Organization of Ancillary Services

Laboratory Services

The laboratory services are an essential component of the hospitals, they are categorized into two types:

1) Public Health laboratories: These are concerned with the origin, spread and control of the disease in as community. These are concerned as yardstick to measure the community health.

2) Diagnostic laboratory services: These are concerned with tests for diagnosis, prognosis and response to treatment. These are often established to provide diagnostic support to other hospital departments, thus ensuring a comprehensive patient care. Members of the hospital staff are interested in these diagnostic laboratories.

The laboratories may be established in a three-tier pattern: 1) The Regional laboratories. 2) The Intermediate laboratories and 3) The local laboratories.

The local laboratories will be responsible for simpler diagnostic investigations and for public health bacteriology. The intermediate level laboratories will carry out a little more complicated diagnostic tests and also public health works as bacteriology of water, milk supplies, virological investigations and public health toxicology. The regional or central laboratory will under take full range of diagnostic and public health work.

Organization

The intermediate hospital laboratory providing the public health as well as diagnostic services, should be headed by a single director who, preferably be a pathologist. With the increase in the turn over of the laboratory services, the appointment of a full time administrative director may become necessary.

Diagnostic Laboratories

The modern diagnostic laboratories comprise of the following sub divisions:

- Haematology
- Histopathology
- Microbiology
- Biochemistry

Depending on the turnover of the work, each of these may be further subdivided into different sections like, cytology – Exfoliative or Fine needle aspiration cytology, Blood Bank, toxicology etc.

While planning the physical infrastructure facility of the laboratory, it is important to keep in mind the importance of free flow of specimens in the laboratory. This is of importance, especially in cases where the single specimen, (like CSF, Blood, Urine or other body fluid samples) has to be subjected to multiple tests in different areas of the laboratory- Biochemistry, hematology and microbiology.

Biochemistry Department

This department is mainly concerned with carrying our both qualitative and quantitative biochemical investigations on blood samples and other body fluids like CSF, Ascitic fluid etc. The department will have subdivisions for carrying out estimation of enzymes, hormone levels and other special investigations. The department will also provide for physiological estimations like Basal Metabolic Rate (BMR). There should be provision for use of needed radio tracer elements. In addition to these diagnostic facilities, the department should be equipped to carry out toxicological studies, as a part of public health function.

Hematology Department

This department is concerned mainly with study of morphology of the blood and bone marrow. Besides this, several estimations like Blood cell counts, Hemoglobin estimation and other qualitative and quantitative estimations of the various components of blood are also carried out to help in establishing the diagnosis. In some hospitals, where a separate blood transfusion service (blood bank) is not available, the immuno-hematological tests like blood grouping cross matching, investigation of auto immune reactions, antenatal follow up in coordination with obstetrics department are also carried out in hematology laboratory. In

larger hospitals, blood transfusion services constitute a separate department, the organization of which is discussed elsewhere in this book.

Hematology department should have subsections to carry out investigations of coagulation and haemorrhagic (bleeding) disorders. If possible facilities for use of radioisotopes as diagnostic tools for investigations of blood dyscrasias also may be provided.

Histopathology and Morbid Anatomy Department

This department is involved in supervision of mortuary and autopsy services besides processing the tissue received from the operation rooms. It is essential and mandatory to submit all the tissues or organs removed at the time of surgery for histopathological examination. The autopsy or postmortem room and the mortuary, if possible, may be located near the pathology department, but it is not essential. The autopsy service of the hospital should be designed in consultation with the pathologist, so that autopsies can be performed on all patients dying in the hospital.

Besides, routine processing of specimens for histopathological examination, this department also should provide facilities for frozen section studies for rapid, intra-operative diagnosis, so as to enable the surgeon to decide or the extent of surgery, esp. in case of tumors. It is preferable to have this facility in Operation Theatre block or close to operating rooms. Another diagnostic service that comes under preview of this department is cytology-both exfoliative and fine needle aspiration cytology. Cytology is a useful diagnostic tool, as it is less painful, requires minimal or no hospitalization can be carried out as an outpatient procedure. The results will be available earlier than histopathology. Hence this service of late is gaining acceptance among medical fraternity.

