4/26 (pt.) dt. 20/11/1995, dt. 28/05/96, No91/H/6-4/4, dt. 21/02/92, 05/12/97, No.91/H/6-4/26 (Pt.) dt 10/09/1999 and No 2000/H/6-4/Policy dt 6-3-2003).

As per Rly Bd's L. No. 2011/H/6-4/Policy dt 30/9/11]the DRM is delegated power to settle The claim of reimbursement bill for doing special investigation at Non-Rly institution up to **Rs.25,000/-** per case with annual ceiling of **Rs.5 lakh.**

GOVERNMENT OF INDIA
MINISTRY OF RAILWAYS
(RAILWAY BOARD)

S.No. 6 **/Health/2008**

No. 2008/H/6-4 Policy 1 **New Delhi, dated 11 .7.2008**

The General Manager,
All Indian Railways & Production Units.
Director General, RDSO/Lucknow.

Addendum

Sub.: Reimbursement of medical expenses - procedure of Disposal.
Ref.: Board s letter No. 2005/H/6-4/Policy-ll dated 31.01.2007.

The matter regarding procedure/guidelines to be followed by medical functionaries at" peripheral, ~ Divisional and-Zonal levels for reimbursement of claims for the treatment taken in private non- recognized hospitals has been examined in Board's office and it has been decided as under:-

1. Procedure:

The procedure to be followed for consideration and rejection of the reimbursement claim, if the treatment is taken by railway employee in a non-recognized private hospital without referral by authorized Medical Officer shall be as under:-

- **At the Division/Zonal Hospital/Production Unit Level:**
  - (i) AMO will scrutinize the claim first and will forward it to CMS of the concerned Division/Production Unit or MD of the Zonal Hospital ....
  - (ii) CMS/MD will scrutinize the claim and if emergency is established, will recommend the amount, to be reimbursed and will send it for financial concurrence of the associate finance.
  - (iii) The proposal will be sent to CMD of the concerned **Zone. :**

- **At the Zonal Headquarters :**

(i) The CMD of the concerned zone scrutinizes the reimbursement claim and will send the same for FA & CAO's concurrence.

(ii) (ii) If the reimbursement amount is within the powers delegated to General Manager, the claim will be sent for his approval otherwise the proposal will be sent to Board for consideration.

- **The competent authority to reject the claim shall be the authority which scrutinizes the claim In cases where emergency Is not established.**

(i) The competent authority to reject the claim in case where emergency is not established as per guidelines laid down in Board's letter No.2005/H/6-4/Policy-ll dated 31.1.07 shall be CMS of the Division/Production Unit or Medical Director of the Zonal Hospital, as the case may be.

(ii) In case, the proposal has been duly forwarded to the concerned CMD and CMD concerned after scrutiny, comes to the conclusion that emergency is not established, the competent authority to reject the claim shall be CMD concerned.

(iii) In case, the rejection is on any ground other than emergency not being established, the competent authority to reject the claim shall be DRM at the Divisional level and General Manager at the Zonal level/Production Unit level.

(iv) The reasons for not recommending the proposal for sanction of competent authority, needs to be intimated to the employee at the scrutiny level itself.

- This disposes of E.C.Railway's letter No. ECR/MED/R^M/002/46 dated **08.02.2008.**

(Dr. JdydjShree **Rana) Executive Director, Health (G) Railway Board.**

EncL: ACS to Para 648(2) of IRMM, 2000.
Copy to All Chief Medical Directors, All Indian Railways.

No. **2008/H/6-4 Policy 1** **New Delhi, dated 11 .7.2008**
Copy **to:**
4.1.3. The FA&CAOs, All Indian Railways including CLW/DLW/ICF/RCF/RWF
4.1.4. Deputy Comptroller and Auditor General of lndia(Rlys.), Room No.224, Rail Bhawan, New Delhi.

For Financial Commissioner/Railways, Railway Board.

GOVERNMENT OF INDIA
MINISTRY OF RAILWAYS
(RAILWAY BOARD)

No, **2009/H/6 4/Policy** **New Delhi, dated:-21 .02.2013**

General Managers,
All Indian Railways (Including PUs).

Sub:- Policy on reimbursement of medical expenses where part payment has been made through insurance claims.

*****

The question of reimbursement of medical expenses in cases where the beneficiary has made part payment from the claims of insurance company has been engaging attention of the Board for some time. After careful consideration in the matter, it has been decided that no separate policy framework is required for the purpose and such cases should be dealt with within the laid down competency for sanction, on the principle that total amount paid from insurance company and amount to be reimbursed should not exceed the reimbursable amount calculated on the basis of CGHS rate, had the beneficiary not received any amount from insurance. The following table will elaborate the payable amount:-

Total reimbursable amount as per CGHS rate (-) Amount paid from Insurance = Amount payable to the beneficiary as reimbursement.

The zonal Railways are requested to finalize all pending cases on the above formula and get the cases sanctioned as per the competency of sanction as laid down in Board's letter No. 2012/H/6-4/Policy-I dated 13.12.2012.

All other terms 8s conditions for reimbursement as laid down from time to time will remain unchanged.

Please acknowledge receipt of the letter.

(Dr. S.K. Sabharwal) Executive Director, Health (G) Railway Board
No. 2009/H/6-4/Policy **New Delhi, dated:-21 .02.2013**
Copy forwarded to:-

- **FA&CAOs/AIl Indian Railways (including PUs).**
- **The Chief Medical Directors/ All Indian Railways (including PUs).**

(Dr. S.K. Sabharwal)
Executive Director, Health (G)
Railway Board
No. 2009/H/6-4/Policy **New Delhi, dated:-21.02.2013**
Copy forwarded

. **Principal Directors of Audit/ All Indian Railways (including PUs).**
. **Deputy Comptroller and Auditor General of India (Railways), Room No. 224, Rail Bhawan, New Delhi.**

-For Financial Commissioner/Railways.
Copy to:-
1. F (E) Spl. Branch/Rly. Board.
RAVl/Steno/3PH.NEW.POC

Reimbursement Process in E Railway

In Eastern Railway, the following procedure is followed:

- Form Fill-up (See below)
- Counter signature by treating doctor
- Submission: Form duly filled and signed as above, Original medical bill and Original order with photocopy of each,RELHS Card photocopy attested by a Gaz Officer,"Claim"letter from the applicant.
- Application properly scrutinized before placing to MS/CMS/MD/In charge
- The application is registered in the office for processing
- Application sent to Nodal Officer for valuable remark
- All these documents are forwarded to Sr.DFM for vetting if claim is less than Rs.25, 000/-. or to CMD Office for sanction through FA & Cao and AGM.
- After vetting ,sanction by MD./CMS
- Issue of pay order by name
- Order to Accounts deptt for payment
- Pay Office and issue of cheque or cash.

ANNEXURE III

(See Para 645,653)

CERTIFICATE TO BE OBTAINED FROM AN ATTENDING NON-RAILWAY INSTITUTION FOR CLAIMING REIMBURSEMENT OF MEDICAL EXPENSES

CERTIFICATE 'A'

(To be completed in the case of patients who are not admitted to hospital for treatment)

1. Name and designation of the Railway employee (in BLOCK letters).....

2. Office in which employed.....

3. Pay of the Railway employee.....

4. Place of duty.....

5. Actual residential address.....

6. Name of the patient and his/her relation to the Railway employees.....

Note: In the case of children, state age also.

7. Place at which the patient fell ill.....

8. Nature of illness and its duration.....

(a) that the injections administered were not for immunizing or prophylactic, purposes.

(b) that the patient has been under treatment at..... hospital/dispensary and that the under mentioned medicines prescribed by me in this connection were essential for the recovery/prevention of serious deterioration in the condition of the patient. The medicines are not stocked in the..... (name of hospital/dispensary) for supply to private patients and do not include proprietary preparation for which cheaper substances of equal therapeutic value are available nor preparations which are primarily foods, toilets or disinfectants.

Name of medicines Price

1. .....

2.....

3.....

4. .....

5. .....

(a) that the patient is/was suffering from ..... and is/was under my treatment from ..... to .....

(b) that the patient was given pre-natal or post-natal treatment.

(e) that the X-ray, laboratory tests, etc. for which an expenditure of Rs ..... was incurred were necessary and were undertaken on my advice at ..... (name of hospital or laboratory).

(f) that I referred the patient to Dr..... for specialist consultation and that the necessary approval of the..... (name of the principal Medical Officer) as required under the rules was obtained.

(g) that the patient did not require hospitalization.

Signature and designation of the

Medical Officer

Date.....

Name of the hospital/dispensary

Place ..... to which attached

Note: Certificates not applicable should be struck off. Essentiality certificate as given in (b) as above is compulsory and must be filled in by the Medical Officer in all cases.

CERTIFICATE 'B'

(To be completed in the case of patients who are admitted to hospital for treatment)

Part A

I, Dr..... hereby certify:

(a) that the patient was admitted to hospital on my advice/on the advice of..... (name of

Medical Officer).

(b) that the patient has been under treatment at ..... and that the under mentioned medicines prescribed by

me in this connection were essential for the recovery/prevention of serious deterioration in the condition of the patient. The

medicines are not stocked in the (name of the hospital)..... for supply to private patients and do not

include neither proprietary preparations for which cheaper substances of equal therapeutic value are available nor preparations which are

primarily foods, toilets or disinfectants.

Name of medicines Price

1. ....

2. ....

3. ....

4. ....

5. ....

(c) that the injections administered were not for immunizing or prophylactic purposes.

(d) that the patient was suffering from ..... and was under my treatment from ..... to

.....

(e) that the X-ray, laboratory tests, etc. for which an expenditure of Rs..... was incurred were necessary and were

undertaken on my advice at ..... (name of hospital or laboratory).

(f) that I called in Dr..... for specialist consultation and that the necessary approval of the

..... (name of the principal Medical Officer), as required under the rules was obtained.

.....

Date ..... Signature and designation of the

Place ..... Medical Officer in charge of the case at the hospital

Part B

I certify that the patients has been under treatment at the ..... hospital and that the services of

the special nurses, for which an expenditure of Rs..... was incurred vide bills and receipts attached, were essential

for the recovery/prevention of serious deterioration in the condition of the patient.

Date..... . .....

Place ..... Signature and designation of the

Medical Officer in charge of the at the hospital.

Countersigned

.....

Principal Medical Officer

Part C

I certify that Shri/Shrimati/Kumari.....……..... wife/son/daughter .....of..... employed in the ..... has been under treatment for ..... disease from ..... to ..... at the ..... hospital and that the facilities provided were the minimum which were essential for the patient‘s treatment.

Date..... .....

Place..... Medical Department

..... Hospital

Note: Certificates not applicable should be struck off. The Essentiality Certificate as given in Part A (b) above is compulsory and must be filled in by the Medical Officer in all cases.

ANNEXURE IV

(See Para 653)

FORM OF APPLICATION TO BE SUBMITTED BY A RAILWAY EMPLOYEE FOR CLAIMING REIMBURSEMENT OF MEDICAL EXPENSES

(Note: Separate form should be used for each patient)

1. Name and designation of the Railway employee (in BLOCK letters)...….....

2. Office in which employed .....….....

3. Pay of the Railway employee .....….....

4. Place of duty .....…..….....

5. Actual residential address .....….....….....

1. Name of the patient and his/her relationship to the Railway employee .....….....

Note: In the case of children, state age also.

7. Place at which the patient fell ill .....….....….....

8. Nature of illness and its duration...….....….....

9. Details of the amount claimed ….....….....

I. Medical Attendance:

(i) Fees for consultation indicating

(a) the same and designation of the Medical Officer consulted and ….....

the hospital or dispensary to which attached.

(b) the number and dates of consultations and the feed paid for each ….....

consultation.

(c) the number and dates of injections and the fee paid for each ….....

injection.

(d) whether consultations and/or injections were had at the hospital, ….....

at the consulting room of the Medical Officer or at the

residence of the patient.

(ii) Charges for pathological, bacteriological, radiological or other ….....

similar tests undertaken during diagnosis, indicating:

(a) the name of the hospital or laboratory where the tests were .....….....

undertaken.

(b) whether the tests were undertaken on the advice of the .....….....

Authorized Medical Officer. If so, a certificate to

hat effect should be attached.

(c) Cost of medicines purchased from the market (List of ….....

medicines, cash memo and the essentiality certificates

should be attached).

II. Hospital Treatment:

Charges or hospital treatment, indicating separately the charges for:

(i) Accommodation .....….....

(State whether it was according to the status or pay of the Railway

employee and in cases where the accommodation is higher than

the status of the Railway employee, a certificate should be attached

to the effect that the accommodation to which he was entitled was

not available).

(ii) Diet ….....

(iii) Surgical operation or medical treatment ….....

(iv) Pathological, bacteriological, radiological or other similar tests

indicating:

(a) the name of the hospital or laboratory at which undertaken ….....

(b) and whether undertaken on the advice of the Medical Officer ….....

in charge of the case at the hospital. If so, a certificate to

that effect should be attached.

(v) Medicines ….....

(vi) Special medicines ….....

(List of medicines, cash memo and the essentiality certificate

should be attached).

(vii) Ordinary nursing. ….....

(viii) Special nursing i.e., nurses special engaged for the patient ….....

(State whether they were employed on the advice of the Medical

Officer in charge of the case at the hospital or at the request

of the Railway employee or patient. In the former case,

a certificate from the Medical Officer in charge of the case and

countersigned by the Medical Superintendent of the hospital

should be attached).

(ix) Ambulance charges ….....

(State the journey – to and from – undertaken)

(x) Any other charges e.g., charges for electric light, fan, heater,

air-conditioning, etc.

(State also whether the facilities referred to are a part of the facilities normally provided to all patients and no choice was left to the patient).

Note: (1) If the treatment was received by the Railway employee at his residence under Para 634, give particulars of

such treatment and attach a certificate from the Authorized Medical Officer as required.

(2) If the treatment was received at a hospital other than a Government, recognized hospital, necessary details and the certificate of the Authorized Medical Officer that the requisite treatment was not available in any nearest

Government/recognized hospital should be furnished.

III. Consultation with a specialist:

Fees paid to a specialist or a Medical Officer other than the Authorized Medical Officer, indicating:

(a) the name and designation of the specialist Medical Officer ….....

consulted and the hospital to which attached.

(b) number and dates of consultations and the fee charged for ….....

each consultation.

(c) whether consultation was had at the hospital, at the consulting ….....

room of the specialist or Medical Officer, or at the residence

of the patient.

(d) whether the specialist or Medical Officer was consulted on the ….....

advice of the Authorized Medical Officer and the prior

approval of the Chief Medical Director of the Railway was

obtained. If so, a certificate to that effect should be attached.

10. Total amount claimed ….....

11. List of enclosures ….....

….....

….....

DECLARATION TO BE SIGNED BY THE RAILWAY EMPLOYEE

I hereby declare that the statements in this application are true to the best of my knowledge and belief and that the

person for whom medical expenses were incurred is wholly dependent upon me.

Date..... .....

Place..... Signature of the Railway employee.

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ANNEXURE V

(See Para 659)

..... RAILWAY

MEDICAL DEPARTMENT

ESSENTIALITY CERTIFICATE

I certify that Shri/Shrimati/Kumar.....

wife/son/daughter of..... employed in the .....has been under my treatment for .....disease from..... to.....at the..... hospital/my consulting room and that the under mentioned medicines prescribed by me in this connection were essential for the recovery/prevention of serious deterioration in the condition of the patient. The medicines are not stocked in the .....hospital and do not include proprietary preparations for which.....

hospital for supply to private patients cheaper substances of equal therapeutic value is available,

nor preparations, which are primarily foods, toilers or disinfectants.

Name of medicines	**Price**
1.....	.....
2.....	.....
3.....	
4.....	
5.....	

Signature of the Medical Officer In charge
of the case at the hospital.

Date .....
Place .....

Signature and designation of the
Authorized Medical Officer

ANNEXURE VI

(See Para 648)

Proforma for submission of claim for reimbursement of medical expenses incurred by Railway Employees for treatment in Private Hospital/Non-Recognized Institutions

1. Name of the patient

2. Age

3. (a) Relationship with Railway Employee

(b) Name of the employee

4.3. Designation

5.4. Pay

6.5. Name of the Institution where taken for treatment

7.6. Date of admission

8.7. Date of discharge

9.8. Date of admission of claim

10.9. Reasons for delay, if delayed for more than 3 months

11.10. Total period of stay as Indoor patient

12.11. Reasons for long stay (if stayed for more than 48 Hrs)

13.12. Type of medical emergency

14.13. Was there no Railway/Govt. facility available to deal with it

15.14. Distance of the nearest Govt. Hospital and whether facilities available there

16.15. Distance of the nearest Railway hospital and whether facilities available there. If not how far is the Railway? hospital with the facilities available.

17. Distance of the private hospital, where facilities availed, from residence/place of illness.

18. When the Railway Medical Officer was informed about such admission.

19. Did the patient take any treatment before or after the present sickness (if this existed ad if YES when…….)

20. Total amount claimed (with break-up charges)

21. Item wise break of expenditure had the treatment

taken place in Govt. Hospital.

22 Verbatim views of C.M.D

23. Verbatim views of F.A & C.A.O

CHECK LIST FOR REIMBURSEMENT CLAIMS TO BE FULFILLED BY THE EMPLOYEE/ CLAIMANT

1. Application from the employee/claimant addressed to CMS/MD as applicable.

2. Reimbursement claim consisting of application of the employee, discharge/death summary, bills, Annexure III, IV, V & VI, Medical Identity/RELHS card, legal affidavit if applicant expired, Bonafide Certificate from school/college duly attested by the Gazetted Officer in case the patient is dependent son aged above 21 years to be submitted in 4 copies.

3. Total amount claimed has to be rightly mentioned in the appropriate columns in the different heads of expenditure.

4. Annexure-III-Certificate-A form for investigation only (for non-admitted cases)

5. Annexure-III-Certificate-B for admitted cases only.

6. All forms where ever signature of the Medical Officer is mentioned are to be signed by the Treating Doctor along with his name stamp without which no claim will be entertained.

7. Original bills should be verified by the Treating Doctor without which no claim will be entertained.

8. Proforma (Annexure VI) column 1 to 20 to be filled in by the applicant if the claim amount is above Rs. 2 Lakhs.

9. Cash Memo in support of all claims including purchase of pacemaker, hearing aid and prosthesis duly countersigned by the doctor to be enclosed.

10. Reimbursement claim should be submitted within 6 months from the date of treatment

RELHS Scheme: Frequent Queries:

Qs: Can a retired employee who has Not joined RELHS Scheme previously, join any time he wishes?

A : No. He has to wait for the announcement from the Raiway Administration regarding re-opening of the scheme

Qs: Do retired employees and dependents get same level of treatment as employee?

A:Yes

Qs: What facilities are RELHS and RECHS card holders entitled to?

A: RELHS has free treatment for sel, spouses and dependents for both indoor band outdoor treatment and can avail medical passes as also reimburse their cost for medical treatment outside, while RECHS has free outdoor treatment for self and spouses but have to pay 40% of indoor charges when admitted. Further they cannot avil medical passes, nor claim reimbursement**.**

Qs: Can a Medical Officer issue Medical Passes for treatment of a Staff needing train travel of higher class than what the Staff is entitled?

Ans: Yes, only when travelling to the place of treatment. Return Pass is of his entitled class or else CMD's authority is required.

Qs: Can a Railway Medical Officer, during visit to the residence of a Railway employee, charge fees when the employee is the patient?

Ans: No. Employees (both Gaz and non-Gaz) are to be treated free at residence. Only treatment to family members is chargeable

Qs: Can one doctor sanction Pathologic investigations from Private Hospital alone?

Ans: No. MD/CMS/MS in Charge along with one Pathologist and one Doctor (the one advising the investigation), up to Rs 5,000/- per case> Investigation should not be available in that Hospital/HU. If more than Rs.5, 000/- per case, then CMD's and FA&CAO's authority required up to a total of Rs. 10,000/- per case.

Qs: Who are the patients entitled for Smart Card Scheme?

Ans: Only RELHS Card Holders who are registered in Hospitals and Health Units of SDAH, HWH, KPA, LLH in Kolkata region after filing up the requisite proforma and obtaining the Smart Card

Qs: Can patients falling ill seek admission to approved hospitals under Smart Card Scheme directly?

Ans:Yes, but only in emergency cases can he claim reimbursement.

Qs: Who decides the emergency in such a case?

A: Nominated Railway Medical Officer

Qs: If a Smart Card holder wishes to continue treatment in approved Pvt hospitals even after emergency is over or emergency is not established?

Qs: What to do if Smart Card is Lost

Ans: A penalty of Rs. 100/-, Information to nodal Officer within 24 hours, FIR and deposit fees of Rs 120/- for fresh card.

ANNEXURE III

Preventive Geriatric Medicine

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Life Expectancy: The number of years a person would be expected to live from the day he or she was born (for life expectancy at birth) based on mortality statistics at the time.

Statistics released by the Union ministry of health and family welfare show that life expectancy in India has gone up by five years, from 62.3 years for males and 63.9 years for females in 2001-2005 to **67.3 years and 69.6 years** respectively in 2011-2015.

Common Geriatric Diseases:

(alphabetical order)

Anemia

• Using WHO criteria (Hb <120 g per L in women and <130 g per L in men), the prevalence of anemia in the elderly ranges from 8 to 44 percent, with the highest prevalence in men 85 years and older.

• A cause can be found in ~ 80 percent of elderly patients.

• The most common causes of anemia are anemia of chronic disease and iron deficiency, but Vitamin B12 deficiency, folate deficiency, GI bleeding and myelodysplastic syndrome are also common causes

Atrial Fibrillation (Afib)

• The prevalence of atrial fibrillation increases with age, about 3% in those in their early 60s, and is up to 10% in those older than 80.

• Afib is associated with a higher risk of cardiovascular death, congestive heart failure and peripheral embolic stroke in older patients.

Cardiovascular Disease

• Cardiovascular disease is the leading cause of death in older Indian men and women.

• Hypertension (HTN), the best predictor of coronary artery disease, increases dramatically in prevalence with aging; isolated systolic HTN occurs in 34% of men and 38% of women aged 65 to 74.

• 50% of Indians above 60 years are on no treatment at all for HTN

• Congestive Heart Failure (CHF) is one of the most common cause of hospitalization among those aged 65+

Cancer

• Lung cancer is the most common cause of cancer-related deaths in both men and women; 68% of cases occur in people over 65
• >50% of breast cancer patients are older than 65 at diagnosis

• Prostate cancer is the most commonly diagnosed cancer among men (excluding non-melanoma skin cancer) over 65, and is the second most common cause of cancer death (after lung cancer) in this same group.

Cerebrovascular Disease (Stroke)

• One Indian study estimated 4.1% of people aged 65+ in the community are living with the effects of stroke

Chronic obstructive pulmonary disease (COPD)

• COPD is the fourth-leading killer disease of the elderly.

• Cigarette smoke is the underlying cause in ~80% to 90% of cases

• Prevalence of COPD for those aged 65-74 years is 5.0%; and for those over 75 years is 6.8%.

Dementia

• Alzheimer Disease (AD) is the leading cause of dementia (60-70% of all), 3-11% of the general population over 60 years of age

Diabetes Mellitus

• Diabetes has a prevalence of ~13% in persons over 65.

• Type II diabetes mellitus is the most common form of diabetes in the elderly, accounting for about 92% of cases, and is the 6th leading cause of death in men over 65.

• The onset of Type II DM occurs 40% of the time after the age of 60, and there is often a long delay before diagnosis.

• Long-term studies have shown that 35% of seniors with diabetes suffer from retinopathy 18% from cardiovascular disease, 30% from peripheral vascular disease and 12% from nephropathy

Hypothyroidism

• One Indian survey of community dwelling elders found 7% of women and 3% of men between 60 - 89 years of age with this hormone deficiency

Osteoarthritis

• 85% of people over the age of 70 suffer from osteoarthritis
• It is the number 1 cause of long-term disability in India

Osteoporosis

• Estimates state that 14 % of Indians have osteoporosis, a leading risk factor for bone fractures and death or morbidity after a fall.

