



**Patron in Chief:**

Prof. Dr. Ghias-un-Nabi Tayyab (Chief Executive Officer/Principal)  
PGMI/AMC/PINS/LGH & Allied Health Institutions

**Patron:**

Dr. Mahmood Salah-ud-Din (Medical Superintendent LGH)

**Editor:**

Dr. Nasir Mahmood Shakir (AMS Statistics/PGRs/SMB)

**Designers:**

M. Ibrar (DEO)  
Maria Shafique (S&DA)  
Sadia Hanif (JC)

## Background History

A piece of land measuring one square and seven acres i.e. (256 Kanals) situated on Ferozpur, Road, Lahore was proposed for beggar house. The foundation was laid down by her Excellency Begum Naheed Sikandar Mirza w/o Governor General of Pakistan on 27-02-1958.

The first phase of the building was completed in late 1958. An opening ceremony was held on 30-09-1958 by her Excellency Begum Naheed Sikandar Mirza. The Post-Graduate Medical Institute (PGMI) was established in 1974 in the building of Experimental Medicine Department of King Edward Medical College (KEMC), Lahore. The Lahore General Hospital started functioning in the existing building of proposed Beggar House. At that time, the hospital was used as convalescent home for the over flow of patients of Mayo Hospital, Lahore and there were no proper treatment / Diagnostic facilities available at Lahore General Hospital.

The department of Neuro-Surgery of KEMC was setup at Lahore General Hospital in 1966. This department was temporarily housed in old building till 1981.

After the birth of Post-Graduate Medical Institute (PGMI), Lahore in 1974, the Lahore General Hospital was affiliated with PGMI in July, 1975. Except the department of Neuro-Surgery, T.B & Chest; these both departments remained attached with KEMC.

In April 1984, new Neurosurgery / Physiotherapy departments were completed, and these departments were shifted in new building (Neuro-Surgery Block).

In 1995, upon shifting of Allama Iqbal Medical College (AIMC) to its new campus, Jinnah Hospital, Lahore was affiliated with AIMC and PGMI was shifted to Services Hospital, Lahore. The Lahore General hospital was attached with AIMC. This continued till 31-05-1997 when Lahore General Hospital was re-attached with PGMI on 31-05-1997.

On 01-07-1998, the Lahore General Hospital was declared as an autonomous hospital. Dr. Sabiha Khurshid Ahmad was appointed as its first Chief Executive.

After the autonomy, new well equipped Operation Theaters of Urology and Orthopaedics were started, which lowered the huge burden of patients. The Surgical Operation Theatres were renovated and new Recovery Room added to it. A laundry Plant was also installed. Seven rooms for private patients declared in general side in addition to eighteen rooms of Neuro-Surgery Department.

At present, the PGMI consists of following components:

**Educational Component:**

1. Ameer ud Din Medical College (AMC)
2. Post-Graduate Medical Institute (PGMI)
3. College of Nursing (CON)
4. Institute of Allied Health Sciences (IAHS)

**Healthcare Services Components:**

1. Lahore General Hospital (LGH)
2. Punjab Institute of Neuro-Sciences (PINS)

## Beds Occupancy Situation

Department/Unit	Currently Installed	Beds in Use
Peds Emergency	20	12
Surgical Emergency	20	21
Medical Emergency	42	42
Neuro Emergency	20	22
Ortho Emergency	17	20
Gynae Emergency	34	29
Surgical ICU Emergency	6	6
Triage Room	-	10
Dangue+Congo	-	4
CCU Emergency	9	-
E SOT Recovery Room	4	6
Gynae U - I	34	24
Antinatal U - I	20	20
Gynae U - II	22	22
Antinatal U - II	20	12
GOT Recovery Room	5	5
Medical-I	60	65
Medical-II	64	63
Medical-III	43	43
Medical I,II,III	28	27
Gastroenterology	40	36
Hemodialysis	34	35
Urology	70	18
Nephrology	12	12
Ortho-I	60	30
Ortho-II	36	34
Plastic Surgery(W-18)	24	24
Neurology (South) PINS	42	39
SURGICAL-I	62	52
SURGICAL-II	77	29
SURGICAL-III	54	43
Surgical ICU Phase III	12	12
PAEDS	70	70
E.N.T- I	20	18
E.N.T- II	18	18
Neuro I HDU PINS	13	8
Neuro I ICU PINS	-	6
Neuro I Male (South)PINS	48	46
Neuro I Female (North)PINS	44	42
Neuro Emergency(North)PINS	33	22
Neuro Emergency(South)PINS	46	41
Neuro. ICU Emergency PINS	13	12
Neuro II ICU PINS	11	10
Neuro II Male.(South)PINS	40	54
Neuro II Female.(North)PINS	39	37
Neuro III HDU PINS	14	10
Neuro III ICU PINS	-	12

Neuro III Male.(South)PINS	50	40
Neuro III Female.(North)PINS	33	31
6 <sup>th</sup> Floor ICU	-	9
HDU PINS 6th Floor	34	-
PINS Private Rooms	10	-
Eye I	35	31
Eye II	24	21
Eye III	20	17
Skin ( W - 21)	21	22
Psychiatry	34	34
TB & Chest	20	20
Burn Ward	05	05
CCU	-	07
<b>TOTAL</b>	<b>1686</b>	<b>1451</b>

## Protocols for Managing Overflow of Patients

Bed capacity is a limited resource in all hospitals. The overpopulation of patients in a specialized Healthcare Establishment (HCE) results in patients being discharged before they have fully recovered in order to make beds available for more critical patients. Cases have been reported where patients share beds, are allocated to mattresses in hallways, patients to be left on ambulance stretchers, patient trolleys or in wheelchairs because patients cannot be allocated to beds. Each bed must have the right resources, such as oxygen access, communication to the nursing station and telemetry.

To compensate for the shortage of beds in public hospitals, extra beds are placed in the wards and in departments such as Paediatrics or Neonatal ICU. Previous statistics showed that, on average, the tertiary level care hospitals had a bed occupancy rate of 73% to 75%. Some of the mega tertiary hospitals like PIMS Islamabad and Mayo Hospital, Lahore had the highest occupancy of 105% on average. This high rate can be attributed to patients sharing beds or admitting more patients than the number of available beds. The high occupancy rates cause difficulties in the optimization of capacity utilization when manual allocations of beds are made.

The Lahore General Hospital, Lahore is a Tertiary level HCE with total bed strength of 1686. On the average, approximately 4000 patients visit the OPDs of LGH and PINS, Lahore on daily basis,

while approximately, 2000 patients visit the Emergency Departments. On the average, as calculated on the basis of statistical data collected, about 174 to 210 patients are admitted in this institution daily.

The shifting of the newly admitted patients in proper wards, allocation of beds for these patients in their relevant units/departments requires a atomized system with minimal problems. This can only be achieved through correct data regarding bed occupancy of various departments. It was observed that few departments of this institution e.g. Gynecology and Pediatrics, admit patients without keeping in view the number of vacant beds available with them. This situation resulted in mismanaging overflow of admissions.

Keeping in view the current situation, it was decided that in future, all the clinical departments of LGH/PINS should admit patients in accordance to the statistical data pertaining to their department / unit. Following protocols were evolved to manage over flow:

Patient should not be admitted/shifted on a bed already occupied by a patient, doubling or tripling on beds is not allowed at all. Under-utilized/vacant beds should be shared with other units facing over flow

The length of stay of patients in a bed should be as per standards, the patient should not be kept in ward un-necessarily on the reasons like excuses of human neglect like delay in collection of lab. reports etc.

