

PRACTICE CODE NUMBERING SYSTEM

A Division of the Board of Healthcare Funders

01 July 2026

PCNS APPLICATION VERIFICATION CRITERIA FOR PRIVATE HOSPITAL APPLYING FOR CATEGORY "A or B" STATUS

This document is to be submitted together with the Application form; supporting documents and completed questionnaire to pcns_admin@bhfglobal.com

---

THE PURPOSE OF THIS DOCUMENT IS TO IDENTIFY THE FACILITIES AND STANDARDS THAT ARE REQUIRED IN A PRIVATE HOSPITAL FOR THE AWARD OF CATEGORY "A or B" STATUS.

---

1. ADMINISTRATIVE PROCEDURES

	A	B
1.1. Any hospital which meets the following requirements may apply for classification as a category 'A" or "B" private hospital		
1.1.1. Registration with the Department of Health and Welfare in terms of Regulation R158, Government Gazette No. 6832 dated 1 February 1980 (or any amendment or substitution thereof) for all services which it offers;		
1.1.2. Maintains facilities, beds and services that are available over a continuous 24-hour period, 7 days-a-week:		
1.1.3. Is fully equipped in respect of beds, services, and facilities in accordance with the relative Certificate of Registration, is adequately staffed in respect of all facilities, and is in operation at the time of application.		
1.2. A request for a questionnaire, which must be completed and submitted prior to inspection, may be obtained from:		
Board of Healthcare Funders		
PCNS Department		
Lower Ground Floor, South Tower		
1Sixty Jan Smuts Avenue		
Cnr. Tyrwhitt Avenue		
Rosebank		
2196		
1.3. A non-refundable inspection fee, as determined from time to time, shall be payable to the Board of Healthcare Funders of Southern Africa (BHF). The private hospital shall also be liable for all travelling and/or accommodation expenses reasonably incurred by the Inspectors.		
1.4. The Inspection Team shall comprise individuals representing BHF /PCNS as appointed.		
On completion of any inspection, the inspectors will hold a summation conference with representatives of the hospital. The representatives of the hospitals will be given full opportunity to comment on any findings or shortcomings noted by the inspectors. The result of the inspection will then be evaluated by the Committee, to determine whether the hospital should be classified as a category "B" hospital.		

1.1	The BHF will then notify the hospital of the Committee's decision and the reasons thereof. In the event of the Committee rejecting the application, the hospital will be advised of the deficiencies identified during the inspection. The hospital may submit documentation within 60 days of the date of this advice to the effect that the hospital has corrected the deficiencies identified during the inspection. The Committee may then decide either to reclassify the hospital as a category "B" hospital, or to recommend that a re-inspection of all or part of the hospital be conducted. In the event of a re-inspection, an inspection fee will again be payable. Travelling and accommodation expenses, if applicable will also be payable by the hospital concerned.		
1.5.	In the event of the Inspection Committee rejecting any application, the hospital concerned may appeal to the Appeals Committee. This Committee may not include any members of the Inspection Committee. The hospital shall submit full reasons as to why they disagree with the results of the inspection and subsequent decision of the Committee.		
1.6.	The Appeals Committee shall, within 30 days of having received the appeal from the hospital concerned, advise the hospital whether or not the appeal has been successful. The Committee shall give reasons to the hospital as to why the appeal was unsuccessful.		
1.7.	A hospital which has not been granted category "B" status and has not thereafter appealed, may apply to the Inspection Committee for a re-inspection at any time. An Inspection fee will again be payable, as will travelling and accommodation expenses if applicable.		
1.8.	A hospital which is classified as a category "B" hospital will be entitled to charge the applicable Recommended Scale of Benefits as from the date on which BHF has notified the hospital accordingly		
1.9.	A hospital which is classified as a category "A" or 'B" hospital will be entitled to charge the applicable industry fees and tariff codes as from the date on which BHF has notified the hospital accordingly		

