

### SRI ADICHUNCHANAGIRI SHIKSHANA TRUST (R.)

# BGS GLOBAL INSTITUTE OF MEDICAL SCIENCES

(Affiliated to Rajiv Gandhi University of Health Sciences, Bangalore) No. 67, BGS Health & Education City, Uttarahalli Road, Kengeri,

## Report on Operational features and functions of immunization clinic:

### Sensitization on immunization

- Conducting immunization clinic from Monday To Saturday, 10 am to 12p.m
- Special staff has been appointed for immunization clinic.
- Immunization is conducted in a special room under all hygienic precautions before immunizations baby's anthropometry and clinical examination noted.
- The procedure and importance of immunization has been explained for public/parents.
- Possible side effects of immunization are explained to parents and consent for immunization is taken
- If the baby is delivered in our hospital, parents are educated to bring the baby on the specific day for first immunization (BCG, Hep B & OPV "O" dose) and we issue immunization card, which gives the details about the vaccines are given and tentative dates of follow-up are written and inform about the next visit to the clinic.
- The same procedure has been done, for babies who have received the vaccines at other hospitals previously and came for further vaccination.
- A record of babies' vaccine has been maintained in our immunization clinic.
- Maintaining cold chain, we have cold boxes, deep freezer, ice lined refrigerator, vaccine carriers. Before vaccination expiry dates of all vaccines are checked and we have vaccine vial monitor for the same. After vaccination, we again explain the possible side effects of the vaccines and ask parents for follow up to OPD immediately. If any undesired effects occur.
- We prescribe necessary medications after giving vaccines like BCG, Pentavalent. After vaccination, we observe the baby for 30 min for possible side effects. Emergence kit will be ready for adverse reaction.

### UNIVERSAL IMMUNIZATION PROGRAMME CARD



# BGS.

# SERVICES AVAILABLE

- 1. Immunization, Growth monitoring and developmental screening
- 2. General and special ward facilities for Newborns and children
- Speciality clinics: High Risk Newborn clinic.
   Child Rehabilitation Clinic, Asthma Clinic, Nephro Clinic,
   Well Baby Clinic, Child Guidance Clinic
- 4. Paediatric super speciality services
- 5. Neonatal Intensive Care Unit (NICU)
- 6. Paediatric intensive care Unit (PICU)
- 7. Paediatric Emergency Services

24 x 7 Services

Email address: msbgsgimsgh@gmail.com; aobgsgims@gmail.com; bgsgimspaed@gmail.com Phone: 060-26984811, 080-26984802

