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Rehabilitation & Pain Management Checklist

Sr. No.	Objective Element	Requirements	Yes	No
1	COP.10.b	Are physiotherapy, occupational therapy, speech therapy, and clinical psychology services available as per the defined scope of services?		
2	COP.10.b	Is there evidence of collaboration between doctors, rehabilitation therapists, and other experts, as verified through review of medical records?		
3	COP.10.b	Is rehabilitation equipment available and adequate as per the defined scope of services?		
4	COP.1.c	Is there written guidance/policy ensuring uniform rehabilitation care across the organization?		
5	FMS.2.b	Is there a documented plan and record of preventive and breakdown maintenance for rehabilitation equipment?		
6	AAC.2.b	Are at least two patient identifiers (e.g., UHID and name) used for identification of rehabilitation patients?		
7	COP.10.a	Is there a documented written policy on pain management?		
8	COP.10.a	Is pain screening conducted for all patients, including OPD, IPD, and Emergency patients?		
9	COP.10.a	Is detailed and objective pain assessment performed for patients reporting pain and for all post-operative patients?		
10	COP.10.a	Is pain reassessed at defined intervals and documented appropriately?		
11	COP.10.a	Are pain alleviation measures implemented appropriately, including initiation and titration of therapy?		
12	COP.10.a	Is pain monitoring conducted and is the patient's response to pain alleviation measures documented?		

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