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Standards for Outpatient Facilities – Random Checklist

Name of the Facility: _____

Date of Inspection: ____/____/____

Ref.	Description	Yes	No	Remark
5.	Standard One: Registration and Licensure Procedures			
5.5.	The health facility shall provide documented evidence of the following:			
5.5.1.	Clinical laboratory services. (if applicable)			
5.5.2.	Equipment maintenance services			
5.5.3.	Laundry services. (if applicable)			
5.5.4.	Medical waste management as per Dubai Municipality (DM) requirements.			
5.5.5.	Housekeeping services. (if applicable)			
5.5.6.	Radiology and diagnostic imaging services (if applicable)			
5.5.7.	Blood bank and/or transfusion services			
5.5.8.	NABIDH Contract.			
5.8.	The health facility shall ensure it has in place adequate lighting and utilities, including temperature controls, water taps, medical gases, sinks and drains, electrical outlets and communications.			
5.8.1.	The health facility shall inventory, label, inspect, test, maintain and improve utility systems and components. The quality of drinking water should be tested quarterly, and quality of non-potable water tested every 6 months. Dental water lines should be tested and treated according to manufacturer's guidelines'			
6.	Standard Two: Health Facility Requirements			

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6.2.	Health facilities providing outpatient services shall install and operate equipment required for provision of the proposed services in accordance to the manufacturer's specifications.			
6.4.	The health facility shall ensure the following:			
6.4.1.	Easy access to the health facility and treatment areas for all patient groups.			
6.4.3.	A Safe environment where the qualified personnel, facilities, equipment, and if applicable, emergency drugs and equipment are immediately available.			
6.4.4.	Easy access to people of determination.			
6.4.5.	Ensure patients privacy in all consultation, examination rooms and treatment rooms.			
6.4.7.	Visual surveillance system			
6.6.	Outpatient facilities are not permitted to operate on a 24-hour basis.			
6.7.	Dental, ENT, Ophthalmology specialties require dedicated rooms, ensuring that these distinct healthcare practices are not shared with others.			
6.10.	The facility shall be aware of not using carpets in examination and treatment room.			
6.10.1.	If used in patient waiting areas and corridors, carpet should be glued or stretched tight and free of loose edges and wrinkles.			
6.12.	Adding real or artificial plants are strictly prohibited in all outpatient facilities to prevent the spread of infection. However, exceptions apply for the reception and waiting areas where such additions are permissible as they do not involve treatment procedures.			
6.13.	The health facility shall have IT, Technology and Health Records services which includes and not limited to:			
6.13.1.	Electronic health records and patient information systems.			
6.13.2.	Access to electronic forms and requests for investigations and supplies.			

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6.13.3.	Shall develop a plan to integrate electronic medical system with NABIDH project.			
6.14.	Assessment rooms may be shared with the regular treatment room; however, if separate, it shall ensure the availability of the following:			
6.14.1.	Well-equipped with accurate monitoring devices			
6.14.2.	Adequate space and lighting			
6.14.3.	Specified area for documentation			
6.14.5.	Hazard signs for patient safety			
6.14.6.	Ventilated room			
6.14.7.	Vital signs can be shared with vaccinations room but not with non-cosmetic surgical procedures			
6.14.8.	If the facility provides hair transplant services, the procedure room must be dedicated solely to hair transplant procedures and not shared with other services.			
6.15.	Outpatient facilities shall ensure providing sterilization room with the following requirements:			
6.15.3.	Access to the sterilization room should be restricted. This room should contain High-Vacuum steam sterilizers and sterilization equipment to accommodate heat sensitive equipment.			
6.15.4.	The clean room should contain handwashing stations.			
6.15.5.	The use of internal chemical indicators to verify that individual packaged items have been exposed to one or more of the conditions necessary for sterilization.			
6.15.6.	There must be a dedicated specific space (not less than 2 square meters) for cleaning and sterilization of dental instruments. Instruments sterilization and cleaning should not be executed inside the dental room. The instrument processing area, physically or, at a minimum, spatially, into 3 distinct areas for:			
a.	Decontamination (soiled items)			
b.	Preparation, packaging and sterilization (clean items)			