2. STANDARDS AND CRITERIA

		A	B
2.1	**Rules regarding inspection**		
2.1.1	No inspection will be conducted until such time as the relevant current Certificate of Registration has been issued by the Department of Health and Welfare.		
2.1.2	Any exemptions granted by the Department in terms of Regulation R158 will not necessarily have any adverse effect on the inspection findings. The basic requirement is that the hospital being inspected holds a current Certificate and that it complies substantially with the minimum requirements as set out in R158 (and/or R187 in the Western Cape Province, or similar elsewhere) or any amendment or substitution thereof. What is important is the standard of nursing care and the standard of equipment and facilities offered by the hospital applying for classification as a category "A" or 'B" hospital.		

3. WARD ACCOMMODATION

		A	B
3.1	**Bed numbers**		
3.1.1	This information is required so that staffing levels may be considered by the inspection team.		
3.2	**Services**		
3.2.1	Both oxygen and vacuum services must be piped to every ward in the hospital which accommodates post-operative surgical patients. The number of oxygen and vacuum points per bed in each ward should not be less than one oxygen and one vacuum point for every two beds in each ward.		

		A	B
3.2.2	All beds shall be standard hospital beds suitable for either adults or children, as the case may be.		
3.2.3	Every bed should be served by an adequate and secure system which will enable the patient to call a nurse who is in the ward section to the bedside. This system should have a reassurance light at the bedside and an audible alarm at the nurse station, as well as an overdoor light at the entrance to the ward. It should not be possible, in any event, for the nurse to cancel the call other than at the patient's bedside.		
3.2.4	All bathrooms, shower cubicles and toilets must similarly be connected to the nurse call system or another independent call system.		
3.2.5	Inter-bed curtains must be provided in every semi-private or general ward, so that a patient can be afforded privacy whenever the need should arise.		
3.2.6	Each bed shall be serviced by at least two16-amp socket outlets. Each ward shall be provided with a socket outlet which is connected to the emergency power supply, provided that at least one emergency supply socket outlet per three beds is available. All emergency supply socket outlets shall be appropriately demarcated.		
3.3	**Emergency trolley**		
3.3.1	Each ward section in the hospital must have ready access to an emergency trolley. In a multi-storey building with wards on different floors, an emergency trolley must be positioned on each floor.		
3.3.2	An emergency trolley shall at least contain the basic requirements as listed in Section 13		
3.4	**Staffing**		
3.4.1	Information about staffing of the wards is required so that appropriate staffing levels may be determined. It is appreciated that staffing levels will vary from ward to ward, e.g. paediatric, medical or surgical.		
3.4.2	Sufficient nursing staff shall be on duty so as to achieve an average minimum of four hours nursing care per occupied patient day in each nursing unit (excluding ICU and high care ward).		
3.4.3	A registered professional nurse shall at all times be in charge and responsible for each nursing unit.		
3.4.4	Any other information required by the inspection team about staffing per section and occupancy levels will be obtained during the inspection, so that staffing ratios may be calculated and evaluated.		

4. OPERATING THEATRE FACILITIES

		A	B
4.1	**Theatres**		
4.1.1	At least one operating theatre shall be fully equipped to satisfy the general needs of the type of surgery being performed at the clinic.		
4.1.2	This shall include items such as diathermy units, operating tables, dental units, operating lights and all necessary instrumentation.		
4.1.3	Each operating theatre shall be piped for the following services, and be equipped with the necessary ancillary equipment:		
	4.1.3.1 Oxygen		
	4.1.3.2 Nitrous oxide		
	4.1.3.3 Vacuum		
4.1.4	In the case of oxygen and vacuum, at least two piped points per theatre shall be available for each service.		