Parkinson's Disease (PD)

• Roughly 1/500 persons in India are affected

• Average age of diagnosis is 60; the rates rise in persons >70.

• Dementia, a feared complication, increases in prevalence with age; it occurs in approximately 30% of patients with advanced PD.

Pneumonia

• Influenza/pneumonia is a major contributor to deaths and hospitalization in the elderly and is the leading cause of death from infectious disease.

Prostate Disease

• Symptomatic Benign Prostatic Hypertrophy (BPH) is very common, affecting 40 to 50% of men aged 51 to 60 years, and ~80% of men by age 80.

Skin Changes

• Physiological changes in aging skin when combined with immobility and incontinence predispose elderly persons to have pressure ulcers; prevalence rate in acute care range from 3.5% to 30% and in long term care facilities from 2.4% to 23%.

Urinary Tract Infections

• Prevalence of asymptomatic bacteriuria in the elderly range from 15-60% depending on the study, with twice as many females as men affected.

• The annual incidence of symptomatic bacterial UTIs is estimated to be as high as 10% in those over 65**.**

Vision Loss

• Thirteen percent of Indians over age 65 have some form of visual impairment.

• Almost 8% of seniors over 65 (and 11% if over 80) have impairment (blindness in both eyes) sufficient to meet the legal definition of blindness (visual acuity (VA) less than 20/200)

• 11 % of Indians between 65 to 74 years of age & 30% of persons over the age of 75 have Age Related Macular Degeneration (ARMD), the most common cause of irreversible vision loss in seniors.

• Diabetic retinopathy accounts for 35% of all cases of blindness; prevalence increases with age and the duration of the disease

• The prevalence of lens cataracts sufficient to impair vision (visual acuity less than 20/30) rises from 1% by age 50 to 100% by age 90.

• Glaucoma is present in less than 1.5% of those under 65, 2-3% in those aged 65-74, and between 2.5-7% for those over 75.

PREVENTION of COMMON GERIATRIC DISEASES

Screening

Hypertension

Blood Pressure above 140/90 mm Hg is Hypertension. The prevalence of hypertension increases with advancing age. Treatment of hypertension in older adults has been associated with a reduction in morbidity and mortality from left ventricular hypertrophy, congestive heart failure, myocardial infarction, and stroke. However, older adults are more susceptible to adverse effects of antihypertensive therapy, such as hyponatremia, hypokalemia, depression, confusion, or postural hypotension.

Breast Cancer

Mammography screening at any age if the patient has an active life expectancy of at least 3 years. Medicare provides coverage for annual screening mammograms. There is no compelling evidence that **breast self-examination** reduces breast cancer morbidity and mortality.

Colorectal Cancer

This can be screened by annual **FOBT or sigmoidoscopy every 5 years** beginning at age 50. For older patients, one-time colonoscopy may be more cost-effective and have a more significant impact on colorectal cancer mortality than other screening programs. **A low-fat, high-fiber diet** plays a role in the prevention of colorectal cancer. Although epidemiologic data suggest that **aspirin** or nonsteroidal anti-inflammatory drugs may be protective against colorectal cancer, there is insufficient evidence to support the routine use of these medications for primary prevention.

Cervical Cancer

Approximately 40% of new cases of invasive cervical cancer and deaths from cervical cancer occur in women aged 65 years and over**. The Papanicolaou smear** is most cost-effective in older patients who have previously had incomplete screening. Between 4% and 8% of cervical cancers are found in the cervical stump in women who have undergone incomplete hysterectomy. Regular Pap smears every 1 to 3 years are recommended for all women who are or have been sexually active and who have a cervix. In older women never previously screened, screening can cease after two normal Pap smears are obtained 1 year apart.

Obesity or Malnutrition

Routine measurement of height and weight can be used to calculate **body mass index (BMI).** Obesity has been defined in men as a BMI ≥ 27.8 kg/m2 and in women as a BMI ≥ 27.3 kg/m2. An unintentional weight loss of 10% body weight in 6 months can indicate malnutrition or a serious occult illness.

Alcoholism

All older adults should be screened for alcohol abuse at least once and whenever a drinking problem is suspected.

Dyslipidemia

There is good evidence that correcting lipid abnormalities (i.e., levels of low-density lipoprotein ≥ 130 mg/dL, of high-density lipoprotein ≤ 35 mg/dL, of triglycerides ≥ 200 mg/dL) lowers the risk of recurrent cardiac events in elderly persons with prior myocardial infarction or angina. These persons should be screened for lipid abnormalities; treatment goals for those found to have dyslipidemia should be low-density lipoprotein levels of < 100 mg/dL, high-density lipoprotein levels of > 40 mg/dL, and triglycerides levels of < 200 mg/dL. There is no evidence that screening older adults who are clinically free of coronary artery disease (CAD) or who have few cardiac risk factors for primary prevention of CAD is effective.

Vision and Hearing Deficits

Uncorrected refractive errors, glaucoma, cataracts, and macular degeneration account for most undetected visual disorders. Routine screening with a **Snellen chart** is recommended... Undetected hearing loss can lead to social isolation and may indicate other underlying disorders. **Periodically questioning older adul**ts about their hearing and counseling them about the availability of hearing aid devices is recommended. The evidence for routine audiometry as a screening tool is unproven.

Counseling

Dietary Counseling

The importance of a well-balanced diet should be addressed routinely with older adults. An appropriate diet is high in fruits and vegetables and low in fat and salt, and has adequate calcium content.

Physical Activity

Physical activity has been associated with greater mobility and lower rates of CAD and osteoporosis. Older adults should be counseled about an exercise program that balances modalities of flexibility (e.g., stretching), endurance (e.g., walking or cycling), strength (weight training), and balance (e.g., dance therapy). **(See Pg.)**

Injury Prevention

Doctors recommend counseling older persons on measures to reduce the risk of, safety-related skills and behaviors, and environmental hazard reduction.

Smoking Cessation

Smoking cessation at any age reduces rates of chronic obstructive pulmonary disease, many cancers, and CAD. All older adult smokers should be encouraged to and helped with smoking cessation at each office visit.

Dental Care

Many common problems can be detected and effectively treated by regular dental visits, including malnutrition, xerostomia, and oral cancers.

Immunizations

US and Canada covers the costs of influenza, pneumococcal, and tetanus immunizations.

Chemoprophylaxis: Hormone Replacement Therapy

The potential risks and benefits of hormone replacement therapy should be discussed with all women who are perimenopausal and at least once after the age of 65.

Diabetes Mellitus

The increased prevalence of diabetes mellitus with age and the consequent morbidity burden warrants consideration for prevention. Routine screening of asymptomatic adults for diabetes

is not recommended; however, **measurement of fasting glucose** may be appropriate for high-risk older persons.

Thyroid Disease ANNEXURE III

The prevalence of subclinical and clinical hyperthyroidism and hypothyroidism increase with advancing age. Recommend routine screening is not necessary but acknowledges that screening may be performed on the basis of the high prevalence of the disease and the likelihood that its symptoms will be overlooked in older adults. The preferred test is the immunometric assay that is sensitive to thyrotropin

Depression

There are several reliable and valid depression screening instruments, including the Geriatric Depression Scale

Osteoporosis

Although certain organizations recommend screening bone density measurements in all older women, the evidence to support routine bone mineral densitometry for the general population is lacking. All older women are counseled about hormone replacement therapy, adequate calcium intake, smoking cessation, exercise, and avoidance of falls and injuries in order to prevent osteoporosis and fall-related fractures**.**

Prostate Cancer

Randomized, controlled trials of screening by **prostate-specific antigen** or **digital rectal examination**, currently in progress, should provide valuable information on the efficacy of these modalities.

Chemoprophylaxis: Aspirin Therapy

Aspirin therapy up to 500 mg per day has not been consistently shown to reduce myocardial infarction or cardiovascular mortality. The adverse bleeding effects of aspirin increase with age, although the absolute serious side effect rate of dosages ≤ 325 mg per day is low. Older adults with risk factors for myocardial infarction or stroke may be more appropriate for prophylaxis with aspirin

Some or all of the preventive and promotive measures for control of Life-Style Diseases are available to the beneficiaries in Eastern Railway:

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Health Education: including life-style modification
Health Camps and Check-ups
Executive Health Check-ups
Screening camps for Life-style Diseases
Special Clinics: At all Railway Hospitals
Oncology: Some types of cancer can be found before they cause symptoms. Checking for cancer (or for conditions that may lead to cancer) in people who have no symptoms is called screening. Screening can help doctors find and treat some types of cancer early.
Oncology Clinics and Cancer Screening Clinics include:
Occult Blood Test in Stool, Colonoscopy, Chest X Ray, Mammography, Breast Self-Examination,
Tumour Markers:

- Alpha-fetoprotein (AFP) s: Liver cancer and germ cell tumors
- CA15-3/CA27.29 Cancer type: Breast cancer
- CA19-9: Pancreatic cancer, gallbladder cancer, bile duct cancer, and gastric cancer
- CA-125: Ovarian cancer
- Carcinoembryonic antigen (CEA): Colorectal cancer and breast cancer
- Prostate-specific antigen (PSA): Prostate cancer

Cervical Cancer: PAP Smear, HPV vaccine
Cardiac Clinic: Heart Diseases, Hypertension
Psychiatry: Regular Counseling as well as treatment for depression, etc. counseling for Substance abuse and de-addiction done at Post Graduate Institute, Kolkata and Science College Kolkata.
Diabetic Clinic
Endocrine Clinic: for management of Obesity and Metabolic Syndromes
Osteoporosis: Bone densitometer using DEXA Scan, Intra-articular injection of Growth Factor and Steroids, Prevention of Gouty Arthritis including Dietary advice and therapy
Pulmonology: Asthma and COPD: Regular Screening and Spirometry Camps, Screening and Awareness programs, Vaccination against Pneumococcus and Influenza.

Physical Exercise guidelines for older adults aged 60 and over:

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A total of 60 min of physical activity is recommended every day for healthy Asian Indians in view of the high predisposition to develop T2DM and CHD. This should include at least 30 min of moderate-intensity aerobic activity, 15 min of work-related activity, and 15 min of muscle-strengthening exercises.
Older adults aged 60 or older, who are generally fit and have no health conditions that limit their mobility, should try to be active daily and should do:

At least 150 minutes (2 hours and 30 minutes) of moderate-intensity aerobic activity such as cycling or fast walking every week,
and
muscle-strengthening activities on 2 or more days a week that work all
major muscle groups (legs, hips, back, abdomen, chest, shoulders, arms)

75 minutes (1 hour and 15 minutes) of vigorous-intensity aerobic activity such as running or a game of singles tennis/Badminton every week,
and
muscle-strengthening activities on 2 or more days a week that work all major muscle groups (legs, hips, back, abdomen, chest, shoulders and arms).

An equivalent mix of moderate and vigorous-intensity aerobic activity every week (for example two 30-minute runs plus 30 minutes of fast walking),
and
muscle-strengthening activities on 2 or more days a week that work all major muscle groups (legs, hips, back, abdomen, chest, shoulders and arms).

Older adults at risk of falls, such as people with weak legs, poor balance and some medical conditions, should do exercises to improve balance and co-ordination on at least two days a week. Examples include yoga, dancing.

Target Heart Rate:
It is the optimum heart rate at which you should train in order to get an effective workout
To calculate your training heart rate for moderate intensity exercise, you will first need to know your **maximum heart rate (MHR)**. For men this is calculated by subtracting your age from 220 and for women from 226. Then multiply your MHR by 0.55 to get your **lower exercise range** and by 0.7 to get your **higher exercise range**. Now that you know your range, you can monitor your heart rate to ensure it stays within the lower and upper training range

We know 150 minutes each week sounds like a lot of time, but it's not. That's 2 hours and 30 minutes, about the same amount of time you might spend watching a movie. The good news is that you can spread your activity out during the week, so you don't have to do it all at once. You can even break it up into smaller chunks of time during the day. It's about what works best for you, as long as you're doing physical activity at a moderate or vigorous effort for at least 10 minutes at a time.

Few Geriatric Diseases: Frequently asked questions

ANNEXURE III

From the Doctor's Desk:

Heart Disease: Frequently Asked Questions

Dr. Alok Mazumdar, MD.DM, CS/BRSH/SDAH

B.R Singh Hospital, E Rly, Sealdah

QS: What is heart disease?

ANS: Heart disease is a term that includes several more specific heart conditions. The most common heart disease in the India is **coronary artery disease (CAD**). CAD occurs when the arteries that supply blood to the heart muscle become hardened and narrowed due to the buildup of plaque. The narrowing and buildup of plaques is called **atherosclerosis**. Plaques are a mixture of fatty and other substances including cholesterol and other lipids. Blood flow to the heart is reduced, which reduces oxygen to the heart muscle. This can lead to **heart attack**. Other heart conditions include **angina, heart failure,** and **arrhythmias.**

QS: What are the signs of heart attack?

- **Chest discomfort**. Most heart attacks involve discomfort in the center of the chest that lasts for more than a few minutes, or goes away and comes back. The discomfort can feel like uncomfortable pressure, squeezing, fullness, or pain.
- **Discomfort in other areas of the upper body**. This can include pain or discomfort in one or both arms, the back, neck, jaw, or stomach.
- **Shortness of breath**. This often comes along with chest discomfort. But it also can occur before chest discomfort.
- **Other symptoms**. These may include breaking out in a cold sweat or experiencing nausea or light–headedness.

QS: Is there a need to act fast?

ANS: Yes. Death or permanent disability can result from a heart attack. The risk of death or permanent damage can be reduced with timely treatment. Some newer treatments need to be given soon after the onset of a heart attack in order to be effective. It is important to know the symptoms of a heart attack and act right away. Person can take 1 tab of Sorbitrate (Nitroglycerine) but **should lie down for at least 15-30 min.**

QS: What are the risk factors for heart attack?

ANS: Some conditions as well as some lifestyle factors can put people at a higher risk for heart disease. The most important modifiable risk factors for heart disease are **high blood pressure, high blood cholesterol, cigarette smoking, diabetes, physical inactivity, unhealthy diet, and obesity**. In principle, all persons can take steps to lower their risk for heart disease.

QS: Are women at risk too?

ANS: Coronary artery disease is a leading cause of death for women throughout the world. More women die from heart disease than from cancer, chronic obstructive pulmonary disease, Alzheimer's, and accidents combined. Women have unique risk factors for heart disease. A woman's chance of getting coronary artery disease is higher after menopause. This higher chance is not completely understood. But cholesterol, high blood pressure, and fat around the abdomen—all things that raise the risk for coronary artery disease—also increase around this time

QS: When to call a doctor?

ANS: if you have symptoms of a heart attack or are with someone who has symptoms. Symptoms may include:

Chest pain or pressure, or a strange feeling in the chest.

Sweating.

Shortness of breath.

Nausea or vomiting.

Pain, pressure, or a strange feeling in the back, neck, jaw, or upper belly or in one or both shoulders or arms.

Lightheadedness or sudden weakness.

A fast or irregular heartbeat.

If you typically use nitroglycerin to relieve angina and if one dose of nitroglycerin has not relieved your symptoms within 5 minutes

Your angina symptoms are different, more frequent, or severe

QS: How to live with a heart disease?

ANS: A diagnosis of coronary artery disease can be hard to accept and understand. If you don't have symptoms, it may be especially hard to recognize that heart disease is serious and can lead to other health problems.

It's important to talk with your doctor to learn about the disease and what you can do to help manage it and keep it from getting worse.

Lifestyle changes

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Quit smoking, and avoid secondhand smoke. Quitting smoking is the best thing you can do to reduce your risk of future problems. When you quit, you quickly lower your risk of a heart attack.

Exercise. Start an exercise program (if your doctor says it's safe). Try walking, swimming, biking, or jogging for at least 30 minutes on most, if not all, days of the week. Any activity you enjoy will work, as long as it gets your heart rate up.

Eat a heart-healthy diet. This can help you keep your disease from getting worse. A chart that compares heart-healthy diets can help you see what foods are suggested in each plan. Heart-healthy foods include fruits, vegetables, high-fiber foods, fish, and foods low in sodium, saturated fat, trans fat, and cholesterol.

Weight Management

Your doctor may suggest that you attend a cardiac rehabilitation (rehab) program. In cardiac rehab, you will get education and support that help you build new, healthy habits, such as eating right and getting more exercise.

Medicines

Medicines are an important part of your treatment.

Take your medicines exactly as directed. Do not stop taking your medicine unless your doctor tells you to. Control angina (including chest pain or discomfort) by taking medicines as prescribed and nitroglycerin when needed

De**pression and heart disease are linked**. People with heart disease are more likely to get depressed. And if a person has both depression and heart disease, he or she may not stay as healthy as possible. This can make depression and heart disease worse

QS: How to control angina?

ANS: Most people who have stable angina can control their symptoms by taking medicines as prescribed and nitroglycerin when needed. Staying active is also important. But if these things don't help you manage your angina, try these tips:

If an activity causes angina, slow it down.

Ease into your day. Warm up slowly before activity.

Give yourself time to rest and digest right after meals.

Change the way you eat. Eat smaller meals more often during the day instead of two or three large meals.

Try taking nitroglycerin before you start a stressful activity that can cause angina, such as walking uphill

If you are not taking nitroglycerin, ask your doctor if it could help you.

Call your doctor

Tell your doctor right away if:

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- There is a sudden change in your angina symptoms.
- You begin to get angina at unexpected times.
- You get angina when you are resting

Heart-healthy diet:
8 steps to prevent heart disease

1. Control your portion size
2. Eat more vegetables and fruits
3. Select whole grains.
4. Limit unhealthy fats and cholesterol
5. Choose low-fat protein sources
6. Reduce the sodium in your food
7. Plan ahead: Create daily menus
8. Allow yourself an occasional treat

Diabetes: Frequently Asked Questions

Dr Sarmistha Mukherjee, DM, Endocrinologist

B.R Singh Hospital, E Rly, Sealdah

Urbanization and change of lifestyle have a great impact on the prevalence of diabetes all over the world. The number of patients suffering from diabetes is increasing day by day. **More than 3 crores of people in India have diabetes. 1 in 3 would need insulin for better control.** India has become the diabetes capital of the world.

Q: What is Diabetes Mellitus (DM)?

A: Diabetes Mellitus (DM) is a condition in which the amount of **glucose in the blood is too high.** This happens because the glucose is not well absorbed by body cells. Human body is like a complex machine. Glucose is the fuel of human body. Glucose is used in our body with the help of insulin secreted from a

ductless gland called pancreas. Glucose is used in our body either for immediate use or stored for utilization in future. Diabetes occurs when insulin is not secreted or it cannot be utilized in body in spite of adequate secretion. People who have family history of diabetes, age above 40 years, overweight and have sedentary life style are more prone to diabetes.

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Q: What is Insulin Resistance?
A: Insulin resistance is a condition in which the body produces insulin but does not use it properly. **Insulin, a hormone made by the pancreas,** helps the body use glucose for energy. When people have insulin resistance, their muscle, fat, and liver cells do not respond properly to insulin. As a result, their bodies need more insulin to help glucose enter cells. The pancreas tries to keep up with this increased demand for insulin by producing more. Eventually, the pancreas fails to keep up with the body‘s need for insulin. Insulin resistance increases the chance of developing type 2 diabetes and heart disease. Insulin resistance is a characteristic of heredity and or obesity.

Q: What is Pre-Diabetes?
A: Pre-diabetes means your blood glucose is higher than normal but lower than the diabetes range. Fasting blood sugar level in between 100-125 mg/dl and post meal blood sugar level between 140-199 mg/dl is called pre-diabetes the significance of which lies in the fact that these patients are more prone to develop diabetes and cardiovascular disease in future. Moreover, life style modification in these patients including change of dietary habit and exercise may delay onset of diabetes.

Q: What is Type 1 Diabetes Mellitus?
A: In the type 1 diabetes, the pancreas produces very small amount insulin or none at all. This is because the occurrence of permanent damage in the insulin-producing cells of pancreas (beta cells). Type 1 diabetes is commonly diagnosed in children and young adults, but it is a lifelong condition.

Q: What is Type 2 Diabetes Mellitus?
A: Type 2 diabetes occurs when the body does not produce enough insulin or the insulin produced does not work properly (this is known as insulin resistance). Type 2 diabetes usually has a background of insulin resistance. Insulin resistance is a characteristic of heredity and or obesity. Type 2 diabetes usually develops in middle-aged people (older than 40) and later life, but has been seen in younger adults.

Q: What are Causes of Diabetes?
A: In the type 1 diabetes, the pancreas produces very small amount insulin or none at all. This is because the occurrence of permanent damage in the insulin-producing cells of pancreas (beta cells).
Type 2 diabetes occurs when the body does not produce enough insulin or the insulin produced does not work properly (this is known as insulin resistance).
Changing hormones and weight gain are part of a healthy pregnancy. These hormones can block the ability of pancreatic insulin to convert the glucose into energy, a condition called insulin resistance.

Q: How to Diagnose Diabetes?
A: The following blood tests are used to diagnose diabetes
1. Fasting Plasma Glucose (FPG) >= 126 mg/dL
2. Oral Glucose Tolerance Test (OGTT) >= 200 mg/dL
3. Glycosylated hemoglobin or hemoglobin A1C >= 6.5%
4. Random Plasma Glucose Test >= 200 mg/dL

Q: What are Symptoms of Diabetes?

1. Frequent urination.
2. Excessive thirst.
3. Extreme hunger.
4. Unusual weight loss.
5. Increased weakness and fatigue.
6. Blurry vision, tingling and numbness of feet and delayed wound healing.

But the most important point which be remembered is that **50% of diabetic patients are asymptomatic i**n the beginning and only routine screening can identify them.

Patients with uncontrolled diabetes are 25 times more prone to retinopathy and subsequent blindness, 20 times more prone to lower limb amputation and 5 times more prone to kidney disease. They have 6 times higher risk of stroke and 2 times higher risk of heart attack**. The diabetics have to pay high cost of their ignorance!**

Q: What are Risk Factors for Diabetes?

- Risk Factors for Type 1 Diabetes
  - Genetics and family history.
  - Diseases of the pancreas.
  - Infection or illness.
- Risk Factors for Type 2 Diabetes
  - Insulin resistance.
  - Pre-diabetes
  - Ethnic background.
  - Obesity.
  - High blood pressure.
  - Low level of HDL cholesterol.
  - High blood levels of triglycerides.
  - Physical Inactivity.
  - Family history.
  - History of gestational diabetes.
  - Polycystic ovary syndrome.
  - Metabolic syndrome.
  - Age, older than 45.

Q: What are Potential Long-Term Complications of Diabetes?

A: The parts of the body that can be most affected by diabetes complications are the:

- eyes
- kidneys
- nerves
- heart and blood vessels
- gums
- feet

Q: How to Treat Diabetes?

A: Management of diabetes depends on four basic principles:

- Follow a healthy meal plan,
- regular exercise,
- regular intake of medicine and
- Regular monitoring of blood sugar, HbA1c, lipid profile, kidney function and eye condition.
- Diabetic education is also an integral part of diabetes management.
- **An ideal diet** contains 50-60% carbohydrate, 25-35% fat, 15% protein and large amount of fibre containing food like fruits and vegetables. Saturated fat content like butter, ghee, cheese should be < 7% of total calorie. Regular exercise in the form of walking, jogging, dancing, cycling or swimming keep the body fit

Hypoglycemia or fall in blood sugar may occur in a patient on antidiabetic drug therapy, particularly if he or she is on insulin. Symptoms of hypoglycemia are headache, dizziness, blurred vision, sweating and fatigue. **Mild hypoglycemia is treated** by one glass of fruit juice or three heaped teaspoons of sugar or glucose. If next meal is not immediately due, 30 gram of complex carbohydrate is given. In case of severe hypoglycemia when the patient becomes unconscious, urgent hospitalization is needed.

Q: Can I drink alcohol?

A: Yes, adults with diabetes can drink alcohol and should follow the same guidelines as the general public—an average of up to one drink per day for women and up to two drinks per day for men, with no more than three or four drinks in any single day for women and men, respectively.

Q: Can your menstrual cycle and/or going through menopause affect glucose levels?

