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SRI ADICHUNCHANAGIRI SHIKSHANA TRUST ®

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

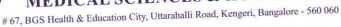
- Conducting immunization clinic from Monday To Saturday, 10 am to 12p.m
- Special staff has been appointed for immunization clinic.
- Immunization is conducted in a special room under all hygienic precautions before immunizations baby's anthropometry and clinical examination noted.
- The procedure and 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



Sri Adhichunchanagiri Shikshana Trust ®

BGS GLOBAL INSTITUTE OF MEDICAL SCIENCES & HOSPITAL



IMMUNIZATION & HEALTH RECORD

Mother's Name Mrs.	Father's Name Mr
Blood Group	Blood Group
Mobile Number	Mobile Number
	Gender: M F
Date of Diffit	ime of Birth : AM / PM
	OP No
Vaginal / Vaccum / Forceps / Caesarean (Elective / El	mergency) APGAR score: 1min :5min
Neonatal Status :	
Authorizements of birth: Weight (kg)	_Length (cms)OFC (cms)

Department Phone Number:



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)

24 x 7 Services

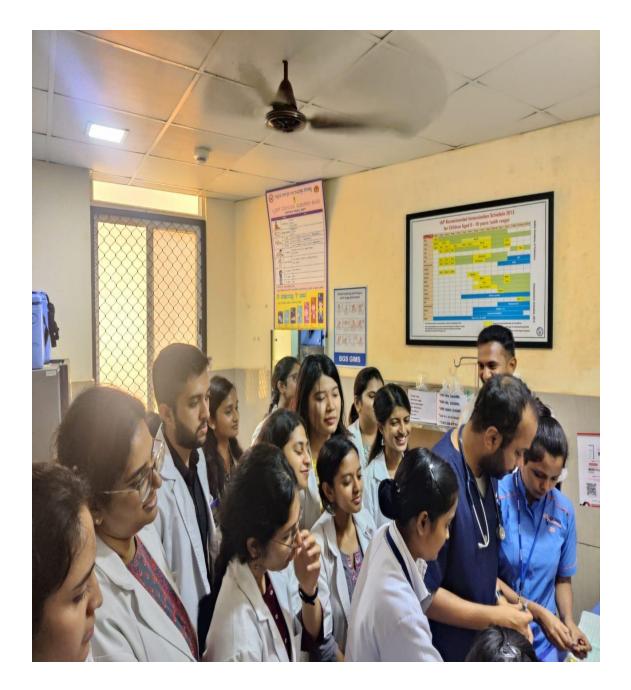
7. Paediatric Emergency Services

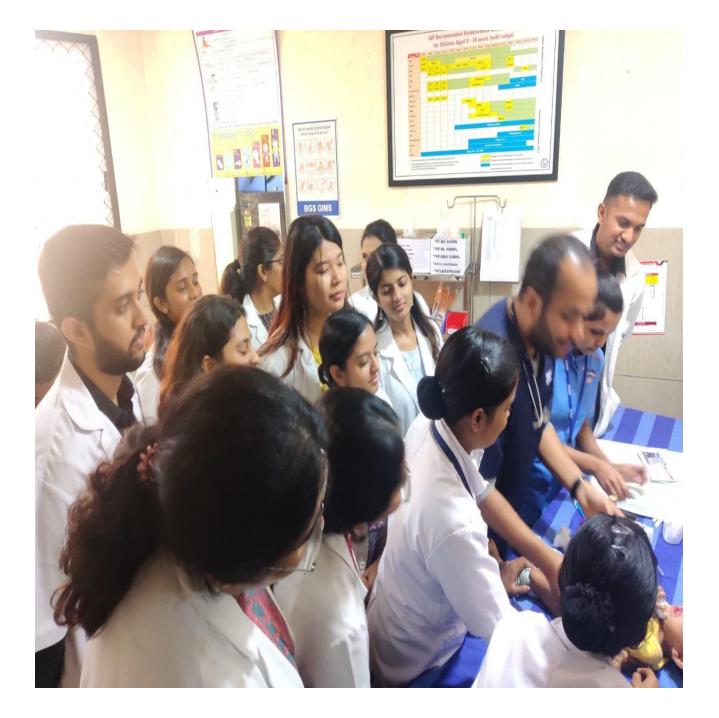
Email address: msbgsgimsgh@gmail.com; aobgsgims@gmail.com; bgsgimspaed@gmail.com Phone: 080-26984811, 080-26984802

