



BUSINESS
NAME



**Caring
for a
Healthy
Retired
Life**

Medical Facilities for the Retired Employee

Excerpts from
IRMM 2000

UMID Cards

Reimbursement

Forms

Facilities in
B.R.Singh Hospital

Facilities in Ortho-
paedic Hospital,
Howrah

RELHS-97

Hospital Diet
charges

Geriatric
Diseases

Important Phone



A Guide Book

ERWWO, Kanchrapara

&

Workshop Railway Hospital, Kanchrapara

Dedicated
To
ALL the Retired Employees
who have served the Railways
and
their Families

Message

from

President, ERWWO, Kanchrapara

ERWWO ,Kanchrapara has a lot of dedication towards the health and well being of the Retired Employees and their dependents belonging to Kanchrapara jurisdiction . Previously, a number of promotive health check-up camps have been organized for the pensioners.

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 at par with the serving employees, a guide book was felt necessary that would be informative to the retired beneficiaries to make full use of this facility.

ERWWO , Kanchrapara, in collaboration with the Workshop Railway Hospital , Kanchrapara is bringing out a handbook mentioning the various medical facilities available for the retired employee that they can avail from Workshop Railway Hospital, Kanchrapara, Divisional and Orthopaedic Hospital ,Howrah and B.R Singh Hospital, Sealdah.

The first part of the booklet contains some useful circulars and information pertaining to the medical facilities for retired employee. The second part had a complete list of medical facilities available in Railway Hospitals located in Kanchrapara, Howrah and Sealdah and empanelled private hospitals which have signed MOUs with these Hospitals for emergency and referral treatments

Also included towards the end is a chapter on geriatric diseases

All attempts have been made to include only authentic and updated information. Hope this compilation will prove to be useful for retired railway men and their family members and a copy of the booklet is intended to be handed out to the Employee on the last day of his service before retirement from Kanchrapara Workshop.

Smt .Mita Kumar
(President, ERWWO,Kanchrapara)

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 mentions some of the Medical Facilities available for the Retired Employee and contains relevant information and excerpts from the Indian Railway Medical Manual 2000 as applicable.

Reimbursement is specially dealt with.

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.

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

Necessary application and claim forms have been included. Lastly, list of various medical facilities available in the Railway Hospitals is mentioned.

We hope this handbook acts as a guide to our retired Railway fraternity.

Suggestions are welcomed for subsequent

Sri. S.K.Basu
WPO, Kanchrapara

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CMS, Kanchrapara.

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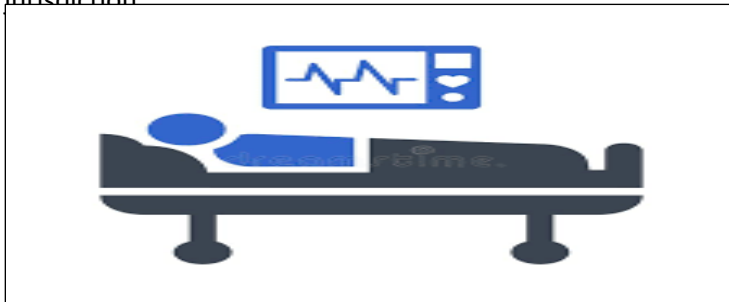
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Excerpts from IRMM 2000: Medical Attendance and Treatment

Para 601. In these paragraphs , unless there is anything repugnant in the subject or context and subject always to the provisions contained in the Indian Railway Establishment Code, Volume I- (1) **'Authorized Medical Officer'** means the Railway Medical Officer within whose jurisdiction the Railway employee is headquartered or one who is specifically nominated for the purpose.

Note: (i) The Authorized Medical Officer may, as per the requirements of a particular case, refer the case to any other Medical Officer of the required specialty. (ii) Ordinarily the jurisdiction of a Railway Medical Officer will be taken to cover Railway employees residing **within a radius of 2.5 km. of the Railway hospital/health unit** and within 1 km. radius from the station of the Medical Officer's jurisdiction



Treatment Entitlement:

Beneficiary	OPD Treatment	Indoor Treatment	Investigations	Reimbursement
Retired Employee	Yes	Yes	Yes	Yes
Spouse of Retd Employee	Yes	Yes	Yes	Yes
Dependent Widow Mother/Step-Mother	Yes	Yes	Yes	Yes
Unmarried Daughter	Yes	Yes	Yes	Yes
Widow Daughter, Divorcee Daughter dependent on the Retd Employee	Yes	Yes	Yes	Yes
Dependent widow /Divorcee Sister when father is dead	Yes	Yes	Yes	Yes
Married daughter (First Two Confinements only)	Full Charges	40% of charges. OT Charge free Diet & Medicine – full charge	40 % of charges	No

Beneficiary	OPD Treatment	Indoor Treatment	Investigations	Reimbursement
Son up to 21 yrs.	Yes	Yes	Yes	Yes
Step-sons, unmarried step-daughters, legally adopted children	Yes	Yes	Yes	Yes
Unmarried son over 21 years of age without an upper age limit, fully dependent and living with the Retired employee	Yes	Yes	Yes	Yes
Unmarried, widow or divorced step sister fully dependent and living with the Retired employee	Yes	Yes	Yes	Yes
Ex Railway Employee who are Trade Union members	Yes	Yes	Yes	Yes
Private Servants	Free (NOT chronic diseases)	40% Charges	40 % Charges	NO
RRECHS Card Holders...Self and Spouse only, dependents chargeable	Yes	40 %	40%	No
Retired Employee on Re-appointment	Yes	Yes	Yes	Yes

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.9000/- 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)



ALS Ambulance, Kanchrapara



Advanced Cardiac Centre, BRSH

IRMM 2000, Sub-Section (11) Retired Employees Para 612 A “Retires Employees Liberalized Health Scheme-1997 ('RELHS-1997”).



- (1) Retired Railway employees covered under RELHS-97 will be provided with **full medical facilities as admissible to serving employees** in respect of medical treatment, investigations, diet, and reimbursement of claims for treatment in Govt. or recognized non railway hospitals. They will also be eligible for a) ambulance services b) medical passes c) home visits d) medical attendance for first two pregnancies of married daughters at concessional rates and e) treatment of private servants as applicable to serving railway employees.
- (2) (ii) For the purpose of d) of subpara (1) 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 PERIODS FOR THE FIRST TWO PREGNANCIES AT CONCESSIONAL RATES"
- (3) **Eligibility:** 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: Condition of minimum of 20 years of qualifying service for joining RELHS-97 is not applicable in the case of medically invalidated employees and the spouses of employees who die in harness. 13. 50% of the period from the date of 'Temporary Status' to the date of 'regularization' in respect of Ex-casual labors will be counted for the purpose of 20 years qualifying service for joining RELHS – 97. (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 were members of the old RELHS will automatically be included in the RELHS '97. (iii) Spouse of the Railway employee who dies in harness. These orders are not applicable to those Railway servants who quit service by resignation.

(4) Family/Dependents Definition of **'family'** for the purpose of this scheme will be the same as in respect of the serving Railway employees. The definition of "dependent" will be the same as in the Pass Rules.