A: Yes and yes! It's common for women to have hormone fluctuations the week before their period, and those can affect glucose control. After ovulating, estrogen and progesterone rise. —Estrogen can make women more sensitive to insulin and cause hypoglycemia. Progesterone can do the converse,‖

Q: Will I need to be on insulin the rest of my life? Why can't I take pills instead?

A: If you have type 2 diabetes and were put on insulin, it's likely you need it to bring your blood sugar down farther than pills could. In this case, you'll likely need to take insulin injections the rest of your life. If, however, you started taking insulin when you had an infection, needed surgery, or were hospitalized for a medical reason, your need for insulin may be temporary. These situations raise stress, and stress can raise blood sugar levels. When the stress abates, you may be able to taper or stop taking insulin and get back to your previous medication regimen.

. **Insulin means an assured new start,** it prevents complications and death, it is weight neutral, and insulin injection needles are so thin that it produces least pain. Newer insulins cause least hypoglycemia and newer pen devices are so user friendly that anyone can travel anywhere with it and it not at all hampers freedom of life. Insulin can be kept in room temperature and having a refrigerator at home is not mandatory for using insulin.

Q: What are the Railways doing to control Diabetes?

A: In all major hospitals in E Rly, including B.R Singh hospital, Eastern Railway, there is separate O.P.D for diabetics. Here not only treatment is given to the patients, but **diabetes education is also imparted** to the patients regularly. There is separate **dietician** who provides diet chart to the patients in an individualized manner according to the food habit. Diabetic educators educate about the need for regular exercise and medications. **Insulin injection technique is also demonstrated** to every patient taking insulin. **Periodic HbA1c camps**, patient education and nurse's education programs are also organized...

Q: Why is foot care so important in Diabetes?

A: Regular foot care is must in a diabetic patient. Uncared diabetic foot may lead to amputation making the patient disabled for rest of the life**.**

There are certain practical tips of foot care which are as follows:

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1. **Never walk bare foot both in indoor and outdoor,**
2. Use clean cotton socks that absorb sweat and avoid nylon,
3. Footwear should neither be very tight, nor very loose,
4. before wearing shoes, look and feel inside for any rough surfaces or pebbles,
5. Look for breaks in skin, cuts, scratches, blisters, sores, if needed with a magnifying glass,
6. Purchase shoes in evening hours as feet are maximum swollen at that time,
7. Medical attention is needed if foot injuries do not heal within 2-3 days.
8. Strong medicines, wart removers, corn caps should only be used under medical supervision. Regularly wash feet in the evening with tepid water and mild soap,
9. Dry the skin between toes with soft towel to prevent fungal infection,
10. Apply a moisturizing lotion or cream in winter to keep the skin supple

It is only the fear of unknown which makes the disease diabetes dreadful. If you learn it, you can tackle it and you will find the difference

Stroke: Frequently Asked Questions

Dr Bhaskar Ghosh, DM, Neurologist

B R Singh Hospital, E Rly, Sealdah

QS: What is a Stroke?

ANS: A stroke, sometimes referred to as a **cerebrovascular accident (CVA)** is the loss of brain function due to a disturbance in the blood supply to the brain.

QS: What are the types of Stroke?

ANS: There are two common types-- disturbance is due to **either ischemia** (lack of blood flow) (Ischemic stroke/cerebral thrombosis) or **hemorrhage** (cerebral hemorrhage).

QS: What is a mini-stroke or TIA?

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ANS: TIA stands for transient ischaemic attack. It is also known as a mini-stroke and happens when the brain's blood supply is briefly interrupted. The symptoms are very similar to those of a full-blown stroke, but they tend to only last for a few minutes (or up to 24 hours). A TIA may cause a brief loss of vision, loss of speech, or weakness in one side of the body.

TIAs are caused by small clots. A large clot causes a stroke. A mini-stroke is a warning that there is a risk of more TIAs, or a full blown stroke.

A TIA should be treated as an emergency and you should seek urgent medical attention for assessment. Without assessment and treatment, about one in four people who have had a TIA will go on to have a full-blown stroke within a few years

QS: How can you recognize the symptoms of a stroke?

ANS: A simple test can help you recognize if someone has had a stroke:

Face-has their face fallen on one side? Can they smile?

Arms-Can they raise both arms and keep them there?

Speech-is their speech slurred?

6) What are the effects of a stroke?

Every stroke is different. Every person affected by stroke will have different problems and different needs. The way in which you might be affected depends on where in the brain the stroke happens and how big the stroke is. A stroke on the right side of the brain generally causes problems on the left side of the body. A stroke on the left side of the brain causes problems on the right side of the body. Some strokes happen at the base of the brain and can cause problems with eating, breathing and moving.

The right half of the brain controls the left side of the body and vice versa. For example, weakness or paralysis in the left arm may result from a stroke in the right side of the brain. For most people, the left side of the brain controls language (talking, reading, writing, and understanding). The right side controls perceptual skills (making sense of what you see, hear, touch) and spatial skills (judging size, speed, distance, position).

Problems you might have after a stroke

After a stroke, you might have problems doing some of the things you did before.

Such as;

- Weakness or lack of movement in your leg and/or arm (paralysis)
- Trouble shooting
- Changes to the way you see things (perceptual or visual problems)
- Changes to the way you feel things e.g. touch (sensory problems)
- Problems thinking or remembering (cognitive problems)
- Trouble speaking, understanding, reading or writing
- Incontinence
- Shoulder pain or arm pain/stiffness
- Feeling worried or sad
- Problems controlling your feelings
- Problems with your sexuality.

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QS: How can stroke be prevented?

ANS: Prevention of stroke may be primary or secondary. Primary means a person should follow the advices so that he does not develop stroke and secondary means that the person already had an attack of stroke and he should follow advices so that he does not develop further attack.

. Commonest cause of Ischemic stroke is **atherosclerosis.** Older age, family history of stroke, diabetes mellitus, hypertension, tobacco smoking, abnormal blood cholesterol [particularly, low high-density lipoprotein (HDL) and/or high low-density lipoprotein (LDL)], and other factors are either proven or probable risk factors for ischemic stroke, largely by their link to atherosclerosis. Risk of stroke is much greater in those with prior stroke or **transient ischemic attack (TIA).** TIA is a clinical condition which is mild form of stroke which recovers fully within a short span of time and brain scan does not show any permanent damage. Many cardiac conditions predispose to stroke, including atrial fibrillation (a condition where heart beats irregularly) and recent heart attack. **Oral contraceptives** and hormone replacement therapy increase stroke risk, and certain inherited and acquired hypercoagulable states predispose to stroke.

So, for primary prevention, **control of hypertension and diabetes** is of utmost importance. Control of lipid profile abnormality as per prescribed guideline either by lifestyle modification or lipid lowering drugs is of primary importance. Obesity predisposes to hypertension, diabetes and lipid profile abnormality. So obese persons should be encouraged to reduce weight.

The primary emphasis is placed on **non-drug strategies and lifestyle changes** adopting a healthy diet with a higher proportion of fruits and vegetables and limited salt, increasing regular aerobic physical activity, reducing elevated body weight, limiting alcohol consumption and quitting smoking. Both under nutrition and over nutrition should be treated.

Nowadays**, obstructive sleep apnea (OSA)** is an important cause of hypertension and stroke. Common symptoms include obesity, snoring, nocturnal sleep disturbance, daytime sleepiness.

Treatment with continuous positive airway pressure might be considered for patients with ischemic stroke or TIA and sleep apnea given the emerging evidence in support of improved outcomes.

Commonest cause of cerebral hemorrhage is hypertension. So it should be controlled. With the advent of so many good antihypertensive drugs, control of hypertension is not at all a problem. In fact, one of the important causes of increased longevity is advent of antihypertensive drugs.

For secondary prevention of ischemic stroke, combination of **aspirin and clopidogrel** to be given for 3 months along with **statin therapy.** Cardiac evaluation to be done and treated accordingly. OSA if present should be treated. Any hypercoaguable condition including hyperhomocysteinemia to be treated.

Low Back Ache:
Frequently Asked Questions

Dr. S. Guha, Sr DMO/HWH

What is Low Back Pain?

It may be described as pain localized between costal margin and gluteal fold. It is the commonest musculoskeletal problem with lifetime prevalence as high as 84%.

Why LBP is so common?

a) Lumbar spine has a dichotomous role i.e. strength coupled with flexibility. Strength is needed to protect the content of spinal canal (spinal cord, conus, caudaequina) and flexibility is needed to perform all sorts of activities.

b) Structurally lumbar (and also cervical) spines are unsupported by other bony structures (e.g. dorsal spine by rib cage and sacrum by pelvic bones)

c) As human started biped walking from quadruped posture, he developed two antigravity curves i.e. lumbar & cervical lordosis. The sandwiched portion of highly mobile lordotic curve of lumbar spine between dorsal and sacral kyphotic curves is vulnerable to trauma and stress - a price man has to pay to become master of the World.

What are the common musculoskeletal causes? of Low Back Pain in Old age?

- Trauma leading to fracture of LS Spine and acute PIVD.
- Inflammatory conditions of Para spinal muscle supporting LS spine.
- Inflammatory conditions of vertebrae like osteomyelitis, caries spine, and discitis
- Fibromyalgia, myofascial pain syndrome.

- Vertebral osteoporosis leading to micro fractures and LBP.
- Malignant conditions - primary or secondary deposits.
- Degenerative spine cascade – lumbar spondylosis --> Prolapsed Intervetebraldisc (PIVD) --> Spinal canal stenosis.

How disc prolapse produces pain?

It produces pain both mechanically and chemically. It compresses nerve root / cord mechanically and also compresses local blood vessels producing local ischemic damage to cord - thus producing pain. Chemical mediators of inflammation like phospholipase A2, cyclooxygenase 2, prostaglandin E2, NO, cytokines are also liberated in response to local exposure of tissue to nucleus pulposus and causes pain.

What is the role of Zygoapophyseal joint (Facet Joint) in producing LBP?

Facet joints are the main posterior support of spinal column. These synovial joint are affected by osteoarthritis usually as a sequel of damage of anterior segment (body or disc). This takes usually about 20 years to develop after disc damage and earlier after conventional discectomy. Stress produced in this segment may cause stress fracture to develop in pars intra-articularis (**spondylolysis**). Often the fracture splits apart to produce **spondylolisthesis.**

What is mechanical Low Back Pain?

LBP due to lumbar spondylosis, degenerative disc disease, muscle imbalance, postural back pain etc. are labeled as mechanical low back pain.

What is the management for mechanical low back pain ?

a) in acute stage-

- Initial bed rest for a brief period followed by ordinary activities of daily living.
- Analgesics (opioids/ non-opioid) with /out muscle relaxant.
-) Physiotherapy with local icepack, IFT, ultrasound therapy.
- 5) Spinal exercise programmer to increase strength and endurance of paraspinal muscle to regain spinal stability and flexibility.
- 6) Back support (if required) like LS corset, brace etc.

b) in chronic stage-

- Reassurance and patient education
- Back school concept to teach a group of patients anatomy& function of spine , how to maintain postural restrictions, how to lift weights, ergonomic training, exercise therapy.
- **Exercise Therapy** - To regain strength &endurance of supporting paraspinal and abdominal muscles to maintain stability and flexibility of spine. Multifidi is a very important spinal stabilizer muscle which is atrophied early after LBP & needs exercise therapy to recover. Rectus abdominis ,transversusabdominis are other muscles of importance for spinal stability. Exercise therapy may be provided by flexion exercise, extension exercise (McKenzie method), Kinetic chain exercises, biofeedback guided exercise to correct muscle imbalance, aquatic exercises. Aerobic activities are now showing increasing promise in the field of exercise therapy.
- **Medications**- NSAIDS, muscle relaxants, Tricyclic antidepressants etc.
- Treatment of depression commonly associated with chronic LBP.

- **Local injections**- i) steroid in myofascial pain syndrome), ii) epidural steroid in PIVD, iii)Botulinum toxin in foal spasticity of back muscle, iv) Intra discal injection of ozone (ozone nucleolysis).
- **Physiotherapy** - i) Manual mobilization (manipulation) - in limited cases in experienced & expert hand. ii)Transcutaneous electrical stimulation (TENS), iii) IFT, Ultrasound, Short wave therapy etc. iv) Relaxation technique like Yoga, Meditation.
- **Spinal support** - like LS belt, braces etc.

What are the common conditions which needs surgical intervention?

a) Progressive neurodeficit not improved with conservative management
b) instability of spine (fracture/ listhesis etc.)
c) SOL (benign/malignant)

Cough: Frequently Asked Questions

Dr.Angira Dasgupta, Sr.DMO

B.R Singh Hospital, E.Rly., Sealdah

Why do people cough?

Coughing has a purpose. It is the way our body keeps away unwanted stuff from getting into your lungs. Coughing helps clear extra mucus from your airways (small tubes in your lungs). It is therefore a manifestation of various diseases.

What are the common causes for cough?

Any condition that causes extra mucus like smoking, a cold, a lung infection or a lung disease, like asthma or COPD can cause cough.

Cough may also be caused by a condition not related to your lungs, such as heartburn, some medications, or throat irritants (for example, dust, pollution, chemicals in your workplace or home).

How do I know if my cough is normal or not?

It is normal to cough occasionally.

Coughing with a cold, flu or allergies is normal. Coughing is not normal if there is associated blood or thick mucus. If your cough makes you very tired, or lightheaded, or causing chest or stomach pain, or causing you to –wet‖ yourself, you should talk to your doctor to find out the cause.

What are the different types of cough?

Cough may be of three types, depending on how long the cough has lasts: acute (cough less than 3 weeks), sub-acute (cough 3-8 weeks), or chronic (cough longer than 8 weeks).

What is the most common cause of acute cough?

The main cause of acute cough is common cold. A cough following a common cold may last as long as two or three weeks.

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What are the causes for cough lasting 3-8 weeks?

A cough that lasts for 3-8 weeks is often caused by a cold or other lung infection that lasts longer than normal for example tuberculosis. A cough that lasts 3-8 weeks may go away by itself but it may also need treatment.

When do I seek medical advice?

You should seek medical advice if 1) you are coughing up blood 2) you are short of breath 3) you are losing weight 4) you are coughing up coloured mucus 5) your cough has changed over time 6) you have a fever 7)you are a current or ex-smoker

What are the causes for a chronic (8 weeks or longer) cough?

A chronic cough is not a disease in itself. It is usually a sign of an underlying disease. Some of the most common causes of chronic cough include: post-nasal drip syndrome, (when mucus drips down your throat from the back of your nose), something at home or work that is irritating your nose or airway, allergies, asthma, smoking, for chronic obstructive pulmonary disease or COPD, acid reflux (sometimes called gastro-esophageal reflux disease or GERD), some high blood pressure medications or a combination of these causes. Tuberculosis is a common cause for chronic cough in our country.

I quit smoking; but why do I still have a cough?

Smokers and former smokers are at risk of developing COPD. COPD is short for chronic obstructive pulmonary disease – the new name for emphysema and chronic bronchitis. A cough that has lasted a long time is a symptom of COPD. A simple breathing test called spirometry is used to diagnose COPD.

I have asthma; why do I still cough?

If you are coughing a lot, it could be a sign that your asthma is not as well controlled as it could be.

Can I just take cough medicine to make my cough go away?

Unless your doctor recommends it, doesn‘t use over-the-counter cough medicine. They won‘t treat your cough; they‘ll just hide the symptoms. Once your doctor determines what is causing the cough with the help of tests such as (spirometry, chest X-ray, sputum tests) he or she can treat the cause.

Cancer: Frequently Asked Questions

ANNEXURE III

Dr.Milon Mazumdar ACHD, Oncology
Dr.Subhashish Das, ACHD, Radiology
B.R Singh Hospital, E.Rly., Sealdah

What are some general signs and symptoms of cancer?
But remember, having any of these does not mean that you have cancer – many other things cause these signs and symptoms, too. If you have any of these symptoms and they last for a long time or get worse, please see a doctor to find out what‘s going on.

- **Unexplained weight loss**

This happens most often with cancers of the pancreas, stomach, esophagus (swallowing tube), or lung.

- **Fever**

Fever is very common with cancer, but it more often happens after cancer has spread from where it started. Less often, fever may be an early sign of cancer, such as blood cancers like leukemia or lymphoma.

- **Fatigue**

Fatigue is extreme tiredness that doesn‘t get better with rest. It may be an important symptom as cancer grows. But it may happen early in some cancers, like leukemia.
Some colon or stomach cancers can cause blood loss that‘s not obvious. This is another way cancer can cause fatigue.

- **Pain**

Pain may be an early symptom with some cancers like bone cancers or testicular cancer. A headache that does not go away or get better with treatment may be a symptom of a brain tumor. Back pain can be a symptom of cancer of the colon, or ovary. Most often, pain due to cancer means it has already spread (metastasized) from where it started.

- **Skin changes**

Along with skin cancers, some other cancers can cause skin changes that can be seen. These signs and symptoms include:
Darker looking skin (*hyperpigmentation*)
Yellowish skin and eyes (*jaundice*)
Reddened skin (*erythema*)
Itching (*pruritus*)
Excessive hair growth

- **Signs and symptoms of certain cancers**

Along with the general symptoms, you should watch for certain other common signs and symptoms that could suggest cancer. Again, there may be other causes for each of these, but it‘s important to see a doctor about them as soon as possible – especially if there‘s no other cause you can identify, the problem lasts a long time, or it gets worse over time.

- **Change in bowel habits or bladder function**

Long-term constipation, diarrhea, or a change in the size of the stool may be a sign of colon cancer. Pain when passing urine, blood in the urine, or a change in bladder function (such as needing to pass urine more or less often than usual) could be related to bladder or prostate cancer. Report any changes in bladder or bowel function to a doctor.

- **Sores that do not heal**

Skin cancers may bleed and look like sores that don‘t heal. A long-lasting sore in the mouth could be an oral cancer. This should be dealt with right away, especially in people who smoke, chew tobacco, or often drink alcohol. Sores on the penis or vagina may either be signs of infection or an early cancer, and should be seen by a health professional.

- **White patches inside the mouth or white spots on the tongue**

White patches inside the mouth and white spots on the tongue may be ***leukoplakia.*** Leukoplakia is a pre-cancerous area that‘s caused by frequent irritation. It‘s often caused by smoking or other tobacco use. People who smoke pipes or use oral or spit tobacco are at high risk for leukoplakia. If it‘s not treated, leukoplakia can become mouth cancer. Any long-lasting mouth changes should be checked by a doctor or dentist right away.

- **Unusual bleeding or discharge**

Unusual bleeding can happen in early or advanced cancer. **Coughing up blood** may be a sign of lung cancer. **Blood in the stool** (which can look like very dark or black stool) could be a sign of colon or rectal cancer. Cancer of the cervix or the *endometrium* (lining of the uterus) can cause **abnormal vaginal bleeding. Blood in the urine** may be a sign of bladder or kidney cancer. A bloody discharge from the nipple may be a sign of breast cancer.

- **Thickening or lump in the breast or other parts of the body**

Many cancers can be felt through the skin. These cancers occur mostly in the breast, testicle, lymph nodes (glands), and the soft tissues of the body. A lump or thickening may be an early or late sign of cancer and should be reported to a doctor, especially if you‘ve just found it or notice it has grown in size. Keep in mind that some breast cancers show up as red or thickened skin rather than a lump.

- **Breast changes**

  Most breast lumps aren't cancer, but your doctor should always check them. Let her know about these changes, too:
  Skin dimpling or puckering
  Nipples that turn inward
  Nipple discharge
  Redness or scaling of your nipple or breast skin
  To look for the cause of your symptoms, your doctor will do a physical exam and ask you questions about your medical history. You may also have tests like a mammogram or a biopsy, when doctors remove a tiny piece of tissue for testing.

- **Bloating**

"Women are natural bloaters," says Marleen Meyers, MD, an oncologist at NYU Langone Medical Center. "It's OK to wait a week or two to see if it goes away."

If your symptoms don't get better with time, or if they happen with weight loss or bleeding, see a doctor. Constant bloating can sometimes mean ovarian cancer. You'll have a pelvic exam as well as blood tests, and sometimes an ultrasound, to look for the cause of the problem, Andersen says.

- **Between-Period Bleeding**

If you're still getting periods, tell your doctor if you're spotting between them. Bleeding that's not a part of your usual monthly cycle can have many causes, but your doctor will want to rule out endometrial cancer(cancer of the lining of your uterus).
Bleeding after menopause is never normal and should be checked right away.

- **Indigestion or trouble swallowing**

  Indigestion or swallowing problems that don't go away may be signs of cancer of the *esophagus* (the swallowing tube that goes to the stomach), stomach, or *pharynx* (throat). But like most symptoms on this list, they are most often caused by something other than cancer.

- **Recent change in a wart or mole or any new skin change**

  Any wart, mole, or freckle that changes color, size, or shape, or that loses its sharp border should be seen by a doctor right away. Any other skin changes should be reported, too. A skin change may be a melanoma which, if found early, can be treated successfully. See pictures of skin cancers and other skin conditions in our *Skin Cancer Image Gallery*.

- **Nagging cough or hoarseness**

  A cough that does not go away may be a sign of lung cancer. Hoarseness can be a sign of cancer of the *larynx* (voice box) or thyroid gland.

- **Other symptoms**

  The signs and symptoms listed above are the more common ones seen with cancer, but there are many others that are not listed here. If you notice any major changes in the way your body works or the way you feel – especially if it lasts for a long time or gets worse – let a doctor know. If it has nothing to do with cancer, the doctor can find out more about what's going on and, if needed, treat it. If it is cancer, you'll give yourself the chance to have it treated early, when treatment works best.

How common is cancer?

About half of all men and one-third of all women in the US will develop cancer during their lifetimes.

The risk of developing most types of cancer can be reduced by changes in a person's lifestyle, for instance, by staying away from tobacco, limiting time in the sun, and being physically active and eating healthy foods.

There are also screening tests that can be done for some types of cancers so they can be found as early as possible – while they are small and before they have spread. In general, the earlier a cancer is found and treated, the better the chances are for living for many years.

Who gets cancer?

Over one and a half million new cancer cases are diagnosed each year. Anyone can get cancer at any age, but the risk goes up with age. About 77% of all cancers are diagnosed in people age of 55 and older. Cancer can be found in Americans of all racial and ethnic groups, but the rate of cancer occurrence (called the *incidence rate*) varies from group to group.

What causes cancer?

Things people do

Some cancers are caused by things people do or expose themselves to. For example, **tobacco use can cause cancer** of the lungs, mouth, throat, bladder, kidneys, and many other organs. Of course, not everyone who uses tobacco will get cancer, but it greatly increases a person's risk. It increases their chance of developing heart and blood vessel disease, too.

Other things people are exposed to

Radiation can cause cancer. For instance, people exposed to nuclear fallout have a higher cancer risk than those who were not exposed. Rarely, radiation treatment for one type of cancer can cause another cancer to grow many years later. This is why doctors and dentists use the lowest possible doses of radiation for x-rays and scans (much lower than the doses used for cancer treatment).

Certain chemicals have been linked to cancer, too. Being exposed to or working with them can increase a person‘s risk of cancer.

Genes that run in families

About 5% to 10% of all cancers are linked to genes that are inherited from parents.

Can injuries cause cancer?

It‘s a common myth that injuries can cause cancer. But the fact is that falls, bruises, broken bones, or other such injuries have not been linked to cancer. Sometimes a person might visit the doctor for what‘s thought to be an injury and cancer is found at that time. But the injury did not cause the cancer; the cancer was already there. It also sometimes happens that a person will remember an injury that happened long ago in the place cancer was found.

Rarely, burn scars can be the site of cancer many years after the burn has healed. Most often, skin cancer is the type that starts in a burn scar.

Can stress cause cancer?

Researchers have done many studies to see if there‘s a link between personality, stress, and cancer. No scientific evidence has shown that a person‘s personality or outlook affects their cancer risk.

What are the risk factors for cancer?

A risk factor is anything linked to your chance of getting a disease, such as cancer. Different cancers have different risk factors. For instance, exposing skin to strong sunlight is a risk factor for skin cancer, but it‘s not linked to colon cancer. Some risk factors can actually cause cancer, while others may simply be more common in people who get cancer. For example, old age by itself doesn‘t cause cancer, but it is a risk factor.