Microbiology Department

The microbiology department is an integral and essential part of diagnostic services. The activities of this department can also be extended to public health services. It is mainly concerned with identification of organisms causing diseases and infections in the hospital setting, to find out the drugs to which they are sensitive, so as to enable the clinician to institute correct treatment. The public health activity includes the identification of sources of infection in community in co-ordination with the department of epidemiology. In addition, the microbiology department is also entrusted with the responsibility of investigation and control of sepsis in the hospital.

The important subdivisions of this department are virology, mycology, parasitology and serology. In addition depending on the local circumstances, the section for medical and veterinary entomology may also be added to this service. The microbiology department is also responsible to monitor the sterility in areas of CSSD, which serves the different areas of hospital.

The hospital laboratory services may be centralized, if adequate space, equipment and space are available and proper arrangements are made to receive specimens and dispatch the reports can be made. This will be convenient, as the services are available under the supervision of the pathologist. If the laboratories are set up in the wards, ICU or O.P. department, the commitment in terms of space, staff and equipment will be higher and there is a risk of poor quality of service due to technical inaccuracies, since the services are not under the direct supervision of the pathologist.

Staffing of the Laboratory Services

Technicians

Laboratory Assistants

Administrative Staff

Auxillary Staff

Record System

An efficient record system is a fundamental requisite of the laboratory services. This should ensure

Individual results can be obtained easily with reference to the name or reference number.

Results or workload of department can be analyzed on request.

Previous reports of patients can be traced easily for comparison with current results.

Regular assessment of costs of certain investigations, departments, or sub departments can be carried out.

The data can be stored by introducing computer operations and by microfilming, which will result in marked reduction in requirement of storage space.

It is advisable to have a system of submitting monthly reports from local and intermediate laboratories regarding the volume of work done in each department, staff pattern, new developments in the laboratory, service rendered by the laboratory etc.

Suggestions to improve the public health services provided, by analyzing the health trends in the local area.

The above discussion is only a broad out line of the organization of the laboratory services and this has to be modified to suit the local needs to be effective. This can be

decided only after the survey and analysis compiled by members of health department, especially pathologist, who are responsible for the service. These authorities should be actively involved in all stages of planning of the laboratory services.

Organization of Department of Physiotherapy and Occupational Therapy

The practice of medicine has progressed from curative to preventive to rehabilitative practice. At present, the aim of the personnel involved in health and medical sector is not just providing cure or relief to the patient, but restoration to the extent possible, degree of function. Thus, rehabilitation of the patient after the recovery from illness is considered important. This will enable the patient to go back to his original occupation, modify or change his profession or job so that he can be productive and will be able to contribute to the society. As this concept is gaining ground, the department of physiotherapy and occupational therapy has become essential component of patient care services.

Physiotherapy is practiced for quite some time. Here, the treatment methods included application of diathermy, radiant heat, massaging, application of short wave diathermy, action-therapy etc. These modalities of treatment are still in vogue. The patients are now encouraged to undertake controlled activity under medical supervision than rely on passive forms of treatment. Early ambulation of patients following illness or surgery is an example of this change. The planning of the physiotherapy departments should take into account this change in the trend.

Physiotherapy entails instruction of individual or group of patients about the various remedial exercises they can undertake under supervision of trained gymnasts and physiotherapists. The physiotherapy department should house a gymnasium with facilities for exercise, which is a part of the treatment. The gymnasium should be adequate size and lofty (about 5 meters in height) to allow the playing of games, which are considered a vigorous form of physiotherapy for some physicians. There should be provision for separate changing rooms for men and women, close to the gymnasium.

Another important adjunct to the physiotherapy unit is a pool which can be used to enable the weak and atrophied leg muscles of polio affected patient to develop, by bearing the weight of the patient. The pool may be located indoors or outdoors depending on the climate of the country. The pool may be simple or sophisticated, depending on the finances available.

The department should be provided with cubicles to house the instruments and equipment used to provide diathermy, radiant heat, traction, actino-therapy and massage. There should be accommodation for the director of physical medicine for consultation and examination of the patients. A separate storeroom for apparatus and one for records office must be provided.

Staff Pattern

The department is headed by a physician, who received training in physical medicine for at least three years. He will be designated as director of physical medicine. He will be assisted by physiotherapists. The physiotherapists and remedial gymnasts will apply the different methods of treatment prescribed to the patients. Supervisory physiotherapist will be responsible to oversee and coordinate the work of physiotherapists, by allocating the duties and participating in the treatment of patients.