In case an admission is received in the unit/department, the SR/Nursing Incharge (on duty) must ensure that newly admitted patient be allocated a vacant bed only

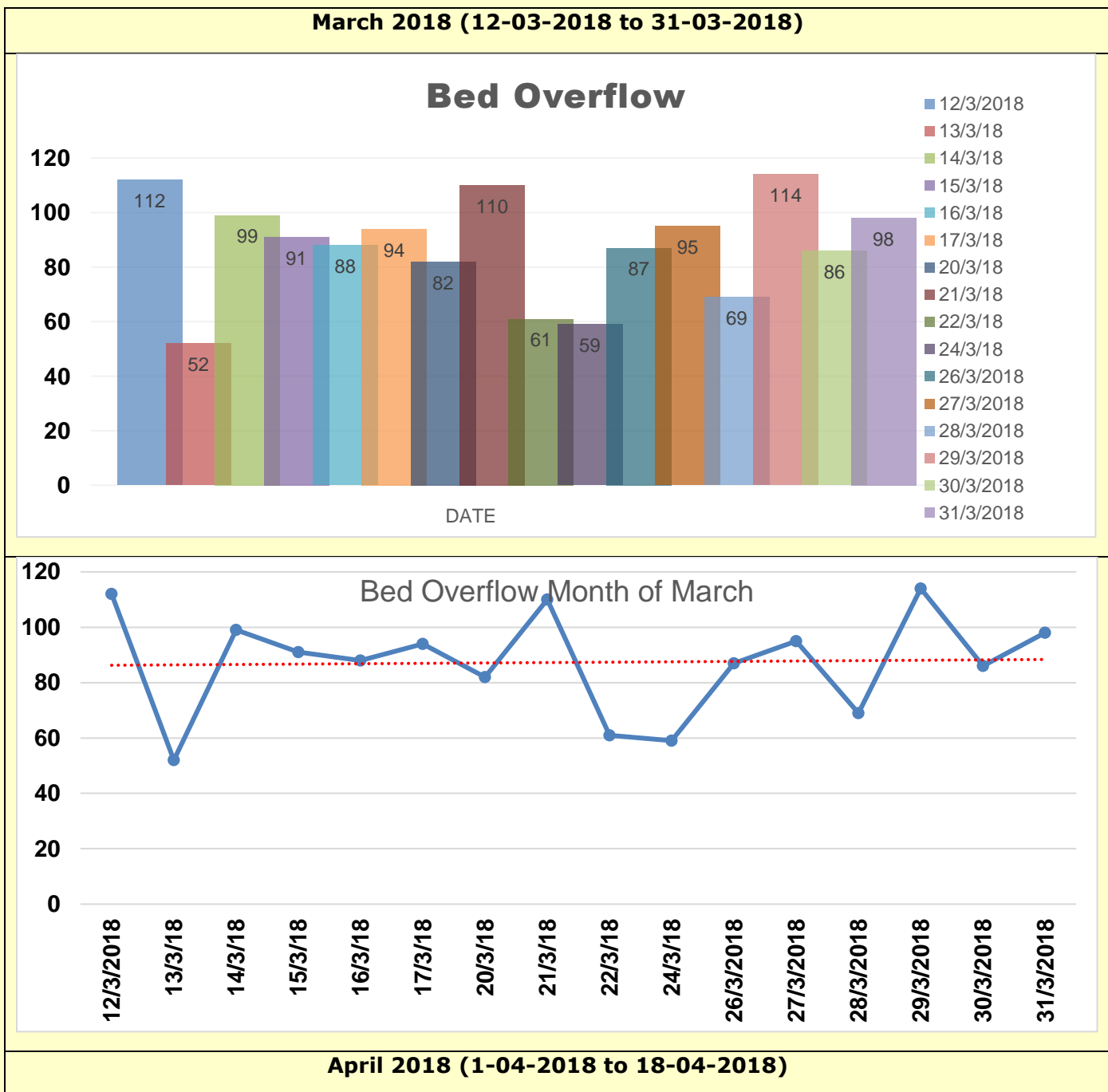
In case beds in Unit/Ward are fully occupied, and no bed is available, the stable patient(s) may be shifted to the Unit/Ward where vacant beds are available as per information given in the above table

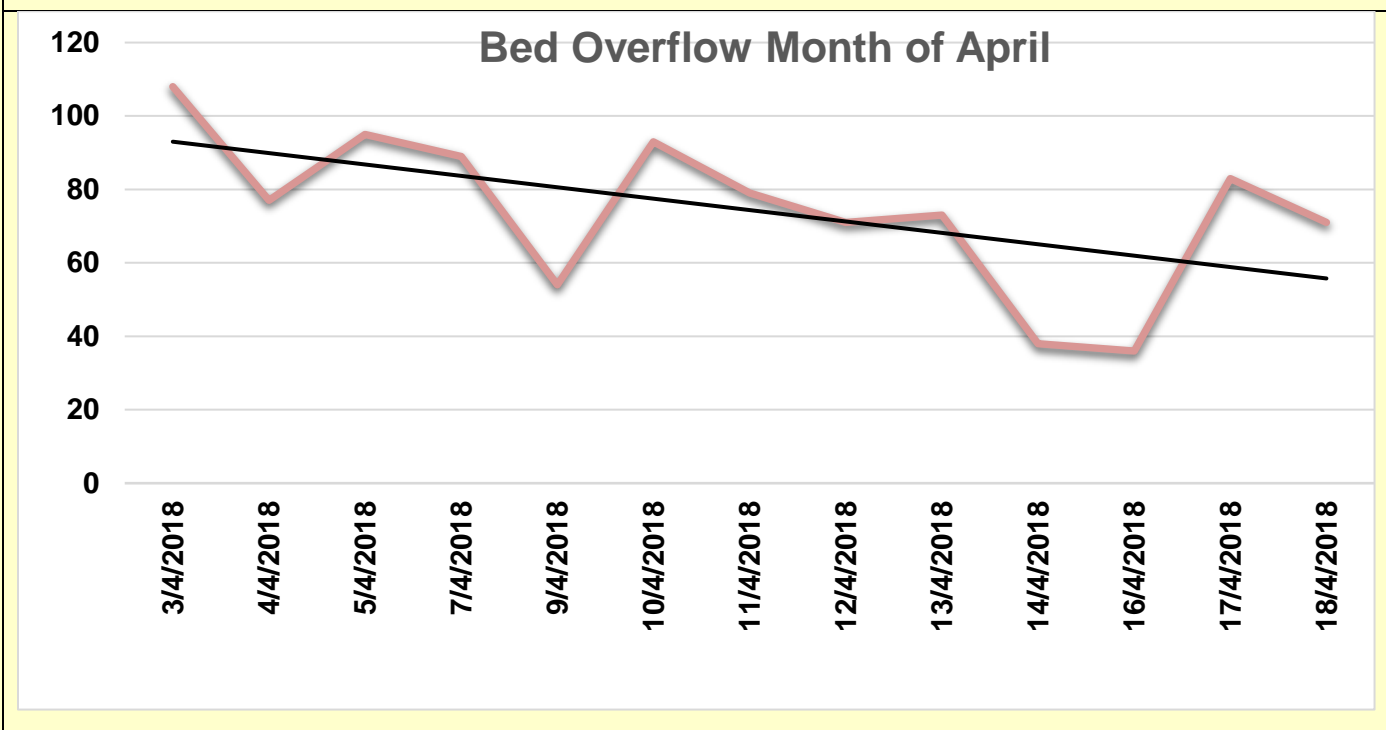
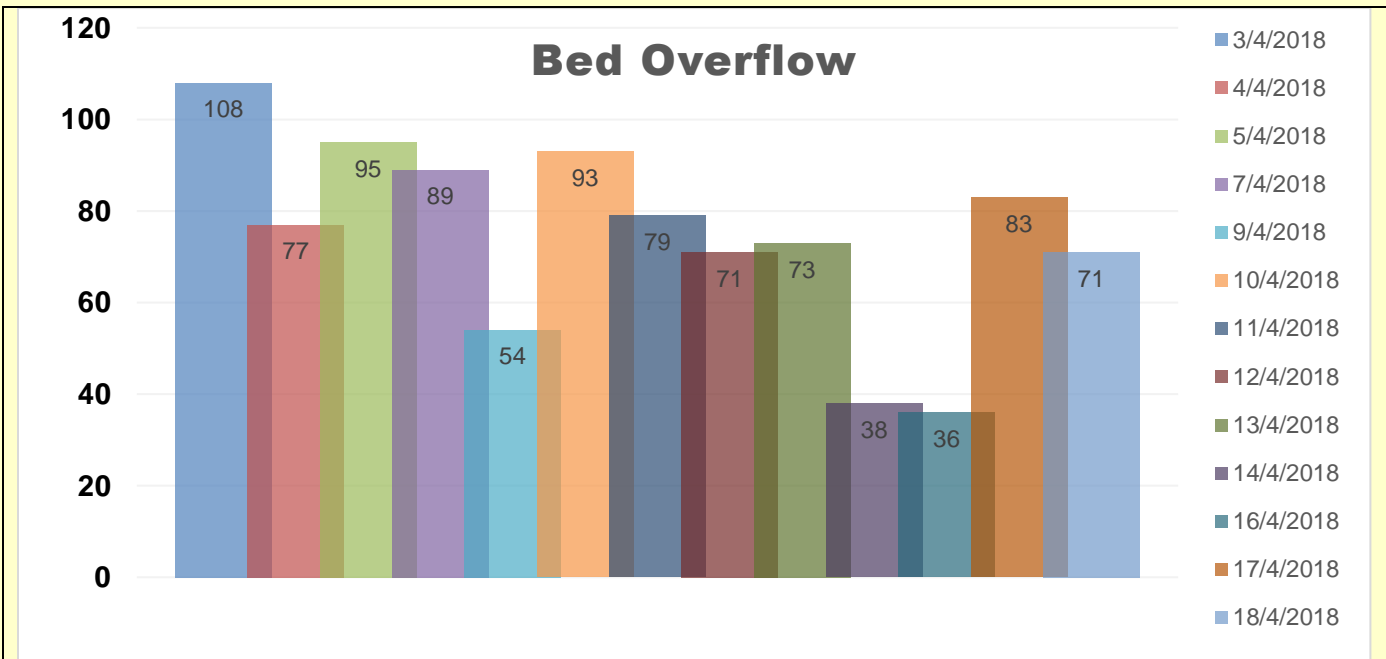
The treating Staff will be responsible to manage the shifted patients