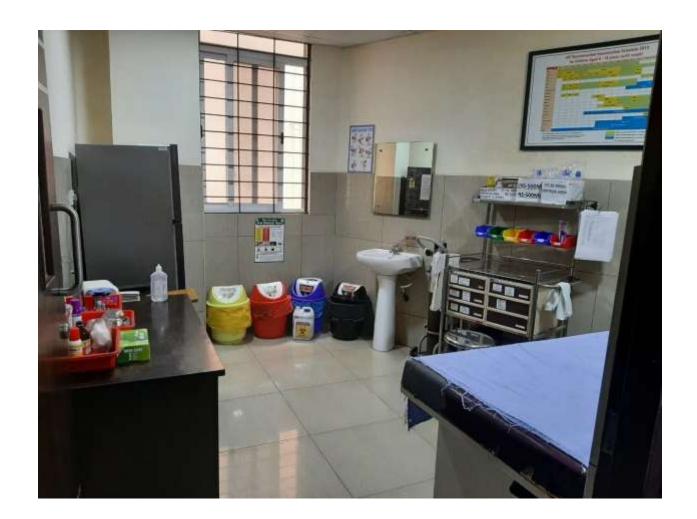
### **UIP IMMUNIZATION SCHEDULE**

|  | 806  |             |         |                  |                |  |         | 1          |             |
|--|--|-------------|---------|------------------|----------------|--|---------|------------|-------------|
| At birth   | OPV-0 dose   |             |         |                  |                |  |         |            |             |
|  | Hep 8- Sirth dose  |             |         |                  |                |  |         |            |             |
|  | Penta-1  |             |         |                  |                |  |         |            |             |
| 1% Months  | OPV-T  |             |         |                  |                |  |         |            |             |
|  | (Kuta-1  |             |         |                  |                |  |         |            |             |
|  | IPV-1  |             |         |                  |                |  |         |            |             |
| 2½ Months  | Penta-2  |             |         |                  |                |  |         |            |             |
|  | DPV-2  |             |         |                  |                |  |         |            |             |
|  | Rota-2   |             |         |                  |                |  |         |            |             |
|  | Partia-3   |             |         |                  |                |  |         | 1          |             |
|  | OPV-3  |             |         |                  |                |  |         |            |             |
| 3½ Months  | Hota-3   |             |         |                  |                |  |         |            |             |
|  | Name of the last o |             |         |                  |                |  |         | -          |             |
| O Marrier  | PV-2   |             |         |                  |                |  |         | -          |             |
| 9 Months   | MR-1 / JE-1  |             |         |                  |                |  |         | -          |             |
| 16-24 Months   | MR-2 / JE-2  |             |         |                  |                |  |         | -          |             |
| 18-24 Months   | DPT / OPV I  |             |         |                  |                |  |         | -          |             |
| 5-6 Years  | DPT / OPV t  | S-retapop   |         |                  |                |  |         |            |             |
| 10 Years   | TT/Td  |             |         |                  |                |  |         | _          |             |
| 16 Years   | TT/Ta  |             |         |                  |                |  |         | 1          |             |
| Vitamin A  | 9 Months   | 15 Months   | 2 Years | 2½ Years         | 3 Years        | 31/4 Years   | 4 Years | 41/4 Years | 5 Years     |
| Given Date   |  |             |         |                  |                |  |         |            |             |
| RECOMMEN   |  |             |         |                  |                |  |         |            |             |
| Name and Address of the Owner, where the Owner, which the | AND DESCRIPTIONS OF THE PARTY O |             |         | I control of the | The CONTRACT   | The second secon | 12.00   |            | CONT. P. C. |
| AGE  | AND DESCRIPTIONS OF THE PARTY O | -DIERE VACC |         | GIVEN ON         | WYOUT          | LEMOTH   | HC      | BEM        | VRKS        |
| 1 ½ Months   | VAC  |             |         | GIVEN ON         | WEIGHT         | LEHGTH   | HC      | HEM        | VRKS        |
| 1 % Months<br>2 % Months   | AND DESCRIPTIONS OF THE PARTY O |             |         | GIVEN ON         | WEIGHT         | LENGTH   | HC      | HEW        | VRKS        |
| 1 % Months<br>2 % Months<br>3 % Months   | VAC  |             |         | GIVEN ON         | weedoor        | LENGTH   | HC      | NEW        | VRKS        |