Physiotherapy usually lasts for long periods like weeks or even months. The patients undergoing physiotherapy usually suffer from chronic illness. These patients, after a certain period of physiotherapy, may not show any further improvement. In such cases, the physiotherapists cannot discharge the patient from the treatment, as they are not authorized to do so. The decision regarding the termination of the treatment rests with the physical medicine specialist, who should periodically review such cases and take an appropriate decision. If this is not done, the physiotherapy department will be choked with chronic patients, for whom the therapy is not going to be beneficial. This unnecessary load will result in wasting of the scarce resources.

Since, physiotherapy is a prolonged treatment and majority of the patients are treated as outpatients. It may be difficult for some of the patients to commute long distances every day, for treatment. Hence it is advisable to establish physiotherapy centers in densely populated areas, and in health centers run by hospitals, away from the main hospital, so that the patients can have an easy access. These centers will function under the director of physiotherapy of the hospital. Since some of the procedures are time consuming, facilities for light refreshment and adequate waiting space with sanitary accommodation must be provided.

Occupational Therapy

Occupational therapy is another important branch of rehabilitative medicine concerned with improvement of the physical condition of the disabled so that they can be rehabilitated and gainfully employed. The occupational therapy is of two types:

- Therapeutic
- Diversional

Therapeutic Occupational Therapy

This is designed primarily to help the injured workman, to reeducate his muscles and regain his skill. As a part of the treatment, he will be set to work under the expert supervision, on tasks similar to those on which he is formerly employed. This entails setting up of workshop with facilities and tools for woodwork like carpentry, machines worked by hand or treadle and other equipment.

Diversional Occupational Therapy

This has a more psychological than physical impact on the patient. Here, the patient is helped to get better by stimulating his interest, relieving the boredom and make him feel that he is capable of doing a useful job. The patients are trained in new skills like basket weaving, candle making, toy making, papermaking, painting etc. This training will enable him to be gainfully employed and earn his livelihood. He will also be able to contribute to the society in his own way.

Organization of Blood Transfusion Services

Blood is one such commodity, which can be donated only by humans to save other's life. It is a life saving elixir, which is not available off the shelf from the medical shops. The blood available for transfusion purposes at any given time is woefully inadequate to meet the demand. Thus, every effort should be made to educate the public about the value of blood donation and encourage them to enroll as voluntary blood donors.

Organization of an efficient blood transfusion service in a hospital is essential to ensure the availability of blood to the needy patients. However, the blood transfusion services are regulated by stringent rules and regulations and the services can be organized only after obtaining license from both the central and state drug control directorates. The blood bank are regulated by Drugs and Cosmetics Act, 1940.

The infrastructure facilities should be in accordance with the recommendations of the WHO, for establishing a blood bank. The premises housing the blood bank should have the following accommodation:

Donor's Lounge Here the prospective donors are received and seated before they are interviewed to determine the eligibility. The room should be 20 × 20 ft. This room should be furnished suitably with chairs, table and magazines.

Examination Room This also measures 20 × 20 ft. The room is furnished to accommodate the prospective donor and the medical officer. Other furnishings like examination couch, weighing scale to record weight, provision to record height, and provision to carry out preliminary screening tests like hemoglobin level estimation. Here, the prospective donors are interviewed by the medical officer or social worker to obtain relevant clinical history, personal history, history of earlier blood donations, vaccination etc. to determine the eligibility. The interview also helps to weed out professional donors, who donate blood at frequent intervals for monitory considerations.

Blood Grouping Room This room should measure 10 × 20 ft. The room should be air-conditioned to maintain standard temperature and dust free environment. This is most useful in tropics where the room temperatures tend to be on the higher side.

Bleeding Room This room should be at least 20 × 20 ft. and should be air-conditioned. The room should have at least two couches for bleeding the donors, so that at time two units of blood can be recollected. The room should be equipped with necessary equipment and instruments for collection of the blood. A tray with lifesaving drugs, syringes and other necessary equipment for resuscitation of the donor, if such a contingency arise, must be provided in the bleeding room.

Recovery Room This room measures 20 × 10 ft. It is used for providing refreshments to the blood donors after bleeding. The donors can take rest for some time, before leaving the blood bank.

Cross Matching Room The blood collected from the donors should be tested to find out whether it is compatible with recipient's blood. This procedure is called cross matching. This should be carried out in an air-conditioned room. The size of the room usually is 20 × 20 or 10 × 20 ft.