The Director Emergency will ensure management of over flow patients as per formula given above. However in case any change in shifting patients to another vacant bed, the concerned ward managers may be taken on board

The Officers deputed to inspect the unit/wards to check the implementation of above yardsticks. If two or more patients are found occupying a single bed, strict disciplinary action will be taken against the responsible(s)

Since the start of beds management strategy, the overflow of patients has decrease considerably as is evident from the graphical trend lines depicted below:









## **Importance of Statistical Data**

Data is the fuel for success for any size organization across all organizations. Insights from data help organizations to innovate and make smarter decisions based on facts, instead of gut feeling. Being data-driven is about giving the decision makers the power to explore data and make predictions.

Descriptive statistics summarize the utility, efficacy and costs of medical goods and services. Increasingly, healthcare establishments employ statistical analysis to measure their performance outcomes. The Healthcare establishments implement data-driven, continuous quality improvement programmes to maximize efficiency. The Government gauges the overall health and well-being of populations with statistical information.

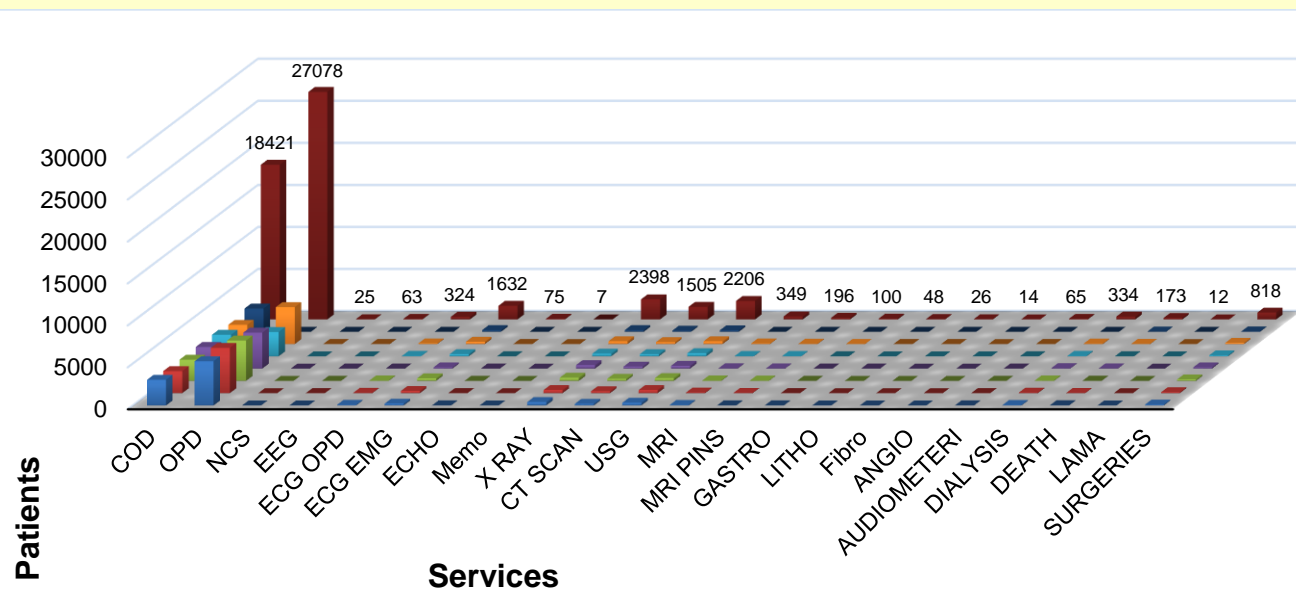
The healthcare statistics are critical to allocate and production efficiency. Inevitably, allocation decisions involve trade-offs--the costs of lost or missed opportunities in choosing one economic decision over another. Reliable statistical information minimizes the risks of healthcare trade-offs.

Public and private healthcare administrators, charged with providing continuums of care to diverse populations, compare existing services to community needs. The statistical analysis is a critical component in a needs assessment. Statistics are equally important to pharmaceutical and technology companies in developing product lines that meet the needs of the populations they serve.

## Services Provided

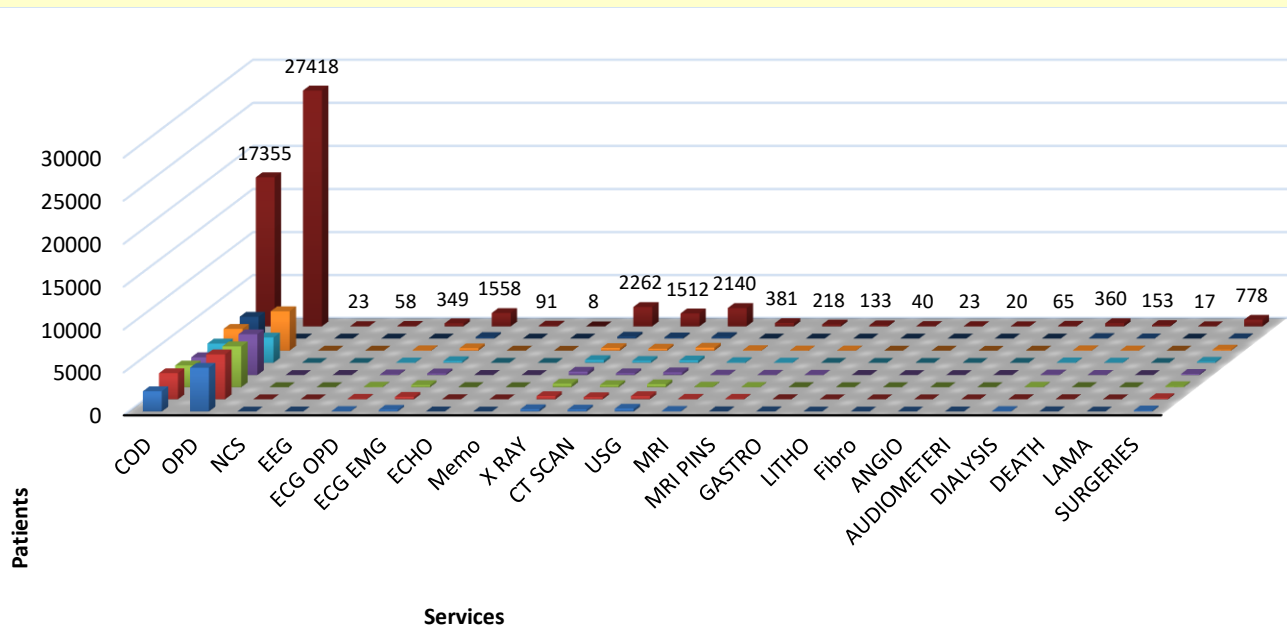
Week 14, 2018

DATE	2/4/2018	3/4/2018	4/4/2018	5/4/2018	6/4/2018	7/4/2018	8/4/2018	Total
COD	3058	2631	2527	2580	2570	2285	2770	18421
OPD	5274	5399	4810	4289	2900	4406	Sunday	27078
NCS	2	5	6	4	3	5	Sunday	25
EEG	10	12	10	13	4	14	Sunday	63
ECG OPD	74	50	59	17	49	75	Sunday	324
ECG EMG	212	257	300	142	251	273	197	1632
ECHO	16	12	16	15	12	4	Sunday	75
Memo	2	2	0	0	0	3	Sunday	7
X RAY	406	369	371	414	318	328	192	2398
CT SCAN	192	230	245	236	252	226	124	1505
USG	318	370	331	329	369	320	169	2206
MRI	60	77	58	42	46	66	Sunday	349
MRI PINS	17	37	37	31	39	35	Sunday	196
GASTRO	18	24	15	18	7	18	Sunday	100
LITHO	10	9	7	10	4	8	Sunday	48
Fibro	0	4	4	6	4	8	Sunday	26
ANGIO	0	3	3	2	5	1	Sunday	14
AUDIOMETERI	16	10	10	11	6	12	Sunday	65
DIALYSIS	56	56	56	56	55	55	0	334
DEATH	26	36	24	24	19	20	24	173
LAMA	1	0	1	2	5	3	0	12
SURGERIES	104	117	172	145	113	135	32	818