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c.	Sterile storage (sterile items).			
6.15.7.	Ensure one-way workflow, from contaminated to clean area.			
6.15.8.	Hinged items must be completely open during cleaning process.			
6.15.9.	Internal chemical indicators (CI) should be placed inside every package at the centre of the sets where sterilant penetration is most difficult to achieve.			
6.15.10	All packages must be labelled completely and correctly.			
a.	Labels should identify the operator, the sterilizer, the cycle number/load number, the date of processing and the expiration date, when applicable.			
b.	Peel pouches should be labelled only on the plastic side or on an autoclave tape.			
6.15.12	Ensure the sterilizer chamber is evaluated by performing Quality Checks (QC). This includes and not limited to confirming adequate air removal from the sterilizer chamber. (i.e. Bowie dick test)			
6.15.13	Provide Sterilization logbook to keep track of the sterilization cycles. Relevant information such as the date, time, cycle number, instrument sterilized, operator name should be documented.			
6.16.	All Outpatient facilities providing vaccinations shall ensure the following requirements:			
6.16.1.	Patient's privacy			
6.16.3.	Equipped with the necessary medical supplies, waste disposal			
6.16.5.	Proper storage for vaccines with continues temperature monitoring with alarm system (for out of range temperature alarming)			
6.16.8.	Uninterrupted Power System (UPS)			
6.16.9.	Vaccine carrier with digital thermometer			
6.16.10	Fully stocked Emergency crash cart.			
7.	Standard Three: Healthcare Professionals Requirements			

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7.1.	All healthcare professionals in the Outpatient facilities must hold an active DHA license and work within their scope of practice.			
7.2.	The health facility shall appoint a Medical Director.			
8.	Standard Four: Laboratory and Diagnostic Services			
8.2.	All DHA licensed Clinical Laboratories shall obtain accreditation as per the DHA Clinical Laboratory Accreditation Policy.			
8.3.	Blood collection should be done in the:			
8.3.1.	Phlebotomy room if there is an in-house laboratory.			
8.3.2.	Patient's bedside at the treatment and/or procedure rooms if the lab service is outsourced.			
8.4.	Phlebotomy room shall have a seating space, a work counter, a hand-washing station, and a reclining chair or gurney for patients who become unsteady.			
8.4.1.	Rooms should be equipped with sharp box, foot-operated medical waste bin, general waste bin and medical fridge for samples storage, ice packs, sample carrier, and sample log book if the lab is outsourced.			
8.6.	Laboratory area shall have appropriate facilities for storage and refrigeration of blood, urine, and other specimens.			
8.7.	Storage cabinets or closets for Clinical laboratory shall be provided.			
8.8.	Outpatient services providing Laboratory Services shall ensure the following:			
8.8.1.	At least one DHA licensed laboratory technician shall be available; he/she shall be responsible for the laboratory investigations.			
8.8.2.	One full time or part time specialist/consultant pathologist shall be supervising and managing the clinical laboratory services in the Outpatient Care Facility.			
8.11.	Outpatient facilities providing Diagnostic Services shall ensure the following:			

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8.11.1.	One full time or part time specialist/consultant radiologist shall be available to supervise and manage the radiology services in the Outpatient Care facility.			
8.11.2.	One DHA licensed radiographer shall be available; he/she shall be responsible for the radiology investigations.			
9.	Standard Five: Medication Management			
9.5.	All medications must be stored in accordance with the manufacturer requirements to ensure their efficacy and safety.			
9.6.	Expired medications must be removed and discarded according to DHA Medications Disposal and Waste Management.			
9.7.	Potential medication risks are identified, Look-alike, sound-alike (LASA) medication names shall be identified and segregated.			
9.8.	For multi-used medication ensure labelling and recording the open date and expiration date of the medication.			
9.10.	Medications prescribed and/or administered shall be noted in the patient's health record.			
9.12.	All licensed Outpatient Care facilities are not allowed to sell medicinal products in the facility.			
10.	Standard Six: Emergency Medication and Equipment's			
10.1.2.	Emergency medications can be accessed quickly and easily when needed and are replaced when used, damaged, or out of date.			
10.1.3.	Emergency medications can be stored in emergency carts, cabinets, or bags.			
10.1.4.	Emergency medications and equipment's as well as oxygen cylinder must be immediately available to treat adverse reactions associated with administered medications.			
10.2.	As per DHA Emergency Medication Policy, hotel clinics and company clinics that are licensed under general clinics do not require to provide emergency medication.			