		A	B
4.1.5	An alarm panel indicating low pressure/fault on the supply of oxygen, nitrous oxide and vacuum shall be located within the visual and audible distance of the theatre staff or in the theatre itself.		
4.1.6	All electrical outlets in each theatre must be protected by an adequate earth leakage system. At least two socket outlets must be provided in each theatre.		
4.1.7	Adequate and hygienic scrub-up facilities to meet the needs of each operating theatre must be provided.		
4.1.8	Adequate change-room and toilet facilities for staff and doctors shall be provided so as to afford effective management of a sterile "red-line" area within the theatre complex.		
4.2	**Anaesthetic facilities**	A	B
4.2.1	At least one anaesthetic machine per theatre shall be available at all times.		
4.2.2	The following shall constitute the minimum ancillary equipment required on each machine in addition to the basic anaesthetic machine frame:		
4.2.2.1	Oxygen/nitrous oxide mixer, or a Rotameter for oxygen and a Rotameter for nitrous oxide		
4.2.2.2	Oxygen/nitrous oxide mixer, or individual Rotameters for each gas		
4.2.2.3	Oxygen failure warning device.		
4.2.2.4	Oxygen analyser.		
4.2.2.5	Fluotec or equivalent.		
4.2.2.6	Enfluratec.		
4.2.2.7	Emergency supply cylinder for oxygen.		
4.2.2.8	Ventilator		
4.2.2.9	Scavenging facilities.		
4.2.2.10	Anesthetic agent vaporiser.		
4.2.2.11	A minimum of one mechanical ventilator per hospital		
4.2.3	Each theatre shall contain an adequate monitoring system to meet the needs of all types of surgery performed therein.		
4.2.4	All schedules 5, 6 and 7 drugs shall be stored in an appropriate drug cupboard. The relevant drug registers shall be correctly maintained.		
4.3	**Recovery room**	A	B
4.3.1	The recovery room shall have sufficient space so as to adequately accommodate the patient flow from operating theatres in the unit. The recovery room trolleys shall be proper trolleys, which are capable of being elevated into Trendelenburg positions and have cot sides or other suitable means of restraining patients.		
4.3.2	Both oxygen and vacuum services shall be piped so as to provide at least one point of each service per patient, together with the necessary ancillary fittings for patients.		
4.3.3	Each patient position must be supplied with at least one power point per patient position and must also be connected to the emergency power point.		
4.3.4	A properly equipped emergency trolley, as described in Annexure A, must be easily accessible to the recovery room staff. An emergency call point which is within easy reach of each bed shall be provided.		
4.4	**Sterilising facilities**	A	B
4.4.1	The hospital shall have an adequately equipped sterilising facility to ensure the proper receiving, cleaning, packing and sterilising of instruments, materials, dressings and sundry items in accordance with the type of surgery performed and treatment offered at the hospital. A suitable sterile holding area shall be provided.		
4.5	**Staffing**	A	B

		A	B
4.5.1	The complement of the theatre suite is to be sufficient to ensure that sufficient scrub sisters, circulating nurses and recovery room staff are available to meet the demand placed upon the theatres at prevailing occupancy levels and in accordance with the type of surgery performed.		
4.5.2	An effective service shall be available for emergency cases, which occur outside of regular operating hours.		