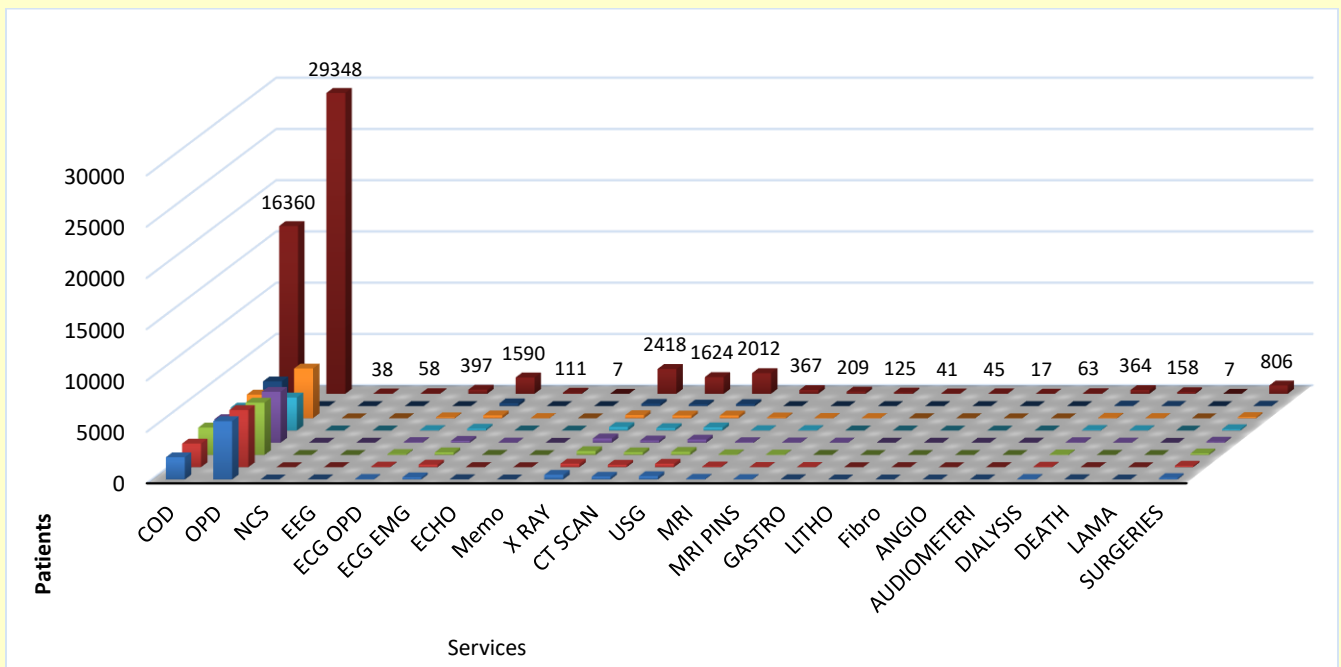
## Week 15, 2018

DATE	9/4/2018	10/4/2018	11/4/2018	12/4/2018	13/4/2018	14/4/2018	15/4/2018	Total
COD	2360	3052	2530	2070	2253	2550	2540	17355
OPD	5099	5245	4761	4757	2954	4602	Sunday	27418
NCS	1	5	2	5	2	8	Sunday	23
EEG	9	11	11	9	4	14	Sunday	58
ECG OPD	52	65	65	69	41	57	Sunday	349
ECG EMG	198	289	241	180	198	280	172	1558
ECHO	13	21	15	19	8	15	Sunday	91
Memo	3	2	1	1	1	0	Sunday	8
X RAY	259	377	392	385	322	308	219	2262
CT SCAN	227	253	250	201	224	228	129	1512
USG	326	371	332	307	282	347	175	2140
MRI	71	63	56	47	82	62	Sunday	381
MRI PINS	25	71	40	30	27	25	Sunday	218
GASTRO	24	27	18	34	9	21	Sunday	133
LITHO	4	9	7	9	4	7	Sunday	40
Fibro	5	7	1	5	0	5	Sunday	23
ANGIO	3	3	4	6	3	1	Sunday	20
AUDIOMETERI	10	14	11	14	6	10	Sunday	65
DIALYSIS	55	27	58	54	54	56	56	360
DEATH	22	25	14	22	23	29	18	153
LAMA	1	5	1	4	0	5	1	17
SURGERIES	121	131	117	129	118	124	38	778



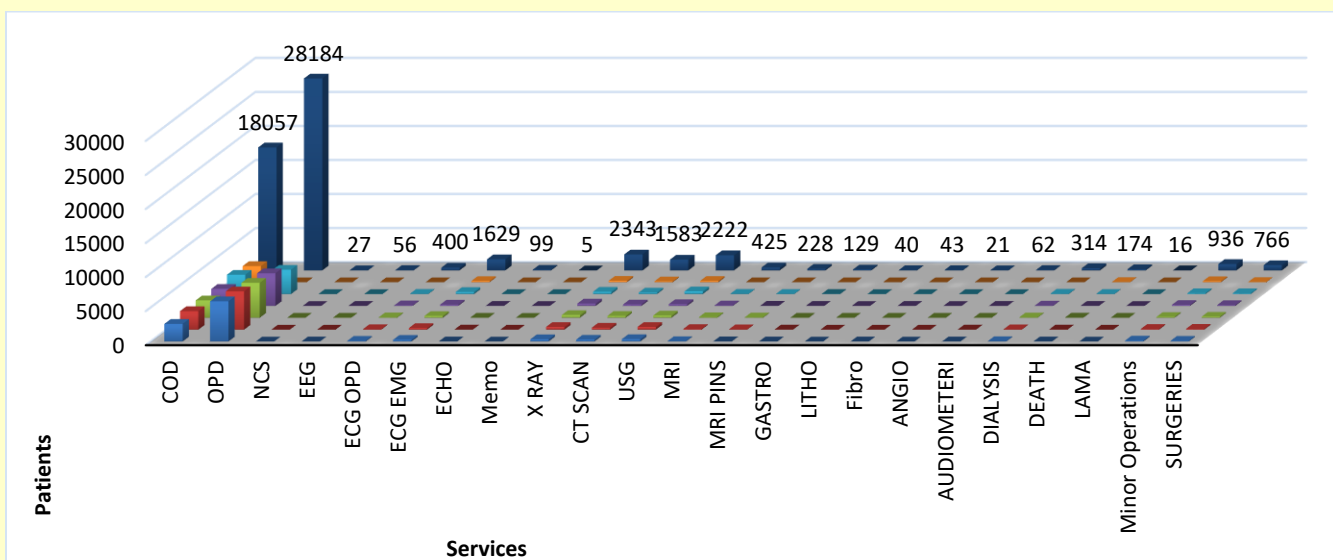
## Week 16, 2018

DATE	16/4/2018	17/4/2018	18/4/2018	19/4/2018	20/4/2018	21/4/2018	22/4/2018	Total
COD	2160	2300	2670	2300	2230	2300	2400	16360
OPD	5672	5569	5088	4958	3216	4845	Sunday	29348
NCS	7	9	7	7	5	3	Sunday	38
EEG	12	13	7	11	7	8	Sunday	58
ECG OPD	49	66	86	62	41	93	Sunday	397
ECG EMG	198	247	248	178	176	283	260	1590
ECHO	22	21	19	20	9	20	Sunday	111
Memo	1	2	0	1	1	2	Sunday	7
X RAY	442	346	367	412	335	306	210	2418
CT SCAN	265	240	255	221	234	263	146	1624
USG	320	336	297	305	301	270	183	2012
MRI	65	70	63	60	31	78	Sunday	367
MRI PINS	34	31	36	28	44	36	Sunday	209
GASTRO	24	26	15	22	12	26	Sunday	125
LITHO	7	9	2	7	4	12	Sunday	41
Fibro	6	14	4	9	2	10	Sunday	45
ANGIO	3	3	1	5	2	3	Sunday	17
AUDIOMETERI	10	14	11	15	8	5	Sunday	63
DIALYSIS	52	57	51	52	52	52	48	364
DEATH	25	20	15	20	30	25	23	158
LAMA	0	0	2	2	0	1	2	7
SURGERIES	137	140	148	105	127	116	33	806



