



ZILLA SWASTHYA SAMITI, KORAPUT
DISTRICT PROGRAMME MANAGEMENT UNIT
NATIONAL HEALTH MISSION



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SHORT QUOTATION CALL NOTICE

Sealed Tenders/Quotations in plain paper/Letter pad are invited from the intending registered Firms / Suppliers /Dealers or Agencies who are authorized dealers for the product and having valid drug licence & valid GST registration certificate for supply of the following goods to the O/O CDM & PHO, Koraput. The Tenderers/quotationers shall have to furnish their offer price of the goods including taxes there on in the prescribed format along with terms and conditions, if any. Interested parties may submit their quotation for supply of following goods as per the specification as well as term & condition mentioned below.

QUANTITY OF ANAPHYLAXIS KIT:-356 nos

THE CONTENT OF EACH ANAPHYLAXIS KIT

Sl No	Name of the Item	Quantity	SPECIFICATION
1	PLASTIC BOX	1	Made up of thermoplastic Plastic attachable fixed lid Colour:Transparent White Should not be affected by normal extremes of heat or Cold Puncturing proof. Box Should be labeled as "ANAPHYLAXIS KIT" on top in bold letters. Size:15CM(LENGTH)X10CM(BREATH)X4CM(HEIGHT)
2	Inj.Adrenaline	3nos	Strength(1:1000) Quantity:1 ml
3	Insulin Syringe	3nos	Syringe should contain 40unit without fixed needle
4	Needle	3nos	24/25G of one inch length
5	Cotton Swab	3nos	High absorbing ability, Sterilized, available in air tight packing, 100% Pure Cotton, White in Colour Minimum Weight 20 gm.
6	Anaphylaxis Guideline	1nos	Guideline should be in odia language tapped inside the box.
7	Format for Quarterly Certification	1nos	One format for quarterly certification of Anaphylaxis kit by MOI/C should be fixed in the box.

Terms and Conditions

1. The required quantities of Anaphylaxis Kit should be supplied to the DVS, O/O CDM&PHO,KORAPUT
2. The cost should include the packing, transportation cost and also inclusive of all taxes.
3. The sealed cover should be superscribed on the top of the envelope as "SEALED QUOTATION FOR ANAPHYLAXIS KIT (IMMUNIZATION)".
4. The party should send 01 nos ANAPHYLAXIS KIT as sample basis which should meet the specification.
5. Copy of Drug licence/registration certification/ GST Clearance & income tax (up to date), PAN/TIN no must be submitted before payment.
6. The rate quoted shall remain valid for one year.
7. The supply of item should be done within 07 days from the date of placement of order.
8. The quotation should reach the office of the under signed on or before 25. 01.2019 by 01.00PM.
9. The quotation will be opened / finalized on date 28.01.2019 at 4 P.M. in the presence of the purchase committee.



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10. The party itself or its authorized representatives may remain present at the time of opening of the sealed quotation at the office chamber of the CDM&PHO, Koraput if they so wish.
11. The undersigned reserves the right to delete / increased /decreased in quantity of items
12. The undersigned reserves every right to cancel all or any of the quotation without assigning any reason thereof.



CDMO-cum-District Mission Director,
Koraput

FORMAT FOR QUARTERLY CERTIFICATION OF ANAPHYLAXIS KITS BY MEDICAL OFFICER PHC

Name of ANM:		Subcentre:		Name, contact number of MO:	
Date of checking	Contents	Expiry dates	Signature of MO	Action required (replace ampoule/ syringe)	Action taken, signature of MO, date
	1 mL ampoule adrenaline (1:1000) – 3 nos.				
	1 mL/40 unit syringes – 3 nos.				
	24/25 G one inch needle- 3 nos.				
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	1 mL/40 unit syringes – 3 nos.				
	24/25 G one inch needle- 3 nos.				
	1 mL ampoule adrenaline (1:1000) – 3 nos.				
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	24/25 G one inch needle- 3 nos.				