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10.4.	The Outpatient Care facility shall maintain effective maintenance for each medical equipment as per the manufacturer recommendation. This includes the following:			
10.4.1.	Electrical safety			
10.4.2.	Checklist for maintenance schedule			
10.4.3.	Documentation of failure incidence and repairs done.			
10.5.	The facility shall eliminate the use of extension cords.			
10.7.	Outpatient facilities may use Nitrous Oxide for dentistry services only and shall fulfil the following requirements:			
10.7.2.	The pediatric dentist shall be granted Clinical Privilege to provide N2O sedation by the Clinical Privileging Committee (CPC) or Medical Director of the health facility aligned with his/her training credentials and qualifications, training, competence, practical independence and experience.			
10.7.3.	The Physician administering the Nitrous oxide shall be a consultant or specialist/dentist DHA license with practical training and/or a course on sedation/analgesia used and shall have:			
a.	Be capable of establishing a patent airway and positive pressure ventilation			
b.	Hold an active certification on Advanced Cardiac Life Support (ACLS) if treating adults or Pediatrics Advanced Life Support (PALS) if treating children.			
c.	Have the ability to manage patients whose level of sedation becomes deeper than initially intended.			
d.	If the above points are not met, an anaesthetist must administer the sedative medications.			
10.7.4.	Registered Nurse for monitoring patients receiving Nitrous Oxide assisting the treating physician shall competent the following requirements:			
a.	Basic Life Support (BLS)			
b.	Insertion of Intravenous (IV) lines			
c.	Assessment and monitoring of patients under sedation			

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d.	Pain assessment and management			
e.	Medicine preparation and administration which includes understanding of pharmacology of the agents that are administered			
f.	ECG recording, oxygen administration, pulse oximetry to the nurse competencies.			
10.7.5.	Medical Equipment's required for Nitrous Oxide:			
a.	Nitrous Oxide Delivering system			
b.	Emergency crash cart with proper supplies and medication			
c.	Oxygen supply			
d.	Suction apparatus with different size suction tubes			
e.	Airway equipment: appropriately sized oral airways, endotracheal tubes, laryngoscopes, oxygen masks and laryngeal masks			
f.	Defibrillator			
g.	Pulse oximeter			
h.	Electrocardiographic (ECG) monitor			
i.	Blood pressure apparatus with different size cuffs			
j.	Refrigerator for pharmaceuticals.			
10.7.6.	Pre-anaesthesia evaluation includes			
a.	Physical examination			
b.	Medication history			
c.	Allergy history			
d.	Anaesthesia history			
e.	Surgical history			
f.	Review of diagnostic investigation (e.g., laboratory, ECG, X-Ray)			
g.	Verification of NPO status			
h.	Formulation and discussion of anaesthesia plan with patient and/or legal guardian.			

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10.7.7.	The following should be present and monitored in patient receiving Nitrous Oxide			
a.	Normal respiration			
b.	Oxygen saturation			
c.	Heart rate			
d.	Blood pressure			
e.	Normal eye movement			
f.	Intact protective reflexes.			
10.7.8.	Informed consent from the legal guardian should be documented in the patient's record prior to administration of Nitrous Oxide.			
10.9.	The person who can use the items of crash cart shall be licensed healthcare professionals involved in management and use of emergency medications should be:			
10.9.1.	Certified in Basic Life Support (BLS) or equivalent depend on the specialty of the hospital/scope/clinical area.			
10.9.3.	If the facility is receiving adults only; then health professional should maintain CPR; BLS and ACLS.			
10.9.4.	If the facility is receiving pediatric; then health professional should maintain CPR; BLS and PALS.			
11.	Standard Seven: Infection Control			
11.8.	The facility must have a contract with a specialized company to regularly collect, transport and destroy medical waste materials according to the conditions issued by Public Health Department in Dubai Municipality.			
11.9.	The facility shall provide colour coded bins that all healthcare professionals must adhere to the correct segregation of the waste as per the waste type:			
11.9.1.	Yellow for medical waste bins			
11.9.2.	Black for general waste bins			

