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	May 2020
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# **REVISION HISTORY**

Rev No.	Review Date	Description of Change	Date of Next Review
0	May 2020		Sept 2021
1	June 2021	Inclusion of Clinically recovered COVID patients allowed for rehab; inclusion of EMG and dysphagia management as allowed procedures; EMG guidelines included	June 2022
2	July 2021	Inclusion of Unremarkable chest x-ray findings as requirement for EMG procedure	June 2022

Reviewed by:

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Incident Command Post

Approved by:

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**Executive Director** 

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# 1. OBJECTIVE

There will be a temporary guideline to be implemented during a serious viral outbreak to ensure safe provision of rehabilitation services and to control and prevent infection that may be acquired upon facilitating these procedures.

# 2. SCOPE

This is a guide for all PMRD staff (Medical Consultants, therapists and auxiliary staff)

#### 3. GUIDELINES

# General guidelines inside the Physical Medicine and Rehabilitation Division

- Continuation or postponement of Operations shall be determined by the PMRD Head and Allied Medical Specialties Department Manager as per advice of the Incident Command Post, Deputy Executive Director for Medical Services and Executive Director.
- 2. Staffing (% workforce) shall be coordinated with the Human Resource and Management Division.
- 3. Upon resumption of rehabilitation services, In-patient rehabilitation shall be initially be offered.
- 4. Out-patient rehabilitation shall be offered once appropriate modifications are installed in the center to prevent risk of infection.
- 5. Masks and face shields should be worn at all times.
- 6. Scrub suits are not be allowed to be worn outside of the hospital to prevent cross-contamination.
- 7. Ensure there is adequate ventilation.
- 8. Limit personnel staying inside specific rooms at the same time:
  - 8.1. Reception: 2 personnel
  - 8.2. Treatment rooms: 1 personnel & 1 patient
  - 8.3. Consultation Room: 1 physiatrist, 1 patient and 1 companion
  - 8.4. Pantry: 3 personnel
  - 8.5. Occupational Therapy Room: 2 personnel, 2 patients

# In-Patient Rehabilitation Guidelines:



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- In-patient rehabilitation shall be limited to non-COVID cases and tagged as clinically recovered COVID patients (see Guidelines for Provision of Rehabilitation Services for Post-Covid Patients)
- 2. In-patient rehabilitation will not be implemented to patients with active pneumonia prior clearance from attending pulmonologist and/or IDS
- 3. Treatment procedures shall be limited to a maximum of 45 minutes to prevent prolonged exposure to patients.
- 4. Transport of patients to the rehabilitation center shall be discouraged at the moment.
- 5. Aerosol generating and invasive may be administered as long as appropriate PPEs and health protocols are observed:
  - 5.1. Dysphagia management
  - 5.2. Oromotor and lingual exercises
  - 5.3. Electrodiagnostic procedures
- 6. Wearing of appropriate Personal Protective Equipment (PPE) shall be observed
  - 6.1. Surgical mask / N95 mask / KN95 mask
  - 6.2. Face shield
  - 6.3. Gloves
  - 6.4. Gown
- Hand hygiene shall be observed and practiced before wearing of PPEs and after administering the rehabilitation procedure.
- 8. In-patient Rehabilitation Consult. The Physiatrist-in-charge shall:
  - 8.1. Acknowledge patient referral thru calling respective ward and confirm if patient is not a confirmed, probable or suspected COVID patient.
  - 8.2. Inform the respected ward when will the patient be visited and to prepare needed PPEs
  - 8.3. Perform necessary consultation (history taking, physical examination) prior referring the patient for rehabilitation intervention.
  - 8.4. Provide recommendation if rehabilitation is necessary for the patient and prescribe rehabilitation program as needed.