5. INTENSIVE CARE UNIT (ICU)

		A	B
5.1	**General requirements**		
5.1.1	The unit shall be supervised by a registered nurse who has had adequate training, experience and documented competence in the care and management of the specific type of patients being treated in the unit. Whether they be medical, cardiac or post-operative patients. Other nursing staff employed in the unit must have similar training and experience for their level of responsibility in the unit.		
5.1.2	The staffing levels in the ICU must be sufficient to ensure that a minimum of twelve hours nursing care per occupied patient day is maintained at all times.		
5.1.3	In so far as facilities are concerned, each bed in the ICU must be provided with at least one point of each piped oxygen, vacuum and compressed air together with the necessary ancillary fittings. At least 6 power points per bed shall be provided.		
5.1.4	A cubicle in which a patient may be isolated is also required. Screen curtains around each bed must be provided.		
5.2	A suitable nurse station which affords the duty nurse an unobstructed view of all patients in the ICU must be provided.		
5.2.1	The ICU should be serviced either by a central air conditioning system or by consol-type air conditioning units of sufficient capacity to ensure comfortable ambient temperatures during all seasons.		
5.2.2	**Equipment in the ICU**		
5.2.2.1	The beds in the ICU must be sophisticated enough to meet the demands of the ICU nursing but be standard ICU beds at least.		
5.2.2.2	Each bed must be served by a monitor/monitors which will enable at least the following information to be ascertained:		
5.2.2.3	ECG		
5.2.3	Heart rate		
5.2.4	Body temperature		
5.2.5	Blood pressure		
5.2.6	Either the monitors or the central console should have an alarm system which is automatically triggered when pre-set limits are exceeded or not met.		
5.2.7	If the monitors in the ICU are not connected to a central console, each monitor must be capable of providing either on demand or automatically a rhythm and rate tracing.		
5.2.8	Sufficient units of the following equipment are to be available to meet the usual patient loads placed upon the ICU:		
5.2.9	IV controller (at least 2 per bed)		
5.2.10	Microprocessor ventilator (at least 1 per every 3 beds)		
5.2.11	Blood warmer		
5.2.12	A blood gas analyser shall be located on the premises and be readily accessible to the ICU.		

		A	B
5.2.13	A properly equipped emergency trolley must be located in the ICU, as well as a defibrillator.		
5.2.14	If paediatric surgery is regularly performed in the hospital, suitable paediatric ICU equipment must be provided, e.g. paediatric ventilator, incubator.		

6. HIGH CARE WARD (HCW)

		A	B
6.1	**General requirements**		
6.1.1	The unit is to be supervised by a registered nurse who has had adequate training and experience in the care and management of the specific type of patients being treated in the HCW. Similarly, other staff employed in the unit must have similar training and experience for their level of responsibility in the unit		
6.1.2	The staffing levels in the high care ward must be sufficient to ensure that a minimum of eight hours nursing care per occupied patient day maintained at all times.		
6.1.3	Each bed in the HCW must be serviced with piped oxygen and vacuum together with the necessary ancillary fittings and be serviced by two power points per bed.		
6.1.4	In order to afford patients privacy, screen curtains around each bed must be provided.		
6.1.5	The duty station must be situated so as to afford nursing staff an unobstructed view of all patients in the HCW.		
6.2	**Equipment in the HCW**		
6.2.1	The beds in the HCW must be suitable to meet the demands of the nursing requirements.		
6.2.2	Sufficient units of the following equipment must be available in the HCW to meet the usual needs placed upon the unit:		
	6.2.2.1 ECG monitor		
	6.2.2.2 IV controller		
	6.2.2.3 Respirator		
6.2.3	A properly equipped trolley as described in Annexure A must be readily available at all times to the staff working in the HCW.		

7. PHARMACY SERVICE

		A	B
7.1	A readily accessible dispensary must be capable of providing the hospital with a pharmacy service that is administered in accordance with accepted ethical, legal and professional practices so as to consistently meet timeous needs of patients.		
7.2	The dispensary must be able to offer a 24-hour on-call service. This facility should be supported through the use of a properly controlled emergency cupboard.		
7.3	The dispensary must have proper storage facilities for all disinfectants, drugs and materials used in the hospital. Refrigeration facilities must be provided.		
7.4	Proper storage facilities and drug cupboards must be provided in all ward areas and in the theatre suite, especially for schedule 5, 6, and 7 substances. Proper drug registers must be maintained and supervised.		

.

8. CATERING FACILITIES

		A	B
8.1	The catering facilities must be suitable as to provide for the nutritional needs of the patients treated in the hospital. This service may be provided by an outside agency.		

		A	B
8.2	The kitchen premises, equipment and layout shall provide for the proper storage, preparation and distribution of food supplies to ensure a safe, efficient and sanitary food service. This includes adequate refrigeration, disposal of waste and supervision.		