Annexure 1 (to be translated into local language)

Guidelines for Initial Management of Anaphylaxis using Injection Adrenaline

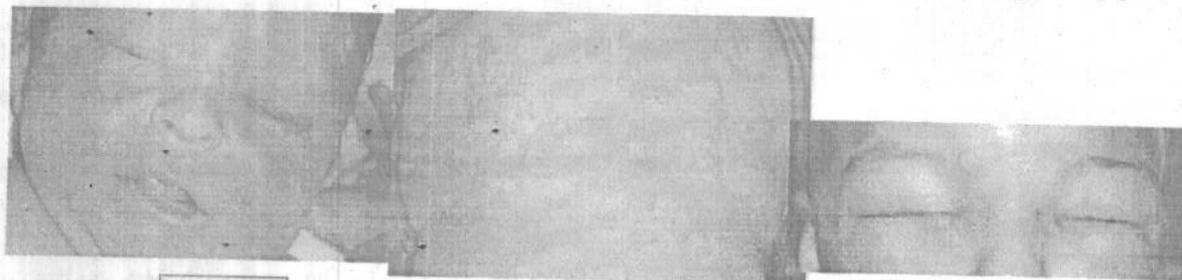
Remember: Giving one dose of adrenaline to any suspected case of anaphylaxis intramuscularly is completely safe even if it actually turns out NOT to be a case of anaphylaxis later.

A. Suspecting a case of anaphylaxis

A case of anaphylaxis is suspected* if there is early onset (within few minutes to 6 hours of vaccination) and rapid progression of signs and symptoms with involvement of at least one sign/symptom from at least two of the three systems given below:

System	Sign and Symptom
Respiratory	<ul style="list-style-type: none"> • Swelling in tongue, lip, throat, uvula or larynx • Difficulty in breathing • Stridor (Harsh vibrating sounds during breathing) • Wheezing (breath with whistling or rattling sound in the chest) • Cyanosis (bluish discoloration of arms and legs, tongue, ears, lips etc.) • Grunting (noisy breathing)
Cardiovascular	<ul style="list-style-type: none"> • Decreased level /loss of consciousness (fainting, dizziness) • Low blood pressure (measured hypotension) • Tachycardia (increased heart rate, palpitation)
Dermatological or mucosal	<ul style="list-style-type: none"> • Generalized urticaria (raised red skin lesion, rash with itching) • Generalized erythema (redness of skin) • Local or generalized Angioedema- itchy/ painful swelling of subcutaneous tissues such as upper eyelids, lips, tongue, face etc. • Generalized pruritus (itching) with skin rash
Others	<ul style="list-style-type: none"> • Anxiety, diarrhea, abdominal cramps, nausea, vomiting and sneezing or rhinorrhea.

*Many of the initial signs and symptoms are similar in both mild allergic reactions and severe allergic reactions / anaphylaxis. ANM may administer a single dose of adrenaline injection at the first sign or symptom suggestive of allergy or anaphylaxis.



CYANOSIS

B. Steps to manage a case of suspected anaphylaxis:

1. Do not panic; reassure patient/parents and care givers.
2. Conscious patient should be kept in a supine position with lower limbs raised higher than head. The unconscious patient should be kept in left lateral position.
3. Immediately administer one dose of injection adrenaline by deep intramuscular route.

C. Steps for administration of injection Adrenaline by ANM

1. From the anaphylaxis kit, take one ampoule of adrenaline (1:1000) and check name, dilution and expiry date on label.
2. Take a 1 ml tuberculin / 40 unit insulin syringe and a 24G/25G one inch long needle and use the chart given below to choose and load the required dose of adrenaline as per age and type of syringe supplied.

Age group	Dose in mL (tuberculin syringe) [#]	Equivalent volume in insulin syringe ^{#*}
0-1 year	0.05	2
1-6 years	0.1	4
6-12 years	0.2	8
12-18 years	0.3	12
Adults	0.5	20

[#]Based on type of syringe available (tuberculin/insulin), choose relevant volume of adrenaline for administration

Age group	Volume of adrenaline (mL)	Equivalent volume of adrenaline in units
0-1 years	0.05	2.0
1-6 years	0.1	4.0
6-12 years	0.2	8.0
12-18 years	0.3	12.0
Adults	0.5	20.0
	1.0	40.0

3. Use swab to clean the middle 1/3rd of anterolateral aspect of the thigh of the opposite limb to that in which vaccine was given.
4. Give deep intramuscular injection at 90 degree angle to skin in middle 1/3rd of anterolateral aspect of thigh.

D. Transportation, informing MO and documentation

1. Immediately arrange for an ambulance to transport the patient to the nearest health facility well equipped to manage anaphylaxis / health facility (PHC/CHC/District Hospital/Civil Hospital).
2. As the patient is being transported to health facility, inform medical officer about the case with necessary details (name, age, date, time, site, route and dose of adrenaline administered) for further management at the health facility well equipped to manage anaphylaxis and for follow up.
3. Record the anaphylaxis reaction in the immunization card in block letters
4. The case details should also be recorded in the AEFI register at the PHC