



NAROK COUNTY GOVERNMENT

DEPARTMENT OF HEALTH AND SANITATION

NAROK COUNTY REFERRAL HOSPITAL

P.O.BOX 11 - 20500,

NAROK

Email: medsupnarok@yahoo.com

SERVICE DELIVERY CHARTER

ORTHOPAEDIC TRAUMA UNIT			
	SERVICES	DURATION	CHARGES
1	Correction & manipulation of fractures		
	a) Above Elbow-A/K pop	30min	1,000
	b) Below Elbow-B/e pop	30min	850
	c) Wrist pop-Wp	30min	500
	d) Above Knee-A/K pop	50min	1,500
	e) Cylinder pop	50min	1,000
	f) Below Knee-A/K pop	45min	1,000
	g) Boot pop-B/pop	45min	850
	h) Crepes Bandage	10min	200
	i) Hip Spica	50min	1,000
2	Cervical Collar	3min	1,500
3	Skin Traction	15min	1,500
4	Stainman Traction	30min	1,500
5	Pop removal	15min	400
6	Reduction of Dislocations	45min	1,500

MEDICAL SOCIAL WORK UNIT			
	SERVICES	DURATION	CHARGES
1	Psychological counselling	30-45min	Free
2	Psychological Assessment	30-45min	Free
3	Social Invigilators	30-45min	Free
4	Social Rehabilitations	45min-1hr	Free
5	Outreach service/health talk	45min-1hr	Free
6	Referrals	15-30min	Free
7	Gender based violence	15-30min	Free
8	Default Tracing TB/HIV AIDS Clients	30-45min	Free
9	Waving and exemptions	10-30min	Free

NUTRITION UNIT			
	SERVICES	PATIENT REQUIREMENT	CHARGES
1	Nutrition Consultation	Registration Card/Referral form	50
2	Nutritional Assessment		
	<ul style="list-style-type: none"> Anthropometric 	Cooperation/Registration/Card/Referral form	Free
	<ul style="list-style-type: none"> Biochemical nutritional analysis 	Cooperation/Patient files of cards	Free
	<ul style="list-style-type: none"> Clinical 	Cooperation/Patient files of cards	Free
	<ul style="list-style-type: none"> Dietary 	Cooperation/Patient files of cards	Free
	<ul style="list-style-type: none"> Social economic 	Cooperation/Patient files of cards	Free
3	Nutritional Diagnosis	Cooperation/Patient files of cards	Free
4	Nutritional Interventions		
	<ul style="list-style-type: none"> Counselling 	Cooperation/Patient files of cards	50
	<ul style="list-style-type: none"> Dietary prescription & calculations 	Cooperation/Patient files of cards	100
	<ul style="list-style-type: none"> Administration of medical nutrition therapy support 	Cooperation/Patient files of cards	100
5	Nutrition status monitoring and evaluation	Cooperation/Patient files of cards	50

6	Referral	Cooperation/Patient files of cards	Free
7	Follow up	Cooperation/Patient files of cards	Free
8	Weight management	Cooperation/Patient files of cards	100
9	In patient nutritional care	Cooperation/Patient files of cards	100
10	Diabetes and chronic diseases nutritional management	Cooperation/Patient files of cards	50
11	Nutrition services for children under 5 years	Cooperation/Patient files of cards	Free

PHYSIO UNIT			
1	ELECTOTHERAPY	DURATION	CHARGES
	a) IRR	10-15min	200
	b) Cradle	10-15min	200
	c) Tens	20min	200
	d) Cryotherapy	15min	200
2	SOFT TISSUE Manipulations (STM)		
	a) Electric massage	10min	200
	b) Manual massage	10min	200
3	THERAPEUTIC EXERCISE		
	a) APM, PPM, RPM, AAPM	10-15min	200
4	REHABILITATION		
	a) Comprehensive Rehabilitation (General)	30min	200
	b) Traction	15-30min	200
	i. Manual		
	ii. Mechanical		
	c) Paediatric Rehabilitation	15-20min	FREE
	d) Cardiac-pulmonary respiration	30-45min	200
5	SPLINTING		
	a) General bandaging (crepe bandages)	15-30min	200
	b) Serial bandaging	15-30min	200
	c) Corrective splinting	15-30min	200