(5) Rate of contribution

a) 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 the 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 5th pay commission's revised pay scales i.e. 1.1.96. It will be the responsibility of the Railway Administration to realize the amount due from the concerned RELHS members.

b) 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.

i) a) For employees who retired before 1-1-96: Revised basic pension as on 1-1-96 including commuted value (Gross pension) multiplied by the figure of two. (b) all those who retired prior to 1.1.96 and joined RELHS between 1.1.96 and 30.9.96 are required to pay a one time contribution equal to their last pay drawn.

ii) For family pensioners: A sum equivalent to double the amount of their revised normal family pension as on 1-1-96 147

iii) For SRPF Optees : For those SRPF Optees or their widows 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. (Rly Bd's Letter NO2000/H/28/1(RELHS) dt 23-06-2000)

Mode of Joining

a) All employees will have to give their option to join the RELHS '97 at **least 3 months prior** to their date of retirement. The option given once will be treated as final. No further chance will be given subsequent to retirement. b) Such of the post 1-1-96 retirees who have not yet joined the scheme will be given another chance to join as announced from time to time. c) For pre 1-1-96 retirees there is no cut-off date for joining RELHS-97. However they have to pay the contribution at rates mentioned in the preceding paragraphs. d) **Members of RECHS** will also have the option to switch over to RELHS '97 by making payments as mentioned in sub-Para (4) above **before 31-12-99**. (Authority: Ministry of Railways letter No.91/H/28/1 dated 23.10.97, dt. 26/03/1999 and 97/H/28/1 dt. 17-05-1999)

RELHS-97: Regarding

(Vide Rly. B. L. No.2011/H/28/1/RELHS/Court case Dt 24/11/2021)

RELHS-97 is mandatory for all Railway employees retiring on or after 31-5-2012.

The RELHS-97 Scheme will remain open ended for all retired employees/their spouses, in case where the employee retired/died in harness up to 31.05.2012, with a lock-in period of 6 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 specialty constituted Medical Board. Further, for employees /their spouses and eligible dependents in the cases where the employee retired/died in harness, from 01/06/2012 onwards, joining RELHS Scheme shall remain mandatory.

The rate of subscription for joining RELHS will be “double **the updated monthly basic pension as on date for giving the application** for joining RELHS Scheme. The same rate applies for the spouse of the Railway Employee who died in harness up to 31/5/2012.

Mandatory Subscription deduction from DCRG Bill at the time of superannuation:

Level 1-5: Rs. 30,000/-

Level 6: Rs.54,000/-

Level 7-11: Rs. 78,000/-

Level 12 and above: Rs. 1,20,000/-

Retired Railway Employees Contributory Health Scheme (RECHS)

(1) RECHS 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) 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 from railway hospitals and charges for diet will be **recovered in full**. The facility for outdoor treatment for chronic diseases like T.B., Leprosy, Cancer and Diabetes etc. are as available to serving railway employees may be extended.

(5) The existing members of the scheme who wish to continue in the scheme have to pay revised rates of contribution at the following rates w.e.f 01/02/2000 in advance for either six months or whole year in cash or by cheque. Categories of the staff Rate of monthly contribution Group 'D' Rs.9/- Group 'C' Rs.18/- Group 'B' Rs 27/- Group 'A' Rs.36/-

(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 above for each dependent child**, the other terms and conditions remaining unaltered.

(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)

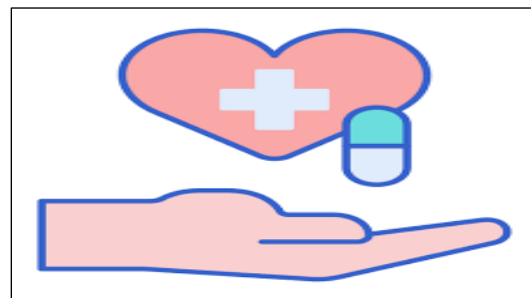
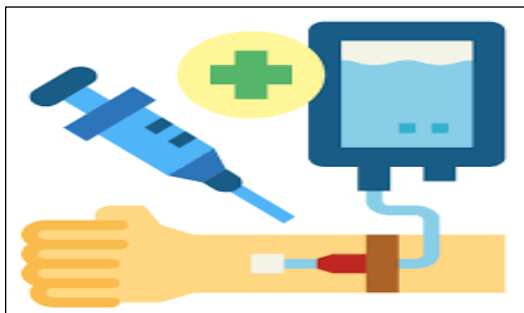
IRMM, Para 626. Identity card necessary for availing of facilities in Railway hospitals-

(1) No medical treatment facilities should be provided to a Railway beneficiary if the medical identity card/RELHS/RECHS/UMID 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. In case the patient is found to be a non-Railway beneficiary, he should be treated as an outsider and charged accordingly or transferred to a non-Railway hospital as soon as the patient's condition stabilizes and the expenditure incurred written off with concurrence of the competent authority.

(Ministry of Railway's letters No.79/H/6-1)24, dated 30th July 1979, No.76/H/6-1/10, dated 25th May 1978 and No.79/H/6-1/22, dated 26th July 1979).

Availing Medical facilities without the card: a) Retired railway employees/their eligible family members can use attested copies of RELHS identity card when one of the family members moves out of station carrying RELHS card. Attested copy of the medical identity card will be considered a valid document, for availing outdoor medical facilities at Railway Hospitals and Health Units for short duration up to 10 days. b) However, in case of emergency, indoor treatment will be allowed on the basis of attested photocopy of Medical Identity Card in Railway and private recognized hospitals but original medical identity cards will have to be produced within 15 days. c) In cases where split card is needed for different members of family for long term duration the original medical card may be deposited with the issuing authority that may issue split medical identity card to the beneficiaries as requested by them.



Para 633. Medical attendance and treatment:

Special Wards in Govt. /Recognized Hospitals

Note :- (i) Allotment of hospital accommodation in the Railway hospitals depend on the condition and seriousness of the disease, and not on the status of the patient. However, in some Government/recognized hospitals, accommodation in special wards is provided according to the status of the patient.

The revised list for entitlement of wards in private empanelled hospitals for Railway beneficiaries are as follows:

Se No	Corresponding last pay drawn in the 7 th Pay Commission per month	Ward Entitlement
1	Up to Rs. 47,600/-	General Ward
2	Rs. 47,601- 63,100/-	Semi-private Ward
3	Beyond Rs. 63,101/-	Private Ward

(Vide: Rly.Bd.L.No. 2016/H-1/11/69/Hospital Recognition Dt 08/05/2018)

Revised Diet Charges

The revised criteria for diet charges in respect of Railway Medical beneficiaries would henceforth be as under:

(I) Monetary ceiling limit of Rs. 44,900/- (after implementation of 7th CPC) of basic pay/pension/family pension for the purpose of providing free diet to railway medical beneficiaries;

(II) Removal of provision of concessional diet charges contained in instructions dated 29.02.2010; and

(III) Monetary ceiling s. 69,700/- of basic pay/pension/family pension for the purpose of providing free diet to railway medical beneficiaries suffering from Tuberculosis (TB) or mental disease.

(Vide Rly.Bd. L. No. No. 2005/H/23/6 dt 13/06/2018)

Note: Any patient from whom charges are to be levied for diet and who takes diet from the hospital, may be charged for the full day, if he/she has been admitted before 12.00 hours in any particular day and only half diet charges if he/she has been admitted after 12.00 hours

Grant of Fixed Medical Allowance to Railway pensioners/family pensioners – changes in option.

In terms of Railway Board's letter No. PC-V/98/I/7/1/1 dated 15-7-2002 (RBE No. 107/2002), the Railway pensioners/family pensioners eligible to opt for FMA had been provided, once in a life time, an opportunity to change their option to avail the benefit of FMA or otherwise on furnishing proof of change in residence. It has now been decided that the Railway pensioners/family pensioners residing beyond 2.5 kms from Railway Hospital/Health Unit and eligible for RELHS shall be allowed opportunity to avail change in option, once in a life time, from FMA to OPD or a vice versa without linkage to change in residence.