Some of the major cancer risk factors that can be controlled:

- Tobacco use
- Diet
- Physical activity
- Weight
- Alcohol use
- Sun exposure
- Environmental exposures, such as radon, lead, and asbestos
- Exposure to infections like hepatitis, HPV, and HIV

Overall, environmental factors, defined broadly to include tobacco use, diet, obesity, sun exposure, and infectious diseases, as well as chemicals and radiation cause an estimated 75% to 80% of all cancer ..

Is cancer contagious?

In the past, people often stayed away from someone who had cancer. They were afraid they might –catch‖ the disease. But cancer isn‘t like the flu or a cold. You can‘t catch cancer from someone who has it. You won‘t get cancer by being around or touching someone with cancer. Don‘t be afraid to visit someone with cancer. They need the support of their family and friends.

Can cancer be prevented?

There‘s no sure way to prevent cancer, but there are things you can do to help reduce your chances of getting it.

- **Tobacco** ANNEXURE III

Many **cancers might be prevented** if people didn‘t use tobacco.

Smoking damages nearly every organ in the human body and accounts for some 30% of all cancer deaths. Cigarettes, bidis, and oral (smokeless) tobacco products cause cancer and should not be used. People who use tobacco should try to quit. Studies clearly show that ex-smokers have less cancer than people who continue to smoke.

It‘s best to never use tobacco at all and to stay away from **secondhand smoke**.

Alcohol

Drinking alcohol is linked to a higher risk of certain types of cancer.

Some people think that certain types of alcohol are safer than others. But ethanol is the type of alcohol found in all alcoholic drinks, whether they are beers, wines, or liquors (distilled spirits). Overall, it‘s the amount of alcohol that‘s drunk over time, not the type of drink, which seems to be the most important factor in raising cancer risk.

If you drink, limit your intake to no more than 2 drinks per day for men and 1 drink a day for women.

Drinking and smoking

The combined use of alcohol and tobacco raises the risk of mouth, throat, voice box, and esophagus cancer far more than the effects of either one alone.

Ultraviolet (UV) rays and sunlight

You can lower your chances of getting skin cancer by

- Staying out of the sun between the hours of 10 a.m. and 4 p.m.
- Wearing a hat, shirt, and sunglasses when you are in the sun
- Using sunscreen with a sun protection factor (SPF) of 30 or higher
- Not using tanning beds or sun lamps

Diet

We know that our diet (what we eat or don‘t eat) is linked to some types of cancer, but the exact reasons are not yet clear. The best information we have suggests a lower cancer risk for people who:

- Eat a lot of fresh vegetables and fruits (at least 2½ cups a day)
- Choose whole grains rather than refined grains and sugars
- Limit red meats (beef, pork, and lamb)
- Limit processed meats (such as bacon, deli meats, and hot dogs)
- Choose foods in amounts that help them get to and stay at a healthy weight
- Limit alcohol intake to 1 alcoholic drink a day or less for women and 2 or less for men

Vaccines that reduce cancer risk

We now know that some cancers are caused by infections, mostly viruses. One virus that‘s clearly linked to cancer is **the human papilloma virus (HPV)**. It‘s been linked to cervical cancer, anal cancer, many genital cancers, and even head and neck cancers.

There are 2 vaccines to help prevent HPV infections, so they should help prevent the cancers caused by HPV.

Early detection

To find cancer early, while it‘s small and before it has spread, adults should have regular tests called ***cancer screening tests***. These tests help doctors find common cancers before they cause symptoms. For example, regular screening can find cancers of the breast, colon, rectum, cervix, mouth, and skin early. If cancer is found early, it can be easier to treat. Survival also tends to be longer for those with early cancer. Talk to your doctor about which screening tests might be right for you.

ANNEXURE III

How is cancer diagnosed?

A person‘s signs and symptoms are not enough to know whether or not cancer is present. If your doctor suspects cancer you will need more tests, such as **x-rays, blood tests, or a biopsy**. In most cases a biopsy is the only way to be sure whether cancer is present.

To do a biopsy a piece of the lump or abnormal area is taken out and sent to the lab. There, a doctor who specializes in diagnosing diseases (pathologist) looks at the cells under a microscope to see if cancer cells are present. If there are cancer cells, the doctor tries to figure out what type of cancer it is and how fast it‘s likely to grow.

Scans can measure the size of the cancer and can often show if it has spread to nearby tissues. Blood tests can tell doctors about your overall health, show how well your organs are working, and give information about blood cancers.

How is cancer treated?

Surgery, chemotherapy, and radiation are the 3 main types of cancer treatment. A person with cancer may have any or all of these treatments. The cancer care team will discuss all the treatment options with the patient. It‘s important to take time and think about all the options. In choosing a treatment plan, the most important factors are generally the type of cancer and the stage (amount) of the cancer. Other factors to consider include the person‘s overall health, the likely side effects of the treatment, and the probability of curing the cancer, controlling it to extend life, or relieving symptoms.

What are the side effects of cancer treatment?

The type of treatment a person gets depends on the type and stage (extent) of the cancer, their age and overall health, their medical history, and their personal preferences. Each drug or treatment plan has different side effects. It‘s hard to predict what side effects a person will have; even when people get the same treatment they can have different side effects. Some can be severe and others fairly mild. It‘s true that some people have a tough time with cancer treatment, but many others manage quite well. And most cancer treatment side effects can be treated.

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Is cancer treatment worse than cancer?

This is a belief that can be dangerous to many people**. People who think treatment is worse than cancer might not get the treatments that can save their lives.**

It‘s easy to understand one of the sources of this belief. Often people diagnosed with early cancer have not yet had any symptoms or problems, or the problems they‘ve had have been fairly small. In the early stages of cancer, symptoms tend to be minor, if there are any at all. It‘s often only after the treatment begins that people start to feel sick. It‘s also true that chemo, radiation, and surgery can cause side effects. But these fade after the treatment is over, and the treatment can be life-saving for many people.

A person who is thinking of refusing cancer treatment should talk with the doctor to clearly understand the likely outcomes of both treatment and non-treatment before making a decision.

If cancer is allowed to progress without treatment, symptoms get worse and new symptoms build up over time. Symptoms differ based on the type of cancer and the locations to which it spreads. Later in the course of cancer, when more serious symptoms start, curative treatment may not be an option. Cancer kills by invading key organs (like the intestines, lungs, brain, liver, and kidneys) and interfering with body functions that are necessary to live. Untreated cancer commonly causes death.

In contrast, cancer treatment often saves lives – especially when cancer is found and treated early. Even when it can‘t cure the cancer, treatment can often prolong life. And medical care can always be used to help make a person more comfortable by reducing pain and other symptoms. It‘s important that a person knows the goal of each course of treatment, and makes informed decisions throughout the cancer experience.

There are times when every person being treated for cancer questions their commitment to the difficult journey of treatment and its side effects. Sometimes they get discouraged by the uncertainty of treatment and wonder if it‘s worth it. This is normal. It may help to know that doctors are always learning better ways to work with patients to control side effects. And remember, each year brings advances in cancer treatments, too.

What is remission?

Some people think that remission means the cancer has been cured, but this isn‘t always the case. Remission is a period of time when the cancer is responding to treatment or is under control. In a *complete remission*, all the signs and symptoms of cancer go away and cancer cells can‘t be detected by any of the tests available for that cancer. It‘s also possible for a patient to have a *partial remission*. This is when the cancer shrinks but doesn‘t completely disappear.

Remissions can last anywhere from several weeks to many years. Complete remissions may go on for years and over time be considered cures. If the cancer returns (recurs), another remission may be possible with further treatment.

Prostatism and Prostatic Cancer: Frequently asked Question:

Dr. Subir Kanjilal, MS.MCh,Urology
B.R. Singh Hospital, E.Rly.Sealdah

Q: What is BHP/BPE?

A: Benign prostatic enlargement (BPE) is the medical term used to describe an enlarged prostate. It means a non-cancerous enlargement of the prostate gland.

You might also hear it called benign prostatic hyperplasia (BPH). Hyperplasia means an increase in the number of cells. It's this increase in cells that causes the prostate to grow. An enlarged

prostate is common for men after the age of about 50. About 4 out of every 10 men (40 per cent) over the age of 50 and 3 out of 4 men (75 per cent) in their 70s have urinary symptoms that are caused by an enlarged prostate**. BHP is not a disease, only when it causes symptoms that it becomes a disease.**

Q. What causes an enlarged prostate?

A. In recent years, research has shown that the hormone dihydrotestosterone (DHT) is the primary cause of the enlargement of the prostate

Q. What happens when the prostate enlarges?

A. When the prostate enlarges, it can squeeze the urethra – the tube that carries urine from the bladder through the penis – which causes a decrease in the normal flow of urine from the bladder

Q. How is an enlarged prostate diagnosed?

A. A physical examination, patient history, and evaluation of symptoms provide the basis for a diagnosis of benign prostatic hyperplasia and USG. The physical examination includes a digital rectal examination (DRE)

Q. Can an enlarged prostate condition get worse?

A. If left untreated, an enlarged prostate will likely continue to get larger over time and increase the risk of long-term complications.

Q: What are the treatment modalities for BHP/BPE?

A:Drugs: to reduce intra-prostatic pressure like Tamsulosin, hormonal like Finasteride and Dutasteride.(They reduces incidence of retention of urine and complications.

Surgery:

Q: What are the symptoms of prostate cancer?

- a need to urinate frequently, especially at night
- difficulty starting urination or holding back urine
- inability to urinate
- weak or interrupted flow of urine

If prostate cancer develops and is not treated, it can cause these symptoms:

- painful or burning urination
- difficulty in having an erection
- painful ejaculation
- blood in urine or semen
- pain or stiffness in the lower back, hips, or upper thighs

Q: If my father /brother has prostate cancer, can I inherit ate the same ?

A: Only 5 to 10 per cent of prostate cancers are thought to be strongly linked to an inherited risk.

Q: Is there anything I can do to prevent getting prostate cancer?

A:We don't know how to prevent prostate cancer for certain, but a healthy diet and lifestyle may be important. Eating healthily and being active can help you stay a healthy weight. This may mean that you are less likely to be diagnosed with aggressive or advanced prostate cancer

Q: Where does prostate cancer spread to?

If prostate cancer spreads outside the prostate, it can spread to the area just outside the prostate (locally advanced prostate cancer) or to other parts of the body (advanced prostate cancer).

Locally advanced prostate cancer:

If you have locally advanced prostate cancer, your cancer may have started to break out of the prostate, or it might have spread to the area just outside the prostate. This might include:

- the seminal vesicles (two glands that sit behind your prostate and produce some of the fluid in semen)
- pelvic lymph nodes (part of your immune system, near your prostate)
- neck of the bladder
- back passage (rectum).

Advanced prostate cancer:
This is cancer that has spread from the prostate to other parts of the body. It develops when tiny prostate cancer cells move from the prostate to other parts of the body through the blood stream or lymphatic system.

Prostate cancer can spread to any part of the body, but most commonly to the bones. Another common place for prostate cancer to spread to is the lymph nodes (sometimes called lymph glands). Lymph nodes are part of your immune system and are found throughout your body. Some of the lymph nodes are in the pelvic area - near the prostate

Q: What are the usual treatment modalities for prostate cancer?
A: Surgery, Chemotherapy, Radiotherapy and Hormonal therapy plus drugs.
Q: What is abiraterone?

Abiraterone (Zytiga®) is a new type of hormone therapy for men with advanced prostate cancer that has stopped responding to other hormone therapy. It is suitable for men who have already had docetaxel chemotherapy and whose cancer has started to grow again. Abiraterone may help some men to live longer. It can also help control symptoms.
Q: How do oestrogens treat prostate cancer?

You may be given oestrogen to treat your prostate cancer if your original hormone therapy stops working. Diethylstilbestrol (Stilboestrol®) is a tablet that is similar to the hormone oestrogen. Oestrogen is a hormone found in both men and women, but women usually produce more. Diethylstilbestrol can be used to treat prostate cancer that is no longer responding to other types of hormone therapy

Psychiatry: Frequently Asked Questions

Dr. Jhunu Mukherjee, Sr.DMO
B.R Singh Hospital, E.Rly. Sealdah

Q.1. Does old age means a disease ?
Ans. Old age is not a disease. Age itself is not a risk factor for depression
Q.2. When does the old age begin ?
Ans. The old age begins at the age of 65 divided into young old (65-74), Old (75-84) and Oldest old (85 & beyond).
Q.3. Does the old age means dementia (forgetting everything) ?

Ans. No. Mild memory loss is common. New material can be learned with repeated practice. IQ does not decrease.

Q.4 What are the most common mental disorders of old age ?

Ans. Depressive disorder, dementia, alcohol use disorder. Older adult over the age of 75 have highest risk of suicide.

Q./5 What are the common complaint regarding sleep in elderly ?

Ans. Day time sleepiness, day time napping and use of hypnotic drug.

Q.6 What is most stressful life experience of elderly ?

Ans. Death of spouse. 51% of women and 14% of men over the age of 65 will be widowed.

Q.7 What is the commonest type of dementia ?

Ans. Dementia of the Alzheimer‘s type.

Q.8 What are the risk factors for Alzheimer’s dementia ?

Ans. Old age, family history and female sex.

Q.9 What are the common symptoms of dementia ?ring, not able to recognize one‘s own house, repetitions of demands /questions, repeated acts like packing & unpacking of clothes, agitation etc.

Q.10 How to reduce the risk of Alzheimer’s disease and to remain mentally healthy ?

Ans. Stay physically, mentally and socially active (30 minutes of physical exercise daily, enjoying puzzle, riddles, mixing with younger generation etc..) Eat low fat diet, rich in dark vegetables and fruits. Maintain regular sleep schedule and manage stress with daily relaxation technique.

Hearing Loss in Elderly :

Dr.Debasish Guha , Sr.DMO

B.R Singh Hospital, E.Rly.Sealdah

Hearing loss is a sudden or gradual decrease in how well you can hear. It is one of the most common conditions affecting older and elderly adults. Approximately one in three people between the ages of 65 and 74 has hearing loss and nearly half of those older than 75 have difficulty hearing.

Questionnaires to screen hearing loss:

Ask yourself the following questions. If you answer "yes" to three or more of these questions, you could have a hearing problem and may need to have your hearing checked by a doctor.

ANNEXURE III

Do you have a problem hearing on the telephone or mobile phone?

YES ☐ NO ☐

Do you have trouble hearing when there is noise in the background?

YES ☐ NO ☐

Is it hard for you to follow a conversation when two or more people talk at the same time, or when one talks from behind you?

YES ☐ NO ☐

Do you have to strain to understand a conversation?

YES ☐ NO ☐

Do many people you talk to seem not to speak clearly)?

YES ☐ NO ☐

Do you misunderstand what others are saying and respond inappropriately?

YES ☐ NO ☐

Do you often ask people to repeat themselves?

YES ☐ NO ☐

Do your family members complain that you turn the TV volume up too high?

YES ☐ NO ☐

Hearing problems can be serious. The most important thing you can do if you think you have a hearing problem is to seek professional advice. You may consult with your Health Unit Doctor, or ENT Specialist. After clinical examination, you may be referred to an audiologist for identifying and measuring the type and degree of hearing loss and recommending treatment options, including Hearing Aids.

Many people lose their hearing slowly as they age. This condition is known as Presbycusis . Another reason for hearing loss with aging may be years of exposure to loud noise. This condition is known as noise-induced hearing loss. Those who were in Train running & Train passing duties, and those who worked in Workshops with chronic noise exposure, have hearing problems even in their younger and middle years because of too much exposure to loud noise.

Hearing loss can also be caused by viral or bacterial infections, heart conditions or stroke,

head injuries, tumors, and certain medicines (Ototoxic drugs).

Hearing aids are electronic instruments you wear in or behind the ear, or Body worn. They make sounds louder. Things sound different when you wear a hearing aid, but an audiologist or hearing aid specialist can help you get used to it.

You and your family can work together to make hearing easier. Tell your friends and family about your hearing loss. The more you tell the people you spend time with, the more they can help you. Ask your friends and family to face you when they talk so that you can see their faces. If you watch their faces move and see their expressions, it may help you to understand them better. Ask people to speak louder, but not shout. Tell them they do not have to talk slowly, just more clearly.

Osteoporosis: Frequently Asked Questions

Dr.Sarbani Sengupta , ACHD

B.R Singh Hospital, E.Rly., Sealdah

Q1) I am 76 yrs. old suffering from sudden low back pain. X-ray of spine was done with other tests and my doctor said I am suffering from Osteoporosis and fracture of my spine. What is this condition?

A) Osteoporosis(OP) causes bones to become weak and brittle — so brittle that a fall or even mild stresses like bending over or coughing can cause a fracture.

Q2) Why does it happen?

A) Bone is living tissue that is constantly being broken down and replaced. Osteoporosis occurs when the creation of new bone doesn't keep up with the removal of old bone. It is a progressive bone disease that is characterized by a decrease in bone mass and density which can lead to an increased risk of fracture.

Q3)What are the common symptoms?

1.Back pain, caused by a fractured or collapsed vertebra
2.Loss of height over time.
3.A stooped posture
4.A bone fracture that occurs much more easily than expected

Q4)When do we get Osteoporosis?

A)OP is classified as Primary and Secondary. Primarily It occurs in postmenopausal women where the bone protective action of oestrogen has been weaned off. In male decrease in testosterone has a role. It may also affect elderly people with malnutrition(Senile Osteoporosis)

Q5)What are the risk factors?

A)Whites and Asian population, thin built and OP in the siblings are considered high risk.

Other systemic disorders like endocrinal(Thyroid, adrenal, Diabetes), rheumatological(Rheumatoid arthritis, Ankylosing spondylitis, SLE) and renal diseases

Drugs like long term use of glucocorticoids, antiepileptics, anticoagulants, Lithium are risk factors for secondary OP.

Modifiable risk factors:

- **Sedentary lifestyle**
- **Excessive alcohol consumption.**
- Tobacco smoking has been proposed to inhibit the activity of osteoblasts, and is an independent risk factor for osteoporosis
- **4.Malnutrition**-low dietary calcium and/or phosphorus, magnesium, zinc,
- Vitamin D deficiency---Mild vitamin D insufficiency is associated with increased parathyroid hormone(PTH) production. PTH increases bone resorption , leading to bone loss. A positive association exists between serum 1,25-dihydroxycholecalciferol levels and bone mineral density, while PTH is negatively associated with bone mineral density.[19]

Q6) What kinds of tests do I need to confirm the diagnosis?

Blood tests to exclude modifiable secondary causes.

Conventional X-rays-- Frequent complications of osteoporosis are vertebral fractures and loss of vertebral height for which spinal radiography can help considerably in diagnosis and follow-up. Also for fractures in spine, femur, hip or other long bones.

Dexa Scan to measure bone density is confirmatory for Osteoporosis and considered the **gold standard** for the diagnosis of osteoporosis. Osteoporosis is diagnosed when the bone mineral density is less than or equal to 2.5 standard deviations below that of a young.

Q7)Do we need screening of osteoporosis?

A) The U.S.Preventive Services Task force(USPSTF) recommend that all women 65 years of age or older be screened by bone densitometry. Additionally they recommend screening women with increased risk factors that puts them at risk equivalent to a 65 year old.

Q8)What is the management of Osteoporosis?

A) **Lifestyle modification** helps to inverse the potentially modifiable risk factors. Tobacco smoking cessation and moderation of alcohol intake helps in prevention of OP.

Exercise: Exercises to strengthen muscles like Aerobics, weight bearing, and resis tance exercises improve bone strength to maintain or increase BMD.

Prevention of fall.

Q9) Do we need Calcium and Vitamin D supplementation?

A) Benefit of vitamin D supplements combined with calcium for fractures are recommended in some studies.

Q10)What are the medicines used for treatment?

A) Osteoporosis medications are bisphosphonates which are given in weekly or monthly doses orally or intravenously yearly doses.

Q11)what are the side effects of this medicine?

A)Side effects include nausea, abdominal pain, and the risk of an inflamed esophagus or esophageal ulcers hence upright posture for some time after taking the oral medicine is important. Osteonecrosis of the jaw is a rare condition that can occur after a tooth extraction.

Q12)What are the other forms of therapy?

Hormone therapy

A)Estrogen, after menopause, can help maintain bone density. However it is typically used for bone health only if menopausal symptoms also require treatment. Testosterone replacement therapy can help increase bone density in men with OP.

Raloxifene mimics estrogen's beneficial effects on bone density in postmenopausal women, without some of the risks.

Q13) Are there any alternatives to the primary approach that you're suggesting?

A) **Teriparatide :** This powerful drug is similar to parathyroid hormone and stimulates new bone growth.

Denosumab : Compared with bisphosphonates, denosumab produces similar or better bone density.

Q14)What can I do to prevent falls?

A) Wear well fitted flat shoes with nonslip soles and check for electrical cords, floor carpets and slippery surfaces that might cause you to trip or fall. Keep rooms brightly lit, install grab bars just inside and outside your shower door, and keep free spaces to move around.

Constipation: frequently Asked Question

Dr.Gautam Ray, MD.DM (Gastro)

B.R Singh Hospital, E. Rly, Sealdah

ANNEXURE III

Constipation is one of the most intractable and unpleasant lifestyle disorders, True constipation reaches over 90% by the age 80. It would be easy to dismiss as a mere nuisance if not for one undisputable fact — constipation-related complications are behind practically all of the age-onset colorectal disorders

Constipation rarely happens out of the blue in otherwise healthy adults. It is usually preceded by decades of semi-regular stools that are either too large, or too hard, or both. These abnormal stools cause gradual nerve damage and enlargement of the colon, rectum, and haemorrhoidal pads until one day the bowels refuse to move as was meant by nature — once or twice daily [normal by Indian standards], and with zero effort or notice. Therefore, it's best to recognize and eliminate abnormal stools long before they bite you in the ass, literally and figuratively.

What is the difference between irregularity and constipation?

Irregularity means abnormal timing or frequency. Constipation means less than normal bowels but normal varies from person to person. It may also reflect patient psyche. It one of the most dominant side effects of prescription drugs.

Is constipation dangerous for my health?

Not really. It is very common after 60-65 years age, in most cases disease related like Parkinson‘s disease, CVA OR drug related like those used for hypertension, iron, calcium, antidepressants, antiparkinson drugs etc. With increasing aging the colonic nerves become weak like other parts of body and fail to move the fecal bolus. Colon cancer rarely presents with only constipation, it has other symptoms also. But constipation may cause enlarged haemorrhoids, diverticular disease, bloating and flatulence, bleeding from anal fissures, severe cramping.

How should I move my bowels?

At least 1-2 times per day

Why do some foods cause constipation?

All natural foods digest near completely, and don't play any role in forming stools. It is only the type of bacteria in your colon that the specific food may affect is the reason for it.

Does stress cause constipation and why?

Chronic and sporadic stress disrupt regular bowel movements and contribute to constipation. It is called constipation predominant IBS.

Does alcohol cause constipation?

Alcohol inhibits digestion, causes dehydration, depresses glucose metabolism, and compromises the functioning of the central and peripheral nervous systems. The cumulative impact of these factors is

behind chronic constipation. But this does not always occur.

Is it true that dietary fibre prevents or relieves constipation?
Yes, but in amounts not very large. Fibres increase stool bulk because they are not digested and remain in the gut. This helps stool movement

Can I relieve constipation by drinking more water?
No, you can't. Actually, sipping two, three, five, ten or more liters of water wouldn_t produce soft and moist stools because drinking water per se never reaches the large intestine of a healthy person. In fact, death from water intoxication would happen faster than this water reaching the bowels.

Is it true that regular exercise stimulates intestinal activity?
No, it isn_t. In fact, you can exercise yourself senseless and get even more constipated because, among other things, vigorous physical activity inhibits colon motility. But regular mild exercise benefit from the toning up of your entire system including colon but up to a certain age only.

Is it true that toning up lax muscles helps to relieve constipation?
No, it isn_t. Actually, stronger pelvic and abdominal muscles only help you to strain harder, and straining aggravates constipation and its side effects more than any other single factor.

Is it true that animal fat causes constipation?
No, it isn_t. In fact excess fat causes diarrhoea. But it may affect the bacterial flora of colon and cause constipation, again this varies from person to person.