## Week 17, 2018

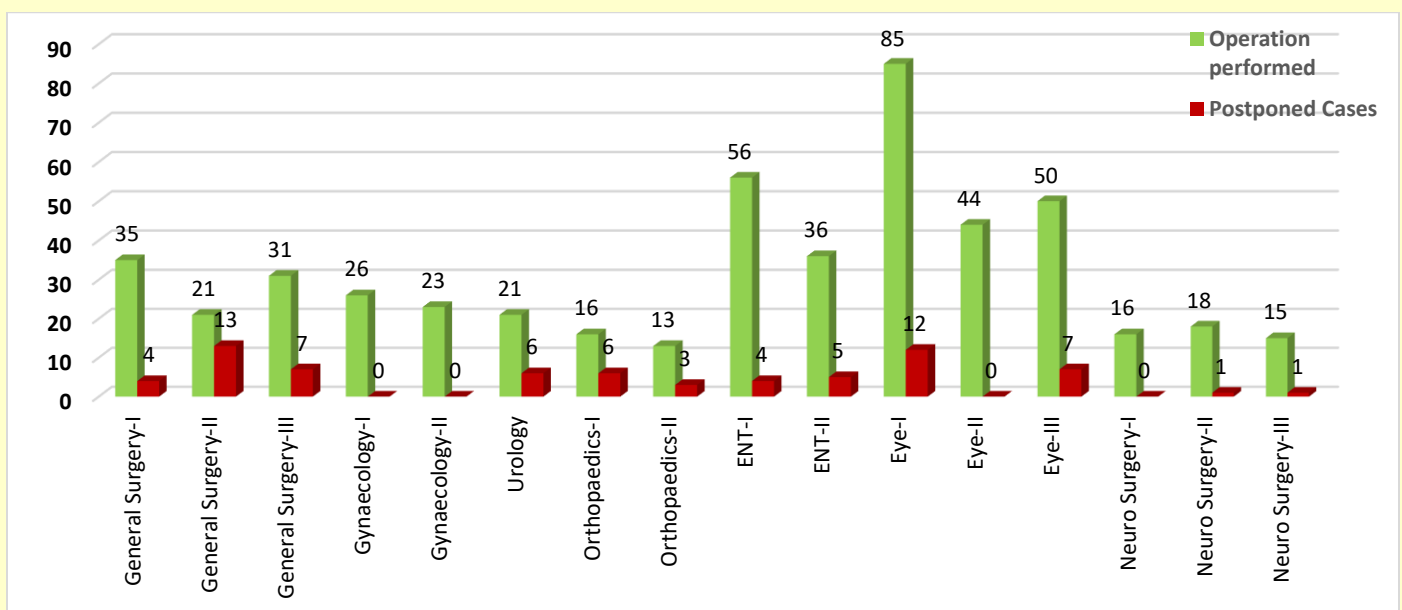
DATE	23/4/2018	24/4/2018	25/4/2018	26/4/2018	27/4/2018	28/4/2018	29/4/2018	Total
COD	2590	2720	2557	2510	2471	2834	2375	18057
OPD	5906	5621	5140	4797	3141	3579	Sunday	28184
NCS	5	8	6	4	2	2	Sunday	27
EEG	9	10	12	13	4	8	Sunday	56
ECG OPD	95	67	69	85	36	48	Sunday	400
ECG EMG	247	226	262	190	230	300	174	1629
ECHO	17	17	19	19	12	15	Sunday	99
Memo	1	0	2	1	0	1	Sunday	5
X RAY	325	392	401	349	318	342	216	2343
CT SCAN	266	285	272	218	205	216	121	1583
USG	349	395	327	264	304	396	187	2222
MRI	56	100	90	69	72	38	Sunday	425
MRI PINS	27	51	55	28	34	33	Sunday	228
GASTRO	16	30	18	25	15	25	Sunday	129
LITHO	5	7	8	9	3	8	Sunday	40
Fibro	9	11	4	10	2	7	Sunday	43
ANGIO	6	3	3	3	4	2	Sunday	21
AUDIOMETERI	10	15	14	17	6	0	Sunday	62
DIALYSIS	48	52	52	52	49	61	0	314
DEATH	21	29	21	21	24	28	30	174
LAMA	3	2	3	1	4	1	2	16
Minor Operations	134	108	120	149	140	135	150	936
SURGERIES	107	123	153	121	105	124	33	766



# Surgical Services Provided

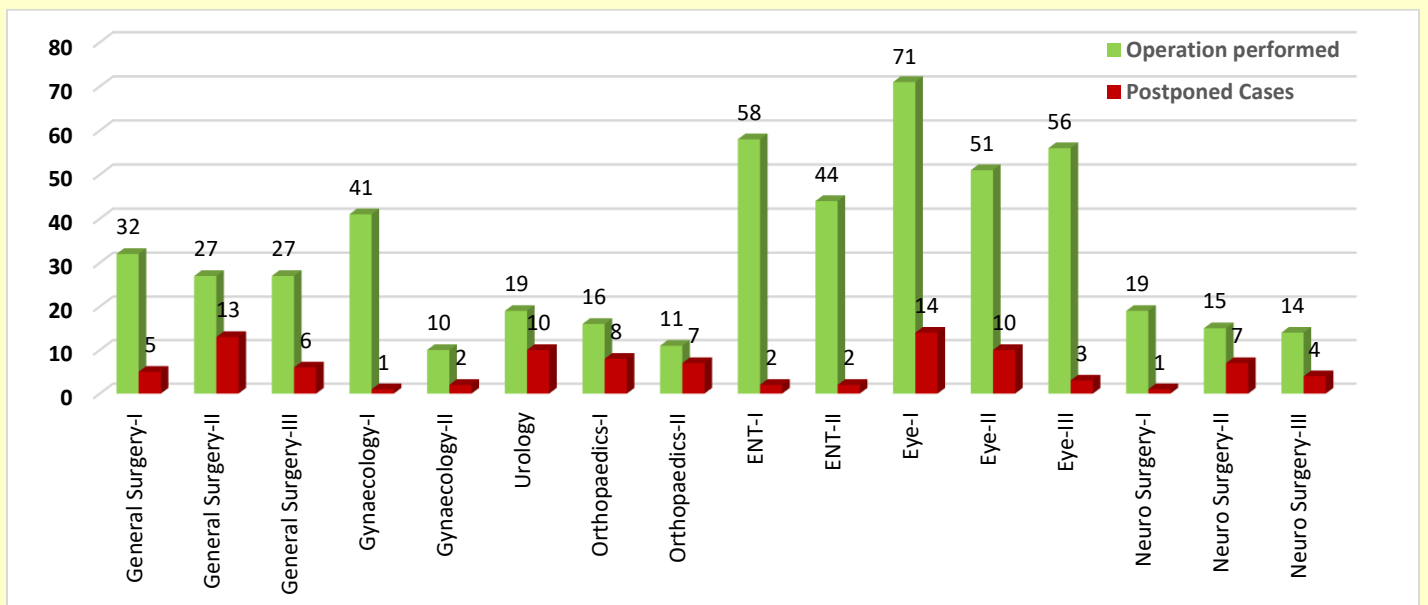
Week 14, 2018

Theatre	Operations Performed							Total	Postponed Cases							Total
	2	3	4	5	6	7	8		2	3	4	5	6	7	8	
General Surgery-I	-	-	15	-	-	20	Sunday	35	-	-	4	-	-	-	Sunday	4
General Surgery-II	-	11	-	-	10	-		21	-	7	-	-	6	-		13
General Surgery-III	14	-	-	17	-	-		31	4	-	-	3	-	-		7
Gynaecology-I	-	13	-	12	-	1		26	-	-	-	-	-	-		0
Gynaecology-II	9	-	7	-	-	7		23	-	-	-	-	-	-		0
Urology	11	-	10	-	-	-		21	5	-	1	-	-	-		6
Orthopaedics-I	-	10	-	-	-	6		16	-	2	-	-	-	4		6
Orthopaedics-II	-	-	-	11	-	2		13	-	-	-	1	-	2		3
ENT-I	10	-	35	-	-	11		56	3	-	-	-	-	1		4
ENT-II	-	5	-	9	22	-		36	-	4	-	1	-	-		5
Eye-I	19	-	-	36	-	30		85	2	-	-	6	-	4		12
Eye-II	-	-	44	-	-	-		44	-	-	-	-	-	-		0
Eye-III	-	28	-	-	22	-		50	-	5	-	-	2	-		7
Neuro Surgery-I	-	7	9	-	-	-		16	-	-	-	-	-	-		0
Neuro Surgery-II	-	-	9	-	-	9		18	-	-	-	1	-	-		1
Neuro Surgery-III	8	-	-	-	7	-		15	-	-	-	-	1	-		1