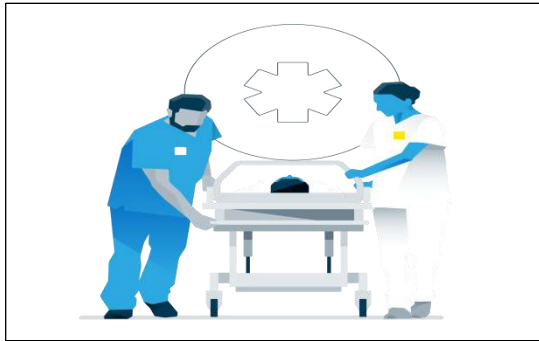
a) Pensioners/family pensioners who do not join RELHS are entitled for Fixed Medical Allowance @ Rs.1000 per month – provided they are residing more than 2.5 Kms from the nearest Railway Hospital or Health Unit.

b) Pensioners/family pensioners who possess RELHS card but opt-out OPD facility are entitled for Fixed Medical Allowance provided they are residing more than 2.5 Kms from Rly. Hospital or H/ Unit.

c) Pensioners/family pensioners who have RELHS card & avail OPD facility are NOT entitled for Fixed Medical Allowance.

(vide Rly Bd.L. No. **PC-V/2016/A/Med/I (FMA) (E) dt 27/10/2022**)

IRMM, 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 Claim form 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.



C-Arm X-Ray Unit, Kanchrapara



Eye OT, BRSH

The UMID Card for the Retired Employee

1. What is UMID ?

UMID is a smart health card system in Indian Railways.

It helps in providing Unique Identity to all medical beneficiaries individually through a unique number as a perpetual entity. This Unique Identity is further strengthened with unique smart feature of web-enabled QR code and Biometric identity with common database at all India level, this web and mobile application helps in identifying medical beneficiaries across all health units spanning all across Indian Railways.

2. What are the objectives of UMID?

- To issue Smart cards to all medical beneficiaries:
 1. Employees
 2. Pensioners
 3. Dependents of Employees and Pensioners
 4. Other beneficiaries such as Quasi Rly. Employees, Porters/ Coolies etc.
- Convenience in applying and revising beneficiary particulars online.
- Ease & convenience in using Health Services with built-in authentication mechanism.
- Auto generation of OPD slips through Kiosk in Hospitals.
- Identification even without physical card with Smart Identity Features.

3. Benefits of UMID

- Apply for card from any place through web and mobile application.
- Ease and convenience in accessing health services of Railway hospitals.
- Physical card independent identification of health units.
- Identification at any health unit at any point of time.
- Ease to update beneficiaries and their particulars.
- Built-in validation for automatic invalidation for conditional eligibility.
- Robust rule engine to power the automatic rule integration without manual scrutiny.
- Smart card features to ensure automatic authentication.
- Intelligent Hospital interface to generate OPD slips automatically through kiosk.
- Helps in initiating Debits & Credits between Health units.
- Multiple sources of identity along with system based validation create convenience for all stakeholders.

6. How to Register and Apply for Smart Medical Card?

1. Web Application URL: digitalir.in/umid
2. Mobile application @ (Google Play Store)

Registration:

1. Choose Type of Beneficiaries (Employee/ Pensioner/ Other's).
2. Identity Particulars (PAN, Date of Birth and PF number).
3. Mobile Number Registration.

Initiate Application:

1. Login through OTP.
2. Initiate New Application.
3. Fill up details of Self and Family Members.
4. Upload Relevant Documents (as per checklist) and submit.

Know your UMID Card:



1. Colour Coding:

For Retired Employee: Green strip on top & bottom

For Dependent of Retired Employee: Green strip on top & Yellow strip on bottom

2. Medical ID number shall be a 12 Digit Alpha Numeric

- a) First 3 digits: IPAS code of Railway unit issuing the card
- b) Next 8 digits: random auto generated number
- c) Next 1 character: A for Employee
Z for Retired Employee (Primary Pensioner)
Any other character (...B, C...Y) for dependents

3. The system will be integrated with I-PAS, ARPAN and HMIS

(Vide Rly.Bd. L. No. 2018/Trans.Cell/Health/Medical card dt 4.1.2019)

Application Form Fields for Employee & Family Members

Employee Registration Fields

PF/Emol Number (11 digits)
PAN Number
Date of Birth

Employee Application

Field Names

Gender
Blood Group
Aadhaar No*
Residential Address*
Health Unit Opted*
City*
Pincode*
Email ID

Family Members' Application

Field Names

Family Member Name*
Date of Birth
Relation*
Marital Status*
Phy./Men. Challenged*
Blood Group
Residential Address*
City*
Pincode
Health Unit Opted
Aadhaar No
PAN
Email ID
Mobile No.

Checklist of Documents for Submission of UMID Application

As a ready reckoner the following is the check-list for mandatory fields and documents to be scanned in JPEG/JPG format for advanced preparedness to initiate the application in a full-fledged manner:

Common Documents for All:

- Photograph of Employee & all the dependants
- Signature of employee
- Old Medical ID card of employee
- ID proof of all individual dependants.

Relation with employee	Marital Status	Documents required
Mother	Widow	Father death certificate
Step mother	Widow	Father death certificate
Son	Unmarried	If student above 21 yrs, Bonafide Certificate
Daughter	Divorced	Divorce Decree
Daughter	Widow	Marriage Certificate & Death certificate of her husband
Step son	Unmarried	If student above 21 yrs, Bonafide Certificate
Step Daughter	Divorced	Divorce Decree
Step Daughter	Widow	Marriage certificate & Death Certificate of her husband
Brother	Unmarried	Father Death Certificate and if student above 21 yrs, Bonafide Certificate
Step - brother	Unmarried	Father Death Certificate and if student above 21 yrs, Bonafide Certificate
Sister	Unmarried	Father Death Certificate
Sister	Divorced	Father Death Certificate and Divorce Decree
Sister	Widow	Father Death Certificate, Marriage Certificate & Death certificate of her husband
Step-sister	Unmarried	Father Death Certificate
Step-sister	Divorced	Father Death Certificate and Divorce Decree
Step-sister	Widow	Father Death Certificate, Marriage Certificate & Death certificate of her husband

In case of Physically/Mentally challenged dependents – Railway Doctor Certified Medical Certificate to be uploaded.

* Note: The (*) Marked Fields are the Mandatory Fields in the Application Form.

The Reimbursement Process



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

(vide Rly.Bd.L.No. No. 2009/H/6.4/Policy Dt 26/2/2013)

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

Dental Reimbursement:

(vide Rly. Bd's L. No No.2012/H-1/12/1/Dental/Policy dt 3/8 /2013)

It has now been decided that at present reimbursement may be restricted to **CGHS approved dental procedures and rates only**. Further, zonal Railways may reimburse the expenditure incurred on other dental procedures which are not included in CGHS lists, if done at the nearest Government Dental College/Hospital as per the charges levied by such institutions (This should not include material and lab charges from outsourced private agencies).

Reimbursement for Liver Transplant:

(Vide Rly.Bd.L.No. No. 2010/H/6-1/Policy (Liver Transplant) dt 28/6/2013)

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, Anaesthesia 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.

Reimbursement of the cost of Hearing Aids:

The beneficiaries covered under Railway Medical Attendance rules/RELHS shall be eligible to get reimbursement of purchase of hearing aids. **The procurement of hearing aid for Railway beneficiaries by Railway Hospitals is dis-continued henceforth.**

The ENT Specialist of Railway/Government hospital, on being referred, shall recommend a hearing aid on basis of Audiometric and Audiological assessment, specifying the type of Hearing Aids most suited for the beneficiary. Recommendation shall be as per the categories approved under CGHS and NOT as per any Brand name.

(Vide Rly. Bd.'s L. No. 2005/H/6-4/Policy dt 22/2/2022)

Revised Ceiling Rates fixed for various types of Hearing Aids (for one ear) are as under:

Digital BTE Rs. 8,000/- only

Digital ITC/CIC Rs. 9,000/- only.