9. LAUNDRY FACILITIES

		A	B
9.1	The laundry service / function must be properly organised and supervised so as to provide the hospital with a regular supply of clean linen to theatres and wards. This service may be provided by an outside agency.		
9.2	Proper facilities must be provided for the storage of clean linen, collection and handling of soiled linen and the treatment of septic linen.		

10. RADIOLOGY FACILITIES

		A	B
10.1	On-site radiology services and consultation shall be conveniently and regularly available to meet the needs of patients.		
10.2	The service must be directed by a qualified radiologist.		
10.3	The unit shall have adequate space, facilities, equipment and supplies to cater for the radiology service required to meet the needs of the hospital.		
10.4	Adequate facilities for providing an emergency radiology service after-hours must be available.		

11. LABORATORY FACILITIES

		A	B
11.1	A satisfactory system which provides for the efficient collection of pathological specimens from all sections in the hospital must be in force. The system must provide for a method by which an accurate record is kept of all specimens sent out for examination.		

12. MORTUARY FACILITIES

		A	B
12.1	A suitable well-ventilated, secure area shall be set aside for the storage of bodies pending their removal from the hospital premises. Such an area shall not be used for any other purposes.		

13. PLANT AND EQUIPMENT

		A	B
13.1	**Hot water and steam supply**		
13.1.1	The hospital shall have on the premises, an adequate and properly maintained system for providing hot water and steam if the latter is required.		
13.2	**Disposal of waste**		
13.2.1	The hospital shall have a method which complies with local health requirements for disposing of waste which may not be included in the usual refuse, e.g. human tissue, infected materials.		
13.3	**Emergency power plant**		
13.3.1	The hospital shall have an emergency generator which operates automatically within 10 seconds of failure of the mains system and which is of sufficient capacity to supply all critical facilities and areas of the hospital with electricity in the event of a power failure in the municipal electricity supply.		
13.3.2	Critical facilities and areas include the following:		
13.3.2.1	Operating theatre lights.		

	A	B
13.3.2.2 Strategic lights in ward corridors, HCW, neo-natal nursery recovery room and theatre suite.		
13.3.2.3 Delivery room lights		
13.3.2.4 All socket outlets in HCW and neo-natal nursery, recovery room, theatres and delivery rooms.		
13.3.2.5 Compressor for HP air.		
13.4 Air conditioning system		
13.4.1 Air conditioning for ward areas is not required.		
13.4.2 The air conditioning system for the theatres shall comply with the requirements of Regulation 39(c) of R158		
13.5 Maintenance		
13.5.1 The maintenance programme and workshop staff complements shall be adequate to meet the needs of the plant and equipment serving the hospital or be supported by adequate external maintenance arrangements.		
13.5.2 A responsible person shall be appointed in terms of Regulation C1 of the Machinery and Occupational Safety Act. All plant rooms on the premises shall be in a clean and orderly state, as should all workshop facilities.		
13.6 Fire Protection		
13.6.1 The fire protection services in the hospital shall comply with local fire department regulations.		
13.6.2 An effective emergency / evacuation plan should be in force.		
13.7 Vacuum System		
13.7.1 The vacuum system shall be adequate to provide sufficient suction to all piped outlets in the hospital. The system must be extremely vented.		
13.7.2 The system must have back-up facilities which can be used in the event of an extended power failure, e.g. system on emergency supply, electrical portable units off emergency socket outlets, manually operated suction pump.		
13.8 Oxygen and Nitrous Oxide supply services		
13.8.1 Both of these services shall be fed by a manifold system which complies with SABS specifications No. 0224-1990 and local Provincial Administration specifications.		
13.8.2 All pressure gauges shall be clean and in good operating condition.		
13.8.3 If a bulk oxygen supply tank is fitted, the installation must comply with the standards set by the Technical Gases Committee and the local fire department.		
13.8.4 The system shall be fitted with an alarm which operates automatically in the event of low pressure in the gas supplies. Back-up supplies of both gases shall be readily available in the event of a failure in the system.		
13.9 Elevators		
13.9.1 In any multi-storey building, adequate elevators shall be installed for the conveyance of the ambulant patients, visitors and stretcher cases.		
13.9.2 At least one of the elevators shall be capable of conveying standard hospital beds and be capable of operating off emergency power.		
13.10 Compressed air supply (if applicable)		
14.10.1. The compressed air supply shall be fitted with suitable filtration as well as an adequate in-line air drier.		