11.10.	Providing Medical waste, general waste and foot-operated medical waste bins in all treatment/procedures and examination rooms.			
11.11.	Safe handling and disposal of sharps, including the provision of medical devices incorporating sharps protection.			
11.11.1	Discard sharp box when it's expired as per the facility policy or when it reaches (3/4) full.			
11.14.	Health professionals are required to consistently utilize Personal Protective Equipment (PPE) as a crucial measure to prevent the spread of the infectious diseases in healthcare setting.			
11.15.	All staff shall be adequately trained on basic principles and practices of Infection control.			
11.16.	The curtains shall be easily washable and subject to regular changes to uphold infection control, ensuing a hygienic environment for patients and staff.			
11.16.1	Cleaning process of curtains shall be documented continuously.			
11.17.	Dental infection control measures shall be used in the facility to prevent or reduce the potential for disease transmission, measures shall include but, not limited to the following:			
11.17.2	Hand Hygiene			
11.17.3	Personal protective equipment			
11.17.4	Sterilization and disinfection of patient care items			
11.17.6	Medical waste management			
11.17.7	Dental unit water lines, bio-film and water quality.			
11.17.8	Dental hand-pieces and other devices attached to air and water lines.			
12.	Standard Eight: Health Information Asset Management			
12.5.	All Paper HIS must be digitized after maximum one (1) year of the release of this standard, and must be retained as same. The physical medical records should be destroyed after it is			

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	digitized according as per DHA policy for Health Information Asset Management.			
13.	Standard Nine: Patient Consent			
13.4.1.	The patient's condition and diagnosis			
13.4.2.	The proposed procedures/treatments and aftercare requirements			
13.4.3.	The status of procedures/treatments (Approved, experiment, etc.)			
13.4.4.	Potential benefits, side effects and risks			
13.4.5.	Recovery and expected outcome			
13.4.6.	Alternative options for the procedures/treatments (when applicable)			
13.4.7.	The name of the treating physician/team.			
13.4.8.	Patient Identification.			
13.5.	All the above points should be documented in the consent form.			
13.6.	In case the patient is incompetent or unable to give the consent, the relationship of person signing the consent should be clearly documented in the consent.			
13.7.	Consent should be in both languages' Arabic and English or any other language the community needs.			
13.8.	Informed Consent should include but not limited to the following:			
13.8.1.	Patient full name as per the passport/Emirates ID, age, gender and patient identification number			
13.8.2.	Name of the proposed procedure/treatment			
13.8.3.	Name, date, time and signature of the patient or next of kin			
13.8.4.	Name, date, time and signature of the treating physician			
13.8.5.	Name and signature of the witness or interpreter.			
14.	Standard Ten: Patient Care			
14.3.	The patient has the right to refuse the plan of care but this has to be documented and signed by the patient.			