Replacement of hearing aid may be permitted after 5 years.

(Vide Director/CGHS Policy's Office Memorandum No S.11011/37/2019-EHS dt 1/12/2020)

Reimbursement for the Cost of Procurement of Nucleus 7 Sound Processor Kit:

(Vide Rly.Bd. L. No. 2021/H/6-4/02 dt 20/6/2022)

The Ceiling rate for cochlear implant shall be **Rs. 5,35,000/-** for reimbursement of the cost of cochlear implant with 12 channels/24 electrodes with behind the ear speech processor.

Age group 1-5 yrs: 100% reimbursement up to ceiling limit

Age group 5-10 yrs: 80% reimbursement up to ceiling limit

Age group 10-16 yrs: 50% reimbursement up to ceiling limit

50% of the cost of the wearable (Cochlear implant/ microphone, etc.) can be reimbursed after 3 years for the purpose of wear and tear/up gradation.

Prior permission has to be obtained for Cochlear Surgery.

Type of Reimbursement	Ceiling Limit (Rs.)	Competent Authority	Remarks
Special Pathological, Bacteriological, USG, Endoscopy, FNAC etc.	1,000 per test >1,000 per test up to 10,000 per test	MD/CMS/MS PCMD	Consultation with Pathologist, Physician /Surgeon. Tests should NOT be available in the Rly Hospital
Breast Implant/External Prosthesis after Mastectomy	5,000		Reimbursement once every 5 years
Treatment in Govt Hospital in case of Emergency without proper referral by Authorized Medical Officer (AMO) in emergent	Full amount	GM	
Treatment in recognized Hospital/Govt Hospital in case of Emergency without proper referral by Authorized Medical Officer (AMO) in emergent	Upton 50,000 each case (Without Annual Ceiling Limit) Full powers (No Limit)	DRM AGM,GM	Recognized Hospitals (strictly for the diseases for which such Hospitals has been recognized) and dispensaries run by philanthropic organizations circumstances
Treatment in Private/non-recognized Hospitals in case of Emergency without proper referral by Authorized Medical Officer (AMO) in emergent	Up to 25,000 (Without Annual Ceiling Limit) 4,00,000 5,00,000 More than 5,00,000	DRM AGM GM Rly Bd.	Only in medical emergencies'. Power of DG,RHS: Enhanced to 5,00,000 per case.
CT Scan done in Govt., Recognized or Pvt. Hospital, when such facility is not present in Railway Hospital nearby.	Up to 10,000 Up to 10,000	GM/PCMD alone MD/CMS/MS in consultation of 2 IRHS Doctors	
PET Scan done in Govt., Recognized or Pvt. Hospital, when such facility is not present in Railway Hospital nearby	NABL: 21,000 Non-NABL: 17,850 More than these values	PCMD,CMS,MD,M S Rly Bd. After Financial	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.

		concurrence	
MRI done in Govt., Recognized or Pvt. Hospital, when such facility is not present in Railway Hospital nearby	Up to 10,000	MD/CMS/MS in consultation of 2 IRHS Doctors	
Heart valves, Heart Pace Makers and Pulse Generators as well as the replacement of Pulse Generators,VVI	Up to 60,000 Above 60,000	PCMD Rly Bd	The administrative authority directly making the payment to the supplying agencies and not to the Railway employees concerned.
Intra-Ocular Lens and Surgery done in Govt Hospital	Full amount	Ophthalmologist	
Intra-Ocular Lens and Surgery done in Pvt Hospital	Cost or up to 12,000, whichever is less	Ophthalmologist	
Heart valves, Heart Pace Makers and Pulse Generators as well as the replacement of Pulse Generators	As per Policy	PCMD	the administrative authority directly making the payment to the supplying agencies and not to the Railway employees concerned
VVI Pacemakers	Up to 60,000 Greater than 60,000	PCMD Rly. Bd.	Referral to Rly Bd after Financial concurrence
Road Ambulance charges	Full amount	ADMO-PCMD, full power, CMP if no ADMO posted.	From Imprest, subject to non-availability of Railway Vehicle
Transportation of dead bodies of Railway beneficiaries, who die in Railway Hospitals, in indigent cases	Up to 5,000 each case	PCMD, all HQ Officers, DRM, MD,CWM,CMS, MS	

Note: Note: The supply of artificial dentures is excluded from the scope of dental treatment. (Para 608 R.I 1995 reprint and MOR's letters No.E57me5/85/Medical dt. 9/10/03/1961, and No.62/H/7/31 dt. 30/04/1962)

Advance Payment	Ceiling Limit (Rs.)	Competent Authority	Remarks
Govt. Hospitals/ Recognized Autonomous Bodies	50,000 each case	DRM	
Private/Non-recognized Hospital in case of emergency	4,00,000 5,00,000	AGM GM	Treatment is neither available at Railway Hospital nor at recognized hospitals
Govt. Hospitals/ Recognized Autonomous Bodies	Unlimited	AGM GM	
Renal Transplantation	5,00,000,	GM	provided it does not exceed CGHS rates at that city

Para 652. Claims to be preferred within six months: All claims for reimbursement of medical charges should invariably be preferred within six months from the date of completion of treatment as shown in the essentiality certificate of the Authorized Medical Officer/Medical Officer concerned... A claim for reimbursement of medical charges not countersigned and not preferred within six months of the date of completion of treatment, should be subjected to investigation by the Accounts Officer and, where a special sanction is accorded on an application from the Railway employee for reimbursement of any charges in relaxation of the rules, that sanction will be deemed to be operative from the date of its issue and the period of six months for preferment of claim will count from that date.

Para 657. Expenses incurred as outdoor patient: Reimbursement of medical expenses incurred as an 'outdoor' patient in a Railway hospital/health unit or at a Government and other recognized institution is permitted.

Check-list for Reimbursement:

1. Reimbursement Claim Form (available in the Office of the CMS, Kanchrapara) with application from the employee/claimant addressed to CMS/KPA as applicable.
2. Mandate Form (available in the Office of the CMS, Kanchrapara)
 - Annexure-III-Certificate-A form for investigation only (for non-admitted cases)
 - Annexure-III-Certificate-B for admitted cases only.
3. Essentiality Certificate, to be filled up by the treating doctor with his Regd. No., and seal.
4. All the treatment Bills, in original and signed by the treating doctor with his seal, discharge/death summary, bills, Annexure III, IV, V & VI, 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.

5. Total amount claimed has to be rightly mentioned in the appropriate columns in the different heads of expenditure.
5. Photocopy of the RELHS/UMID Card duly self-attested
6. Photocopy of PAN card duly self-attested
7. 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.
Original bills should be verified by the Treating Doctor without which no claim will be entertained
8. One cancelled cheque
9. Two sets of the application to be forwarded by the HOD with contact number
10. Proforma (Annexure VI) column 1 to 20 to be filled in by the applicant if the claim amount is above Rs. 2 Lakhs.

(See Para 645,653 of IRMM)

**CERTIFICATE TO BE OBTAINED FOR 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 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
Place
Signature and designation of the
Medical Officer in charge of the case at the hospital

Part B

I certify that the patients have 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

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 name and designation of the Medical Officer consulted and
the hospital or dispensary to which attached.

(b) the number and dates of consultations and the fee 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
that 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.