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- 8.5. Inform the PMRD reception thru local 3804 regarding the referral and endorse the patient for rehabilitation.
  - 8.5.1. In case consult is done after duty hours, inform PMRD staff thru text message
- 9. The Administrative Assistant / Secretary shall:
  - 9.1. Receive endorsement of referred patient for rehabilitation from Physiatrists
  - 9.2. Inform therapists-in-charge regarding the referral.
  - 9.3. Bill / Charge patient's account according to the services provided.
- 10. Administration of Physical & Occupational Therapy Management:
  - 10.1. Physical and Occupational Therapy Intervention shall be strictly done at bedside.
  - 10.2. Necessary PPEs shall be worn during the course of treatment which include surgical mask, face shield, gown and gloves
  - 10.3. Pre-screening will be done thru phone call:
    - 10.3.1. Nurses at the wards to inquire:

10.3.1.1.	Development of new COVID associated symptoms
10.3.1.2.	Pending tests for COVID, most recent COVID test results
10.3.1.3.	Notice of Suspension of Credit
10.3.1.4.	Presence of NGT/ PEG

- 10.3.2. Relative / Patient at their room to:
  - 10.3.2.1. Inquire if with presence of COVID associated symptoms10.3.2.2. Inform to wear masks and face shield
  - 10.3.2.3. Inform time of rehab session
- 10.4. Screen patient for fever (with a temperature of 37.7 C and above); respiratory symptoms which include dry cough, colds and difficulty of breathing; and diarrhea. If patients have these symptoms, treatment should not be initiated and nurses should be informed. Treatment will be held temporarily until there is a clearance from attending physician that the patient is COVID negative and safe to undergo rehab
- 10.5. Materials and equipment to be used shall be limited to those that can be disposed or disinfected only.
  - 10.5.1. Electrical Stimulation

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- 10.5.2. TENS
- 10.5.3. Hotpacks / Coldpacks
- 10.6. Perform rehabilitation procedures within 45 minutes.
- 10.7. Practice appropriate distance when applicable and avoid staying near the direction of the patient's face.
- 10.8. Update physiatrist-in-charge regarding the status and response of patient to the rehabilitation program.
- 10.9. Coordinate with the Rehab Secretary to facilitate billing patient's account of necessary charging according to the treatment provided.
- 10.10. Gowns and gloves used during treatment of patient should be properly disposed off
- 10.11. Gloves and gowns will be changed for every patient treated.
- 10.12. Store used materials to be disinfected in an appropriate plastic bag which will be disinfected in the Rehabilitation Center
- 10.13. Endorse to assigned PMRD Personnel materials to be disinfected.
- 10.14. Document necessary details of the patient's treatment session.

# **Out-patient Rehabilitation Guidelines:**

- Out-patient rehabilitation shall commence only once the center have established guidelines and protocols to ensure safety all patients and allied rehabilitation workers.
- 2. Operating hours for out-patient rehabilitation will be from Monday to Saturday starting at 8:00am to 4:00pm with one-hour lunch break and cleaning.
- 3. NO Mask & Face shield, NO entry policy
- 4. Out-patient services (consultation & treatment) will be on appointment basis only. NO appointment, NO consultation / treatment will be provided.
- Temperature of all personnel, visitors and patients shall be checked prior entering the Rehabilitation Center.
- 6. Triage shall be meticulously done in various points to ensure that patients can be safely accommodated for rehabilitation.
  - 6.1. Triage points:
    - 6.1.1. Entrance at Medical Arts Building / Annex Building