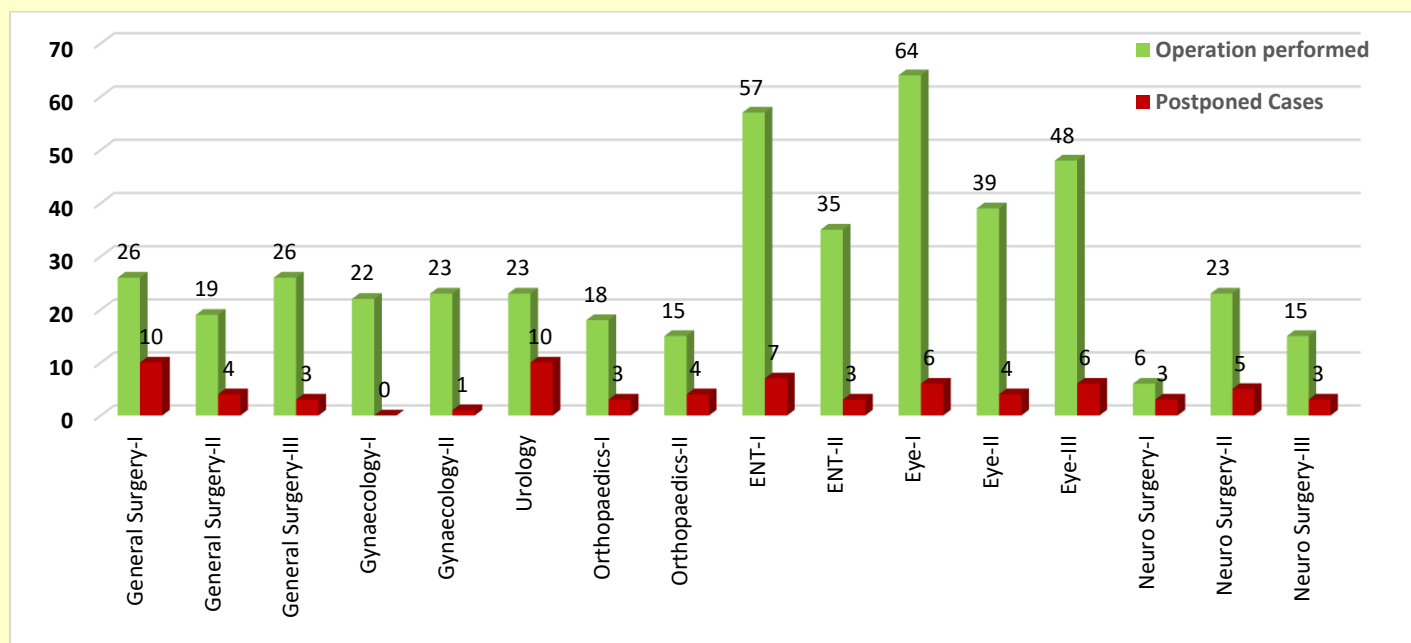
## Week 15, 2018

Theatre	Operations Performed							G.Total	Postponed Cases							G.Total
	9	10	11	12	13	14	15		9	10	11	12	13	14	15	
General Surgery-I	-	-	14	-	-	18	Sunday	32	-	-	5	-	-	-	Sunday	5
General Surgery-II	17	-	-	10	-	-		27	5	-	-	8	-	-		13
General Surgery-III	-	14	-	-	13	-		27	-	6	-	-	-	-		6
Gynaecology-I	11	14	-	13	-	3		41	-	1	-	-	-	-		1
Gynaecology-II	-	-	7	-	-	3		10	-	-	2	-	-	-		2
Urology	10	-	9	-	-	-		19	6	-	4	-	-	-		10
Orthopaedics-I	-	10	-	-	-	6		16	-	5	-	-	-	3		8
Orthopaedics-II	-	-	-	8	-	3		11	-	-	-	5	-	2		7
ENT-I	-	11	35	-	-	12		58	-	1	-	-	-	1		2
ENT-II	11	-	-	10	23	-		44	-	-	-	2	-	-		2
Eye-I	-	-	33	-	-	38		71	-	-	8	-	-	6		14
Eye-II	22	-	-	29	-	-		51	4	-	-	6	-	-		10
Eye-III	-	33	-	-	23	-		56	-	2	-	-	1	-		3
Neuro Surgery-I	11	-	-	8	-	-		19	-	-	-	1	-	-		1
Neuro Surgery-II	-	-	8	-	-	7		15	-	-	4	1	-	2		7
Neuro Surgery-III	-	7	-	-	7	-		14	-	1	-	-	3	-		4



## Week 16, 2018

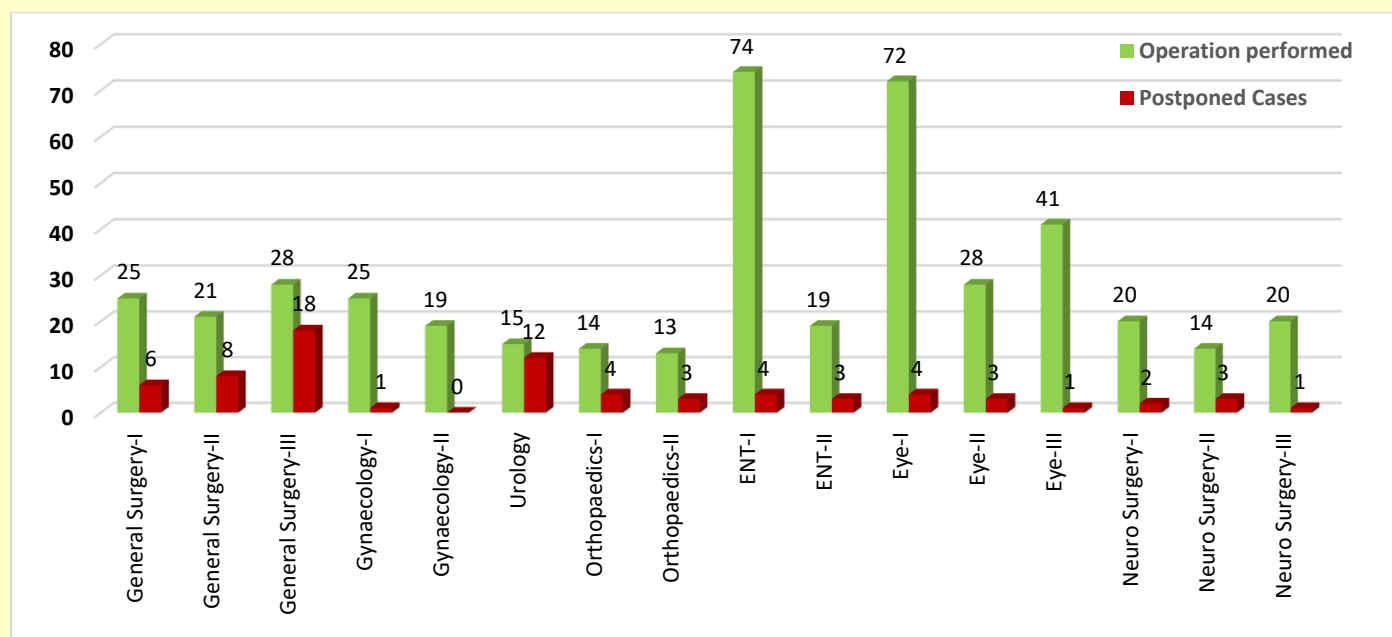
Theatre	Operations Performed							Total	Postponed Cases							Total
	16	17	18	19	20	21	22		16	17	18	19	20	21	22	
General Surgery-I	-	-	16	-	-	10	Sunday	26	-	-	-	-	-	10	Sunday	10
General Surgery-II	-	13	-	-	6	-		19	-	4	-	-	-	-		4
General Surgery-III	16	-	-	10	-	-		26	3	-	-	-	-	-		3
Gynaecology-I	-	12	-	10	-	-		22	-	-	-	-	-	-		0
Gynaecology-II	11	-	8	-	-	4		23	-	-	1	-	-	-		1
Urology	12	-	11	-	-	-		23	6	-	4	-	-	-		10
Orthopaedics-I	-	10	-	-	-	8		18	-	3	-	-	-	-		3
Orthopaedics-II	-	-	-	10	-	5		15	-	-	-	3	-	1		4
ENT-I	8	7	32	-	-	10		57	2	3	-	-	-	2		7
ENT-II	-	-	-	8	27	-		35	-	-	-	3	-	-		3
Eye-I	-	-	36	-	-	28		64	-	-	6	-	-	-		6
Eye-II	23	-	-	16	-	-		39	3	-	-	1	-	-		4
Eye-III	-	23	-	-	25	-		48	-	2	-	-	4	-		6
Neuro Surgery-I	-	6	-	-	-	-		6	-	3	-	-	-	-		3
Neuro Surgery-II	8	-	-	-	8	7		23	2	-	-	-	2	1		5
Neuro Surgery-III	-	-	7	8	-	-		15	-	-	2	1	-	-		3