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 are 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

The Reimbursement Form is available in the Eastern Railway website

(vide Rly. Bd's. L. No.2005/H/6-4 /Policy I dt. 9/11/2015)

Web-link for CGHS Rates for Kanchrapara:

<https://drive.google.com/file/d/12ykc7ZrVwh5H70hO4lh3cvHPDywgX4z9/view>

CTSE (Cashless Treatment Scheme in Emergency):

Retired employees are directed to visit the following we blink:

<https://www.railctse.utiitsl.com/>

Choice of Referral to Private Empaneled Hospital

(vide Rly.Bd. L. No.2016/H-1/11/58/Policy dt 21/06/2018)

While making the referral letter, patients or their relatives will be asked to go through the list of empanelled hospital already displayed in the OPD or Office where the referral letter is being prepared and to give their choice in writing which can be endorsed in the referral letter.

Retirement Complimentary Pass:

Se No	Service Category	Qualifying Service	Benefits	Eligible Beneficiary
1	Group A & B	20 years	3 sets	Spouse,um/divorced/widow daughter,dependent widow mother
2	Others	20 years	2 sets	---do---
3	Lateral entrants to Rly service (including ex-servicemen)	20 years Culmination of half of non-Rly service + Rly service rendered	2 sets	---do---

(Authority: RBE No.65/2008 & RBE No. 152/19)

Para 670. Issue of Passes under medical advice:

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.

Facilities in Different Railway Hospitals:

FACILITIES AT WORKSHOP RAILWAY HOSPITAL, KANCHRAPARA

Address:

Kanchrapara Loco, Hospital Road,
North 24 PGNS, PIN: 743145

Correspondence:

Phone: 033-25873960-61

Email: cmskpaer@gmail.com, cmskpaer2@gmail.com



Service	Location	Day	Time	Contact Number
Emergency	Emergency Block Gd Flr Room No 17	All Days	24X7	033-25873961 Rly: 34825
Ambulance	Emergency Block Gd Flr Room No 17	All Days	24X7	033-25873961 Rly: 34825
OPD Regd, UMID	OPD Complex Room No.8	Mon-Fri Sat	9:00 AM-1:00 PM 3:00 PM-5:00 PM 9:00 AM-1:00 PM	Rly.34814
Male OPD	OPD Complex Room No.11	Mon-Fri Sat	9:00 AM-1:00 PM 3:00 PM-5:00 PM 9:00 AM-1:00 PM	Rly: 34801
Female OPD	OPD Complex Room No.12	Mon-Fri Sat	9:00 AM-1:00 PM 3:00 PM-5:00 PM 9:00 AM-1:00 PM	Rly: 34848
Eye OPD	Room No. 48	Mon-Wed, Fri		Rly: 34833
E.N.T.OPD	Room No. 50	OPENING SHORTLY	---	Rly: 34839
Dental OPD	Room No. 51	Mon-Sat	9: AM-1:00 PM	Rly: 34838
Medical Examination	Room no.49			Rly: 34833
Medical Follow-up	Special Clinic Room No.47	Mon, Wed	11 AM-1 PM	Rly: 34837
Surgical Follow-up	Special Clinic Room No.47	Mon, Fri	9 AM-11 AM	Rly: 34837
Obs & Gynae Clinic	Special Clinic Room No.47	Tue, Sat	9 AM-11 AM	Rly: 34837
Children OPD	Special Clinic Room No.47	Wed	9 AM-11 AM	Rly: 34837
Family Welfare	Special Clinic Room No.32,33	Mon-Sat	9 AM-5 PM	Rly: 34842

Vaccination	OPD Complex Room No.9	Mon-Fri	9:00 AM-1:00 PM	Rly: 34817
Orthopaedic OPD	Special Clinic Room No.47	Tue, Thu	11 AM-1 PM	Rly: 34837
Cardiology OPD	STARTING SHORTLY			
Spirometry	STARTING SHORTLY			
Pre-Anaesthetic Check-up	OT, Room No.36	Tue, Thu	10:00 Am-1:00 PM	Rly: 34832
Covid Follow-up OPD	Emergency Block Gd Flr Room No 17	Wed	10 AM-12:00 PM	Rly: 34825
Ward ISO 1 (Semi ICU)	Room No. 11	All Days	24X7	Rly: 34846
Ward ISO 2 (ICU)	Room No. 21	All Days	24X7	Rly: 34820
Ward ISO 3 (Male Med)	Room No. 27	All Days	24X7	Rly: 34805
Ward ISO 4 (Fem Med)	Room No. 23	All Days	24X7	Rly: 34806
Ward ISO 5 (Fem Surg)	Room No. 21	All Days	24X7	Rly: 34808
Ward ISO 6 (Children)	Room No. 29	All Days	24X7	Rly: 34812
Male Surgical Ward	OT Block Room No.37	All Days	24X7	Rly: 34807
Maternity Ward	Room No. 42	All Days	24X7	Rly: 34815
OT	Room No.36			Rly: 34832
Radiology (X-Ray/USG)	Room No 52/52A	Mon-Sat	9: AM-3:00 PM	Rly: 34844
Pathology	Room No.55	Mon -Sat	9: AM-5:00 PM	Rly: 34826
Dietician	Kitchen Room No.44	Mon-Sat	9: AM-1:00 PM	Rly: 34803
Chief Matron	Room No 39	All days	9:00 AM-10:00 PM	Rly: 34816
Medical Board	CMS Office Room No.	Mon-Sat	10:00 AM-5:	Rly: 34828
Birth Death Regd.	CMS Office Room No.	Mon-Sat	10:00-5:30 PM	Rly: 34800
Cabin Allotment	Emergency Doctor-On- duty/OPD In charge/CMS	Mon-Sat	10:00-5:30 PM	Rly: 34814

FACILITIES AT DIVISIONAL RAILWAY HOSPITAL (ORTHOPAEDIC), HOWRAH

Address:

222, Church Road,
Howrah 711101.

Correspondence:

Phone: 033-25873960-61

Email: cmshwher@gmail.com, cmskpaer2@gmail.com



Service	Location	Day	Time	Contact Person
Orthopaedic Emergency	OPD Bldg., Gr Floor	All Days	24X7	22828,22841
Ambulance	OPD Bldg., Gr Floor	All Days	24X7	22859
Ortho OPD	Ortho OPD Room	Tue, Thu, Sat	9:00 AM-1:00 PM	22856
Ortho OPD	Ortho OPD Room	Tue, Thu, Sat	9:00 AM-1:00 PM	22856
Ortho OPD	Ortho OPD Room	Tue, Thu, Sat	9:00 AM-1:00 PM	22856
Ortho OPD	Ortho OPD Room	Tue, Thu, Sat	9:00 AM-1:00 PM	22856
Ortho OPD	Ortho OPD Room	Tue, Thu, Sat	9:00 AM-1:00 PM	22856
Medical Board	Ortho OPD Room	Tue.Thu	1:00 PM-2:00 PM	22840,22824
Pre-Anaesthetic Check-up for OT	OT	Tue, Thu	10:00 AM-1:00 PM	22886,22849
Physiotherapy	Ortho OPD Room	Mon-Sat	9:00 AM-3:00 PM	22831
Artificial Limb Centre	Ortho OPD Room	Mon-Sat	9:00 AM-1:00 PM	22830,22890
Cabin Allotment	Matron,ACMS /Admin	Mon-Sat	9:00 AM-1:00 PM	22808,22806
Dormitory Booking	Separate Bld	All Days	9:00-5 :00 PM	22833
Matron	1 st Floor, Indoor Bld	Mon-Sat	7:30 AM-5:00 PM	22833



Plastering of Fractured Leg ,HWH



External Fixation of Fracture,HWH

FACILITIES AT B.R.SINGH HOSPITAL, SEALDAH

Address: =

Beliaghata Rd, Near Sealdah Station,
Kolkata 700014.