PLANT AND EQUIPMENT: EMERGENCY TROLLEY

Each unit in the institution must have access to a **single fully integrated emergency trolley.** In a multi-storey building, an emergency trolley should be available on each floor.

It should contain the following basic requirements:

	A	B
• Defibrillator		
• ECG Monitoring equipment		
• Oxygen cylinder fitted with a flow meter and all the necessary ancillary fittings for administration		
• Suction, portable unit, with all necessary ancillary fittings		
• AMBU-bags or equivalent (S.M.L)		
• CPR board		
• Tracheotomy set		
• Blood Pressure monitoring		
• Appropriate facilities for the following:		
▪ Intravenous therapy		
▪ Incubation and oxygen administration		
▪ Drug administration		
• Standard drugs suitable for the resuscitation of patients in the following emergency situations:		
▪ Cardiac arrest		
▪ Respiratory arrest		
▪ Coma		
▪ Fits, convulsions, seizures, etc.		
▪ Shock, all causes		
▪ Malignant hypothermia (Theatre only)		

A daily check list should be attached to each trolley and signed by a person in authority. The following is a comprehensive list for the Emergency Trolley in specific categories for ease of reference.

1. Equipment:

	#	A	B
1.1. AMBU bags (infant, paediatrics and adult)	3		
1.2. Blood Pressure apparatus	1		
1.3. CPR Board	1		
1.4. Defibrillator	1		
1.5. Diagnostic set	1		
1.6. ECG machine	1		
1.7. Foot suction unit with tubing and suction nozzle/catheter	1		
1.8. Laryngoscope set	1		
1.9. Oxygen cylinder with fittings	1		
1.10. Artery forceps	1		
1.11. E.T. tube introducers (S. M and L)	1		
1.12. Macgils forceps (S and L)	1		
1.13. Mouth gag	1		
1.14. Patella hammer	1		
1.15. Scissors	1		

1.16. Stethoscope	1		
1.17. Tongue depressor metal	1		
1.18. Torch and batteries	1		
1.19. Xylocaine spray	1		
1.20. Tracheotomy set	1		
1.21. Catheter mounts	1		

2. Disposables:

	#	A	B
2.1. Butterflies – sizes 21G, 23G, 25G	6		
2.2. Insulin syringes l ml	2		
2.3. Intracaths	2		
2.4. Jelcos – sizes 14G, 16G,18G, 20G, 22G and 24G	8		
2.5. Needles – sizes 18G, 19G, 21G and 23G	12		
2.6. Scalp vein sets	2		
2.7. Syringes – sizes 2ml, 5ml, 10ml, 20ml and 50ml	20		
2.8. Cardiotrace electrode gel	1		
2.9. KY jelly sachets	2		
2.10. Remicaine jelly 20ml tube	1		
2.11. Elastoplast 75mm	1		
2.12. Micropore 24mm	1		
2.13. Tegaderm (1625 +1626)	4		
2.14. Oxygen mask (variable) – adult	1		
2.15. Oxygen mask (variable) – paed	1		
2.16. Stomach tubes (Levins) – sizes 10g,12g, 14g and 16g	2		
2.17. Suction catheters-sizes 5,8,10,12,14 and 16	5		
2.18. Alcohol swabs	15		
2.19. Aquapak / Steromist	1		
2.20. Blades (Swan Morton) – sizes 11,15 and 23	9		
2.21. Electrodes – 3 adults + 3 paediatric	6		
2.22. Tongue depressors / spatulas wooden	5		
2.23. Trachea tape	1		
2.24. Gauze			
2.25. Cotton wool balls			
2.26. Crepe bandages			