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- 6.1.2. Prior entry to the Rehabilitation Center
- 6.2. Services shall not be initiated if patient and companion will present with the following:
  - 6.2.1. Fever (Body Temperature of 37.7 and above)
  - 6.2.2. Respiratory Symptoms (cough, colds, difficulty of breathing)
  - 6.2.3. Diarrhea, Loss of smell & taste
- 6.3. Employees, visitors, patients and companions who will exhibit the above symptoms shall be referred to the Incident Command Post (local 3229) for immediate action to be done.
- 7. Patient and companion should sign a health declaration form.
- 8. Patients are encouraged not to have any companions as much as possible. Bringing of companions is allowed only if the patient is:
  - 8.1. a senior citizen who needs assistance
  - 8.2. a minor (below 18 years old)
  - 8.3. a person with high risk for falls
  - 8.4. a person with comprehension problems
- 9. Alcohol pump dispensers / hand sanitizers shall be installed in the following areas:
  - 9.1. Entrance of PMRD / Waiting area
  - 9.2. Reception Area
  - 9.3. Consultation Room
  - 9.4. Treatment Areas
  - 9.5. Electromyography Room
- 10. The Rehabilitation Center shall modify its clinical physical set-up to ensure safety and prevent risk of infection
  - 10.1. Proper ventilation of the waiting area, consultation room, treatment areas and electromyography room shall be ensured as much as possible thru
    - 10.1.1. Opening of windows if possible
    - 10.1.2. Exhaust fan in the window to encourage egress of air out of the room
    - 10.1.3. Good air purifier in the patient waiting area and examination room
    - 10.1.4. Redesign airflow in the rehabilitation center so that air flow in one direction towards an open window or exhaust system
  - 10.2. Waiting area; Including reception area and space outside PMRD
    - 10.2.1. Only a maximum of 10 persons (patients and companions) shall be allowed to stay in the waiting area at any given time

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- 10.2.2. Chairs shall be placed in the waiting areas with proper distancing (2 meters apart)
- 10.2.3. Acrylic / plastic barrier shall be installed in the Reception area with opening for payment and forms
- 10.2.4. Eating is not allowed in treatment area
- 10.2.5. Receptionists on duty shall:
  - 10.2.5.1. Wear face masks, face shield, lab gown and gloves
  - 10.2.5.2. Use alcohol after every transaction
  - 10.2.5.3. Clean / Disinfect computer, keyboard and all equipment on the table at the start of clinic, every hour and at the end of office hours

#### 10.3. Consultation Room

- 10.3.1. Distance between patient and physiatrist during history taking shall be at least 2 meters
- 10.3.2. Linen covering shall be placed on the examination table and shall be replaced every after patient.
- 10.3.3. The physiatrist shall:
  - 10.3.3.1. Wear face mask, face shield, shower cap, lab gown and gloves.
  - 10.3.3.2. Wash hands / sanitize before and after each patient seen
  - 10.3.3.3. Clean / disinfect all equipment on the table at the start of the clinic, every after patient and after office hours.

# 10.4. Treatment Area

- 10.4.1. A maximum of 4 patients shall be accommodated at the treatment area at any given time.
- 10.4.2. Therapists shall wear surgical mask, face shield, gloves and gown during treatment. Gloves shall be replaced every after treatment of patients.
- 10.4.3. Clean / disinfect all materials and equipment used every after patient
- 10.4.4. Eating is not allowed
- 11. Provision of out-patient rehabilitation services shall follow this flow:

# 11.1. Rehabilitation Consult

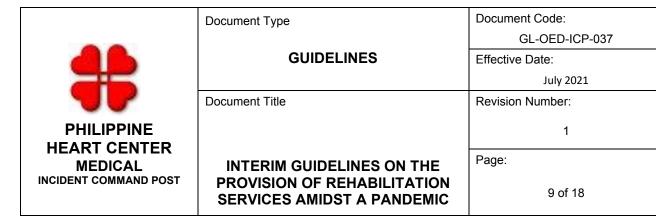
- 11.1.1. Setting of Appointment
  - 11.1.1.1. Patients shall set an appointment either by phone call (local 3804), Viber or text message (0915-5845391)

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- 11.1.1.2. The following information shall be obtained to the patient / person securing an appointment for consultation / PRE-SCREENING:
  - 11.1.2.1. History or present symptoms of fever, cough, body malaise, diarrhea for the past (2) weeks. If one symptom is present, the patient will not be given an appointment and will be requested to go to the Emergency Room.
  - 11.1.1.2.2. If the patient or a companion at home is suspected, possible or confirmed COVID case, appointment shall not be provided.
- 11.1.1.3. The following information shall be given to the person securing an appointment if approved:
  - 11.1.3.1. Date and time of scheduled appointment to the Physiatrist
  - 11.1.1.3.2. Patient should arrive at the center 10 minutes prior their scheduled appointment.
  - 11.1.1.3.3. If patient is late for 20 minutes, he or she shall secure another appointment.
  - 11.1.1.3.4. No mask, No Entry policy.
  - 11.1.1.3.5. Encouraged not to bring a companion but may do so if really necessary.
  - 11.1.1.3.6. Triaging shall be done prior entry at Philippine Heart Center and at the rehabilitation center.

