

# [A of a similar pattern and if](https://assignbuster.com/a-of-a-similar-pattern-and-if/)

A ward is a temporary home to the patient.

It is also a nursing unit, and the planning of such units should be based on the work of the nursing staff. Bed distribution: It has been generally found that about 165 out of every thousand populations will be hospitalised for an average of about seven days each the number of beds necessary to care for this number will be about 3 to 4 per thousand populations. Determining the bed size of the hospital in governed by the service capacity to be provided which itself will depend on the projected number of admissions and consultations. Admissions and consultations will reflect in the number of beds and consulting rooms that would be necessary. Making calculations for beds will require data on the morbidity pattern in the dependent population and the average length of stay. A concept that has been found to be useful from bed utilisation point of view is that some percentage of beds (up to 20%) may not be assigned to any particular speciality permanently.

This practice enables such beds to be used interchangeably, mainly for general medical and surgical services and offers flexibility in bed utilisation. Nursing units: Variations in utilisation of beds from one discipline to the other from time-to-time necessitate reallocating hospital beds amongst various disciplines. This can be carried out without problem if the nursing units are of a similar pattern and if there are no special design requirements between nursing units. There is a great advantage in having a standard ward unit. If each specialty had accommodation designed only for its own specialised requirements, it would be impossible to readjust beds among specialties.

It is economical to construct and maintain a building composed of identical nursing units. Maximum observability of patients by nursing staff, and reduction of “ nurse fatigue factor” by minimising movements of staff between patient beds and other areas are the basic principles behind planning of ward units. For administrative as well as technical control, two or more of these could advantageously be combined on one floor. The old pavilion type of ward (the Nightingale ward) has gradually given way to other types of nursing units which include the Rigs pattern, the “ racetrack”, semicircular, circular and other patterns. Apart from a nurse’s station, ancillary facilities in a patient care unit include the bathrooms and toilets, dirty and clean utility rooms, pantry, dressing/treatment room, linen and store room, toilet for staff, office for head nurse, an interview room which can also be used as a seminar room. Spatial relationship of all these to each other has to be thought of at the outset. There is no agreement amongst planners and administrators on the ideal size of a ward unit. Although a large unit of say 35 to 40 patients may lead to loss of personal contact between the nursing staff and patients, smaller units require greater number of nurses, and the design of a hospital of this purpose presents difficulties.

It is uneconomical to provide full set of ancillary rooms for very small units. It is convenient as well as economical to plan ancillary accommodation to be shared between two or more units. However, a functionally minimum number of one-bed and two-bed rooms must be catered for serious patients and patients with special nursing requirements. Certain variations from the general description given above are required for paediatric, maternity, psychiatric and orthopedic nursing units and intensive care units. The peculiar requirements of some of them are dealt with separately at appropriate places.