What is the best diet for constipation relief?
The best diet to prevent constipation is a diet moderate in fiber content [vegetables, spinach, lettuce, chapatti, fruit pulp etc.] Do not totally avoid fat in order to stimulate the moving of the bowels. Dietary fat is the only substance that initiates the action that precedes bowel movements.

Why do some antibiotics cause constipation?
Antibiotics kill pathogenic bacteria throughout the body. With few exceptions, antibiotics can't differentiate good bacteria from bad, so all get killed, including the bacteria in the large intestine that give stools their amorphous properties — slightly formed, light, uniform in colour, soft, and moist. Once the bacteria population is reduced, or it is missing altogether, stools become dry and hard because there is nothing left to form them and to retain moisture.

Is colonoscopy mandatory for constipation?
No. Colonoscopy procedure disrupts natural bowel movements. The three principal causes are (1) Intestinal flora damage by synthetic laxatives; (2) complete lavage of the bowels; (3) stress and anxiety related to it. If you are already affected by latent or organic constipation, it will exacerbate it. However if symptoms of some organic disease is there like anaemia, weight loss, failure to pass stool and gas also, then it may be needed.

Why does constipation cause anal bleeding?
For the exact same reasons hard stools cause enlarged internal haemorrhoids, they may also tear apart the delicate tissue that lines the rectum and anal canal. The resulting abrasions, fissures, ulcers, and fistulas may bleed when aggravated by straining

Why does constipation cause bloating and flatulence?
Bloating and flatulence are related to two concomitant conditions — intestinal inflammation and fermentation of indigestible fiber by intestinal bacteria. Since constipation leads to a considerable accumulation of stools inside the large intestine, and, sometimes, even in the small intestine, bacteria has an infinite amount of undigested fiber to ferment on, and produce copious gases and elevated acidity. In turn, inflammation blocks the absorption of gases into the bloodstream for evacuation through gas exchange in the lungs. These trapped gases cause flatulence and cramps and the gases that gradually escape, cause flatulence.

Can constipation cause bad mouth odor?
In general, bad mouth odor, or halitosis, is caused by dental caries, periodontal disease, and sulphur-producing bacteria in the oral cavity. So, you must first take care of these.

What is the connection between constipation and colorectal cancer?
Constipation may be a symptom of colon cancer but it never causes cancer.

Constipation is constipation... What's the point in knowing all this?
Even though the end results of constipation are all the same — painful haemorrhoids, or emergency surgery for appendicitis or diverticulitis, there are gender, age, diet, stage, and lifestyle differences that make each particular case of constipation different from another one.

These distinctions are important for the following reasons:

— ***Anticipation and prevention***. If, for example, you know that you have a propensity for getting costive while travelling, now you know how to avoid ruining your trip.

— ***Treatment tailored to age, gender, health, and diet***. A high-fiber diet in young adults may, indeed, produce quick and lasting constipation relief because they still have supple and undamaged bowels. The exact same diet in young children or older adults will produce a complete wreck because the expansion of the fiber overpowers the tiny bowels of children, and the worn out bowels of seniors.

— ***Recognition of underlying causes*** to implement a meaningful and working prevention. Sure, you can use Hydro-C to find quick relief, but for as long as the underlying causes of constipation are left in place — high fiber diet, the suppression of bowel movements, straining, disbacteriosis , or mineral deficiency — you'll still be dependent on some kind of palliative to move the bowels, and the damage will continue to accrue.

— ***Gender-specific differences***. Women should pay much more attention to constipation than men because of the particulars of the respective anatomy, plus periods, pregnancy, delivery, and lactation place an additional toll on the female digestive system. If you don't account for these differences, a 'one-size-fits' all treatment isn't likely going to help.

— ***Age-related difference***. As people get older, the digestive organs undergo a substantial transformation, particularly on a high-fiber diet. Constipation relief isn't possible without accounting for this transformation, particularly in terms of expectations of 'normality.' For example, while it is abnormal for a 25 year old to move the bowels less than once or twice a day, it may be absolutely normal for a healthy senior because his/her intestinal peristalsis isn't as efficient as that of a young

man/woman.

— ***Recognition of the psychosomatic factors*** that influence the etiology of constipation. Finally, psychology plays a huge role in constipation because the very last act of moving the bowels — letting it go — can be controlled and... suppressed at will. Sure, the ability to withhold moving the bowels is an absolutely essential trait for city

Eye Diseases: Frequently Asked Questions

Dr.Debjani Mukhopadhyay **Dr Subhankar Home**

Sr/DMO/Eye/BRSH **ACHD/Eye /BRSH**

Q.1 I have realized that my vision is reduced than previously. I can't see properly even with my

Glasses on. What do I need to do doctor?

A. You are probably suffering from lental sclerosis. Don't panic. We will first do refraction.

Q.2 What if changing glasses doesn't help?

A. We will check if you have developed cataract.

Q.3 Cataract? My god! Will I be all right with medicines?

A. I'm afraid not. You will need surgery for restoration of your vision.

Q.4 Sometimes I get heaviness and gritty sensation in my eyes throughout in the day esp. in morning after waking up .I have got both my eyes operated and my vision is good, but this grittiness is bothering me.

A .You are probably suffering from dry eye syndrome which is very common post operatively. An **emollient** eye drop will help you.

Q.5My eyes feel tired sometimes particularly in the later half of the day I feel a dull ache behind my eye and in forehead.

A.We will have to check your power of glasses and ocular pressure.

Q.6 Sometimes I have noticed a rainbow halo of light beyond the light bulb particularly in the evening.

A. You need to undergo a series of tests to rule out glaucoma in your eyes.

Q.7 I have Diabetes for 6 years. Recently my vision has lessened.

A. We need to check your retina to exclude diabetic retinopathy. We may need other tests like DFFA and OCT.

Q.8 How will I understand that if I am suffering from glaucoma?

A. Glaucoma is a silent thief of vision. You need to undergo regular yearly follow up for that.

Q.9 Does glaucoma gets cured by medicine?

A. The nerve damage can be restricted with medicine, but the lost nerve can not be regenerated by medicine.

Q 10 Can I undergo cataract surgery if anti glaucoma medicines are on?

A. Yes, you can.

Q.11 Are there any surgical procedures for glaucoma?

A. Yes, there are some, but they are only needed in cases of resistant glaucoma not controlled by medicines.

Q.12 Can diabetes and hypertension hamper my vision?

A. Yes, they can .You need to undergo a detailed retina examination every 6 months.

Q.13 What complication can arise from Diabetes or Hypertension?

A. Diabetes can cause early maturation of cataract, hemorrhage in retina and vitreous, even retinal detachment. HTN can cause hemorrhage and vascular occlusions in retina.

Q.14 I have diabetes since last 7 years, when should I come for eye checkup?

A. As early as possible you should undergo eye checkup.

Adult Immunization and Immunization for the Old

ANNEXURE III

Influenza vaccination

Annual vaccination against influenza is recommended for all persons aged 6 months or older.

Persons with hives-only allergy to eggs, can receive the inactivated influenza vaccine (IIV). An age-appropriate IIV formulation should be used.

Adults aged 18 to 49 years can receive the recombinant influenza vaccine (RIV) (FluBlok). RIV does not contain any egg protein.

Health care personnel who care for severely immunocompromised persons (i.e., those who require care in a protected environment) should receive IIV or RIV rather than LAIV.

The intramuscularly or intradermally administered IIV are options for adults aged 18 to 64 years.

Adults aged 65 years or older can receive the standard-dose IIV or the high-dose IIV (Fluzone High-Dose).

Tetanus

Adults with an unknown or incomplete history of completing a 3-dose primary vaccination series with Toxin -containing vaccines should begin or complete a primary vaccination series at 0,1 and 6 months followed by booster doses once every 5 years (if there are cuts) or every 10 years (if there are no cuts)

Varicella vaccination

All adults without evidence of immunity to varicella (as defined below) should receive 2 doses of single-antigen varicella vaccine or a second dose if they have received only 1 dose.

Vaccination should be emphasized for those who have close contact with persons at high risk for severe disease (e.g., health care personnel and family contacts of persons with immunocompromising conditions) or are at high risk for exposure or transmission (e.g., teachers; child care employees; residents and staff members of institutional settings, including correctional institutions; college students; military personnel; adolescents and adults living in households with children; nonpregnant women of childbearing age; and international travelers).

Evidence of immunity to varicella in adults includes any of the following:

documentation of 2 doses of varicella vaccine at least 4 weeks apart

history of varicella based on diagnosis or verification of varicella disease by a doctor

history of herpes zoster based on diagnosis or verification of herpes zoster disease by doctor

laboratory evidence of immunity or laboratory confirmation of disease.

Zoster vaccination

A **single dose** of zoster vaccine is recommended for adults aged 60 years or older regardless of whether they report a prior episode of herpes zoster.

Persons aged 60 years or older with chronic medical conditions may be vaccinated unless their condition constitutes a contraindication severe immunodeficiency.

Pneumococcal conjugate (PCV13) vaccination

Adults aged 19 years or older with immunocompromising conditions (including chronic renal failure and nephrotic syndrome), functional or anatomic asplenia, cerebrospinal fluid leaks, or cochlear implants who have not previously received PCV13 or PPSV23 should receive **a single dose** of PCV13 followed by a dose of PPSV23 at least 8 weeks later.

Adults aged 19 years or older with the aforementioned conditions who have previously received 1 or more doses of PPSV23 should receive a dose of PCV13 one or more years after the last PPSV23 dose was received. For adults who require additional doses of PPSV23, the first such dose should be given no sooner than 8 weeks after PCV13 and at least 5 years after the most recent dose of PPSV23.

When indicated, PCV13 should be administered to patients who are uncertain of their vaccination status history and have no record of previ¬ous vaccination.

Pneumococcal polysaccharide (PPSV23) vaccination

Vaccinate all persons with the following indications:

all adults aged 60 years or older;

adults younger than 60 years with chronic lung disease (including chronic obstructive pulmonary disease, emphysema, and asthma), chronic cardiovascular diseases, diabetes mellitus, chronic renal fail¬ure, nephrotic syndrome, chronic liver disease (including cirrhosis), alcoholism, cochlear implants, cerebrospinal fluid leaks, immunocom-promising conditions, and functional or anatomic asplenia (e.g., sickle cell disease and other hemoglobinopathies, congenital or acquired asplenia, splenic dysfunction, or splenectomy [if elective splenectomy

is planned, vaccinate at least 2 weeks before surgery]);
residents of nursing homes or long-term care facilities; and

adults who smoke cigarettes.

Persons with immunocompromising conditions and other selected conditions are recommended to receive PCV13 and PPSV23 vaccines. Persons with asymptomatic or symptomatic HIV infection should be vaccinated as soon as possible after their diagnosis.

When cancer chemotherapy or other immunosuppressive therapy is being considered, the interval between vaccination and initiation of immunosuppressive therapy should be at least 2 weeks. Vaccination during chemotherapy or radiation therapy should be avoided.

Meningococcal vaccination

Administer **2 doses** of quadrivalent meningococcal conjugate vaccine at least 2 months apart to adults of all ages with functional asplenia or persistent complement component deficiencies. HIV infection is not an indication for routine vaccination with MenACWY. If an HIV-infected person of any age is vaccinated, 2 doses of MenACWY should be administered at least 2 months apart.

Administer a **single dose** of meningococcal vaccine to microbiologists routinely exposed to isolates of Neisseria meningitidis, military recruits, persons at risk during an outbreak attributable to a vaccine serogroup, and persons who travel to or live in countries in which meningococcal disease is hyperendemic or epidemic.

Hepatitis A vaccination

Vaccinate any person seeking protection from hepatitis A virus (HAV) infection and persons with any of the following indications:

men who use injection or non- injection illicit drugs;

persons working with HAV-infected primates or with HAV in a research laboratory setting;

persons with chronic liver disease and persons who receive clotting factor concentrates;

persons traveling to or working in countries that have high or inter-mediate endemicity of hepatitis A; and

unvaccinated persons who anticipate close personal

Inactivated Hepatiatis A vaccine (Adhesive) used in Eastern Raiway.

Single-antigen vaccine formulations should be administered in a 2-dose schedule at **either 0 and 6 to 12 months (Havrix), or 0 and 6 to 18 months** (Vaqta). If the combined hepatitis A and hepatitis B vaccine (Twinrix) is used, administer 3 doses **at 0, 1, and 6 months**; alternatively, a 4-dose schedule may be used, administered on days 0, 7, and 21 to 30 followed by a booster dose at month 12.

Hepatitis B vaccination

Vaccinate persons with any of the following indications and any person seeking protection from hepatitis B virus (HBV) infection:

sexually active persons who are not in a long-term, mutually monoga-mous relationship (e.g., persons with more than 1 sex partner during the previous 6 months); persons seeking evaluation or treatment for a sexually transmitted disease (STD); current or recent injection drug users; and men who have sex with men;

health care personnel and public safety workers who are potentially exposed to blood or other infectious body fluids;

persons with diabetes who are younger than age 60 years as soon as feasible after diagnosis; persons with diabetes who are age 60 years or older at the discretion of the treating clinician based on the likelihood of acquiring HBV infection, including the risk posed by an increased need for assisted blood glucose monitoring in long-term care facili¬ties, the likelihood of experiencing chronic sequelae if infected with HBV, and the likelihood of immune response to vaccination;

persons with end-stage renal disease, including patients receiving hemodialysis, persons with HIV infection, and persons with chronic liver disease;

household contacts and sex partners of hepatitis B surface anti¬gen-positive persons, clients and staff members of institutions for persons with developmental disabilities, and international travelers to countries with high or intermediate prevalence of chronic HBV infection; and

all adults in the following settings: STD treatment facilities, HIV test¬ing and treatment facilities, facilities providing drug abuse treatment and prevention services, health care settings targeting services to injection drug users or men who have sex with men, correctional facilities, end-stage renal disease programs and facilities for chronic hemodialysis patients, and institutions and nonresidential day care facilities for persons with developmental disabilities.

rDNA (Multidose) used in Eastern railway)

Administer missing doses to complete a 3-dose series of hepatitis B vaccine to those persons not vaccinated or not completely vaccinated. The second dose should be administered 1 month after the first dose; the third dose should be given at least 2 months after the second dose (and at least 4 months after the first dose). If the combined hepatitis A and hepatitis B vaccine (Twinrix) is used, give 3 doses **at 0, 1, and 6 months;** alternatively, a 4-dose Twinrix schedule, administered on days 0, 7, and 21 to 30 followed by a booster dose at month 12 may be used.

Adult patients receiving hemodialysis or with other immunocompromising conditions should receive 1 dose of 40 mcg/mL (Recombivax HB) administered on a 3-dose schedule at 0, 1, and 6 months or 2 doses of 20 mcg/mL (Engerix-B) administered simultaneously on a 4-dose schedule at 0, 1, 2, and 6 months.

Haemophilus influenzae type b (Hib) vaccination

One dose of Hib vaccine should be administered to persons who have functional or anatomic asplenia or sickle cell disease or are undergoing elective splenectomy if they have not previously received Hib vaccine. Hib vaccination 14 or more days before splenectomy is suggested.

Recipients of a hematopoietic stem cell transplant should be vaccinated with a 3-dose regimen 6 to 12 months after a successful transplant, regardless of vaccination history; at least 4 weeks should separate doses.

Hib vaccine is not recommended for adults with HIV infection since their risk for Hib infection is low.

Typhoid Vaccine:

Administered every 3 years.

Immunocompromising conditions

Inactivated vaccines generally are acceptable (e.g., pneumococcal, meningococcal, and inactivated influenza vaccine) and live vaccines generally are avoided in persons with immune deficiencies or immunocompromising conditions. Information on specific conditions is available at http://www.cdc.gov/vaccines/hcp/acip-recs/index.html.

ANNEXURE III

List of Railway Hospitals and Health Units with Private Tie-ups

Infrastructure available

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Railway Hospitals

There are total - 125 Railway Hospitals Private Recognized Hospitals - 133

Total No. of indoor beds - 13963

(A)Zone wise list of Railway Hospitals

A.1	Central Railway Hospital	No. of beds
(i)	Central Hospital , Byculla, Mumbai	366
(ii)	Div. Hospital , Bhusawal	260
(iii)	Div. Hospital Nagpur	185
(iv)	Div. Hospital Kalyan	120
(v)	Div. Hospital Sholapur	89
(vi)	Div. Hospital Pune	43
(vii)	Sub Div. Hospital , Amla (Nagpur Div.)	20
(viii)	Sub Div. Hospital , Daund (Sholapur Div.)	34
(ix)	Sub Div. Hospital , Igatpuri (Mumbai Div)	20
(x)	Sub Div. Hospital , Kurduwadi (Sholapur Div)	35
(xi)	Sub Div. Hospital ,Manmad (Bhusawal)	19
Total		1291
A.2	Eastern Railway Hospital	No. of beds
(i)	Central Hospital , B.R.Singh E.Rly. Sealdah/Kolkata	465
(ii)	Div. Hospital , Asansol	220
(iii)	Div. Hospital Howrah	179
(iv)	Div. Hospital Malda	100

(v) Sub Div. Hospital , Andal (Asansol Div.)	50
(vi) Production Unit Hospital C.L.W./Chittaranjan	220
(vii) Workshop Hospital , Jamalpur	252
(viii) Workshop Hospital Kanchrapara	220
(ix) Workshop Hospital Liluah	101
(x) Metro Railway Hospital/Tollygunj	30
Total	1833
A.3 East Central Railway Hospital	**No. of beds**
(i) Central Hospital Patna	150
(ii) Div. Hospital , Danapur	202
(iii) Div. Hospital Dhanbad	130
(iv) Div. Hospital Mughalsarai	156
(v) Div. Hospital Sonpur	80
(vi) Div. Hospital Samastipur	163
(vii) Sub Div. Hospital , Gharhara	56
(viii) Sub Div. Hospital Gaya (Mughalsarai Div.)	57
(ix) Workshop Hospital Patratu (Dhanbad Div.)	30
Total	1024
A.4 East Coast Railway Hospital	**No. of beds**
(i) Central Hospital , Bhubneswar	56
(ii) Div. Hospital , Vishakhapatnam	154
(iii) Div. Hospital , Khurda Road	80
(iv) Div. Hospital , Sambalpur	35
Total	325
A.5 Northern Railway Hospital	**No. of beds**
(i) Central Hospital , New Delhi ,	392
(ii) Div. Hospital , Lucknow/Charbagh	275
(iii Div. Hospital , Moradabad	119
(iv Div. Hospital , Firozpur	85
(v) Div. Hospital , Ambala	60
(vi Div. Hospital , Delhi	50
(vii) Sub Div. Hospital , Amritsar (Firozpur Div.)	50
(viii) Sub Div. Hospital , RDSO/Lucknow	30
(ix) Sub Div. Hospital , Saharanpur (Ambala Div)	15
(x) Workshop Hospital Jagadhari	55
(xi) Workshop Hospital DLMW/Patiala	30
(xii) Production Unit Hospital , Kapurthala	60
ToTal	1221
A.6 North Central Railway Hospital	**No. of beds**
(i) Central Hospital , Allahabad	175
(ii) Div. Hospital , Jhansi	205
(iii) Div. Hospital Agra	60
(iv) Sub Div. Hospital , Tundla (Allahabad Div.)	75
(v) Sub Div.Hospital, Kanpur (Allahabad Div.	71
Total	586

A.7	North Eastern Railway Hospital	No. of beds
(i)	Central Hospital , Gorakhpur	366
(ii)	Div. Hospital , Varanasi	166
(iii)	Div. Hospital , Izzatnagar	136
(iv)	Div. Hospital , Lucknow/Badshah Nagar	82
(v)	Sub Div. Hospital , Gonda (Lucknow Div.)	70
(vi)	Production Unit Hospital D.L.W./Varanasi	105
(vii)	Special Hospital for Cancer treatment C.R.I./Varanasi	137
Total		1062

A.8	Northeast Frontier Railway Hospital	No. of beds
(i)	Central Hospital , Maligoan, Guwahati	317
(ii)	Div. Hospital , Lumding	141
(iii)	Div. Hospital , Katihar	130
(iv)	Div. Hospital , Alipurduar	111
(v)	Div. Hospital , Newbongaigaon	75
(vi)	Div. Hospital , Dibrugarh Tinsukia	90
(vii)	Sub Div. Hospital New Jalpaiguri, (Katihar Div.)	100
(viii)	Sub Div. Hospital , Badarpur (Lumding Div.)	57
(ix)	Sub Div. Hospital , New Tinsukia (Tinsukia Div)	25
(x)	Sub Div. Hospital , Rangapara North (Rangia Div)	40
Total		1086

A.9	North Western Railway Hospital	No. of beds
(i)	Central Hospital , Jaipur	86
(ii)	Div. Hospital , Ajmer	206
(iii)	Div. Hospital , Jodhpur	117
(iv)	Div. Hospital , Bikaner	100
(v)	Sub Div. Hospital , Abu Road (Ajmer Div.)	24
(vi)	Sub Div. Hospital , Bandikui(Jaipur Div.)	18
(vii)	Sub Div. Hospital , Rewari (Jaipur Div)	20
(viii)	Sub Div. Hospital , Rana Pratap Nagar (Ajmer Div)	9
Total		580

A.10	Southern Railway Hospital	No. of beds
(i)	Central Hospital , Perambur, Chennai	505
(ii)	Div. Hospital , Tiruchirapalli, Golden Rock	197
(iii)	Div. Hospital , Palghat	106
(iv)	Div. Hospital , Madurai	115
(v)	Div. Hospital , Arakkonam	50
(vi)	Div. Hospital , Trivandrum	50
(vii)	Production Unit Hospital , ICF/Perambur	101
(viii)	Sub Div. Hospital, Villupuram (Trichi Div.)	26
(ix)	Sub Div. Hospital,, Podanur (Palghat Div.)	28
(x)	Sub Div. Hospital, Erode (Palghat Div)	30
(xi)	Sub Div. Hospital, Shoranur (Palghat Div.)	24
Total		1232

A.11	South Central Railway Hospital	No. of beds

(i)	Central Hosp., Lallaguda, Secunderabad	300
(ii)	Div. Hospital , Vijaywada	203
(iii)	Div. Hospital , Guntakal	131
(iv)	Div. Hospital Nanded	30
(v)	Sub Div. Hospital , Purna	25
(vi)	Workshop Hospital Re-ayanapadu (Vijaywada Div)	25
Total		684

A12	South Eastern Railway Hospital	No. of beds
(i)	Central Hospital , S.E.R./Kolkata	303
(ii)	Div. Hospital , Kharagpur	340
(iii)	Div. Hospital , Adra	198
(iv)	Div. Hospital,Chakradharpur	100
(v)	Div. Hospital Ranchi	50
(vi)	Sub Div. Hospital ,Tata Nagar (Chakradharpur Div.)	55
(vii)	Sub Div.Hospital, Bondamunda (Chakradharpur Div.)	65
	Total	1111

A13	South East Central Railway Hospital	No. of beds
(i)	Central Hospital , Bilaspur	105
(ii)	Divv. HospitalRaipur	50
(iii)	Sub Div. Hospital , Nainpur (Nagpur Div.)	10
(iv)	Sub Div.Hospital, Bhilai Marshalling Yard (Raipur Div)	30
(v)	Sub Div.Hospital, Shahdol (Bilaspur Div.)	10
Total		250

A14	South Western Railway Hospital	No. of beds
(i)	Central Hospital , Hubli	149
(ii)	Div. Hospital , Mysore	101
(iii)	Div. Hospital , Bangalore	50
(iv)	Production Unit/Rail Wheel Factory, Bangalore	46
Total		346

A.15	Western Railway Hospital	No. of beds
(i)	Central Hospital , Jagjivan Ram Hosp Mumbai.	330
(ii)	Div. Hospital , Ratlam	125
(iii)	Div. Hospital , Bhavnagar	107
(iv)	Div. Hospital , Vadodara	96
(v)	Div. Hospital , Rajkot	79
(vi)	Div. Hospital , Sabarmati	50
(vii)	Workshop Hosp. Dahod	130
(viii)	Sub Div. Hosp., Valsad (Mumbai Div.)	42
(ix)	Sub Div. Hospital, Gandhidham(Ahmedabad Div)	17
Total		976