# 11.1.2. During Consultation

- 11.1.2.1. Triage shall be performed at the entrance of Philippine Heart Center (Medical Arts Building / Annex Building)
  - 11.1.2.1.1. Temperature, signs of sore throat, cough, malaise and diarrhea shall be checked
  - 11.1.2.1.2. Patients or companions exhibiting symptoms shall not be allowed to enter the building and shall be instructed to proceed to the Emergency Room



- 11.1.2.1.3. Patients cleared will be allowed to proceed at the rehabilitation center
- 11.1.2.2. Verification / Screening will be done at the entrance of PMRD
  - 11.1.2.2.1. Temperature, signs of sore throat, cough, malaise and diarrhea shall be checked
  - 11.1.2.2.2. Patients or companions exhibiting symptoms shall be instructed to proceed to the Emergency Room
  - 11.1.2.2.3. Patients cleared are given a Health Declaration
    Form and will be allowed to proceed for
    consultation
- 11.1.2.3. Upon entry, patient and companion shall be instructed to soak their shoes in footbath with disinfectant. Their hands up to their elbows are also sprayed with alcohol for disinfection.
- 11.1.2.4. Patient shall wait name to be called for consultation.
- 11.1.2.5. Physical distancing shall be implemented during consultation.
- 11.1.2.6. Maximum time of consultation is 15 minutes.
- 11.1.2.7. Disinfection using Germicep will be done every after patient
- 11.1.2.8. At the end of the consultation, patient shall proceed to the reception for the following:
  - 11.1.2.8.1. Appointment / schedule of therapy sessions if prescribed
  - 11.1.2.8.2. Instructions on the process flow for the therapy sessions
  - 11.1.2.8.3. Settlement of consultation fee / submission of filled-up Letter of Authorization for HMO card holder.
- 11.2. Rehabilitation Services (Physical, Occupational, Speech Therapy, Wellness Program)11.2.1. Setting of Appointment
  - 11.2.1.1. Patients shall set an appointment either by phone call (local 3804), Viber or text message or personally going to PMRD
  - 11.2.1.2. The following information shall be obtained to the patient / person securing an appointment for consultation:

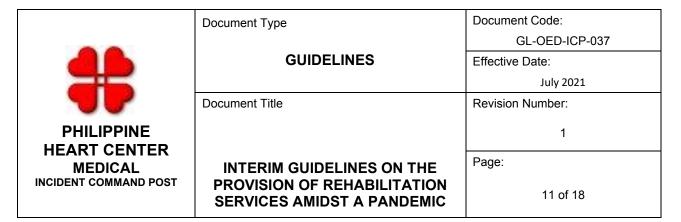


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- 11.2.1.2.1. History or present symptoms of fever, cough, body malaise, diarrhea for the past (2) weeks. If one symptom is present, the patient will not be given an appointment and will be requested to go to the Emergency Room.
- 11.2.1.2.2. If the patient or a companion at home is suspected, possible or confirmed COVID case, appointment shall not be provided.
- The following information shall be given to the person securing 11.2.1.3. an appointment if approved:
  - 11.2.1.3.1. Date and time of scheduled appointment
  - 11.2.1.3.2. Patient should arrive at the center 30 minutes prior their scheduled appointment.
  - 11.2.1.3.3. If patient is late for 15 minutes, his or her slot shall be given to the next patient and he or she shall secure another appointment.
  - 11.2.1.3.4. No mask, No Entry policy.
  - 11.2.1.3.5. Encouraged not to bring a companion but may do so if really necessary.
  - 11.2.1.3.6. Triaging shall be done prior entry at Philippine Heart Center and at the rehabilitation center at the rehabilitation center