## Week 17, 2018

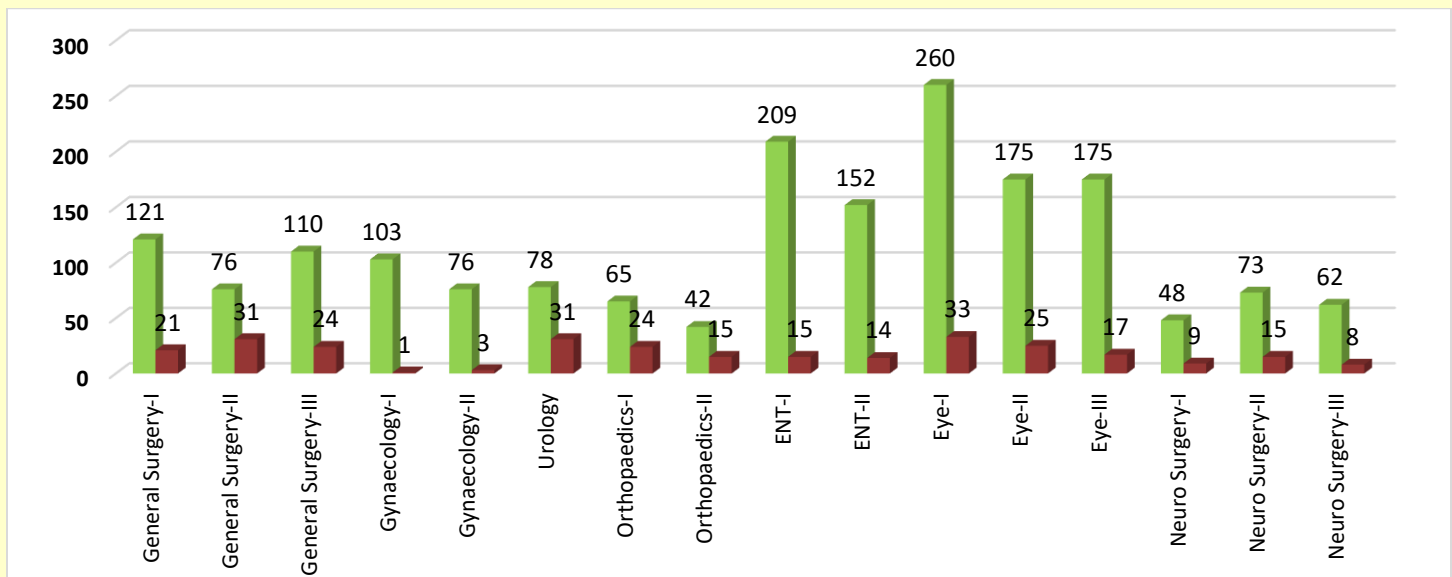
Theatre	Operations Performed							Total	Postponed Cases							Total
	23	24	25	26	27	28	29		23	24	25	26	27	28	29	
General Surgery-I	-	-	14	-	-	11	Sunday	25	-	-	2	-	-	4	Sunday	6
General Surgery-II	12	-	-	-	9	-		21	7	-	-	-	1	-		8
General Surgery-III	-	14	-	14	-	-		28	-	9	-	9	-	-		18
Gynaecology-I	-	12	-	10	-	3		25	-	1	-	-	-	-		1
Gynaecology-II	6	-	11	-	-	2		19	-	-	-	-	-	-		0
Urology	9	-	6	-	-	-		15	10	-	2	-	-	-		12
Orthopaedics-I	-	8	-	-	-	6		14	-	-	-	-	-	4		4
Orthopaedics-II	-	-	-	10	-	3		13	-	-	-	2	-	1		3
ENT-I	-	9	36	-	20	9		74	-	2	-	-	-	2		4
ENT-II	13	-	-	6	-	-		19	-	-	-	3	-	-		3
Eye-I	-	-	36	-	-	36		72	-	-	2	-	-	2		4
Eye-II	11	-	-	17	-	-		28	-	-	-	3	-	-		3
Eye-III	-	25	-	-	16	-		41	-	1	-	-	-	-		1
Neuro Surgery-I	-	10	-	-	10	-		20	-	-	-	-	2	-		2
Neuro Surgery-II	-	-	7	-	-	7		14	-	-	1	-	-	2		3
Neuro Surgery-III	8	-	-	12	-	-		20	1	-	-	-	-	-		1