Blood Storage Area This area houses the refrigerators, (specially designed for storage of blood) or walk-in coolers where blood can be stored. The area of the room shall be at least 400 sq.ft. The refrigerators and walk-in coolers generate a lot of heat and hence they should be located close to the windows, with sufficient space behind the instrument to permit free flow of air.

Components Preparation Room This room is used to separate different components of blood for administration to the patients depending on need. The components include – Packed cells, Plasma, Platelet rich plasma, WBC concentrates, clotting factors etc. The blood bank should obtain a separate license for preparation of components. The components cannot be supplied by the blood banks holding license for supply of whole blood. The room should house the equipment and instruments necessary for preparation of components.

Screening Laboratory Here the blood collected from the donors is screened for diseases transmissible by blood like, Malaria, filariasis, Hepatitis 'B', Hepatitis 'C', HIV (AIDS) and Syphilis. These tests are mandatory before the blood is issued for transfusion.

Store Room This should be of adequate size to keep the supplies like blood bags, reagents, anti-sera, instruments, equipment, glassware etc. The blood bank should be adequately provided with refrigerators to store the test kits, anti-sera and other reagents which tend to deteriorate in absence of refrigeration and lose their potency.

Rooms for duty technicians separate for men and women and medical officer should be provided. Since blood bank is a 24 hours service, suitable provision must be made for night staff posted on duty. These rooms should be suitably furnished.

The blood bank should also be provided with adequate sanitary facilities, as this area is frequented by people, both the staff and public.

The blood banks are licensed for manufacture of (a) Whole blood and (b) components. The license requirements differ for both the types of products.

Staff Requirements

The following are the mandatory staff requirements for the blood banks:

- Medical Officers with PG qualification in Pathology or Microbiology – ONE
- Medical Officer with MBBS qualification – ONE
- Qualified Technicians with experience in blood bank – SIX
- Laboratory Assistants – SIX
- Store keepers – ONE
- Record Clerks – TWO

Procedure to be followed before accepting blood donor

Identification of the Donor Filling up the identity card with details like Name, Age, Sex, Address, Telephone Number, Marital Status, Occupation, Date of Last Donation.

Age Minimum is 18 years and maximum 59 years, if the person is healthy. Blood donors below 21 years of age are required to produce permission letter issued by a responsible person.

Sex Women during menstrual period are not accepted as donor.

Occupation The people employed as flight crews should not go to work for one week. People who are required to climb on scaffolds and ladders, and operators of heavy equipment should not report to work at least until 12 hours.

Interval between donations Minimum interval is 12 weeks. The maximum number of donations permissible in one year is not more than five.

Medical History

The medical history regarding the following diseases should be taken before accepting the donors:

Malaria H/o treatment for malaria, with no clinical attack of malaria in the last one year may be accepted.

Syphilis Patient with active disease and person with positive serological test for syphilis are excluded.

Jaundice and Viral Hepatitis Any person with a positive history of jaundice or viral hepatitis in the last two years is not eligible to donate blood.

Tuberculosis, Diabetes(Insulin dependent), Heart diseases like coronary heart disease, severe hypertension, recent rheumatic heart disease, congestive cardiac failure and pregnancy – donors not accepted.

Medical Examination

- Temperature
- Blood pressure
- Pulse rate
- Hemoglobin
- Weight: Minimum acceptable weight is 45 Kg or 100 pounds. No maximum sealing for weight if the person is otherwise healthy and normal.

Records to be maintained in the blood bank

- Blood donor register
- Blood grouping register
- Blood crossmatching register
- Blood screening register
- Blood issue register
- Transfusion reactions register
- Register showing the stocks of supplies of blood bank-stores register
- Blood bank indent book
- Blood bank procedures manual

Organization of the Department of Radiodiagnosis

The department of Radio-diagnosis has a great potential for growth and expansion. This department deserves generous allocation of space in the hospital. The department should be located in as separate building of its own.

The X-ray machines are costly and have a very short life before becoming obsolete. Hence, these machines should be put to maximum use during their life span. Even the radiographers are a scarce commodity and effective utilization of their services is essential. To achieve this, the X-ray rooms should be centralized to optimize the utility of both the men and machines.