| 1 % Months<br>2 % Months<br>3 % Months<br>12-18 Months   | PCV  |             |         | GIVEN ON         | weeder         | LENGTH   | HC      | HEAL       | VRKS        |
| 1 % Months<br>2 % Months<br>3 % Months<br>12-18 Months<br>6- 9 Months  | VAC  |             |         | GIVEN ON         | wedner         | LEGICATIO  | HC      | NEW.       | VRKS        |
| 1 1/4 Months<br>2 1/4 Months<br>3 1/5 Months<br>12-18 Months<br>6-9 Months<br>9 Months   | PCV  |             |         | SIVEN ON         | WW (Cher       | (Exicute)  | HC      | HENN       | VRKS        |
| 1 1/4 Months<br>2 1/4 Months<br>3 1/5 Months<br>12-18 Months<br>6-9 Months<br>9 Months<br>15 Months  | РСУ<br>ТУРНОКО   |             |         | SIVEN ON         | - Westella er  | LEGICOTO   | HC      | HEN        | ARKS        |
| 1 1/4 Months<br>2 1/4 Months<br>3 1/5 Months<br>12-18 Months<br>6-9 Months<br>9 Months<br>15 Months<br>5 years   | PCV TYPHORE MMR  | 1944年       |         | GIVEN ON         | WEIGHT         | LESCOTO  | HC      | IEU        | ARKS        |
| 1 % Months<br>2 % Months<br>3 % Months<br>12-18 Months<br>6-9 Months<br>9 Months<br>15 Months<br>5 years<br>15 Months<br>15 Months   | РСУ<br>ТУРНОКО   | 1944年       |         | GIVEN ON         | / Nest (Color) | HTDMELL  | HC      | NEW.       | ARKS        |
| 1 % Months<br>2 % Months<br>3 % Months<br>12-18 Months<br>5-9 Months<br>15 Months<br>5 years<br>15 Months<br>15 Months<br>16 Months  | PCV TYPHORD MMR VARICELE   | 1944年       |         | GIVEN ON         | / Nest (Color) | LEMOTH   | HC      | NEM/       | ARKS.       |
| 1 % Months<br>2 % Months<br>3 % Months<br>12-18 Months<br>6-9 Months<br>15 Months<br>5 years<br>18 Months<br>18 Months<br>18 Months<br>18 Months<br>18 Months  | PCV TYPHOUD MMR VARICELL HEP A   | 1944年       |         | GIVEN ON         | / yestidaerr   | HTDMEL   | HC      | NEW        | ARHS        |
| 1 % Months<br>2 % Months<br>3 % Months<br>12-18 Months<br>6-9 Months<br>15 Months<br>15 Months<br>15 Months<br>18 Months<br>18 Months<br>18 Months<br>18 Months<br>18 Months<br>18 Months  | PCV TYPHORD MMR VARICELE   | 1944年       |         | GIVEN ON         | - West HEART   | LEMOTH   | HC      | HEM        | ARKS.       |
| 1 % Months<br>2 % Months<br>3 % Months<br>12-18 Months<br>6- 9 Months<br>15 Months<br>15 Months<br>15 Months<br>18 Months<br>12 Months<br>12 Months<br>12 Months<br>12 Months<br>18 Months<br>18 Months<br>19 Months<br>19 Months<br>19 Months   | PCV TYPHOUD MMR VARICELI HEP A TdaP  | 1944年       |         | GIVEN ON         | - WOSHIGHT     | LEMOTH   | HC      | HEIM       | URKS:       |
| 1 % Months 2 % Months 3 % Months 3 % Months 42-18 Months 6-9 Months 9 Months 15 Months 15 Months 16 Months 18 Months 18 Months 10 Months 10 years > 15 years   | PCV TYPHOUD MMR VARICELL HEP A   | 1944年       |         | GIVEN ON         | - West (Color) | LEMOTH   | HC      | IIEM       | URKS:       |
| 1 % Months 2 % Months 3 % Months 42-18 Months 6 9 Months 5 9 Months 15 Months 15 Months 15 Months 16 Months 17 Months 18 Months 18 Months 18 Months 19 years 9 -14 years 9 19 years 9 Months   | PCV TYPHOUD MMR VARICELI HEP A TdaP  | (Pe丰岛       |         | GIVEN ON         | - west (Color) | LEMOTH   | HC      | IIEIAA     | Veks        |
| 1 % Months 2 % Months 3 % Months 5 % Months 6 9 Months 6 9 Months 5 9 Months 15 Months 15 Months 15 Months 18 Months 18 Months 18 Months 18 Months 10 years 9 -14 years >15 years 9 15 years 9 16 Wests 10 years 9 17 Wests 10 Years 10 Years 10 Years 10 Years  | PCV TYPHOUD MMR VARICELI HEP A TdaP HPV  | (Pe丰岛       |         | OWEN ON          | VANCOUNT       | LEMOTH   | HE      | HEM        | Urk(S)      |
| 1 % Months 2 % Months 3 % Months 42-18 Months 6 9 Months 5 9 Months 15 Months 15 Months 15 Months 16 Months 17 Months 18 Months 18 Months 18 Months 19 years 9 -14 years 9 19 years 9 Months   | PCV TYPHOUD MMR VARICELI HEP A TdaP HPV  | (Pe丰岛       |         | OWEN ON          | Vestiliaerr    | LEMOTH   | HC      | HEM        | Veks        |