OCCUPATIONAL THERAPY UNIT				
	SERVICES	CLIENT REQUIREMENT	DURATION	CHARGES
1	Evaluation/Examination and making diagnosis	Prompt service Openness Client/relative cooperation Outpatient card	20 min	Free
2	Habilitation of children with delayed milestones	Client therapist cooperation Patience Understanding Outpatient card	30-45min	200/- per month
3	Rehabilitation of adults	Client therapist cooperation Patience Understanding Outpatient card	30-45min	200/- per visit
4	Splinting	Client therapist cooperation Patience Understanding Outpatient card	-	500 – 1000/- for under 5yrs 1,500 – 2,500 for above 5yrs
5	Correction of club foot	Client therapist cooperation Patience Understanding Outpatient card	20min	200/- per visit

DENTAL UNIT				
	SERVICE	REQUIREMENT	DURATION	CHARGES
1	Dental consultation	Payment Receipt	Free	5min
2	Tooth Extraction	Payment Receipt	300	30min
3	Elevation Disimpaction	Payment Receipt	500	30min
4	Surgical Disimpaction	Payment Receipt	1,000	1hr
5	Amalgam filling	Payment Receipt	500	45min
6	Composite filling	Payment Receipt	500	45min
7	GIC filling	Payment Receipt	500	45min

8	Root Canal Treatment (3 sessions)	Payment Receipt	3,500	45min per session
9	Full mouth scaling	Payment Receipt	800	45min
10	Splinting	Payment Receipt	1,000	45min
11	Maxilla Mandibular Fixation(mmmF)	Payment Receipt	2,000	90min
12	Incision and drainage	Payment Receipt	1,000	45min
13	Compete Dentures (4 Sessions)	Payment Receipt	10,000	45min per session
14	Partial Dentures (2 sessions)	Payment Receipt	1,500 1 st tooth, 500 for additional tooth on the same arch	45min
15	Removable Orthodontic	Payment Receipt	4,500 per appliance	45min per session
16	Partial denture repair	Payment Receipt	500	45min
17	Complete denture repair	Payment Receipt	1,000	45min
18	Temporary crown (acrylic) (2 session)	Payment Receipt	1,000 per unit	45min
19	Denture polishing (old)	Payment Receipt	500	30min
20	Orthopontic appliance adjustment	Payment Receipt	Free	10min
21	Compete denture follow up (2 sessions)	Payment Receipt	Free	10min
22	Tooth addition to existing denture	Payment Receipt	1,000	45min
23	Denture relining for compete denture	Payment Receipt	2,000	1hr
24	Compete denture rebasing	Payment Receipt	3,000	1hr
25	Dry socket management	Payment Receipt	200	10min

EYE UNIT			
	SERVICE	CHARGE	TIME
1	History Taking examination	FREE	-
2	Visual acuity	FREE	20min
3	Refraction	100	20min
4	Biometry	FREE	15min
5	Eye dressing	50	5min
	MINOR SURGERIES		
1	Epilation	100	5min

2	I&C(Chalazion)	300	10min
3	I&D(Style Labscess)	300	10min
4	Trabut/BTPR	500	20min
5	Conj growth excision	500	20min
6	Corneal conj FB removal	200	5min
7	Retrobulbar Injection	200	5min
8	Tarsorrhaphy	500	10min
9	Lid repair	500	20min
10	Eye irrigation	200	20min
	MAJOR SURGERIES		
1	SICS+IOL	1,500	30min
2	Eyiscreation	1,000	30min
3	Emacleation	1,000	30min
4	Trabeculectomy	1,000	30min
5	Secondary IOL implantation	1,000	30min
6	Corneal repair	1,500	30min
7	LWO+Corneal repair	1,000	30min
8	AC Washout	1,000	30min
9	Dermoid Cyst excision	1,000	30min

HEALTH RECORDS & INFORMATION UNIT

	SERVICE	CHARGES	DURATION
	Registration of patients	Cards 50/-	3min
	Admission of patients	File 100/-	5min
	Booking of special clinics	File 100/-	5min
	Birth Notification	Free	10min
	Research data	Authorisation letter from MedSup	-