The department caters to outpatients, inpatients, patients from casualty and emergency services and patients referred by private practitioners. In view of this, it is ideal to locate the department between the out patient department and the ward blocks and should be easily accessible to the emergency and casualty department. Such a location will reduce the unnecessary handling of badly injured patients during the transport.

It is desirable that the department be divided into two areas, one to deal with the emergencies and accidents brought to the hospital. The cases of fractures referred from the O.P. also may be attended by this department. The other section will deal with the patients coming for X-ray on prior appointment from the O.P. wards and from general practitioners. The patients who need preliminary preparation like patients for barium series etc. are also attended to by this section.

The hospitals should have facilities for routine radiological services, even at the local hospital level. The central and regional hospitals should provide for special investigations like angiography, neuroradiology and other sophisticated procedures.

As far as possible the general purpose machines should not be installed in the rooms. If two or more X-ray machines are installed in the same room, only one machine can be used at a time. The rooms for installing X-ray units should be rectangular and 5×4 meters in size. The dark room should be placed between two X-ray rooms to economize on staff and space. It is better to install automatic processing machines in the department, to ensure faster processing. This will almost dispense with the necessity for dark rooms as the films are processed and dried in a very short time.

Since the department receives patients wheeled on trolleys and wheel chairs besides he ambulatory patients, ample waiting space must be provided in this department. For the patients, clad in dressing gowns, who undergo serial examinations spread over a longer time, separate waiting rooms for each sex should be provided.

For barium examinations, a suite of rooms is required to accommodate barium kitchen, a room for each sex for rectal wash outs, a water closet for each sex and one or two rooms where patients can lie down and take rest before going home.

Besides this adequate space must be provided for office accommodation for registration of patients, space for filing the old X-rays, a small store room to keep the unexposed X-ray films and a room with sink to store reagents and for making up various solutions. Mobile X-ray machines must be available in the department and storage space for these must be provided.

There must be office accommodation for each radiologist, generously equipped with viewing screens or boxes, where the reporting on films can be done. Office accommodation for radiographers and secretaries should also be provided.

Radiation Hazards

The radiographers and radiologists and other staff are at risk of exposure of radiation. The design and construction of the department should be done in such a way the radiation scatter is kept at minimum. The radiographer taking the X-ray must be protected by a lead-glass screen in the same room or adjoining room. Installation of image intensifiers is recommended if the department is involved in a great deal of screening.

In large regions, where there are many hospitals, it is advisable to have a central regional staff comprising of a radiation physicist or an electronic engineer who can advise on the layout of the new departments, diagnose and rectify the faults in the equipment and to detect the radiation leaks using the Geiger counter in the X-ray departments of the hospitals in the region.

Installation of a miniature X-ray units in the hospital is recommended to screen the patients referred to the hospital by general practitioners of the region, outpatients of the hospital who are not too ill. This unit should be housed in a separate suite, separate from the main X-ray department. It should have waiting area and a small office. The unit is useful for screening a large number of patients for evidence for tuberculosis and the program is called Mass Miniature Radiography (MMR) program. In case of patients referred by practitioners two anterioposterior chest films, one for the hospital and another to be sent to the referring doctor. The additional cost is not significant.

Department of Radiotherapy

Radiotherapy in skilled hands is a very useful therapeutic tool. But in less skilled hands it can be hazardous and cause serious damage to the body. An in correctly planned course of treatment may result in serious injury and deprive him of the benefit of the treatment even if comes under the care of a good radio-therapist, at a later date.

The planning and establishment of this department calls for a very high degree of specialization and all the hospitals cannot be provided with this facility. The buildings that house the sophisticated equipment are designed with special care according to the specifications accepted worldwide. Any laxity in the precautions may prove calamitous and can lead to grave consequences.

The facilities for radiotherapy in our country are confined to certain regional hospitals scattered over the country. Because of the paucity of radiotherapy centers, patients sometimes have to travel considerable distances for the treatment. To avoid unnecessary crowding of the radiotherapy centers, a system of referrals for radiotherapy should be designed. The terminally ill cases, who may not be able to withstand the rigors of radiotherapy and unlikely to benefit such treatment, should not be sent to radiotherapy centers fo0r diagnosis. One of the radio therapists form the regional or central hospital can pay regular visit the peripheral centers to examine the cases and determine whether they can withstand the treatment and benefited. If the radio therapist is convinced that the patients may have a chance to improve, they can be transferred to the radiotherapy center. Follow up, which is essential in these cases can be done locally by the radio therapists during his periodical visits. However if the radio therapist has to visit the peripheral hospitals on a regular basis, sufficient number of radio therapists must be appointed to the service.