A.16	West Central Railway Hospital	No. of beds
(i)	Central Hospital , Jabalpur	125
(ii)	Div. Hospital , Kota	104

(iii)	Div. Hospital , Bhopal	60
(iv)	Sub Div. Hospital , Ganganagar City (Kota Div.)	50
(v)	Sub Div.Hospital, Bina (Bhopal Div.)	37
(vi)	Sub Div. Hospital , Itarsi (Bhopal Div)	25
(vii)	Sub Div. Hospital , New Katni Jn. (Jabalpur Div.)	25
Total		426

(C)	Functional basis classification	
(i)	Zonal Hospital s	16
(ii)	Divisional Hospitals	56
(iii)	Sub Divisional Hospitals	37
(iv)	Production Unit Hospitals	5
(v)	Workshop Hospitals	9
(vi)	Special Hosp./C.R.I./Varana	1
(vii	Metro Hospital	1
Total		125

4.3 Railway Health Units / Polyclinics

A zone wise list of health unit / polyclinic

Name of the Zone	No. of Health Units/Polyclinics
Central Railway	32
Eastern Railway	52
East Central Railway	40
East Coast Railway	27
Northern Railway	62
North Central Railway	29
North Eastern Railway	26
Northeast Frontier Railway	47
North Western Railway	30
Southern Railway	42
South Central Railway	44
South Eastern Railway	38
South East Central Railway	20
South Western Railway	20
Western Railway	58
West Central Railway	19

Total	586

ANNEXURE III

Zone A 1: Central Railway:

ANNEXURE III

Sr. No.	Name of Hospital	Location	Address	Bed Strength	Treatment/Specialty
1	Dr. B.A.M.C.Rly Zonal hospital, Byculla	Byculla	Dr. B.A.AmbedkarMarg, Byculla (E), Mumbai-400 027	366	Zonal Hospital & Tertiary referral centre, All facilities for Med/Surg/O+G/Eye
2	Divisional hospital, Mumbai division	Kalyan	Near Gate No.41, Railway crossings,	120	Divl.Hospital, All facilities for Med/Surg/O+G/Eye
3	Divisional Hospital, Bhusawal	Bhusawal	Ordinance factory Road, Bhusawal Dist.-Jalgaon-425201 Maharashtra.	250	Divl. Hospital All facilities for Med/Surg/O+G/Eye
4.	Divisional Hospital, Nagpur	Nagpur	DRM Building compound King's way, Near Nagpur Railway station, Nagpur-	185	Divl. Hospital All facilities for Med/Surg/O+G/Eye
5	Divisional Hospital, Solapur	Solapur	Dr. Kotnis Memorial hospital, Near Railway Station Dist- Solapur-	89	Divl. Hospital All facilities for Med/Surg/O+G/Eye
6	Divisional Hospital, Pune	Pune	Maldakka Road, near Pune S.T.stand. Pune-411 001 Maharashtra.	50	Divl. Hospital All facilities for Med/Surg/O+G/Eye
7	Sub-Divisional Hospital, Igatpuri	Igatpuri	Agra Road, Igatpuri(E)-422403 Maharashtra.	40	Indoor with basic care facilities
8	Sub-Divisional Hospital, Kurduwadi	Kurduwadi	Near Railway station, Taluka - Mada, Dist- Solapur Kurduwadi-	34	Indoor with basic care facilities
9	Sub-Divisional Hospital, Daund	Daund	Near Railway station, Taluka- Daund, Dist-Pune, Daund-413 801	30	Indoor with basic care facilities
10	Sub-Divisional Hospital, Manmad	Manmad	Near Railway station, Manmad, Maharashtra	10	Indoor with basic care facilities

11 \ Sub-Divisional Hospital, Amla	Amla	Amla. Dist- Betul State - Madhya Pradesh.	10	Indoor with basic care facilities

ANNEXURE III

Health Units- 30 nos.

Mumbai Division	CSTM, Matunga, Parel, kurla, Thane, Kalwa, Sanpada, Panvel, & Lonavala
Pune Division	Ghorpuri, Satara, Miraj
Bhusawal Division	Khandwa, Murtizapur, H/Unit Bhusawal Station, ZTS H/unit Bhusawal, Bandera, shegaon, Nandgaon, Chalisgaon, TWN W/shop Nasik Road, & Nasik
Nagpur Division	Ajni, Wardha, Ballarshah, Junnardeo, Warora.
Solapur Division	Wadi, Ahmednagar, Pandharpur.

(B) Private Hospitals - Recognized.

Sr. No.	Name	Location	Speciality
1	Jaslok Hospital	Mumbai	Neurology/ Renal Implant
2	Bombay Hospital	Mumbai	Cardiac
3	Charak Hospital	Mumbai	Eye-Retinal Surgery
4	Fortis Hospital	Mumbai	Cardiac
5 [1]	Hiranandani / Fortis Hospital	Navi Mumbai	Cardiac
6	Indo Americal Hospital	Jalgaon	Cardiac
7	Balaji Hospital	Nasik	All Emergency
8	Ashwini Hospital	Solapur	All Emergency
9	KEM Hospital	Pune	All Emergency
10	Arneji Hospital	Nagpur	Cardiac Emergency
11	Sukru Mission, Junnardeo	Nagpur	All Emergency
12	Jairam Hospital	Nasik	All Emergency

Zone A 2 :Eastern Railway

Eastern Railway has the following Zonal, Divisional and Workshop Hospitals and each hospital having the following bed strength:

1.B.R.Singh Hospital	465
2.Howrah Orthopaedic Hospital	179
3.Asansol Divisional Hospital	220
4.Malda Divisional Hospital	101
5.Kanchrapara Workshop Hospital	220
6..Liluah Workshop Hospital	100
7.Jamalpur Workshop Hospital	252
8.Andal Sub-divisional Hospital	50
TOTAL BED STRENGTH	1587

HEALTH UNITS

Name of Div.	SN	Name of the Health Units/Dispensaries
Sealdah	01	Narkeldanga Health Unit
	02.	Kamardanga
	03.	Chitpur
	04.	Dakshindari
	05.	Fairlie Place
	06.	Koilaghat
	07	Gholsapur
	08	Sonarpur
	09.	Barasat
	10.	Bongaon

	11.	Ranaghat (Main)
	12.	Ranaghat (CRE)
	13.	Krishnapur
	14.	Naihati

Asansol	01.	Asansol Traffic
	02.	Chandmari
	03.	Domohani
	04	Sitarampur
	05.	Barakar
	06.	Madhupur

ANNEXURE III

Howrah	01.	DRM Bldg.
	02.	Signal Workshop
	03.	Golmohar
	04.	Tikiapara
	05.	Bamangachi
	06.	Kamarkundu
	07.	Bandel
	08.	Barddhaman (Main)
	09.	Barddhaman (Loco)
	10.	Rampurhat
	11.	Ajimgunj
	12.	Katwa

Malda	01	Sahibgunj (Main)
	02	Sahibgunj (Loco)
	03.	Bhagalpur

Andal (ASN DIV)	01	Andal (12&13 Colonies)
	02	Panagarh

Liluah Workshop	01	Liluah Workshop

Kanchrapara Workshop	01	Halisahar
	02	Loco
	03	Dangapara
	04	Carriage

ANNEXURE III

Jamalpur Workshop	01	Traffic
	02	Rampur
	03	Daulatpur
	04	Gate No.6
	05	Workshop

TOTAL NO.OF HEATLH UNITS-47

FACILITY AVAILABLE IN B.R.SINGH HOSPITAL, THE MULTI-SPECIALITY-CENTRAL-REFERRAL HOSPITAL OF EASTERN,METRO, CHITTARANJAN,S.E.,N.F. AND N.E.RAILWAY(S) –THE TOTAL BED STRENGTH OF THIS HOSPITAL-465.

1.Advanced Cardiac Centre for all kinds of Cardiac Surgery

2.Pathology-Immunoassay Auto Analyser EQAS Support system is available i.e. investigation done without any human interference

3. ICU and ITU are available.

4.In house Hemo-dialysis System is available.

5.Modern Burn Unit with the facility of Hyperbaric Oxygen Chamber

6.Ophthalmology-Phaco Emulsification Machine for Cataract Surgery is available.
7. Digital Radiography System

ANNEXURE III

Sl.No.	NAME OF THE HOSPITAL	SERVICES AVAILABLE IN THE FOLLOWING SPECIALITIES
1	HWH Orthopaedic (THE SUPER SPECIALITY-ORTHOPAEDIC HOSPITAL -REFERRAL HOSPITAL OF EASTERN, METRO, CHITTARANJAN, S.E.,N.F. AND N.E.RAILWAY(S) –THE TOTAL BED STRENGTH OF THIS HOSPITAL-179 .	Other than Orthopaedic, Speciality services available in Medicine, G&O,Anaesthesia Paediatrics, Eye, ENT, Artificial Limb Centre & Occupational Therapy, Physiotherapy & ICU facility.
2	KPA Workshop Hosp	Medicine,Surgery, Orthopaedic, Anaesthesia, Gynae, EYE, ENT &, Paediatric
3	LLH Rly. Hospital	Medicine,Surgery, Anaesthesia. Gynae, EYE ,Paediatric & Orthopaedics
4	ASN. Rly. Hospital	Medicine,Surgery, Anaesthesia, Gynae, EYE, ENT, Paediatric & Orthopaedic
5	MLDT Rly. Hosp	Surgery, Anaesthesia. Gynae, EYE &Paediatric
6	JMP Rly. Hospital	Medicine,Surgery, Anaesthesia. Gynae,&EYE

SL NO.	***NAME OF THE CORPORATE HOSPITAL***	***PATIENT TO BE REFERRED FROM THE RLY.HOSPITAL***	***NAME OF THE DISCIPLINE FOR WHICH RECOGN-ITION HAS BEEN GIVEN***
01	B.M.BIRLA HEART RESEARCH CENTRE	BRSH/SEALDAH	CARDIAC TREATMENT.
02	PEERLESS HOSPITAL B.K.ROY RESEARCH CENTRE	-DO-	-DO-
03	APOLLO GENEGLEASE HOSPITAL	-DO-	-DO-
04	R.N.TAGORE I I C	-DO-	CARDIAC & RENAL TRANSPLANTATION
06	RAJESHWARI HOSPITAL, PATNA	JAMALPUR RAILWAY HOSPITAL	FOR EMERGENCY MANAGEMENT OF a)CARDIOLOGY b)NEUROLOGY c) NEURO-SURGERY d)PLASTIC SURGERY e)BURN CASES AND OTHER UNFORESEEN EMERGENCY CASES.

LIST OF RECOGNISED CORPORATE HOSPITALS FOR REFERRAL /TREATMENT OF RLY.BENEFICIARIES-

Contract for Special Pathological Investigations

B R singh Hospital :

With M/S Dr.Lal Path Lab,Pvt Ltd,P-845, Block A, Lake Town, Kol-89

A Total of 48 Special Investigations

Ranaghat HU:

Contract for Pathological Investigations

With M/S Monorama Ultrascan(P) Ltd, 242, Beherampur Road, Ranaghat

Naihati HU:

Contract for Pathological investigations

With M/S Microbe Diagnostic Centre, Talpukur Road, Naihati, 24 PGS

CLW

*Central Hospital CLW**: Bed 220***

.List of Tie-up hospitals for providing care.

List Of Tie-Up Hospital	Facility for Tie-up
The Mission Hospital,Durgapur	***1.Head Injury due to RTA*** ***2.Cardiac Emergency*** ***3.Dialysis*** ***4.Neonatal Emergency***

. ***List of Diagnostic centres for providing diagnostic facility(CT/MRI)***

MRI	**1.Medicare Images,Asansol** **2.Avhiskar Diagnostic,Asansol**
CT Scan	**1.Modern Diagnostic,Rupnarayanpur** **2.Medicare Images,Asansol** **3.Avhiskar Diagnostic,Asansol**

ANNEXURE III

Metro Railway, Kolkata

A 30 bedded Hospital of Metro Railway, Kolkata is situated at 120 Deshapran Sasmal Road, Kolkata - 700 033. The medical facilities available include Inpatient care, Outdoor treatment and facilities for certain Investigations. The benefits can be availed by Metro Railway employees, their dependant family members and also retired Railway employees who have registered with this Hospital.

Outpatient care is also available at

First-aid Post at Noapara and

Lock-up Dispensaries at Metro Bhawan and Belgachia

However, patients of Metro Railway have to be referred to Hospitals of Eastern & South Eastern Railways for critical care indoor treatment as well as for specialist care in some disciplines that are not available at present. Similarly, a number of special investigations are also unavailable and patients have to go to other Railway hospitals whenever such tests are necessary. Metro Railway Medical Department has consistently endeavoured to provide quality health care notwithstanding the limited facilities available. Proposal for a upgraded 75 bedded Hospital for Metro Railway was included in the Railway Budget for the year 2010-2011 presented in Parliament by the then Honourable Railway Minister Smt. Mamata Banerjee and foundation stone of the upcoming Hospital named as Tapan Sinha Memorial Hospital (TMSH) was laid by her on 08.01.2010 and construction work was undertaken by Engineering Department of Metro Railway.

Zone A 3: East Central

ANNEXURE III

List of Railway Hospitals and Health Units in EC Rly:

- Central cum Super sspeciality Hospital, **Patna.**
- Divisional Hospital/E.C.Rly- Danapur, Dhanbad, Mughalsarai, Sonpur, Samastipur.
- Sub Divisional Hospital- Garhara, Gaya, Patratu.
- Poly Clinic-Jhajha, Hazipur.
- Health Unit - Kiul, Nawada, Mokama, Bhaktiyarpur, Patna Jn., Loco- Danapur, Buxur, Loco- Gaya, Sonnagar, Dhri-on-Sone, Emli Road/Muzaffarpur, Brahmpura/ Muzaffarpur, Barauni, Mansi, ThanaBihpur, Durbhanga, Narkatiaganj, Motihari, Saharsa, Banmanki, Manasnagar, Traffic/Mughalsarai, Plant Depot/Mughalsarai, Chopan, Gomo/ Main, Gomo/Loco, Hazaribag, Kodarma, Gazandi, Dhanbad/ Loco, Bhuli, Katras, Pathardih, Barkakana, Tori, Patratu/Diesel, Barwadih, Garhwa Road, Singraul.

Danapur Division

extends from Jhajha to Kuchman having one Divisional Railway Hospital at Danapur with 162 beds and 8 Health Units, located at following places.

PNBE, BXR. • Loco Health Unit • BKP • MKA • KEU • JAJ • NWD

Brief description of Medical Department of East Central Railway Divisional Hospital, Danapur

- No. of Rly. Employees in Danapur Division - 20212
- RELHS Card Holders - 3453
- Total - 23665
- Total no. of beneficiaries about one Lac.

The following specialties are available:-

- General Medicine.
- General Surgery
- Orthopedics.
- Gynae & Obstratics.
- Dental Surgery
- Radiology
- Ophthalmology
- Chest,diseases
- Pediatrics
- Pathology.
- Anesthesiology.
- Physiotherapy.
- Telemedicine.

The Dhanbad Division

Consisting of One Divisional Rly Hospital, DHN, One Sub Divisional Rly Hospital, PTRU & 16 Numbers Health Units at BLI, KTH, PEH, KQR., GJD, HZD. DHN (LY GMO (M), GMO (L), BRKA, PTRU (D), TORI, BRWD, GHD, CPU & SGRL. No any private hospital is under Medical department of this DHN Divn.

Specialized treatment are available in the field of Chest Disease, General Medicines, Obs & Gynee, Ophthalmology, General Surgery, Orthopedic Surgery, Anaesthesia, Pathology, Radiology', Pediatrics, Health and Family Welfare, ENT, Dental Surgery, physiotherapy, Ayurvedic & Homeopathic at Divisional Railway Hospital, Dhanbad

- Recognised Hospital by Rail - Mahabir Cancer Sansthan/ Phulwari Sarif/ Patna, Jibak Heart Hospital/Patna, Heart Hospital/Patna, Rajeswar Hospital/Patna, Ruban Memorial Hospital/ Patna.

Mahabir Cancer Sansthan/Patna - For Cancer.

Jibak Heart Hospital and Heart Hospital- For Heart.

Ruban Memorial Hospital- For Nephrology and Urology.

Rajeswar Hospital - For Ortho and General Surgery.

Mughalsarai

:There is 02 (Two) Railway Hospital and 06(six) Railway Health unit in Mughalsarai Division and 05 private Hospital in Mughalsarai Division on the subject of reimbursement of Medical Expenses/ Procedure of disposals, a copy of Railway Board's Circular as mentioned is attached

The positin of the Nos. of railway Hospital, Railway Health unit and private Hospital as on 31.03.2012 has been shown above For specialized treatment of the Private Hospital are given below -

(a) . Heart Hospital, Patna - for treatment of Hart disease.

(b) . Mahabir Cancer Sansthan , Patna - For treatment of cancer disease.

(c) . TMH , Mumbai - For treatment of cancer.

(d) . Jeevak Heart Hospital, patna - For Heart Disease.

(e) . Rajeshwar Hospital, Patna - for General surgery, ortho Surgery and CRRT Disease .

Specialty available in Railway Hospital, **Mughalsarai**

* Internal Medicine

* Cardiology.

* General Surgery.
* Anesthesia
* Orthopaedic.

ANNEXURE III

Sonpur

01	Sonpur Division has one Divisional Hospital at Sonpur and one Sub divisional Hospital at Garhara and 05 Health Units situated at Muzaffarpur/Imali Road, Muzaffarpur/Brahampura, Barauni, Thanabihpur, Mansi.Besides that recognised Pvt. Hospitals are(i)Rajeshwar Hospital,Patna,(ii)Heart Hospital,Patna.(iii) Jeevak Heart Hospital,Patna,(vi) Mahavir cancer Institute, Patna
02	11. No. of Hospital in Sonpur division- 02(mentioned as above) 12. No. of Health units in Sonpur division- 05(mentioned as above) 13. Rajeshwar Hospital,Patna(General Surgery, Orthopaedic Surgery,CRRT-Nephro),Heart Hospital,Patna, Jeevak Heart Hospital,Patna, Mahavir cancer Institute, Patna are recognised hospitals for specialised treatment.

Zone A 4 : East Coast

Central Hospital BBU

Bed: 60

Tie up facilities exists with the following non-Railway hospitals at Bhubaneswar.

- Hi-Tech Hospital/BBS – All purpose treatment on CGHS rates(BBS B-II City)
- Aditya CARE Hospital –All purpose treatment on CGHS rates(BBS B-II City)
- Neelachal Hospital – for Neuro-surgical procedures

  on CGHS rates(BBS B-II City)

Zonal referrals, outside Orissa :

1) Yashoda Superspeciality Hospital, Secunderabad for investigation and treatment of Cancer cases – 4th term extension under GM's sanction valid upto 19.05.2010.

Civil Medical Facilities :

-The nearest Govt. Hospital, Capital Hospital, Bhubaneswar is about 12 Km away from ECoR HQ Office.

- SCB Medical College & Hospital, Cuttack is about 30 Kms from ECoR HQs office.

No. of Health Units : 01 at Chandrasekharpur.

RAILWAY MEDICAL FACILITIES AT THE DIVISIONS

All the divisions viz. Waltair, Khurda Road & Sambalpur are having Divisional Rly.Hospitals with basic medical facilities.

ANNEXURE III

WALTAIR DIVISION – Medical Services at a glance

Bed Strength – 154

Referral Private Hospitals –

1) Apollo Hospital, VSKP- for Cardiac and Cardio-thoracic procedures

2) Seven Hill Hospital, VSKP – for emergency treatment in all specialities.

3) Care Hospital, VSKP-for treatment of Railway beneficiaries in the specialities of RTA/Accident cases involving head, spinal injury, requiring immediate decompression and stabilization and neurosurgical emergencies like cord compression etc., cases requiring ventilator support like ARDS, ILD, COPD, etc., cases of renal failure requiring dialysis, vascular injuries, needing immediate intervention and hepatic failure and cirrhosis on CGHS rate(Hyderabad-2002)

4) NMDC Hospital, KRDL – for treatment of local Rly. Beneficiaries

5) NMDC Apollo Hospital, Bachelli – for treatment of local Rly. Beneficiaries

Civil Medical Facilities :King George Hospital (KGH) at VSKP is about 3 Kms away from Rly, VSKP.

Total no. of Health Units – 14 (Branch, DCHU, MPM, VDPD- VSKP city, NWP, CHE, VZM,

ARK, KRPU, JDB, BCHL, KRDL, RGDA, LKMR)

KUR DIVISION – Medical Services at a glance

Bed: **80**

Referral Private Hospitals –

- Hi-tech Hospital,Bhubaneswar
- Aditya CARE Hospital, Bhubaneswar
- Neelachal Hospital, Bhubaneswar
- Nehru Shatabdi Hospital of Mahanadi Coalfield Ltd., Talcher for treatment of local Rly. Beneficiaries

Civil Medical facilities : -

The nearest Govt. Hospital, Capital Hospital, Bhubaneswar is about 30 Km away from Divl. Rly. Hospital, KUR

- SCB Medical College & Hospital, Cuttack is about 50 Kms away from Divl. Rly. Hospital, KUR

Total no. of Health Units –10 (BAM BHC,CTC, PRDP,PSA,PUI,TLHR,LOCO-KUR, Keonjhar,

Retang Colony)

SAMBALPUR DIVISION – Medical Services at a glance

Bed Strength – sanctioned 50 & operational - 35

Referral Private Hospitals –

- Hi-tech Hospital, Bhubaneswar
- Aditya CARE Hospital, Bhubaneswar
-)Neelachal Hospital, Bhubaneswar
- Christian Hospital/Bissam Cuttack, Dist: Rayagada for local Rly. beneficiaries

Civil Medical Facilities :

1) District HQ Hospital, SBP – 3 Kms away from Divl. Rly.Hospital, SBP,

2) VSS Medical College & Hospital, Burla – 20 Kms away from Divl. Rly. Hospital, SBP

Total no. of Health Units – 04 Health Units (Bolangir, Titlagarh, Kantabanji, Mahasamund)

Zone A 5 :Northern

Categories of Institutions

(i) Central Hospital, New **Delhi : 01**

(ii) Divisional Hospitals

1. Delhi
2. Lucknow
3. Moradabad

4. Ambala
5. Firozpur

(iii) Sub-**Divisional/ Workshop Hospitals** : 03

ANNEXURE III

1. Amritsar
2. Saharanpur
3. Jagadhari Workshop

(iv) Extra-Divisional Hospitals : 03

1. RDSO,Lucknow
2. DLMW.Patiala
3. RCF.Kapurthala

SN	**Division/Under control of Hospital**	**No. of Health Units**	**Name of Health Units**
1.	NRCH/NDLS	06	S. P. Marg, Basant Lane, Baroda House, Tilak Bridge, Sarojini Nagar, Lajpat Nagar.
2.	Delhi	17	Delhi Sarai Rohilla, Tuglakabad.Anand Vihar.Shakur Basti,Punjabi Bagh, Delhi Kishan Ganj, Delhi Shahdara, Arya Nagar/GZB, S&T Workshop/GZB, Bhoor Sen Colony/GZB, Faridabad, Sonipat, Jind, Panipat, Rohtak, Meerut City, Shamli
3.	Moradabad	13	Balamau, Roza, Shahjehanpur, Hapur, Chandausi, Najibabad,Haridwar,Dehradun,OSG/Jharipani,Harthala South Colony, Laksar, Bareilly.
4.	Lucknow	12	Hazrat Ganj,C&W/LKO,Loco Workshop/LKO, Running Shed, Sultanpur, Unnao.Partapgarh, Varanasi, Faizabad, Jaunpur, Barabanki, Rae-Bareli.
5.	Firozpur	11	Amritsar M, Amritsar Workshop,Ludhiana.Jalandhar City, Jalandhar Cantt, Pathankot, Jammu Tawi, Kotakpura, Baijnath Paprola.Udhampur, Badgam
6.	Ambala	04	Shimla, Bhatinda, Dhuri, Kalka
Total		**63**	