#### 11.2.2. **During Therapy Session**

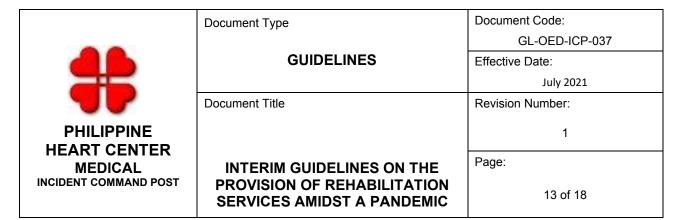
- Triage shall be performed at the entrance of Philippine Heart 11.2.2.1. Center (Medical Arts Building / Annex Building)
  - 11.2.2.1.1. Temperature, signs of sore throat, cough, malaise and diarrhea shall be checked
  - 11.2.2.1.2. Patients or companions exhibiting symptoms shall not be allowed to enter the building and shall be instructed to proceed to the Emergency Room
  - 11.2.2.1.3. Patients cleared will be allowed to proceed at the rehab center



- 11.2.2.2. Triage shall again be performed at the reception / waiting area of PMRD
  - 11.2.2.2.1. Temperature, signs of sore throat, cough, malaise and diarrhea shall be checked
  - 11.2.2.2.2. Patients or companions exhibiting symptoms shall be instructed to proceed to the Emergency Room
  - 11.2.2.2.3. Patients cleared are given a Health Declaration Form and will be allowed to proceed for rehabilitation
- 11.2.2.3. Upon entry, patient and companion shall be instructed to soak their shoes in footbath with disinfectant. Their hands up to their elbows are also sprayed with alcohol for disinfection.
- 11.2.2.4. Patient shall inform receptionist of their schedule and pay applicable fees at the cashier.
- 11.2.2.5. Patient shall present official receipt to the receptionist and proceed to the waiting area for named to be called.
- 11.2.2.6. Physical distancing shall be implemented during treatment.
- 11.2.2.7. Maximum time of rehabilitation treatment is 60 minutes.
- 11.2.2.8. At the end of the session, patient shall proceed to the reception for the following:
  - 11.2.2.8.1. Appointment / schedule of therapy sessions if prescribed
  - 11.2.2.8.2. Therapist-in-charge shall prepare endorsement card of the treated patient
- 11.2.2.9. Equipment that will be used in the PT center:
  - 11.2.2.9.1. Ultrasound, Electrical Stimulation, TENS, Infrared Radiation, Hotpacks, coldpacks
  - 11.2.2.9.2. Equipment should be cleaned after treatment
  - **11.2.2.9.3.** A person shall be assigned to clean and disinfect the equipment.

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- Electrodiagnostic studies shall be limited to non-COVID cases and tagged as clinically recovered COVID patients (see Guidelines for Provision of Rehabilitation Services for Post-Covid Patients)
- 2. Electrodiagnostic studies will not be administered to the following:
  - 2.1. Confirmed or suspected COVID patients
  - 2.2. Patients exhibiting COVID associated symptoms:
    - 2.2.1. Fever (37.7 and above)
    - 2.2.2. Cough
    - 2.2.3. Shortness of breath
    - 2.2.4. Loss of smell and taste
  - 2.3. Wearing of appropriate PPEs shall be observed at all times by the Electrodiagnostician
    - 2.3.1. Face mask / N95 / KN95
    - 2.3.2. Face shield or goggles
    - 2.3.3. Shower cap
    - 2.3.4. Gown
    - 2.3.5. Gloves
  - 2.4. Patients shall be required to wear mask and face shield during the procedure
  - 2.5. Hand hygiene shall be observed and practiced before wearing of PPEs and after administering the procedure
  - 2.6. For in-patients admitted in Philippine Heart Center:
    - 2.6.1. Nurse at the ward shall inform the rehab center (3804) regarding referral / orders for Electromyography / Nerve Conduction Velocity (EMG/NCV)
    - 2.6.2. Rehab clerk / reception shall receive the EMG referral and schedule the patient for the procedure
    - 2.6.3. Clearance from a pulmonologist or IDS may be warranted in cases of ongoing infection
    - 2.6.4. Prior the procedure:
      - 2.6.4.1. Rehab clerk / secretary shall call the nurse station to screen the patient for presence of COVID associated symptoms
      - 2.6.4.2. Nurse in charge / Nurse attendant shall transport the patient to/from the rehab center for the procedure
    - 2.6.5. Electrodiagnostic procedure:



- 2.6.5.1. Electrodiagnostician shall review chart entries and history and interview patient
- 2.6.5.2. Explain the procedure, benefits, possible adverse reaction (if any) and secure consent
- 2.6.5.3. Perform the procedure and analyze results
- 2.6.5.4. Print results and attach in the medical chart
- 2.6.6. Machine, equipment and bed shall be disinfected by the staff in charge of disinfection
- 2.7. For in-patients admitted from other hospitals and will be availing electrodiagnostic studies:
  - 2.7.1. Procedures shall be on appointment basis either by phone call (local 3804) or thru PMRD mobile number (0915-5845391)
  - 2.7.2. Rehab secretary / clerk shall receive requests for EMG / NCV and screen patient for presence of symptoms and issue an appointment schedule
  - 2.7.3. The following will be needed to be cleared to undergo the procedure:
    - 2.7.3.1. Negative RT-PCR test within 7 days validity
    - 2.7.3.2. Unremarkable chest x-ray findings / negative for infiltrates or pneumonia
  - 2.7.4. Patient and companion shall be screened at MAB triage for presence of symptoms, travel history and exposure history
  - 2.7.5. Verification of health declaration and screening of temp will be done at the rehab center as well
  - 2.7.6. Electrodiagnostic procedure:
    - 2.7.6.1. Electrodiagnostician shall interview patient's history
    - 2.7.6.2. Explain the procedure, benefits, possible adverse reaction (if any) and secure consent
    - 2.7.6.3. Perform the procedure and analyze results
    - 2.7.6.4. Print results and hand over to patient
- 2.8. For out-patients:
  - 2.8.1. Procedures shall be on appointment basis either by phone call (local 3804) or thru PMRD mobile number (0915-5845391)
  - 2.8.2. Rehab secretary / clerk shall receive requests for EMG / NCV and screen patient for presence of symptoms and issue an appointment schedule

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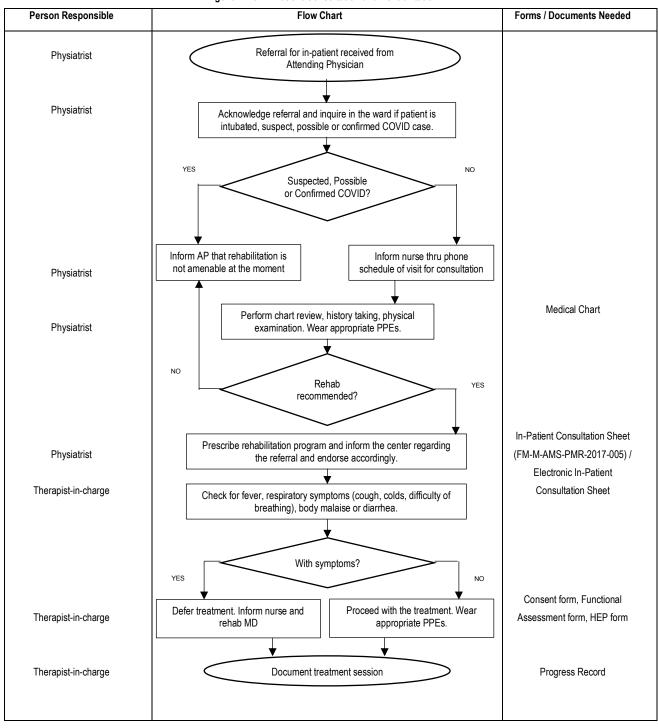
- 2.8.3. The following will be required to be cleared to undergo the procedure2.8.3.1. Unremarkable chest x-ray findings / negative for infiltrates or pneumonia for unvaccinated patients
- 2.8.4. Patient and companion shall be screened at MAB triage for presence of symptoms, travel history and exposure history
- 2.8.5. Verification of health declaration and screening of temp will be done at the rehab center as well
- 2.8.6. Electrodiagnostic procedure:
  - 2.8.6.1. Electrodiagnostician shall interview patient's history
  - 2.8.6.2. Explain the procedure, benefits, possible adverse reaction (if any) and secure consent
  - 2.8.6.3. Perform the procedure and analyze results
  - 2.8.6.4. Print results and hand over to patient