Note: Age in completed weeks / months / years

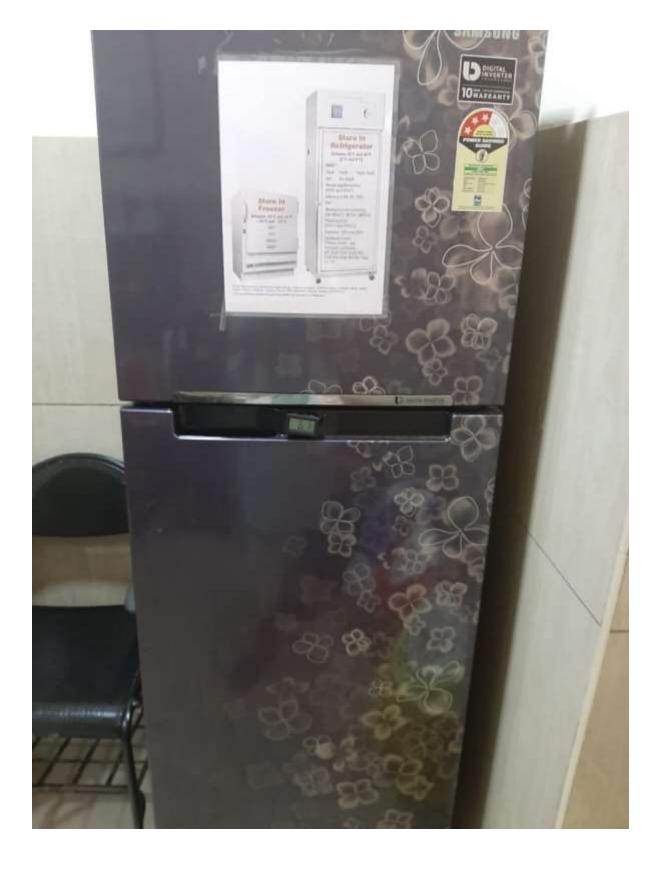
none DEAN cum PRINCIPAL

Dean cum Principal BGS Global Institute of Medical Sciences # 67, Uttarahalli Road, Kengeri, Bengaluru - 560 060.





|    | SPECIALITY CLINIC DEPARTMENT OF PAEDIATRICS |                             |              |             |  |  |  |  |
|----|---|-----------------------------|--------------|-------------|--|--|--|--|
|    | SL.<br>10.                                  | NAME OF THE CLINIC          | DAYS         | TIMINGS     |  |  |  |  |
| 0  | 11  | HIGH RISK NEW BORN CLINIC   | MONDAY       | 9AM TO 12PM |  |  |  |  |
| 0  | 2   | CHILD REHABILITATION CLINIC | TUESDAY      | 9AM TO 12PM |  |  |  |  |
| 0. | 3   | ASTHMA CLINIC               | WEDNESDAY    | 9AM TO 12PM |  |  |  |  |
| 04 | 1   | WELL BABY CLINIC            | THURSDAY     | 9AM TO 12PM |  |  |  |  |
| 05 |   | RENAL CLINIC                | FRIDAY       | 9AM TO 12PM |  |  |  |  |
| 06 |   | CHILD GUIDANCE CLINIC       | SATURDAY     | 9AM TO 12PM |  |  |  |  |
| 07 | 1   | MMUNIZATION CLINIC          | MON - FRIDAY | 9AM TO 1PM  |  |  |  |  |
|    |   |                             | SATURDAY     | 9AM TO 11AM |  |  |  |  |



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