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14.4.	For examination and procedures involving female patients, it is mandatory to have a female healthcare professional present alongside the doctor, this may be a DHA registered female nurse.			
App1.1	Minimum healthcare professional requirements for polyclinic			
App1.1. a	Full time DHA licensed Specialist/Consultant/Dentist/Physicians/GP			
App1.1. b	Full time registered nurse (RN) and assistant nurse (AN)			
App1.1.c	Full time general dentist (if service is provided)			
App1.1. d	Part time/full time pathologist/ radiologist (if lab or diagnostic services are available)			
App1.2	Director of the polyclinic facility			
App1.2. a	Operated by Medical Director			
App 1.3	Minimum Emergency Medical Equipment for Polyclinic Facility			
App 1.3. a	AED			
App 1.3. b	Crash Cart (recommended)			
App 1.3 .c	Oral airways with different sizes based on specialities.			
App 1.3. d	oxygen cylinder			
App 1.3. e	Nebulizer			
App 1.3. f	Suction machine with suction tubes			
App 1.3. g	oxygen masks.			
App 1.4	Minimum healthcare professional requirements for Specialty Clinic			
App.1.4. a	Full time DHA licensed specialist/consultant physician(s).			
App 14. b	Full time registered nurse (RN) and assistant nurse (AN)			
App 1.5	Director of the Specialty clinic facility			
App 1.5. a	Operated by doctors of the same specialty.			
App 1.6	Minimum Emergency Medical Equipment for Specialty clinic Facility			
App 1.6. a	AED			
App 1.6. b	Crash Cart (recommended)			
App 1.6 .c	Oral airway with different size.			
App 1.7	Minimum healthcare professional requirements for General Clinic			
App 1.7 a	Full time GP			
App 1.7 b	Full time registered nurse (RN) and assistant nurse (AN)			
App 1.8	Director of the General clinic facility			

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App 1.8 a	Operated by General practitioners			
App 1.9	Minimum Emergency Medical Equipment for General Clinic Facility			
App 1.9.a	AED			
App 1.9. b	Oral airways with different sizes based on specialities.			
App 1.9.c	oxygen cylinder			
App 1.9 d	Nebulizer			
App 1.9.e	Suction machine with suction tubes			
App 1.9. f	oxygen masks.			
App 1.10	Minimum healthcare professional requirements for express Clinic			
App1.10. a	Full time GP			
App 1.10.b	Full time registered nurse (RN)			
App 1.11	Director of the express Clinic facility			
App 1.11.a	Operated by general practitioners			
App 1.12	Minimum Emergency Medical Equipment for express Clinic facility			
App 1.12.a	AED			
App 1.12. b	Oral airways with different sizes based on specialties.			
App 1.12.c	oxygen cylinder			
App 1.12. d	Nebulizer			
App 1.12. e	Suction machine with suction tubes			
App 1.12. f	oxygen masks.			
App 1.13	Minimum healthcare professional requirements for General Dental Clinic			
App 1.13. a	Full time General Dentist			
App 1.13. b	Full time RN			
App 1.14	Director of the General Dental Clinic facility			
App 1.14. a	Operated by General Dentists			
App 1.15	Minimum Emergency Medical Equipment for General Dental Clinic			
App 1.15.a	AED			
App 1.15. b	Oral airways with different sizes based on specialties.			
App 1.15.c	oxygen cylinder			
App 1.15. d	Nebulizer			
App 1.15. e	Suction machine with suction tubes			
App 1.15. f	oxygen masks.			
App 1.16	Minimum healthcare professional requirements for Hotel Clinic			
App 1.16.a	Full time Nurse if scope of service is first aid			

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App 1.17	Director of the Hotel Clinic facility			
App 1.17.a	Led by Nurse if scope of service is first aid.			
App 1.18	Minimum Emergency Medical Equipment for Hotel Clinic facility			
App 1.18. a	AED			
App 1.18. b	If the hotel clinic has medical services the following additional requirement should be available			
App 1.18.c	Oral airways with different sizes based on specialities.			
App 1.18. d	oxygen cylinder			
App 1.18. e	Nebulizer			
App 1.18. f	Suction machine with suction tubes			
App 1.18. g	oxygen masks.			
App 1.19	Minimum healthcare professional requirements for Company Clinic			
App 1.19. a	Full time Nurse if scope of service is first aid			
App1.20	Director of the Company Clinic facility			
App1.20. a	Led by Nurse if scope of service is first aid.			
App1.21	Minimum Emergency Medical Equipment for Company Clinic facility			
App1.21. a	AED			
App1.21. b	If the Company Clinic has medical services the following additional requirement should be available			
App1.21.c	Oral airways with different sizes based on specialities.			
App1.21. d	oxygen cylinder			
App1.21. e	Nebulizer			
App1.21. f	Suction machine with suction tubes			
App1.21. g	oxygen masks.			
Appendix 2	Mandatory Emergency Medications for Outpatient Care Facility			
App 2.1	Adenosine Injection (6mg/ 2ml) (Qty: 3)			
App 2.2	Amiodarone Injection (50mg/ ml) (Qty: 3)			
App 2.3	Atropine 0.2mg/ml 5ml Pre-filled Syringe (0.2mg/ ml) or Atropine 1mg/ml Ampoule if prefilled syringe not available (1mg/ ml) (Qty: 3)			
App 2.4	Calcium Chloride 10% Injection (1gm/ 10ml) (Qty: 2)			
App 2.5	Diazepam Rectal solution (5 mg) (Qty: 1)			
App 2.6	Dextrose 50% Vial (50 gm/ 100ml) (Qty: 2)			
App 2.7	Dopamine Injection (200 mg/ 5ml) (Qty: 1)			