S. NO	Zonal Railway	Division	Rly. Hospital or Health Unit	Name of Recognised Hospital Contact No. e-mail address	Speciality recog-nition	When recognised last time by Railway Board	Rate	Next due date for renewal
1.	Northern Railway	MD/NRCH/ NDLS	MD/NRCH/ NDLS	Indraprastha Apollo Hospitals, Sarita Vihar, Delhi Mathura Road, New Delhi-110076. Ph. 91-11-26925858 ,26925801 Website: www.apollohospdelhi.com	Cardiac Care	19.05.2006	CGHS	01.02.2013
2.	Northern Railway	MD/NRCH/ NDLS	MD/NRCH/ NDLS	Batra Hospital & Medical Research Centre of Ch. Aishi Ram Batra Public Charitable Trust 1,Tughlakabad Institutional Area, Mehrauli Badarpur Road, New Delhi-110062. Ph.91-11-29958747.E-mail: info @ batrahospitaldelhi.org	Cardiac Care	19.05.2006	CGHS	01.02.2013
3.	Northern Railway	MD/NRCH/ NDLS	MD/NRCH/ NDLS	Escorts Heart Institute and Research Centre Ltd., Okhla Road, New Delhi-110025.Ph.91-11-26825008/01. E.mail-contact@ehirc.com	Cardiac Care	19.05.2006	CGHS	01.02.2013
4.	Northern Railway	MD/NRCH NDLS	MD/NRCH/ NDLS	Kailash Hospital & Heart Institute,H-33 Sector-27, NOIDA-201301. Tel. 95-120-2444444, 2445566 & 2466+ Extn. E.mail:khcl.kailashhealthcare.com	Cardiac Care	19.05.2006	CGHS	01.02.2013
5.	Northern Railway	MD/NRCH/ NDLS	MD/NRCH/ NDLS	Metro Hospitals & Heart Institute, X-1, Sector-12, Noida-201301. Ph.95120-2535491,2444466,4366666	Cardiac Care	19.05.2006	CGHS	01.02.2013
6.	Northern Railway	MD/NRCH NDLS	MD/NRCH/ NDLS	Delhi Heart & Lung Institute, 3-mm 11, Panchkuian Road, New Delhi-110055. Ph 91-11-42999999, 23538351 E.mail-info@dhli.com	Cardiac Care	19.05.2006	CGHS	01.02.2013
7.	Northern Railway	MD/NRCH NDLS	MD/NRCH/ NDLS	Fortis Hospital, B-22, Sector-62, Noida-201301.Ph.91-120-2400222,91-120-2403222 Email:noida@fortishealthcare.com	Cardiac Care	10.07.2006	CGHS	01.02.2013
8.	Northern Railway	MD/NRCH/ NDLS	MD/NRCH/ NDLS	Dharamshila Hospital and Research Centre, Dharmashila Marg, Vasundhara Enclave, Delhi-110096. 91-11-22617771-75,043066666 Email:dhrc@dhrc.in,dchrc@hotmail.com	Cancer Care	10.05.2005	<CGHS	01.05.2013
9	Northern	MD/NRCH	MD/NRCH/	Lions Kidney Hospital & Urology Research	Haemodialysis	11.12.2006	CGHS	28.01.2013

	Railway	NDLS	NDLS	Institute, Opposite B Block, New Friends Colony, New Delhi-110065. Tel: 91-11-45194444 26324739,26324749 E-mail:lionskidneyhospital@rediffmail.com				
10	Northern Railway	CMS/ DLI	CMS/ DLI	Ganesh Hospital, 11-C/3,Nehru Nagar,Ghaziabad - U.P.-201001 .Ph.91-120-2792810,2792811,4183900,9971158703	Emergency	04.02.2005	<CGHS	01.02.2013
11	Northern Railway	CMS/ DLI	CMS/ DLI	Yashoda Hospital, Nehru Nagar Ghaziabad-U.P.201001 Ph.91-120-4182000	Emergency	04.02.2005	<CGHS	02.06.2013

12. N. Rly MO/CH MO/CH - Max Super Specialities Hosp. Saket. Cancer 1.5.12 < CGHS 10.5.2013

13. N.Rly. MO/CH MO/CH - Apollo Noida — Cancer multi Specialty 21.5.12 <CGHS 30.5.13

14 N.Rly. MO/CH MO/CH - Batra Hosp. Delhi — Cancer < CGHS 30.4.2013

15. N. Rly MO/CH MO/CH - Aruna Cure Hosp. — Cancer < CGHS 30.4.2013

16. N. Rly MO/Jhansi - Jhansi - J.L.N. Hosp. — Cardiac surgery & Cardiology < CGHS - 31.3.2013

Zone A 6 : North Central

Central Hospital Allahbad

ANNEXURE III

175 beds **HU**: CAR, MZP, NYN,SFG, FTP

Sub-Divisional Hospital, Kanpur

71 Beds **HU**: CNB Central, FZG,JUHI

Sub-Divisional Hospital at Tundla

75 Beds: **HU**: ETW, ALJN, KRJ

Divisional Railway Hospital, Jhansi

It is one of the oldest hospital on Indian Railways. In old time, it was a dispensary running in old building behind DRM's Office. The present hospital building was started in 1958 & the hospital was commissioned in 1961as 100 bedded hospital. It was upgraded in phased manner up to 205 bedded in 1997.

It istwo storied building which consist of-

i.On the ground floor- OPD wing, X-ray dept., Laboratory, Family Welfare Center & Administrative block, kitchen, Medical Store, Male Medical wards,TB ward & Isolation Wards.

ii.On first floor - Male & Female Surgical Ward, Children Ward, O.T., Labour room&Special Cabins.

Distribution Beds specialty wise:

SN	Specialty	No of beds
1	Medical	77
2	Surgical & Ortho	65
3	Gynae. Obst	17
4	Chest & TB	20
5	Eye	06
6	Pediatrics	13
7	ICU	06

8	Casualty	01

Total Beneficiaries:

ANNEXURE III

- Employees- 27103
- RELHS-9039
- Total Population- 160522

THE POSITION OF DOCTORS IN JHANSI DIVISION

S. No	Place
1	DRH/JHS
2	
i.	Workshop, Jhansi
ii.	Rani Laxmi Nagar, Rly. Colony
iii.	Lalitpur (CMP)
iv.	Gwalior
v.	Rail Spring Kharkhana, Sithouli
vi.	Dholpur
vii.	Orai
viii.	Juhi
ix.	Mahoba
x.	Banda
xi.	Manikpur
	Total

Divisional Hospital Agra

List of recognized Pvt. Hospital

a. Heritage Hospital, Agra –
b. Upadhyay Hospital, Agra

Zone A 7 : Northeastern

ANNEXURE III

L.N Mishra Central Hospital, Gorakhpur

Divisional Hospital at Izatnagar.
&
Ten Health Units at Periphery

NMC/IZN, Workshop/IZN, BC, KSJ, FGR, MRT, PBE, LKU, KGM & KPV.

During divisionalisation of NE Railway in 1969, Badshhnagar hospital was converted into Divisional Hospital and Gonda became sub - divisional hospital.
Health unit at ASH was upgraded to Polyclinic in 1983
.Divisional Hospital is 136 Bedded Hospital having following departments to cater the need of 13422 employees & their families. We provide health care services to 3346 RELHS registered Card Holders and about 3000 Railway beneficiaries of Northern Railway. We provide OPD & Indoor Services & have following Departments.
1. Emergency 2. Medicine 3.Surgery 4. Chest & Tuberculosis
5. Ophthalmology 6. Pathology 7. Radiology 8. Dental Unit
9. Physiotherapy Unit. 10. Maternity and Gynecology

For treating life threatening emergencies, critically ill patients and to provide tertiary care, we have recognized local private Medical College on **cashless basis**.

For providing tertiary care treatment to cardiac patients, **BATRA HOSPITAL & DELHI HEART & LUNG INSTITUTES, NEW DELHI** are recognized on **cashless basis**

Lucknow Division:

Divisional Hospital is 82 beded hospital and caters the need of Railway employees (16996) & their families. We provide health care services to RELHS registered Card Holders (5207) and Railway beneficiaries of Northern Railway and other railway employees. We provide OPD & Indoor Services & have following Departments.

1. Emergency 2. Medicine 3.Surgery 4. Ophthalmology 5. Pathology 6. Radiology 7. Dental Unit 8. Physiotherapy Unit. 9. Maternity and Gynecology.Medical Department provides Comprehensive Health Care -- Preventive, Curative & Promotive health care to the Railway beneficiaries of LJN Division with Divisional Hospital at BNZ, Polyclinic ASH & Sub divisional Hospital GD & Six Health Units at Periphery- MLN, STP, CPA, BST, ANDN & NNP . And Lock-up dispensaries - Paliakalan, Khalilabad, Bahraich and Barhni.
Divisional Hospital, Varanasi is located at the eastern side of Lahartara over bridge. It is nearly one Kilometer from Varanasi Cantt Railway station. Main entrance is on Grant Trunk road.

NUMBER OF BEDS, DOCTORS & PARA MEDICAL STAFF ETC.

• The Hospital has 166 beds (including newly constructed Emergency and ICU.)

• There are 18 doctors including House Officers and about 80 para medical staff.

• There are two Visiting Specialists in ENT and Psychiatry who renders there services two days in a week from 15.00 to 17.00 hrs on nominated days.

• Honorary Consultants: A Panel of prominent specialists from various fields including Lapro surgery, Urology, Orthopaedics, Gynaecology, Neuro surgery, Neurology and Cardiology exists in the hospital. Specialists are called for consultation on case-to-case basis.

• Ambulance services are available round the clock in the Divisional Hospital, Varanasi.

Following recognized Private centres provide these services –

• Institute of Medical Sciences, BHU, Varanasi

• Sanjay Gandhi Post Graduate Institute of Medical Sciences, Lucknow

• Southern Railway Head-quarters Hospital, Perambur, Chennai

• Batra Hospital, New Delhi

• Heart & Lung Institute, New Delhi

• Heritage Hospital Ltd., Varanasi

Cancer Research Institute, Varanasi.

Zone A 8: Northeast Frontier

Hospitals of N.F . RLY			
Hospitals	**Name of hospitals**	**Where it is Situated**	**No. Of Beds**
Zonal Hospital	Central Hospital, Maligaon	Maligaon, Guwahati , Assam	317
Divisional Hospitals	Katihar Hospital	Katihar, Bihar	130
	Alipurduar Jn. Hospital	Alipurduar , West Bengal	111
	New Bongaigaon Hospital	New Bongaigaon, Dist. Bongaigaon. Assam	75
	Lumding Hospital	Lumding ,Nagaon Dist. Nagaon, Assam	142

	Dibrugarh Hospital	Dibrugarh, Assam	90
Sub - Divisional Hospitals	New Jalpiguri Hospital	New Jalpiguri , , West Bengal	100
	Rangapara Hospital	Rangapara , Dist . Sonitpur,Assam	40
	Badarpur Hospital	Badarpur, Dist Cacher Assam	57
	New Tinsukia Hospital	Hijuguri, Dist Tinsukia Assam	25
	20 beded Tindharia Hospital	Tindharia , Dist Darjeeling, West Bengal	20
			1107

Health Units:

Name of The Division	**SN**	**Name of Health Units**	**No. of Beds**		**LOCK UP**
			Maternity	Emergency	**DISPENSA**
Under control of zonal Hospital (CM/MLG)	1	HQ Health unit	nil	0	**NIL**
	2	Pandu east Health unit	nil	1	
	3	Pandu west Health unit	nil		
	4	Guwahati Health unit	nil		
	5	Amingaon Health unit	nil	1	
	6	New Guwahati polcllnic	nil		
KATIHAR DIVISION	7	Malda town Health unit	nil	1	Darjeeling
	8	Purnee Health unit	nil	1	Sahebpar
	9	Barsol Health unit	nil	1	
	10	Satrisl Health unit	nil	1	
	11	Sillguri Jn Health unit	nil	1	
	12	Sillguri town Health unit	nil	1	
	13	Sillguri colony Health unit	nil	1	
	14	Kishan Ganj Health unit	nil	1	
	15	Kuresong Health unit	nil	1	
ALLIPURDUAR DIVISION	16	Metbazer		1	
	17	New coochbehar			Domohoni
	18	New Molnaguri		1	
	19	Hasimara		1	
	20	Fakiragarm			
LUMDING DIVISION	21	Lumding South Health unit		1	NIL
	22	Dimapur Health unit		1	
	23	Jagairoad Health unit		1	
	24	Chaparmukh Health unit		1	
	25	Hojai Health unit		1	
	26	Dharmanagar Health unit		1	
	27	Karimganj Health unit		1	
	28	Silchar Health unit		1	
	29	Lower Half Long Health unit		1	

	30	Maibong Health unit		1	
	31	Harangajao Health unit		1	
RANGIYA DIVISION	32	Bongalgaon Health unit		1	
	33	Dangtol Health unit		1	
	34	Sorbhog Health unit		1	
	35	Joglghopa Health unit		1	
	36	Goalpara Health unit		1	
	37	Dhemaji Health unit		1	
	38	Ranagiya polyclinic Health unit			
	39	North Lakhimpur Health unit		1	
TINSUKIA DIVISION	40	Dibrugarh Health unit		1	
	41	Tinsukia Health unit		1	
	42	Ledo Health unit		1	
	43	Simalguri Health unit		1	
	44	Mariani Health unit		1	
	45	Furkating Health unit		1	

SN	**ITEM**	**Reference**	**Remarks**
	Tie up facility with different hospital		
a	Guwahati Neurology & Research Center, Guwahati	Tie up with central Hospital Maligaon	Neuro Surgery cases, CT scan & MRI
b	Anandaloke Hospital & center siliguri	Tie up with new jalpaiguri Rly Hospital	Emergent cases related to cardiac neuro surgical, Nephrological & burn cases of the area KIR-NJP&APDJ
C	B.M Birla heart research Center Kolkata, Rabindranath Tagore. International Institute of cardiac sciences,Kolkata & peerless hospital & BK ROY research Center Kolkata,	Tie up with central Hospital, Maligaon, New allipur rly hospital, New japaiguri rly hospital.	Cardiac cases
d	Lower Assam Hospital & research Center, Bongaigaon	Tie up with NBQ	Emergency cases
e	International Hospital Guwahati	Tie up process with central Hospital, Maligaon,	Nephrological
f	Center Nursing Home Guwahati	Tie up with central Hospital, Maligaon	Urology cases.

Zone A 9: North Western

Has a network of

ANNEXURE III

One (1) Central Hospital at Jaipur,

Three (3) Divisional Hospitals

at Ajmer, Bikaner & Jodhpur,

four (4) Sub-Divisional Hospitals at Rewari,

Bandikui, Abu Road & Rana Pratap Nagar,

twenty-nine (31) Health Units &

Two (2) First-Aid post.

Serves 54438 employees & 29484 RELHS (Total of 83922) and their families

RECOGNITION OF PRIVATE HOSPITALS / DIAGNOSTIC CENTRE

Initial Valid up to as on 13.11.2014

Central Hospital, Jaipur

1. Cardiac Cases Heart & General Hospital, Jaipur

2. Cancer Cases Bhagwan Mahaveer Cancer Hospital & Research Centre, Jaipur.

3. Cancer treatment Searoc Cancer Center, Jaipur.

4. Cardiology, Joint Replacement, Neurosurgery, Nephrology, Orthopedics & Critical Care.

Fortis Escort Hospital, Jaipur.

Ajmer Division

1. Cardiac Cases Gheesibai Mittal Memorial Hospital, Ajmer.

2. Emergency Treatment Global Hospital, Mount Abu.

3. Dialysis Deepmala Pagarani Hospital & Research Centre, Ajmer.

4. Trauma and Emergency Cases, Dialysis, Cardiac & other Emergencies in invasive & non-invasive cardiac surgery, peripheral vascular investigations, Cerebro-Vascular accidents including strokes & acute paralysis, Acute respiratory emergencies including respiratory failure, Road Traffic accidents & head injuries, multiple injuries & crush injuries, Acute Renal Failure & Speticemia and any other condition in which delay could result in loss of life or limb.

GBH American Hospital, Udaipur.

Bikaner Division

1. Critical Care, Orthopedics Neurosurgery, Dialysis & Neonatology.

Kothari Hospital & research Center, Bikaner

ANNEXURE III

Jodhpur Division

1. Cardiac Cases Goyal Hospital, Jodhpur.

Ajmer Div:

In Ajmer division there is one Divisional Hospital and two Sub. Divisional Hospitals there are 09 Health Units in Ajmer Division at SOD, MJ, BHL, MVJ, DNRP, UDZ, ZRTI, GLO- Ajmer, Stn. Disp. Ajmer, 02 First Aid post (Loco/Carriage).

b) Two private hospitals are recognized one Mittal Hospital and another one is Deepmala.(Mittal Hospital recognized for treatment of Cardiac cases, MRI/CT Scan and USG and Deepmala for Heamodialysis.

Jaipur :

There are following Sub Divisional Hospitals/Health Units at Jaipur Division:-

Sub Divisional Hospital / Rewadi Sub Divisional Hospital/ Bandikui

Health Unit / Fulera Health Unit / Cikar Health Unit / Rings. Health Unit / Aalwar

Health Unit / Jagatpura Hqrs Jaipur. Health Unit / Jagatpura Station Rly. Colony.

Jodhpur:

1. There is one Divisional Hospital and 08 Health Units (Jodhpur, Bhagat ki kothi, Karyasala, Badmer, Samaddee, Faulodi, Degana and medtaroad) under Jodhpur Division. In addition, for the benefit of Railways, a Private Hospital (Goyal Hospital, Jodhpur) is tagged with.

2. Medicine, General Surgery, ENT, Eye, Maternity & Female desease specialists Services available at Divisional Hospital and Cardiac Service is available at Private Hospital.

Bikaner:

Chief Medical Superintendent (CMS), is the over all in-charge of medical department in Bikaner Division. Medical department provides the curative, preventive and promotive health services. **Besides a Divisional Hospital, Bikaner (at Lalgarh), there are 8 Health Units under his jurisdiction.**

Eight health units are at **Bikaner, Hanumangarh, Ratangarh, Churu, Sadulpur, Suratgarh, Sirsa & Hisar.** Health units of Hanumangarh & Bikaner are managed to two Medical Officers each while other health units are managed by single medical officers.

THREE ARME Scale-I (MG- Hanumangarh, BG-Lalgarh & Suratgarh)

ELEVEN ARME Scale-ll (Bhiwani, Loharu, Ratangarh, Nohar, Sriganganagar, Hisar, Sadulpur, Suratgarh, Shri Karanpur, Mahajan & Sri Dungargarh) are available on the division.

ANNEXURE III

Zone A 10: Southern

List of Hospitals, Divisional/Sub-divisional Hospitals & Health Units/Southern Railway

Head Quarters Hospital: (1)

Southern Railway Head Quarters Hospital/Aynavaram, Chennai -23.

Divsional Hospitals : (5)

Arakkonam ,Golden Rock (Trichy), Madurai , Palghat ,Trivandrum

Sub – Divisional Hospitals : (4)

Villupuram, Erode ,Podanur, Shoranur

Health Units: (42)

Madras Division **(11):** Jolarpettai, Katpadi, Haffieldpet, Avadi, New General Office, Madras Egmore, Tondiarpet, Royapuram, Tambaram, Chenglepet & Sullurpet.

Trichirappali Division (8): Trichirappalfi Junction, Trichy Fort, Srirangam, Virudhachalam, Tiruvannamalai, Mayiladuthurai, Tiruvarur & Tanjore.

Madurai **Division (9):** Dindugul, Mandapam, Palani, Karaikudi, Sengottai, Tuticorin, Manamadurai, Tirunelveli & Virudhunagar.

Palghat **Division (4)**: Mangalore, Cannore, Calicut & Pollachi

Trivandrum Division (6): Ernakulam, Quilon, Kottayam, Nagercoil, Trichur & Alleppey.

Salem **Division (4):** Salem, Mettupalayam, Karur & Coonoor

Names of the Non- Railway Recognized Hospitals & their Specialties

1. The Voluntary Health Services Multi Specilaty Hospital & Reasearch Institute, Chennai - 600 113 - Neuro Surgery

2. Medical Research Foundation (Sankara Nethralaya), Chennai – 6 Opthatmology

3. The Guest Hospital, Chennai - 600 010 - Renal Transplantation

4. Kaliappa Renal Centre Pvt Ltd, Chennai - 600 028 - Renal Transplantation. ANNEXURE III

5. Dr. Rai Memorial Hospital, Chennai - 600 018 - Radiotherapy

6. Dr, Kamakshi Memorial Hospital, Chennai - 600 100 - Radiotherapy 7 Paterson Cancer Centre, Chennai - 600 026 - Radiotherapy

7. Regional Cancer Centre, Thriuvananthapuram - 695 011- Cancer cases

8. GVN Hospital Cancer Cure Centre, Trichy - 620 002 - Cancer cases

9. Vijaya Kumara Menon Hospital, Tripunthura -682 301- For treating Emergency cases

H .Trichur Heart Hospital, Trissur- 681001- For treating Emergency cases

- Vinayaga Mission Hospital, Salem - For treating Emergency cases
- Shanmuga Hospital - Salem - For treating Emergency cases
- Govt Wenlock Hospital - Mangalore - For treating Emergency cases

Zone A 11 : South Central

Details of Health Units

(1) Health Unit/ Chilkalguda

Jurisdiction- SC-MED,SC-ALER, Length of Section- 68.39 Km.

(2)Poly Clinic, Kazipet

•Distance from SC Station - 131 Kms. Jurisdiction KZJ-JMKT, KZJ-LA, KZJ-CLE.

•Length of Section - 104 Kms

Recognized Referral Hospitals for Poly Clinic/KZJ

- Prithvi Hospital, Warangal is recognized for Cardiac emergencies of Railway beneficiaries and their dependent family members.
- Jaya Hospital, Hanamakonda has been recognized for treatment of Railway beneficiaries in Acute medical and surgical emergencies including Trauma. Validity expired on 10/11/2010 Extension of recognition is under process.

(3)Health Unit/Diesel/Kazipet

•Medical Officer- 01 + staff

(4) <u>Health Unit/ Hyderabad:</u>

Jurisdiction- HYB-HSJ- BMT-SNF-LPI Length of Section - 55 Kms **ANNEXURE III**

(5) Health Unit/Dornakal

Jurisdiction- YGL-KI,JPTN,SYI, KRA Length of section- 223 Kms.

(6) Health Unit/ Bhadrachalam Road

Jurisdiction-BDCR-Manuguru- Singareini Length of section- 121 Kms

(7)Health Unit/ Vikarabad

Jurisdiction-VKB-ZB-BIDR-UDGR-WD Length of section-219.66 Kms.

(8)Health Unit/ Parli

Jurisdiction-BHLK-UDGR-KMNR-CHX-LTRR-Ghatnandur.
Length of section-159 Kms.

(9) Health Unit/ Ramagundam

Jurisdiction-HSP-MCI, PDPL-KRMR Length of section-235 Kms

(10) Health Unit/ Bellampalli

Jurisdiction- MCI-BPQ, MAGH-GDCR , L&T sidings Length of section- 154 Km

List of private recognized hospitals in South Central Railway

CENTRAL HOSPITAL / LALLAGUDA

1 NIZAM INSTITUTE OF MEDICAL SCIENCE, HYDERABAD

2 A POLLO HOSPITAL, HYDERABAD & SEC,BAD Apollo Hosp./SC - Cardiology, CT Surgery, Nephroiogy, Urology, Medical & Surgical Gastroenterology, Chest Medicine, Radiology & Orthopedics

Apollo Hosp/HYB - Orthopedics, Oncology, Radiation Oncology, ENT, PET CT, Neurology, Neurosurgery & Ophthalmology.

3 YASHODA HOSPITAL, HYDERABAD & SEC.BAD

Cardiology, Cardio-surgery, specialized Orthopedics treatment incl. joint replacements, Oncology (Surgical/Chemo/Radiotherapy) Nephrology, Pediatrics, Pediatrics Cardiology, Urology, Renal transplant & Endocrinology, Plastic & Vascular Surgery, Neurology & Neuro¬surgery, Gastroenterology & Gl.Surgery, Acute/Critical Care/intensive Care, Nuclear Medicines, PET Scan etc, Diagnostic £ Imaqinq (Lab, CT, MR!)