<sup>\*\*</sup> This guidelines will be revised as the need arises with the changing healthcare scenario of COVID-19 pandemic\*\*



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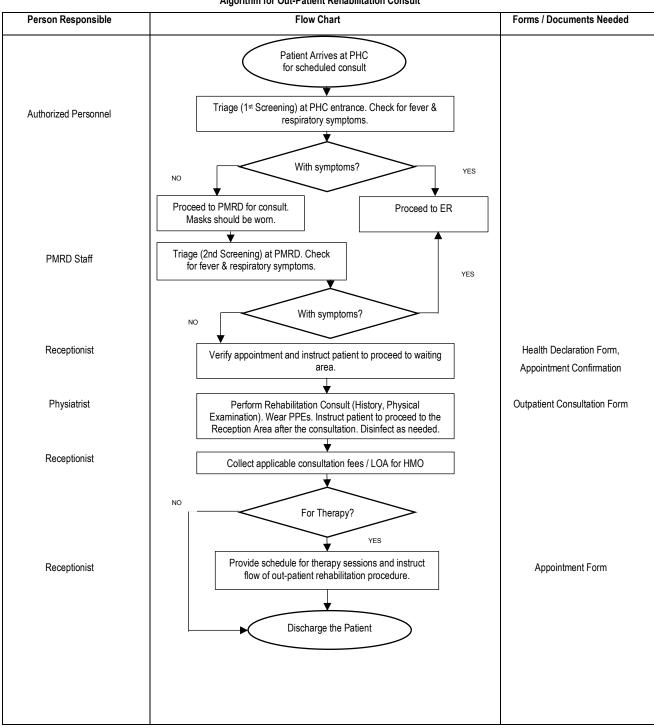
# Algorithm for In-Patient Consultation and Rehabilitation





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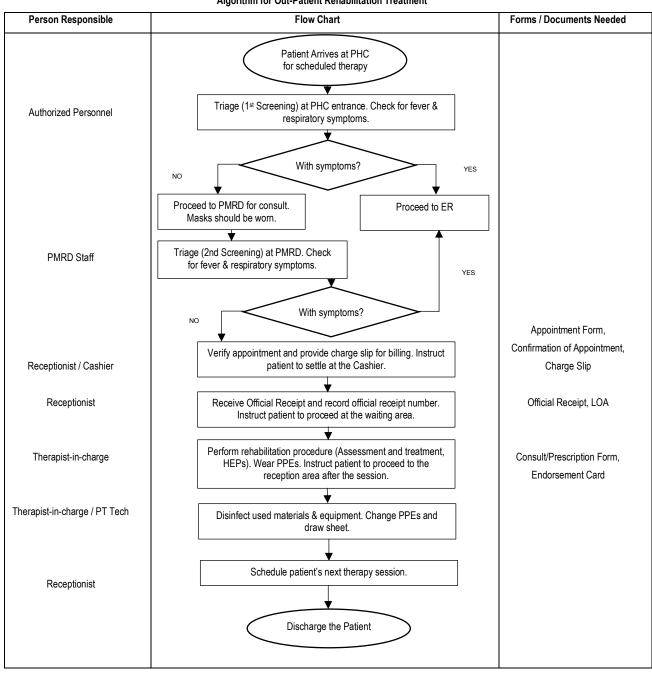
# Algorithm for Out-Patient Rehabilitation Consult





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# Algorithm for Out-Patient Rehabilitation Treatment





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# Algorithm for Out-Patient Electrodiagnostic Study