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App 2.8	Epinephrine (Adrenaline) 1:10,000 (0.1mg/ml) 10ml Prefilled Syringe (0.1 mg/ml) or 1:1000 (1mg/ml) 1ml Ampoule if prefilled syringe not available (1 mg/ml) (Qty: 5)			
App 2.9	Epinephrine (Autoinjector/prefilled Pen) Pediatric (0.15mg (150mcg)) (Qty: 1)			
App 2.10	Epinephrine (Autoinjector/prefilled Pen) Adult (0.3mg (300mcg)) (Qty: 1)			
App 2.11	Flumazenil (0.5mg/5ml) (Qty: 1)			
App 2.12	Glyceryl Trinitrate sublingual Spray (400mcg/Dose) (Qty: 1)			
App 2.13	Hydrocortisone Injection (100mg/2ml) (Qty: 1)			
App 2.14	Magnesium Sulphate 50% Injection (0.5g/ml) (Qty: 2)			
App 2.15	Midazolam Injection (15mg/3ml) (Qty: 1)			
App 2.16	Naloxone Injection (0.4mg /ml) (Qty: 2)			
App 2.17	Ringer Lactate (500 ml) (Qty: 2)			
App 2.18	Dextrose 5% (D5W) (250 ml) (Qty: 2)			
App 2.19	Sodium Chloride 0.9% (NS) (500 ml) (Qty: 2)			
App 2.20	Sodium Chloride 0.9% (NS) Ampoules (10 ml) (Qty: 10)			
App 2.21	* Other Standalone Outpatient categories (Dermatology, ENT, Ophthalmology, Etc.) shall provide an emergency kit; which includes and not limited to: Epinephrine, Anti-Histamine (Inj.), Hydrocortisone (Inj.), Nitroglycerin (sublingual tablet or aerosol spray), Bronchodilator (Inhaler) and equipment for maintaining airway			
Appendix 3	Emergency Medications for Dental Outpatient care Health Facilities			
App 3.1	Atropine 0.2mg/ml 5ml Pre-filled Syringe (0.2mg/ ml) or Atropine 1mg/ml Ampoule if prefilled syringe not available (1mg/ ml) (Qty: 2)			
App 3.2	Dextrose 5% Injection (250ml) (50gm/100ml) (Qty: 2)			
App 3.3	Epinephrine (Adrenaline) 1:10,000 (0.1mg/ml) 10ml Prefilled Syringe (0.1 mg/ml) or 1:1000 (1mg/ml) 1ml Ampoule if prefilled syringe not available (1 mg/ml) (Qty: 5)			
App 3.4	Epinephrine (Autoinjector/prefilled Pen) Pediatric (0.15mg (150mcg)) (Qty: 1)			

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App 3.5	Epinephrine (Autoinjector/prefilled Pen) Adult (0.3mg (300mcg)) (Qty: 1)			
App 3.6	Glyceryl Trinitrate sublingual Spray (400mcg/Dose) (Qty: 1)			
App 3.7	Sodium Chloride 0.9% (NS) Ampoules (10 ml) (Qty: 10)			
App 3.8	Outpatient Dental Clinics (general and polyclinic) performing Maxillofacial/other dental surgeries should follow the Mandatory Emergency Medications for Outpatient Polyclinics			

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