Radioisotopes are usually used in medicine for both diagnostic and treatment purposes. These isotopes are not issued to the hospital unless it has adequate staff, equipment and accommodation. The services of a physicist and qualified technicians are essential. A suitably equipped laboratory for handling the radio active substances, and the apparatus to measure the radioactivity are also required. However, it is wise to restrict the use of isotopes to some well established radiotherapy departments where facilities are available.

The Hospital Pharmacy

The pharmacy in the hospitals was started primarily for purchase and formulations of drugs, medicinal preparations, chemical reagents and other related materials. The pharmacy is utilized for compounding of medicines as and when necessary. The department is also responsible for safe storage and issue. However, at present many hospitals have dispensed the system of compounding to issue the medicines to their patients. At present, the hospitals issue prescriptions of proprietary preparations which the patients has to obtain from the medical stores.

The secondary function of the pharmacy is to provide guidance to the medical and nursing staff about the pharmacological properties and characteristics of the drugs and their function. However, this function is handled poorly. It should also help the medical and nursing staff in monitoring the efficacy of the drug therapy. The pharmacy department is also involved in medical, pharmaceutical and pharmacological research. The pharmacist should be aware of the cost of various drugs of equal potency manufactured by different companies. He will be able to control the costs of drugs. He can also furnish useful information to the doctors about various drugs and medicines and formulations available in the market.

The pharmacy department should always maintain close and continuous relationship with medical and nursing services.

The pharmacy department should follow established material management methods for purchase, storage and issue of the medicines and drugs to the different sections of the hospitals and maintaining relevant records. The department should strive to see that there is

no shortage of the drugs and medicines, so that the patient care is not adversely affected. The department should establish a system for estimating the requirements, and obtaining the quotations, placing the orders, receiving the supplies, making stock entries, passing the bills for payment, storage and issue of the drugs to the different sections of the hospital.

Staff Pattern

The staff requirement of the pharmacy depends on the services provided by the department and also the number of prescriptions received. Normally, besides the chief pharmacist, there will be one pharmacist for 50-100 beds. The number of the pharmacists also vary with the number of hours the pharmacy is open. Besides these, administrative staff is also required.

Physical Facilities

Site

The pharmacy serves both inpatients and outpatients. It is ideal to locate it near the exit as the pharmacy is usually the last place visited by the patients visiting the hospital. It should be accessible to the staff, relatives of the patients admitted to the wards, and also to the suppliers. The building housing the pharmacy should have strong walls to eliminate the risk of theft.

Size

This depends on various factors like – the size and type of the hospital and also whether the hospital encourages rational use of drugs. In hospitals where use of drugs is rationalized, the size of the inventory and consequently the space requirement will be less.

Space

The following are the recommended space requirements for a medium sized hospital:

- Three dispensing counters and one separate cash counter
- Two store rooms. This includes standard and refrigerated stores.
- Administrative offices with record keeping, filing, bin cards, registers etc.
- Rooms for compounding and production if undertake. (Now a days this is not practiced in the hospitals).
- Small library
- Enough circulation space.

Equipment

Refrigerators for storing vaccines and sera and other substances requiring refrigeration. The refrigerators should be provided with recording thermometers, so as to enable us to know the temperature inside.

Adequate number of shelves (preferably of varying sizes), filing cabinets, Kardex etc.

Other requirement, if any:

- Furniture
- Room for pharmacist
- Room for records

Since the pharmacies are not engaged in preparation of intravenous fluids and dispensing the prescriptions other requirements regarding the space and equipment are not included here.

The drugs should be arranged in a systematic manner along the shelves, so as to enable the pharmacists to identify them easily, take and replace them as and when needed. The arrangement should be such that the walking within the pharmacy should be minimum. The most commonly used drugs should be easily available, preferably pre-packed, containing usually prescribed numbers.

Working Hours

The hospital pharmacy may be kept open all through 24 hours or it may be kept open in two shifts or one shift with staggered timings. However, it is essential to ensure the availability of largest number of pharmacies between 9.00 A.M. and 3.00 P.M. A separate night pharmacy, where emergency drugs and small quantities of other commonly used drugs are stocked can also function, separate from the main pharmacy, for the convenience of patients.