Correspondence:

Phone: 033-32504075

Email: mdbrsher@gmail.com,



Service	Location	Day	Time	Contact Number
Emergency	New Building, Gr Flr	All Days	24X7	033-23504075 Rly 32851-2
Ambulance		All days	24X7	
Male OPD	Room no. 4 Gr. Flr	Mon-Fri Sat	9 :00 AM- 12:30 PM & 2:30 PM-3:30 PM 9 :00 AM- 12:30 PM	32857
Female OPD	Room no. 5 Gr. Flr	Mon-Fri Sat	9 :00 AM- 12:30 PM & 2:30 PM-3:30 PM 9 :00 AM- 12:30 PM	32858
Retired Male OPD	Room no. 9 Gr. Flr	Mon-Fri Sat	9 :00 AM- 12:30 PM & 2:30 PM-3:30 PM 9 :00 AM- 12:30 PM	3
Retired Female OPD	Room no. 10 Gr. Flr	Mon-Fri Sat	9 :00 AM- 12:30 PM & 2:30 PM-3:30 PM 9 :00 AM- 12:30 PM	
Medicine OPD ACHD (P)	Room No 102 (1 st Flr)	Mon- Sat	9:00 AM-12:00 PM	32826
Surgery OPD	Room No 6 (Gr Flr)	Mon-Sat	9:00 AM-1:00 PM	32824
Obs /Antenatal OPD	Room 107 (1 st Flr)	Mon,Thu,Sat	9:00 AM-1:00 PM	
Gynaecology OPD	Room 106 (1 st Flr)	Mon-Sat	9:00 AM-1:00 PM	32861,32894
Post Natal OPD	Room 107 (1 st Flr)	Tue, Fri	9:00 AM-1:00 PM	33828
Cx Cancer Clinic	Room 106 (1 st Flr)	Ref from Gynae OPD	9:00 AM-1:00 PM	32861,32894
Infertility	Room 106 (1 st Flr)	Ref from Gynae OPD	9:00 AM-1:00 PM	32861,32894
Pre-Anaesthetic Check up	Room 100	Sat	9:00-12:00 PM	---
Pain Clinic	OT Complex New Bld	Tue. Thu	12:00 PM-2:00 PM	32865

Psychiatry OPD	Room No. 110 (1 st Flr)	Mon-Fri Sat	9 :00 AM- 1:30 PM & 2:30 PM-3:30 PM 9 :00 AM- 12:30 PM	32821
E.N.T OPD	Room No 101 (1 st Flr)	Mon, Tue, Thu	9:00 AM-12:00 PM	32818
Eye OPD	3 rd Flr OPD Block	Mon, Wed, Thu	9:00 AM-11:30 AM	32847
Children OPD	Room No 104 (1 st Flr)	Mon-Sat	9:00 AM-1:00 PM	32877
Dental OPD	3 rd Flr OPD Block	Mon-Fri Sat	9 :00 AM- 1:30 PM & 2:00 PM-4:00 PM 9 :00 AM- 1:30 PM	32827
Children Vaccination	Room No 107 (1 st Flr)	Wed, Fri	9:00 AM-1:00 PM	33842
Oncology	Room No 112 (1 st Flr)	The, Thu	9:00 AM-1:00 PM	32882
Onco-surgery	Room No 6 (Gr Flr)	Sat	9:00 AM-1:00 PM	32882
Nephrology Clinic	Gr Flr New Bld	Mon,Wed	12:00 PM -2:00 PM	33827
Urology OPD	Room No 6 (Gr, Flr)	Thu	9:00 AM-1:00 PM	32882
Rheumatology OPD	Room No 100 (1 st Flr)	Wed	2:00 PM – 4:00 PM	
Diabetes Clinic	Room No 104 (1 st Flr)	Thu	2:00 PM – 4:00 PM	32877
Haematology Clinic	Room No 104 (1 st Flr)	Tue	2:00 PM – 4:00 PM	32877
Skin OPD	Room No 103 (1 st Flr)	Tue, Thu, Sat	9:00 AM-11:30 AM	32809
Cardiology OPD	Room No 113 (1 st Flr)	Wed, Thu	1:00 PM-3:00 PM	32897
Pulmonology OPD	Chest Block Gr Flr Room 109	Mon,Thu	2:00 PM – 4:00 PM	33019
Gastro-enterology	Room No 102 (1 st Flr)	Tue	1:30 PM-3:00 PM	32826
Joint Injections and Lupus Clinic	Room No 112 (1 st Flr)	Tue	2:00 PM -3:00 PM	32897
Neurosurgery OPD	Room No 6 (Grd Flr)	Wed	9:00 AM-12:00 PM	---
Pacemaker Clinic	Room No 113	1st and 3 rd Fri of each Month	11:00AM- 3:00 PM	32897
Endocrinology OPD	Room No 104 (1 st Fl)	Wed	2:00 PM -3:30 PM	32877
OT	New Bldg	All Days	24X7	32865, 33815
CT/USG Date	X Ray Deptt	Mon-Sat (Sat Half)	9:00 AM-5:00 PM	32996,32812
Pathology Report	Path Deptt (2 nd Flr)	Mon-Sat	9:00 AM-5:00 PM	32810,32819
Blood Bank	Path Deptt (2 nd Flr)	All Days	24X7	32832
Canteen	1 st Floor,	All Days	24X7	32871

	Physiotherapy Bldg			
Medical ICCU	New Bldg	All Days	24X7	33849,33851
ITU	New Bldg	All Days	24X7	
Covid CCU	New Bldg	All Days	24X7	33882
Neonatal ICU	New Bldg	All Days	24X7	32841
Surg ICU	New Bldg	All Days	24X7	33857
Patient Information	Emergency	All Days	24X7	32851/52
BRSR MD Office	Grd Floor	Mon-Sat(Sat Half)	10:00AM-5:30PM	32844,32854

Other recently added and proposed facilities in B.R.Singh Hospital:

- Fully functional new G+5 Building with Emergency with state of the art Triage and Casualty Ward, Nephrology ward
- New NICU on 21.09.2021.
- 400 Beds in B.R.Singh Hospital covered with Central Medical Gas Pipelines
- B.R.Singh Hospital is treating Level-3 COVID patients of not only Sealdah Division but also patients referred from other divisions of Eastern Railway and Metro Railway, CLW/CRJ, etc. COVID Level -1& 2 patients of SDAH Division are also treated at B.R.Singh Hospital.
- More than 1,04,000 COVID vaccines have already been administered at BRSR
- 15 beds were augmented to pre-existing 20 COVID Icu BEDS.
- Process is on for procurement of Advanced USG and Echo Machine, 128 slice CT scanner, R.O. Plant, Mobile Digital Radiography system, Central Monitoring system, etc.
- During the peak time of COVID-19 crisis, B.R.Singh Hospital faced crisis of availability of enough storage in Hospital Mortuary. 02 additional Mortuaries with 04 trays each have been installed to manage this crisis. A room has been constructed for this purpose.
- Oxygen Plants installed at our hospital in last year are - 13 KL LMO Tank installed and commissioned w.e.f. August 2021. PSA installed and commissioned w.e.f. March 2022 over and above existing 6KL.
- Additional Central Oxygen Pipeline (194 points) commissioned from August 2021.
- New projects are , Mother and child care hub, Play Station at Children ward, Breast feeding unit beside Antenatal Clinic.
- Post COVID comprehensive Rehabilitation Clinic(Room No. 109) which has been started in 2021 is functioning very efficiently.
- In-house UMID helpdesk for generating UMID health card to RELHS beneficiaries will be running with the help from Sr.DPO/SDAH.
- Proposal for total renovation with Central AC at Cardiology Department

TIE-UP WITH PRIVATE SERVICE PROVIDERS:

KANCHRAPARA:

Hospital	Address	Services	Correspondence
To be decided	-----	CT Scan	UNDER PROCESS
To be decided	-----	Echocardiography & Holter Monitoring	UNDER PROCESS
To be decided	----	Dialysis	UNDER PROCESS
To be decided	---	MRI	UNDER PROCESS

HOWRAH:

Hospital	Address	Services	Validity of Contract
Astha Health Care	Jiagunj, Murshidabad	Multidiscipline, neurology, orthopaedics, facio-maxillary surgery, Plastic surgery, Cardiac and thoracic surgery etc.	26/12/2023
Medica Super-speciality Hospital	127,Mukundapur, EM Bypass, Kol-99	Multidiscipline	27/3/2024
Kasturi Das Memorial Hospital	Mollar Gate, Maheshtala, Kol 142	Multidiscipline	19/5/2024



Modern Burn Unit,BRSH



Haemo-dialysis, BRSH

B.R.SINGH HOSPITAL, SEALDAH

Hospital	Address	Services	Validity
18 Pvt Hospitals under Multi-tie-up	SEE BELOW	Multi-Disciplinary	Till 6/11/2024
Serum Analysis Centre	82/4 B Bidhan Sarani, Kol-4	Special Pathological Investigation	Till 16/3/2024
Metropolis Health Care Ltd	36, Syed Amir Ali Avenue, Kol-17	Special Pathological Investigation	9/3/2024
Eskag Sanjeevani Pvt Ltd	P-48, K.V.Avenue, Bagbazar, Kol-3	MRI,MRCO, PET Scan, Mammography, EEG, EMG, NCV,END, Bone Scan, BMD plus urological and gastroenterological procedures	Valid till 3/10/2023
Eko Diagnostic Pvt Ltd	54, J.L.Nehru Road, Kol-71	MRI,MRCO, PET Scan, Mammography, EEG, EMG, NCV,END, Bone Scan, BMD plus urological and gastroenterological procedures	Valid till 3/10/2023
Medinova Diagnostic Services Ltd	1, Sarat Bose Road, Kol-29	MRI,MRCO, PET Scan, Mammography, EEG, EMG, NCV,END, Bone Scan, BMD plus urological and gastroenterological procedures	Valid till 3/10/2023
Jupiter Scan Centre	155A, AGC Bose Road, Kol-14	MRI,MRCO, PET Scan, Mammography, EEG, EMG, NCV,END, Bone Scan, BMD plus urological and gastroenterological procedures	Valid till 3/10/2023
AMRI Hospitals Ltd	P-5&%, Block A, Gariahat Road, Kol-29	MRI,MRCO, PET Scan, Mammography, EEG, EMG, NCV,END, Bone Scan, BMD plus urological and gastroenterological procedures	Valid till 3/10/2023
B.B.Eye Foundation,	2/5 Sarat Bose Road, Minto Park, Kol-20	Special Ophthalmological Investigation	30/11/2023



Intensive Care Unit, BRSH



Lithotripsy Machine, BRSH

ASTER
R.SING

Dated:07.11.2024

Sub: Empanellment with 18 Nos. Pvt Hospital for Multi Tie Up Procedure (General referral +UMID Card+ CTSE+ Smart Card) at CGHS rate/Kolkata for 02 yrs from 07.11.2022 to 06.11.2024

GM/ER sanctioned the proposal for Unified MoU (General referral + UMID Card+CTSE+ Smart Card) with 18 Nos. Pvt Hospitals at Kolkata as concurred by associated Finance/HQ at CGHS rate/Kolkata with discount for 02 years from 07.11.2022.

The name and address of the 18 Nos. of empanelled Pvt Hospitals are furnished below:

Sl. No	Name & address of the Pvt Hospital
1	M/S B.P.Podder Hospital & Research Centre; New Alipore; Kol-12
2	M/S Fortis Hosapitals Ltd; 730-Anandapur; E.M.Bypass; Kol-107
3	M/S BMRC; 6/6 B.T.Road, Barrackpore, Kol-123
4	M/S Kothari Medical Centre; 8/3 Alipore Road, Kol-27
5	M/S Medica Super Speciality Hospital; 127, Mukundapur, E.M.Bypass, Kol-99
6	M/S EskagSanjeevani Pvt Ltd; P-48 KhirodVidyavinod Avenue; Bagbazar; Kol-3
7	M/s AMRI Hospitals, Redg Office address-P-4 & 5 CIT Scheme LXXII Blk-A Gariahat Rd, Kol-29 (Dhkuria, Mukundapur and Salt Lake unit)
8	M/S Peerless Hospitex Hospital and research centre limited. 360, Panchasayar, Kol-94
9	M/S Mediview Nursing Home (P) Ltd; 74 Broad Street; Kol-19
10	M/S Dafodil Hospitals Pvt Ltd; 276 Canal Street; Kol-48
11	M/S HCG EKO; Plot-DG-4, Premises No.03-358; Action Area-ID; New Town; Kol-156
12	M/S Institute of Neuro Sciences Kolkata; 185/1 A.J.C Bose Road, Kol-17
13	M/S Trenetrilaya; 33- Dr.Sundari Mohan Avaneue; Kol-14
14	M/S BB Eye Foundation VIP; Shree Tower II, 2 nd floor; RAA 36 Raghunathpur VIP Road; Kol-59
15	M/S SLR Netralayam; 330 Barakhola ;Mukundapur; Kol-99
16	M/s Disha Eye Hospitals, 88(63A), Ghoshpara Road, Barrackpore, Kol-120
17	M/S B.B Eye Foundation, 2/5 Sarat Bose Road, Minto Park, Kol-700020
18	M/S B.M.Birla Heart Research Centre; 1/1 National Library Avaneue, Kol-27

[Signature]
16/11/22
**Chief Specilist-III
BRSH/SDAH**

OTHER SPECIALITY RAILWAY HOSPITALS

Name of Hospital	Railway	Specialty	Phone Number
Southern Railway HQ Hospital	S Rly, Perumbur	Cardio-thoracic Surg	044-26749024
B.R.Singh Hospital	E Rly, Sealdah	Advance Cardiac center	033-23504075
Central Hospital	SE Rly, Garden Reach	Plastic Surgery	033-24397828
Baba Sahib Ambedkar Hospital	C Rly, Bycullah	Cancer, Tata Memorial	022-67452901
Jagjivan Ram Hospital	W Rly, Mumbai	Gastro-enterology	022-67643333

Geriatric Medicine

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.

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 causes 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 yrs.

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. There is 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 suitable test 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 adults 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.

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, sugar and salt, and 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).**

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

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 recommended; however, measurement of fasting glucose may be appropriate for high-risk older persons.

