

H O S P I T A L

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A hospital is usually divided into two parts, an outpatient department and an inpatient department. The outpatient department has a number of surgeries and consulting rooms, waiting rooms, laboratories and X-ray units. The basic unit of the inpatient department is called the ward where patients are admitted for treatment. There are several groups of wards: medical, surgical, special surgical, obstetric and gynaecological, paediatric, orthopaedic, infectious, E.N.T. etc.

A ward unit consists of rooms for patients, a treatment room, sisters' room, bathrooms and lavatories, there may also be a kitchenette, a small laboratory. In addition to beds and bedside lockers, the equipment of a ward includes washbasins, bedpans, urinals, scales etc. In charge of each ward is the ward sister. She is responsible to the head nurse (or matron in British hospitals) and to the medical staff, and she is assisted by the rest of the nursing staff (staff nurses, probationer nurses, auxiliary nurses). The medical staff consists of the consultant (roughly the equivalent of the head physician or head surgeon in a Czech hospital) who acts as the head of a medical team, the registrar, the resident medical or surgical officer (R.M.O. or R.S.O.), and the housemen - the house physician and house surgeon.

The patients are seen daily by the medical staff during the morning ward round.

In larger hospitals there are special wards and departments such as accident units, intensive care units, chest surgery units, head injuries units, plastic surgery and burns units, rehabilitation departments, department of physiotherapy, blood transfusion departments.

On admission the patient's history is taken as part of the clinical case-taking. This includes complete physical examination and laboratory studies, the systematic classification of the common symptoms and signs as well as compilation of the patient's care record (clinical notes). Besides the patient's personal data (name, address, age, social status, occupation etc.) the case record should contain the date of admission and discharge, the historian's name and diagnosis.