3. Airways

	#	A	B
3.1. Size 00	1		
3.2. Size 0	1		
3.3. Size 1	1		
3.4. Size 2	1		
3.5. Size 3	1		
3.6. Size 4	1		
3.7. Size 5	1		

4. Endo-Tracheal tubes:

	#	A	B
4.1. Cuffed: size -2.5 to 8.5	1		
4.2. Uncuffed: size 2.5 to 7.5	1		

5. Intravenous Drugs: (check expiry dates)

	#	A	B
5.1. Adrenaline 1:1000	10		
5.2. Aminophylline 250mg / 10ml	10		
5.3. Atropine 0.5mg	10		
5.4. Calcium Chloride 10ml	2		
5.5. Calcium Gluconate (Sandoz) 10ml	2		
5.6. Dantrium (Theatre only)	10		
5.7. Decadron Shockpak 20mg / 5ml	2		
5.8. Dextrose 50% 20ml			
5.9. Dobutrex Chloride 250mg	2		
5.10. Ephedrine 50mg	10		
5.11. Impurel 0.2mg /ml	5		
5.12. Inderal 1 mg / ml	2		
5.13. Intropin / Dopamine 40mg / ml	2		
5.14. Ipradol 5mcg	5		
5.15. Isoptin 5mg / 2ml	2		
5.16. Lanoxin 0.5mg / 2ml	5		
5.17. Lasix 20mg / ml	5		
5.18. Mag, Sulphate 1g / 2ml	5		
5.19. Narcan 0.4 mg / 2ml	2		
5.20. Narcan Neonate 0.02mg / ml (Neonate)	2		
5.21. Neostigmine 2.5mg / ml (Theatre only)	5		
5.22. Nepresol 25mg	2		
5.23. Phenergan 25mg / ml	10		
5.24. Phenylephine (in fridge)	5		
5.25. Pot. Chloride 15% 10ml	5		
5.26. Remicaine 2% 5ml	10		
5.27. Remicard 100mg / 5ml	2		
5.28. Robinul 2ml (Theatre only)	5		
5.29. Sod. Bicarb 4% 20ml	5		
5.30. Sodium Chloride 10ml	5		
5.31. Solu-cortef 100mg / 2ml	5		
5.32. Tridil 25mg	1		
5.33. Tridil 50mg	1		
5.34. Valium 10mg	5		
5.35. Water for injection 10ml	10		
5.36. Water for injection 20ml	10		

6. Intravenous Fluids:

	#	A	B
6.1. Darrow's half strength	1		
6.2. Glucose 5% 200ml	1		

6.3. Haesteril 6% & 10%	2		
6.4. Haemaccel 500ml	2		
6.5. NaCl glass 200ml (for Tridil)	1		
6.6. Plasmolyte-B1 litre	2		
6.7. Ringers Lactate 1 litre	2		
6.8. Sod. Chloride 0.9% 200ml	2		
6.9. Sod. Chloride 0.9% 1 litre	1		

7. Giving Sets:

	#	A	B
7.1. Add-A-line	1		
7.2. Blood Admin Set AFC2020	1		
7.3. Continuflo	1		
7.4. Soln. Admin Set 15 drop / ml AFCOI 97	2		
7.5. Soln. Admin Set 60 drop / ml AFCOI 98/0136	1		
7.6. Venous Pressure Manometer AFCO2230	1		

8. Blood Tubes:

	#	A	B
8.1. Assortment			

9. Gloves:

	#	A	B
9.1. Sterile size 7	2		
9.2. Sterile size 5	2		
9.3. Sterile size 8	2		
9.4. Sterile size 8.5	2		
9.5. Sterile size 7, 7.5, 8 and 8.5	2		
9.6. Unsterile medium	2		
9.7. Unsterile large	2		