Thyroid Disease

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

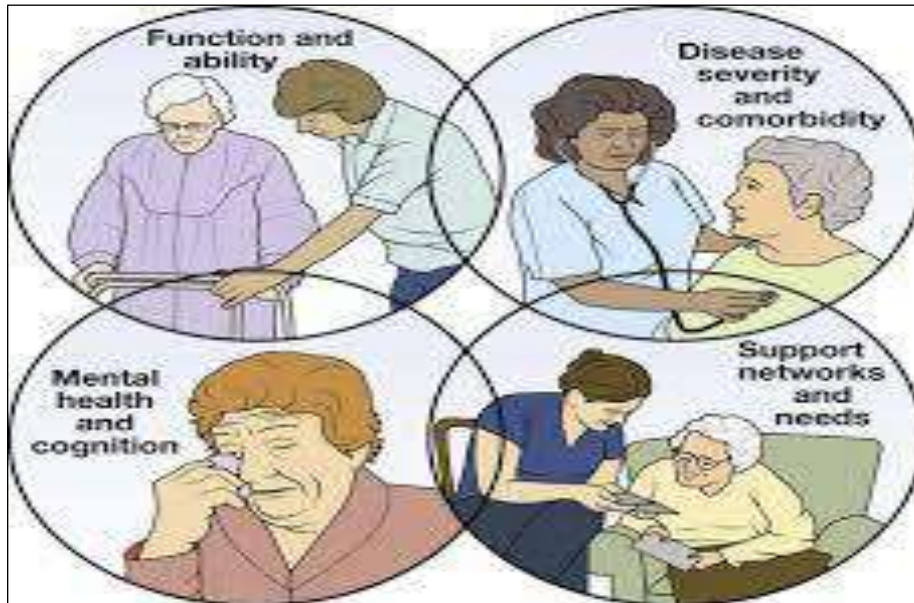
Although certain organizations recommend **screening bone density** measurements in all older women, the evidence to support routine bone mineral densitometry for the general population is lacking. All older women are counseled about hormone replacement therapy, adequate calcium intake, smoking cessation, 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 Railway Hospitals in Kanchrapara, Howrah and Sealdah (including Tie-ups with Private Service Providers) in Eastern Railway:

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.

FAQ IN GERIATRIC PSYCHIATRY

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 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.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?

Ans. Suspiciousness, wandering, 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.

Vaccination for the Old Age:

Pneumococcal Vaccine:

Routine vaccination: Age 65 years or older who have not previously received a pneumococcal conjugate vaccine or whose previous vaccination history is unknown: 1 dose PCV15 or 1 dose PCV20. If PCV15 is used, this should be followed by a dose of PPSV23 given at least 1 year after the PCV15 dose. A minimum interval of 8 weeks between PCV15 and PPSV23 can be considered for adults with an immunocompromising condition,* cochlear implant, or cerebrospinal fluid leak to minimize the risk of invasive pneumococcal disease caused by serotypes unique to PPSV23 in these vulnerable groups. y For guidance for patients who have already received a previous dose of PCV13 and/or PPSV23, see www.cdc.gov/mmwr/volumes/71/wr/mm7104a1.htm.

Special situations: Age 19–64 years with certain underlying medical conditions or other risk factors** who have not previously received a pneumococcal conjugate vaccine or whose previous vaccination history is unknown: 1 dose PCV15 or 1 dose PCV20. If PCV15 is used, this should be followed by a dose of PPSV23 given at least 1 year after the PCV15 dose. A minimum interval of 8 weeks between PCV15 and PPSV23 can be considered for adults with an immunocompromising condition,* cochlear implant, or cerebrospinal fluid leak to minimize the risk of invasive pneumococcal disease caused by serotypes unique to PPSV23 in these vulnerable groups.

Note:** Immunocompromising conditions include chronic renal failure, nephrotic syndrome, immunodeficiency, iatrogenic immunosuppression, generalized malignancy, human immunodeficiency virus, Hodgkin disease, leukemia, lymphoma, multiple myeloma, solid organ transplants, congenital or acquired asplenia, sickle cell disease, or other hemoglobinopathies. *Note:** Underlying medical conditions or other risk factors include alcoholism, chronic heart/liver/lung disease, chronic renal failure, cigarette smoking, cochlear implant, congenital or acquired asplenia, CSF leak, diabetes mellitus, generalized malignancy, HIV, Hodgkin disease, immunodeficiency, iatrogenic immunosuppression, leukemia, lymphoma, multiple myeloma, nephrotic syndrome, solid organ transplants, or sickle cell disease or other hemoglobinopathies

Tetanus, diphtheria, and pertussis vaccination

Routine vaccination

Previously did not receive Tdap at or after age 11 years: 1 dose Tdap, then Td or Tdap every 10 years

Special situations

Previously did not receive primary vaccination series for tetanus, diphtheria, or pertussis: 1 dose Tdap followed by 1 dose Td or Tdap at least 4 weeks after Tdap and another dose Td or Tdap 6–12 months after last Td or Tdap (Tdap can be substituted for any Td dose, but preferred as first dose), Td or Tdap every 10 years thereafter

Pregnancy: 1 dose Tdap during each pregnancy, preferably in early part of gestational weeks 27–36 y

Wound management: Persons with 3 or more doses of tetanus-toxoid-containing vaccine: For clean and minor wounds, administer Tdap or Td if more than 10 years since last dose of tetanus-toxoid-containing vaccine; for all other wounds, administer Tdap or Td if more than 5 years since last dose of tetanus-toxoid-containing vaccine. Tdap is preferred for persons who have not previously received Tdap or whose Tdap history is unknown. If a tetanus-toxoid containing vaccine is indicated for a pregnant woman, use Tdap.

Varicella vaccination

Routine vaccination

No evidence of immunity to varicella: 2-dose series 4–8 weeks apart if previously did not receive varicella-containing vaccine (VAR or MMRV [measles-mumps-rubella-varicella vaccine] for children); if previously received 1 dose varicella containing vaccine, 1 dose at least 4 weeks after first dose -

Evidence of immunity: U.S.-born before 1980 (except for pregnant women and health care personnel [see below]), documentation of 2 doses varicella-containing vaccine at least 4 weeks apart, diagnosis or verification of history of varicella or herpes zoster by a health care provider, laboratory evidence of immunity or disease

Special situations

Pregnancy with no evidence of immunity to varicella: VAR contraindicated during pregnancy; after pregnancy (before discharge from health care facility), 1 dose if previously received 1 dose varicella-containing vaccine or dose 1 of 2-dose series (dose 2: 4–8 weeks later) if previously did not receive any varicella-containing vaccine, regardless of whether U.S.-born before 1980

Health care personnel with no evidence of immunity to varicella: 1 dose if previously received 1 dose varicella containing vaccine; 2-dose series 4–8 weeks apart if previously did not receive any varicella-containing vaccine, regardless of whether U.S.-born before 1980

HIV infection with CD4 percentages $\geq 15\%$ and CD4 count ≥ 200 cells/mm³ with no evidence of immunity: Vaccination may be considered (2 doses 3 months apart);

VAR contraindicated for HIV infection with CD4 percentage

Zoster vaccination Routine vaccination

Age 50 years or older: 2-dose series RZV (Shingrix) 2–6 months apart (minimum interval: 4 weeks; repeat dose if administered too soon), regardless of previous herpes zoster or history of zoster vaccine live (ZVL, Zostavax) vaccination (administer RZV at least 2 months after ZVL)

Special situations

Pregnancy: There is currently no ACIP recommendation for RZV use in pregnancy. Consider delaying RZV until after pregnancy.

Immunocompromising conditions (including HIV): RZV recommended for use in persons age 19 years or older who are or will be immunodeficient or immunosuppressed because of disease or therapy. For detailed information, see www.cdc.gov/mmwr/volumes/71/wr/mm7103a2.htm.

IMPORTANT CONTACT NUMBERS:

WRH Emergency: Rly-34825,

BSNL: 033-25873961

WRH CMS Office: 033-25873960

**Personnel Deptt: Welfare Inspector
9002027558**

Police: (Bijpur Thana): 033-25859100

Fire: Kanchrapara Fire Station: 033-25858253,2317

Kanchrapara Municipality: 033-25854354

BRSH:033-23504075, Rly 32851-52

RPF Inspector: 9002021773

Station Master /KPA: Rly 34923

Div (Orthopaedic) Hospital, Howrah: 033-25873960-61

JN Memorial Medical College and Hospital, Kalyani: 033-25828102, 23342028

Gandhi Memorial Hospital, Kalyani: 7947121908

Other Ambulance Service:

Kanchrapara Municipality: 033-25854354

Gayeshpur Municipality, Kalyani: 033-25829615

Halisahar Municipality: 033-25888414/8808

