

## General Overview of Departments

**Outpatient Dept (OPD):** This department sees most of the patients who present to the hospital, regardless of whether they are admitted or not. In Cambodia, most families do not take their children to the doctor for a “well child” check-up; accordingly, AHC’s OPD functions mainly as a sick visit clinic. Some of the common diagnoses seen in OPD are upper respiratory infection, diarrheal illness, rashes, or other outpatient complaints but there are plenty of unusual diagnoses that will ‘walk through the door’. The OPD sees 300-400 pts per day and there are usually 5-7 Cambodian doctors staffing the OPD. Approximately 10% of these patients will need admission but only half that number are actually admitted due to the limited resources (i.e. limited bed-space) at AHC. The Chief of OPD is **Dr. Sing Heng**.

**Inpatient Dept (IPD):** The IPD is a 26-bed facility similar to the “wards” or “floors” of a Western children’s hospital. However, AHC’s IPD will often have a few patients who would likely be in an ICU in a Western hospital but because of limited ICU beds at AHC, they are not sick enough to qualify for AHC’s ICU. The IPD admits 10-15 patients a day and by the end of the day is usually full. All patients get a daily note – either an admit note if day of admission or a progress note. There is a template form for the admission notes whereas daily notes are written in a SOAP-like format in the charts. The IPD has a separate step-down unit called the Low Acuity Unit (LAU). This unit is for children who are relatively healthy but still require hospital care such as malnutrition kids who just need to gain more weight. Like in the IPD, all LAU patients should be assessed each day and have a daily note in their chart -- this note can be less detailed than the IPD progress note. The LAU is a good place for volunteers to get practice in seeing AHC patients and writing notes, not to mention it will ease the burden off of the Cambodian junior doctors. The Chief of IPD (and LAU) is **Dr. Chheng**.

**ICU/ER:** The ICU and ER are 2 separate units but are considered one department. The ER functions similar to a Western ER and is open 24 hours. Many of the ER patients are sent there from the OPD but severely ill children are sent directly to the ER. In addition to medical illnesses, the ER sees trauma patients as well. Adjacent to the ER is the Minor Procedure Room which is staffed by surgeons and treats minor injuries/ illnesses such as lacerations, minor fractures, abscesses, etc. Ketamine sedation for procedures can be done in the ER under the supervision of an AHC senior doctor or anesthesiologist. The ICU is a 4-bed unit and has the capacity to do mechanical ventilation, CPAP, and pressor support. The most common diagnoses seen in the ICU are severe pneumonia and sepsis and in general, the patients in AHC’s ICU & ER tend to be sicker than in the West. There are evidence-based protocols in place which guide some of the common problems seen in the ICU/ ER. These include protocols on shock, ventilation, CPAP, sedation, and rapid sequence intubation. The Chief of ICU/ER is **Dr. Pagnarith**.