LABORATORY UNIT

	SERVICE	CHARGES	DURATION
1	CD4	Free	24hrs
2	Electrolytes	900	2 hrs
3	Liver Function Test	1500	4 hrs
4	Renal Function Test	900	4 hrs
5	Lipid Profile	1500	4 hrs
6	ALT	300	4 hrs
7	Creatinine	300	4 hrs
8	Calcium	300	4 hrs
9	Uric Acid	300	4 hrs
10	Bilirubin	300	4 hrs
11	Glucose protein (CSF Analysis)	300	2 hrs
12	Glucose Tolerance Test	800	3 hrs
13	Blood Grouping	100	1 hr
14	DU Test (rh)	150	1.5 hrs
15	Peripheral Blood Smear	100	2 hrs
16	Full Haemogram & ESR	400	1.5 hrs
17	Sickling Test	150	48 hrs
18	Coombs Test	150	1.5 hrs
19	Full Haemogram (FBC, FHG)	300	1 hr
20	GXM (Blood Grouping & Cross Match)	300	1.5 hrs
21	Random/Fasting Blood Sugar	100	30 min
22	Haemoglobin	100	1 hr
23	Culture & Sensitivity	300	3 days – 8weeks
24	Malaria Test	100	1.5 hrs
25	Rheumatoid Factor	200	1.5 hrs
26	Brucella	200	1.5 hrs
27	H.Pylori Blood	200	1.5 hrs
28	Hepatitis A	200	1.5 hrs
29	Hepatitis BsAg	200	1.5 hrs
30	Hepatitis C	100	1.5 hrs
31	Syphilis (VDRL)	200	1.5 hrs

32	HIV for Medical Examination	Free	3 hrs
33	HIV (PEP/GBV)	Free	1.5 hrs
34	Salmonella Antigen	300	1.5 hrs
35	ASOT	200	1.5 hrs
36	Gram Stain	200	1 hr
37	Crag Test	700	1 hr
38	Stool for O/C	100	1 hr
39	Urinalysis	150	1 hr
40	Pregnancy Test	150	1 hr
41	H.Pylori Antigen Stool	200	1 hr
42	Wet Preparation	200	1 hr
43	GBV Profile (HIV, Preg, VDRL, UA, HVS	Free	1 hr
44	GeneExpert Testingt	Free	2 hrs – 24 hrs
45	Sputum for AFB	Free	2 hrs – 24hrs

RADIOLOGY UNIT				
	SERVICE	REQUIREMENT	CHARGES	DURATION
1	Abdominal Ultrasound	Patient to fast for 6-8hrs	800	1 hr
2	Obstetric ultrasound	First trimester Payment receipt Full bladder (6 glasses)	600	1 hr
3	Pelvic ultrasound	Full bladder	600	1 hr
4	Thyroid ultrasound	Payment receipt	800	1 hr
5	Testicular ultrasound	Full bladder	800	1 hr
6	Breast ultrasound	Payment receipt	800	1 hr
7	Doppler ultrasound	Payment receipt	800	1 hr
8	Prostate ultrasound	Full bladder	800	1 hr
9	Mammogram	40yrs and above	1,000	1 hr
10	O.P.G	Payment receipt	400	30 min
11	Skull x-ray	Payment receipt	400	30 min
12	C-Spine x-ray	Payment receipt	400	30 min
13	Chest x-ray	Payment receipt	400	30 min
14	Shoulder x-ray	Payment receipt	400	30 min

15	Abdominal x-ray	Payment receipt	400	30 min
16	Pelvic x-ray	Payment receipt	400	30 min
17	Extremities x-ray	Payment receipt	400	30 min
18	H.S.G.	Payment receipt	2,000	1 hr
19	M.C.G.	Payment receipt	2,000	1 hr
20	Barium Studies	Payment Receipt	2,000	1 hr

We are committed to quality and affordable services to all

Please report any compliments or complaints to the office of the Medical Superintendent or contact the Customer Care number

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