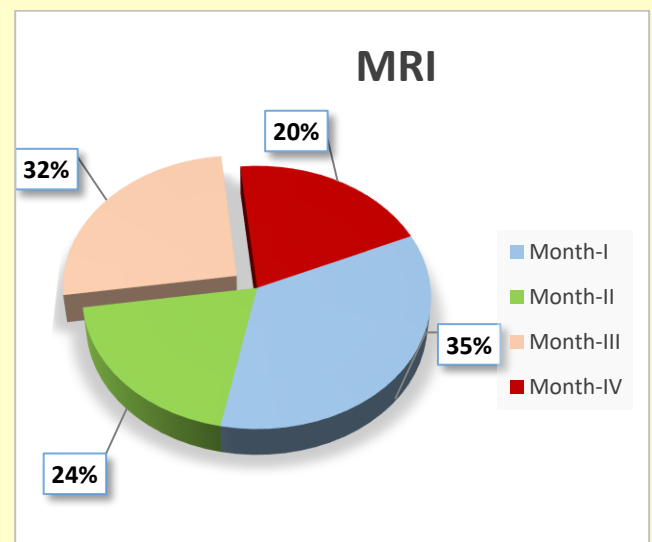
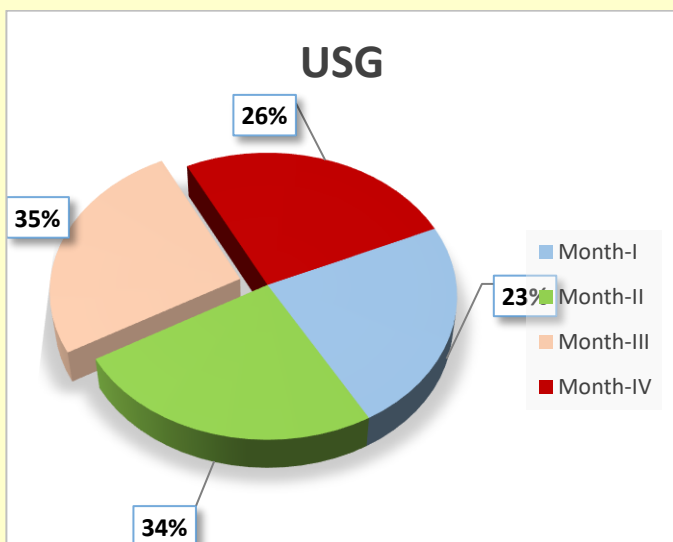
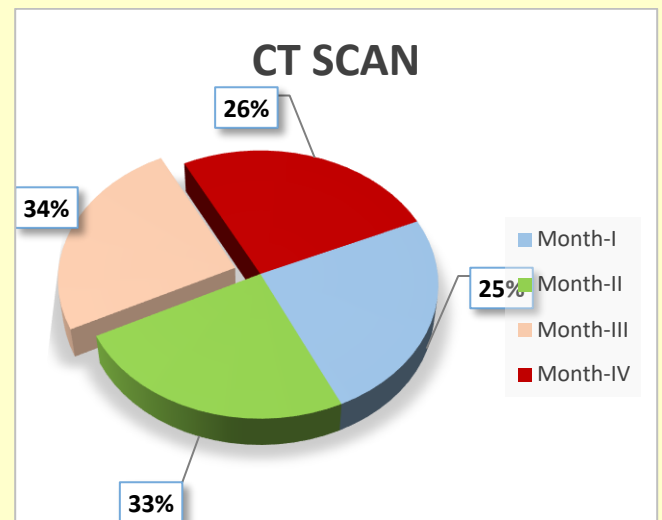
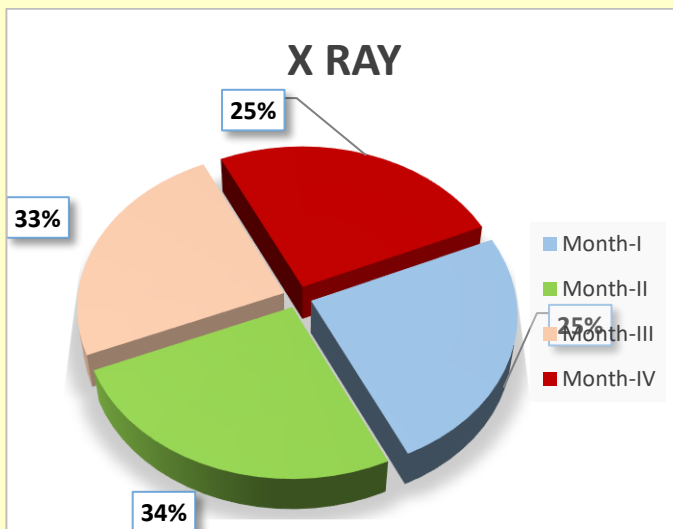
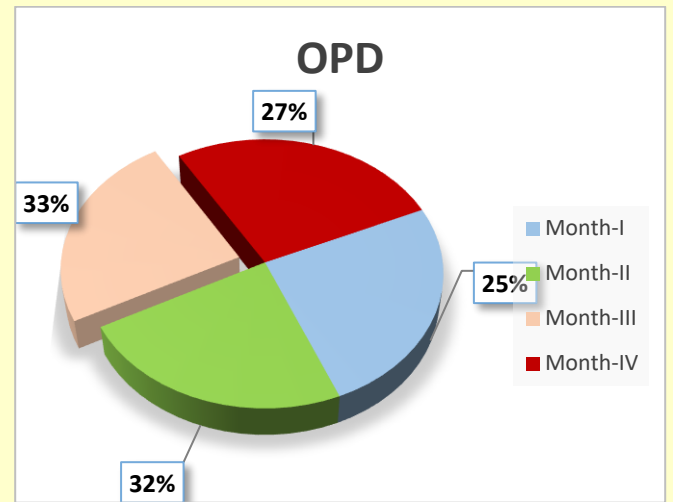
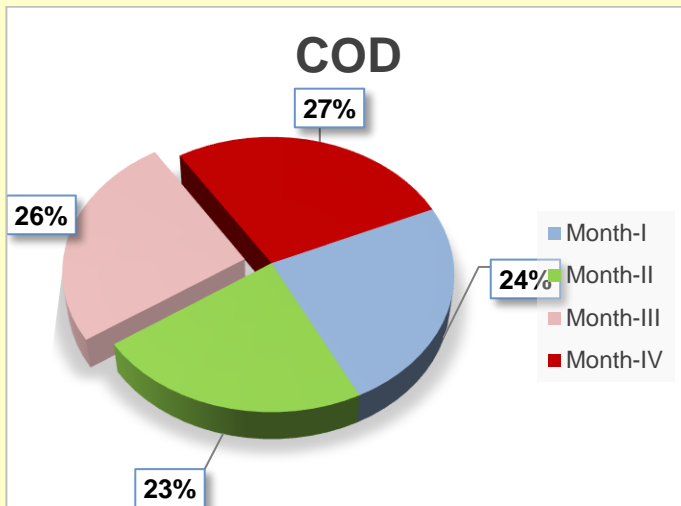




## Consolidated Surgical Services Provided

Theatre	14th Week		15th Week		16th Week		17th Week		Grand Total	
	Performed	Postponed	Performed	Postponed	Performed	Postponed	Performed	Postponed	Performed	Postponed
General Surgery-I	28	2	35	4	32	5	26	10	121	21
General Surgery-II	9	1	21	13	27	13	19	4	76	31
General Surgery-III	26	8	31	7	27	6	26	3	110	24
Gynaecology-I	14	0	26	0	41	1	22	0	103	1
Gynaecology-II	20	0	23	0	10	2	23	1	76	3
Urology	15	5	21	6	19	10	23	10	78	31
Orthopaedics-I	15	7	16	6	16	8	18	3	65	24
Orthopaedics-II	3	1	13	3	11	7	15	4	42	15
ENT-I	38	2	56	4	58	2	57	7	209	15
ENT-II	37	4	36	5	44	2	35	3	152	14
Eye-I	40	1	85	12	71	14	64	6	260	33
Eye-II	41	11	44	0	51	10	39	4	175	25
Eye-III	21	1	50	7	56	3	48	6	175	17
Neuro Surgery-I	7	5	16	0	19	1	6	3	48	9
Neuro Surgery-II	17	2	18	1	15	7	23	5	73	15
Neuro Surgery-III	18	0	15	1	14	4	15	3	62	8





## Nutritional Advisory Services

The Lahore General Hospital, Lahore has a dedicated Dietetic department, which is functioning under the supervision of a qualified Dietitian.

The Lahore General Hospital, Lahore has food and dietary services that are equipped with adequate, qualified personnel. These services are augmented by a philanthropic NGO “**Bahria Dastar Khawan**” that meets the minimum standards of nutritional advisory for hospitalized patients. The food and dietetic services are running under the technical supervision of full-time qualified Dietitian, who is responsible for the management of dietary services on daily basis.

Dietary Policy of Lahore General Hospital, Lahore is focused for Diabetic, Paediatric, Obstetric and Dialysis patients, and is based on internationally accepted standards. This policy is meant to appropriately guide the patients for diet, according to their medical, surgical nutritional requirements. The salient para-meters include:

1. To meet special nutritional requirements of chronically debilitated patients;
2. Food is prepared in a manner that reduces risk of contamination and spoilage.
3. Food is stored in a manner that reduces the risk of contamination and spoilage;
4. Enteral nutrition products are stored according to manufacturer's recommendations, hospital's policy as well as prevailing Food Safety Standards;
5. The distribution of food to the patients is timely;

The nutritional advisory services for Indoor patients are available round-the-clock while for Outdoor patients, these services are available during 08:00 am to 03:00 pm daily.

The nutritional advise is formulated according to the nature of ailment and nutritional needs of the patient.

## Legend

Name	Abbreviation
Post-Graduate Medical Institute	PGMI
Lahore General Hospital	LGH
Emergency Surgical Operation Theatre	E SOT
Medical	Med
Orthopedic	Ortho
Paediatrics	Paeds
Gynaecology	Gynae
Unit	U
Angiography	Angio
Left Against Medical Advice	LAMA
Lithotripsy	LITHO
Gynaecology Operation Theatre	GOT
Orthopedic Operation Theatre	OOT
Nerve Conduction Study	NCS

Name	Abbreviation
Punjab Institute of Neuro Sciences	PINS
Ameer-ud-Din Medical College	AMC
High Dependency Unit	HDU
Casualty Outdoor	COD
Out Patient's Department	OPD
Ultra-Sonography	USG
Gastroscopy	Gastro
Fibroscopy	Fibro
Laboratory	Lab
Emergency	EMG
Surgical Operation Theatre	SOT
Urology Operation Theatre	UOT
Neuro Surgery Operation Theatre	NOT