4 CARE HOSPITAL, NAMPALLY, HYDERABAD Cardiology, Cardiothrocic, Neurology, Gasteroenterology, Orthopedic, Neuro surgery and Urology cases Spl, discount 20% for item not available in CGHS

ANNEXURE III

5 BASVATARAKARAM INDO- AMERICAN CANCER HOSP, BANJARA HILLS, HYDERABAD Suffering from Cancer

6 KAMINENI HOSPITAL, LB.NAGAR, HYDERABAD

Ortho, Neurosurgery, Neurology, Nephrology, Cardiology and CT Surgery CGHS Super Specially tariff - Spl, discount 20% for item not available in CGHS

7 IMAGE HOSPITAL, AMEERPET, HYDERABAD Cardiology, Cardiothoracic, Nephroiogy, Urology, Gastroenterology, Surgical Gastroenterology, ENT, Orthopedics & Dermatoloqy

8 OMEGA HOSPITAL, BANJARA HOSPITAL, HYDERABAD Oncology Specialties

9 CARE HOSPITAL, BANJARA HILLS Cardio, Cardiothoracic Surgery, Neurology, Neuro Surgery, Urology, Gastroenterology & Orthopaedic

10 CARE HOSPITAL, MUSHEERABAD Cardiology & Cardiothoracic Surgery

GUNTAKAL DIVISION

11 SVIMS/TIRUPATHI For all specialties AP State Govt,

VIJAYAWADA DIVISION

12 SWATANTRA HOSPITAL, RAJAHMUNDRY Cardiology, Trauma, Nephrology, Neurosurgery & Neurology

13 ARUN KIDNEY CENTRE, VIJAYAWADA Nephrology cases

14 NAGARJUNA HOSPITAL LIMITED, VIJAYAWADA Urology, Medical & Surgical Gastroenterology, Neurosurgery, Intensive Care Medicines, Specialized Orthopedic & Traumatology

15 DR.RAMESH CARDIAC & MULTI SPECIALTY For Emergency Cardiac treatment & investigations

16 ANDHRA HOSPITAL VIJAYAWADA Acute Medical emergency, Acute Complicate emergency surgical, Gastroenterology, Surgical Gastrology, Oncology, Pediatric emergency, Pediatric Neonatal emergency, Gynec & Obst.emergency, Neuro emergency, Nephrology, Urgology, Pulmonoloqy & Intensive critical care management .

GUNTUR DIVISION:

17 ST.JOSEPHS GENERAL HOSPITAL, GUNTUR For all specialities except Neurology, Neuro Surgery, Cardiology, Cardio thoracic Surgery and Traumatology

18 LALITHA SUPER SPECIALTY HOSPITAL, GUNTUR Neurology, Neuro Surgery, Cardiology, Cardio thoracic Surgery and Traumatology

SECUNDERABAD DIVISION

19 JAYA HOSPITAL, HANUMAKONDA All acute emergency, medical, surgical & trauma cases except cardiology

ANNEXURE III

20 PRITHVI HOSPITAL, HANUMAKONDA For cardiac emergencies

HYDERABAD DIVISION

21 PADMACHANDRA HOSPITAL. KURNOOL TOWN Critical care, Dialysis, Cardiac, Catherterization , Angiography, Angioplasty, Acute Cardiac care

NANDED DIVISION

22 ASHWINI CRITICAL & HEART CARE CENTER PVT LTD., NANDED For Ihe treatment of Cardiac emergency

Zone A 12: South Eastern

Hospitals:

Name of Hospitals	**No. of beds**
Central Hospital / Garden Reach	303
Divl. Hospital / Kharagpur.	340
Divl. Hospital /Adra	198
Divl. Hospital /Chakradharpui	100
Sub-Divl. Hospital / Bondamunda	65
Sub -Divl. Hospital /Tata	55
TOTAL	1065
** 50 bedded divisional hospital at THE Is under construction.	

Health Units: **SOUTH- EASTERN RAILWAY Rly**

ANNEXURE III

1 SER Khargpur Santragachi HU
2 SER Khargpur ShalimarHU
3 SER Khargpur Tikapara HU Tikapara
4 SER Khargpur Mechada HU Machada
5 SER Khargpur Tamluk HU Tamluk
6 SER Khargpur Balasore HU Balasore
7 SER Khargpur Gidhni Hu Gidhni
8 SER Khargpur Mathurakati HU KGP
9 SER Khargpur New Settlment HU KGP
10 SER Khargpur Old Settlement HU KGP
11 SER Khargpur Traffic Settlement HU KGP
12 SER Khargpur Development Settlement HU KGP
13 SER Khargpur First Aid Centre Wagon Shop KGP
14 SER Khargpur Workshop First aid Centre KGP KGP
15 SER Chakradharpur Bimlagarh Bondamunda
16 SER Chakradharpur Rajkharswan HU Chakradharpur
17 SER Chakradharpur Dongaoosi CKP
18 SER Chakradharpur Loco/CKP HU CKP
19 SER Chakradharpur Adityapur Tata0gar
20 SER Chakradharpur Jharsuguda HU Bondamunda/Rourkella
21 SER Chakradharpur Tata/Loco Tata0gar
22 SER Chakradharpur SNY HU CKP
23 SER Chakradharpur Bondamunda Loco/HU Bondamunda
24 SER Chakradharpur Rourkela HU Rourkela
25 SER Adra A0ra A0ra
26 SER Adra Burnpur Burnpur
27 SER Adra North Settlement HU Adra
28 SER Adra Bankura Bankura
29 SER Adra Purulia Purlulia
30 SER Adra Chandil Chandil
31 SER Adra Bhaga Bhaga
32 SER Adra Bhojudi Bhojudi
33 SER Adra Mahuda Mahuda
34 SER Adra Bokaro Bokaro
35 SER Ranchi Ranchi Ranchi
36 SER Ranchi Hatia HU Hatia
37 SER Ranchi Muri HU Muri
38 SER Ranchi Bano HU

TED LIST OF RECOGNIZED/TIE - UP (FOR TREATMENT & INVESTIGATION) HOSPITALS OF

SOUTH EASTERN RAILWAY

Sl	**Railway hospital or Health Unit**	**Name of Recognized Hospital.**	**Speciality recognition**
1	Central Hospital/ Garden Reach	Rabindra Nath Tagore International institure of Cardiac Sciences.	Cardiac Treatment.

2	Central Hospital/ Garden Reach	Cancer center Welfare Home & Research Institute / Kolkata.	Radio Therapy of Cancer Patients.
3	Central Hospital/ Garden Reach	Rabindra Nath Tagore International institure of Cardiac Sciences.	Renal Transplantation
4	Central Hospital/ Garden Reach	Mediclue Kolkata	CT Scan
5	Central Hospital/ Garden Reach	Apollo Glenegles Hospital, Kolkata	MRI
6	Main Hospital Kharagpur.	CPT Hospital / Haldia	For treatment of Rly . Patients at posted at Haldia.
7	Main Hospital Kharagpur.	Spandan Diagnostic Center, Kharagpur	CT Scan
8	Ranchi.	Dev Kamal Hospital & research Center.	Head injury, Trauma & Burn case.
9	Ranchi.	Proposal for recognition of Raj. Hosp. Ranchi sent by CMS/RNc.	Indoor Treatment, Consultation of Specialist & investigation.

Se No	**Name of Private Hospitals**	**Division**
1	M. T.M Hospita l	CKP
2	Kiriburu Iron ore Mines Hospital	CKP
3	Tata Moter Hospital	CKP
4	Tisco/ Noamundi	CKP
5	Ispat General Hospital	CKP
6	R.N.T.I.I.C.S.	CKP
7	C.P.T./ Haldia	CKP

Zone A 13: South East Central

Details of Railway Hospitals/Health Units

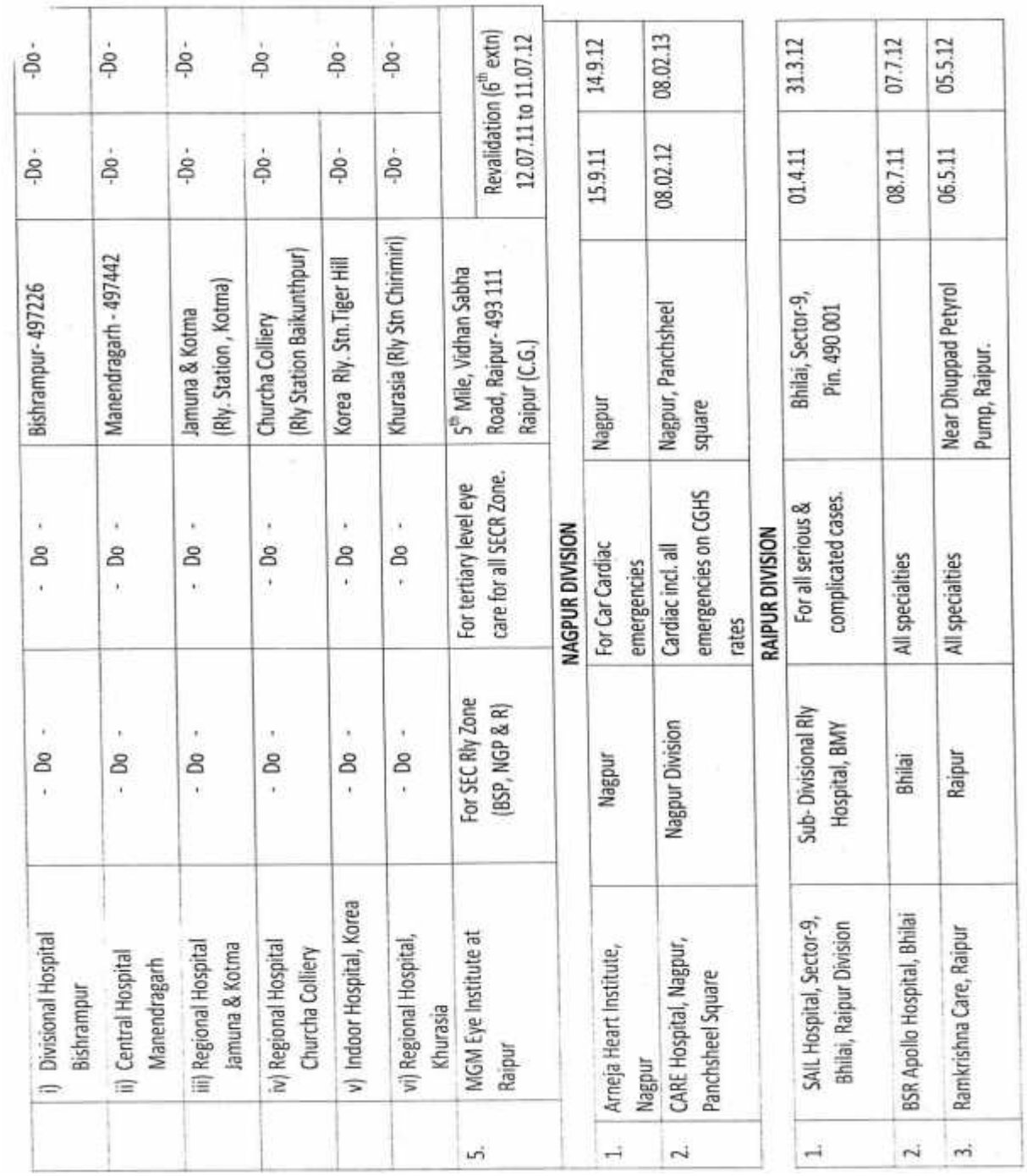
ANNEXURE III

S.No.	Name of Rly. Hospital	Division	Specialized
1.	**Central Hospital Rly. Colony, Bilaspur (C.G.)**	SEC Rly/HQ/ Bilaspur	Intensive therapy unit with facility of Central Monitoring unit, ventilator, high dependency ward with facility of step down intensive therapy unit, general conventional surgeries minimal access surgery, Laparcscopic abdominal surgeries, TURP, IOL with phacoemulsification, Endoscopy Colonoscopy, C-arm, ultrasonography, Colour Doppler, X-ray, Lab facilities, Surgeries pertaining to various specialities of general surgery, Orthopeadic, Obstetric angynaecology, Eye, ENT, etc are carried out. Besides facilities for specialists services General medicine, Paediatrics, Psychiatrics, Dental surgeries also available.

S. No.	Name Rly. Hospital	Division	Specialized
2.	**Sub Divisional Hospital, BMY, Dist. Durg(C.G.)**	Raipur Division	General
3.	**Sub Divisional Hospital, Shahdol (M.P.)**	Bilaspur Division	General
4.	**Sub Divisional Hospital, Nainpur (M.P.)**	Nagpur Division	General

S.No.	**Name of Rly. Health Unit**	Division	Specialized
1.	Poly clinic, Motibagh, Nagpur (M.H.)	Nagpur Division	General
2.	Health Unit, Ajni, Nagpur (M.H.)	Nagpur Division	General
3.	Health Unit, Itwari, Nagpur (M.H.)	Nagpur Division	General
4.	Health Unit, Tumsar, Dist.Bhandara (M.H.)	Nagpur Division	General
5.	Health Unit, Gondia (M.H.)	Nagpur Division	General
7.	Health Unit, Chhindwara (M.P.)	Nagpur Division	General
8.	Health Unit, Nagbhir, Dist. Chandarpur (M.H.)	Nagpur Division	General
9.	Health Unit, Howbagh (M.P.)	Nagpur Division	General
10.	Health Unit, Manendragarh, Dist. Koria (C.G.)	Bilaspur Division	General
11.	Health Unit, Raigarh (C.G.)	Bilaspur Division	General
12.	Health Unit, Champa, Dist. Janjgir (C.G.)	Bilaspur Division	General
1 13.	1 Health Unit, Loco colony, Bilaspur (C.G.)	Bilaspur Division	General **j**
i 14.	**i** Health Unit, Korba (C.G.)	Bilaspur Division	General

: 15.	| Health Unit, Karanji (C.G.)	Bilaspur Division	General !
! 16.	| Health Unit, Bhilai, Dist. Durg (C.G.)	Raipur Division	General
[1] 17.	Health Unit, DalliRajhara, Dist, Durg (C.G.)	Raipur Division	General |
18.	i Health Unit, Raipur (C.G.)	Raipur Division	General



	i) Divisional Hospital Bishrampur	- Do -	- Do -	Bishrampur- 497226	-Do -	-Do -		
	ii) Central Hospital Manendragarh	- Do -	- Do -	Manendragarh - 497442	-Do -	-Do -		
	iii) Regional Hospital Jamuna & Kotma	- Do -	- Do -	Jamuna & Kotma (Rly. Station , Kotma)	-Do -	-Do -		
	iv) Regional Hospital Churcha Colliery	- Do -	- Do -	Churcha Colliery (Rly Station Baikunthpur)	-Do -	-Do -		
	v) Indoor Hospital, Korea	- Do -	- Do -	Korea Rly. Stn.Tiger Hill	-Do -	-Do -		
	vi) Regional Hospital, Khurasia	- Do -	- Do -	Khurasia (Rly Stn Chirimiri)	-Do -	-Do -		
5.	MGM Eye Institute at Raipur	For SEC Rly Zone (BSP, NGP & R)	For tertiary level eye care for all SECR Zone.	5th Mile, Vidhan Sabha Road, Raipur- 493 111 Raipur (C.G.)	Revalidation (6th extn) 12.07.11 to 11.07.12			
	NAGPUR DIVISION							
1.	Arneja Heart Institute, Nagpur	Nagpur	For Car Cardiac emergencies	Nagpur	15.9.11	14.9.12		
2.	CARE Hospital, Nagpur, Panchsheel Square	Nagpur Division	Cardiac incl. all emergencies on CGHS rates	Nagpur, Panchsheel square	08.02.12	08.02.13		
	RAIPUR DIVISION							
1.	SAIL Hospital, Sector-9, Bhilai, Raipur Division	Sub- Divisional Rly Hospital, BMY	For all serious & complicated cases.	Bhilai, Sector-9, Pin. 490 001	01.4.11	31.3.12		
2.	BSR Apollo Hospital, Bhilai	Bhilai	All specialties		08.7.11	07.7.12		
3.	Ramkrishna Care, Raipur	Raipur	All specialties	Near Dhuppad Petyrol Pump, Raipur.	06.5.11	05.5.12		

Zone A 15 : Western

ANNEXURE III

Western Railway Hospitals

A. Zonal Hospital :

SN	Name and address of the Hospital	No. of beds
1.	Jagjivan Ram Hospital, Mumbai Central, Mumbai	330
B.	**Divisional Hospitals :**	
2.	Pratapnagar Hospital ,(Vadodara Division, Gujarat	96
3.	Sabarmati Hospital, Ahmedabad Division, Gujarat	50
4.	Ratlam Hospital, Ratlam Division , M.P.	125
5.	Rajkot Hospital , Rajkot Division, Gujarat	79
6.	Bhavnagar Hospital, Bhavnagar Division, Gujarat	107
C.	**Workshop Hospital (Production Unit) :**	
7.	Dahod Hospital, Dahod, M.P.	130
D.	**Sub-divisional Hospitals :**	
8.	Valsad Hospital, Mumbai Division , Gujarat state	42
9.	Gandhidham Hospital (Ahmedabad Division)	17
Total Hospital Beds		**976**

Details of Health Units :-

Name of Division	Sr. No.	Name of Health Units/Dispensaries	No.of beds	
			Maternity	Emergency
(1)	(2)	(3)	(4)	(5)
Mumbai - 12	1	Badhwar Park	-	1
	2	Churchgate	-	1
	3	Bombay Central	-	1
	4	Bandra	6	2
	5	Lower Parel	-	3
	6	Borivali	-	1
	7	Udhna	-	2
	8	Palghar	-	2
	9	Surat	-	2
	10	Nadurbar	2	3
	11	Amalner	-	2
	12	Mahalaxmi	-	1
Ahmedabad - 13	13	Ahmedabad	2	2
	14	DRM office	0	1
	15	Sabarmati Amb	0	1
	16	Mehsana	2	3
	17	Himmatnagar	-	2
	18	Dhargandhra	-	1
	19	Vatva	-	1
	20	Kankaria	4	2
	21	Sabarmati Stn.	-	1
	22	Viramgam	-	1
	23	Palanpur	2	2
	24	Radhanpur	-	2
Vadodara - 7	25	Anand	2	2
	26	Baroda Station	-	2
	27	Baroda Yard	5	1
	28	Bharuch	-	1
	29	Dabhoi	-	1
	30	Godhra	-	3
	31	Rly Staff College	-	1

Name of Division	Sr. No.	Name of Health Units/Dispensaries	No.of beds	
			Maternity	Emergency
Ratlam - 9	32	Ghatla colony	-	-
	33	Ratlam station	-	-
	34	Dahod station	-	-
	35	Ujjain	-	-
	36	Indore	1	-
	37	Mhow	2	-
	38	Nimach	2	-
	39	Chittaurgarh	2	-
	40	Nagda	-	-
Rajkot- 5	41	Okha	-	2
	42	Jamnagar	-	1
	43	Happa	2	2
	44	Wakaner	-	2
	45	Surendra Nagar	2	2
Bhavnagar-10	46	Junagarh	-	2
	47	Jetalsar	4	1
	48	Gondal	-	-
	49	Porbandar	-	1
	50	Bhavnagar Terminus	-	-
	51	Mohuva	-	-
	52	Dolha Junction	1	1
	53	Botad Junction	2	1
	54	Veraval	-	1
	55	Dholka	-	1
Dohad- 1	56	D-Site Dispensary freeland Ganj colony	-	1

Lock-up dispensaries - 9

Ahmedabad Division	**Vadodara Division**
1. Bhuj	6. Nadiad
2. Bhildi	7. Jambusar
3. Kalol	**Rajkot Division**
4. Malia Miana	8. Dwarka
5. Kandla Port	9. Morvi

Tie-ups with Private Hospitals

ANNEXURE III

1	JRH	TATA Hospital, Mumbai	Cancer treatment		
2	JRH	Bombay Hospital	Cardiac Cases		
3	BCT	Wockhardt Superspecialty Hosp, Surat	Cardiac Diseases		
4	BCT	Apex Hospital, for KILE to MIRA Road section	Multispecialty secondary and tertiary		
5	BCT	Seven Hills Hospital, Andheri	Multispecialty secondary and tertiary care, Cardiac, Neuro, haemodialysis & emergency labour		
6	BRC	M.P.Shah cancer Hospital,	Cancer treatment	Permanent	Permanent
7	BRC	Bhailal Amin Genl. Hospital, Vadodara,	Multi Disciplinary Tertiary Cases		
8	BRC	Baroda Heart Institute & Research Centre, Vadodara	Cardiac treatment		
9	BRC	Sterling Hospital, Vadodara	Multi Disciplinary Tertiary Cases	New	
10	ADI	Sterling Hospital, Ahmedabad	For Cardiac Cases		
11	ADI	Apollo Hospital, Ahmedabad	For multispecialty tertiary care (144 procedures)		
13	RTM	Bombay Hospital, Indore	Cardiology Nephrology		
14	RTM	Bhailal Amin Genl. Hospital, Vadodara,	Multi Disciplinary Tertiary Cases		
15	RJT	NM Virani Wockhardt Hospital, Rajkot	CAG, CABG, PTCA, Hip replacement		
16	RJT	B.T. Savani Kidney Hospital, Rajkot	Kidney Diseases		
17	RJT	Nathalal Parikh Cancer Institute, Rajkot	Cancer treatment		
18	BVP	Wockhardt Hospital, Bhavnagar	Haemodialysis		
19	BVP	Sterling Hospital, Bhavnagar	Cardiac cases		

Zone A 16: West Central

ANNEXURE III

Recognized Private Hospitals over WCR :

Sl. No.	Name of Private Hospital	Specialities
01. 02.	**Jahalpur Hospital & Research Centre, Jabalpur** **Kota heart Institute & Research Centre, Kota**	**Emergency and superspeciality treatment.**
02.	**Sudha Hospital, Kota**	**Treatment of Cardiac treatment.**
03.	**Jawahar Lai Nehru Cancer Hospital, Bhopal**	**Cardiac Treatment.**
04.	**Aradhana Hospital, Bhopal**	**Dialysis**
05.	**Escorts Fortis Hospital, New Delhi**	**Cardiac Treatment.**
06.	**Global modi hospital, Kota**	**Emergency and superspeciality treatment.**
07.	**Jamadar Hospital, Jabalpur**	**Orthopedic emergency.**
08.	**MGM Hospital, Katni**	**All emergency.**
09.	**BHEL Kasturba Hospital, Bhopal**	**All emergency.**
j 10.	**Bhopal memorial Hospital & Research Centre, Bhopal**	**Superspeciality and tertiary care**

The names of Hospitals, Health Units and Recognized Hospitals over West Central Railway

Sl.No.	**Name of Hospitals and Place**	
01.	Central Rail Hospital, Jabalpur	
02.	Divisional Rail Hospital, Bhopal	
03.	Divisional Rail Hospital, Kota	
04.	Sub Divisional Hospital, Gangapur City	
| 05.	Sub Divisional Hospital, Bina	
06.	Sub Divisional Hospital, Itarsee	
07.	Sub Divisional Hospital, New Katni Jn.	
Sl.No.	**Name of Health Units**	
01.	Health Un	Katni
02.	Health Un	Satna
03.	Health Un	Narsinghpur
04.	Health Un	Sagar
05.	Health Un	Dagoh
06.	Health Un	Byohari
07.	Health Un	Sohagpur (Lock-up Dispensary)
08.	Health Un	Habibganj
09.	Health Un	Itersee Station

10.	Health Un	Guna
11.	Health Un	Harda
12.	Health Un	Sajapur
13.	Health Un	Bundi
14.	Health Un	Bara
15.	Health Un	shamgarh
16.	Health Un	Sabai Madhopur
17.	Health Un	Bharatpur
18.	Health Un	Bayana
19.	Health Un	Tughlakabad

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ANNEXURE III

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- **Vaccination**
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ANNEXURE III

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