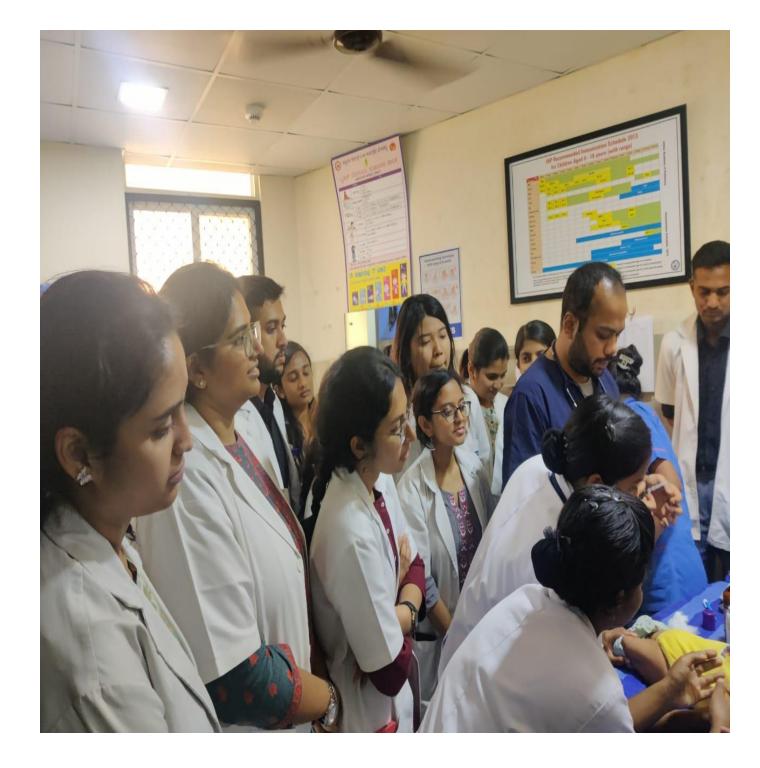
UIP IMMUNIZATION SCHEDULE

AGE	VAC	CINES	DUE ON	GIVEN ON	WEIGHT	LENGTH	HC	RE	MARKS
	BCG								
At birth	OPV-0 dose								
	Hep B- Birth								
	Penta-1							1	
	OPV-1								
1½ Months									
	Rota-1							-	
	IPV-1							-	
01/ 84 - 44 -	Penta-2								
2½ Months	OPV-2								
	Rota-2								
	Penta-3								
3½ Months	OPV-3								
U/2 MUHHIS	Rota-3								
	IPV-2								
9 Months	MR-1 / JE-1								
16-24 Months	MR-2 / JE-2								
18-24 Months	DPT / OPV b	ooster-1						1	
5-6 Years	DPT / OPV booster-2								
10 Years	TT/Td								
16 Years	TT/Td								
Vitamin A	9 Months	15 Months	2 Years	2½ Years	3 Years	3½ Years	4 Years	4½ Years	5 Years
Given Date	3 months	To mondis	Z IGGIS	Z/Z IGais	o icais	3/2 16413	4 16415	472 16415	J Icais
RECOMMEN	DED ADDIT	IONAL VAC	CINES:	1		1			
A(GIE	VACCINES DUE ON GIVEN ON WEIGHT LENGTH HC						REW	REMARKS	
1 1/2 Months			N Marian Constitution (Constitution)	MANAGEMENT OF THE PROPERTY OF					
2 ½ Months	PCV		1						
3 1/2 Months	ТҮРНОІД								
12-18 Months									
6- 9 Months									
9 Months	MMR								
15 Months									
5 years			-						
15 Months 18 Months									
								-	
12 Months	HEP A							-	_
12 Months 18 Months									
12 Months 18 Months 10 years	HEP A								
12 Months 18 Months 10 years 9 -14 years									
12 Months 18 Months 10 years 9 -14 years >15 years	TdaP HPV								
12 Months 18 Months 10 years	TdaP	ccal							
12 Months 18 Months 10 years 9 -14 years > 15 years 9 Months	TdaP HPV	ccal							
12 Months 18 Months 10 years 9 -14 years > 15 years 9 Months 12 Months	TdaP HPV	ccal							

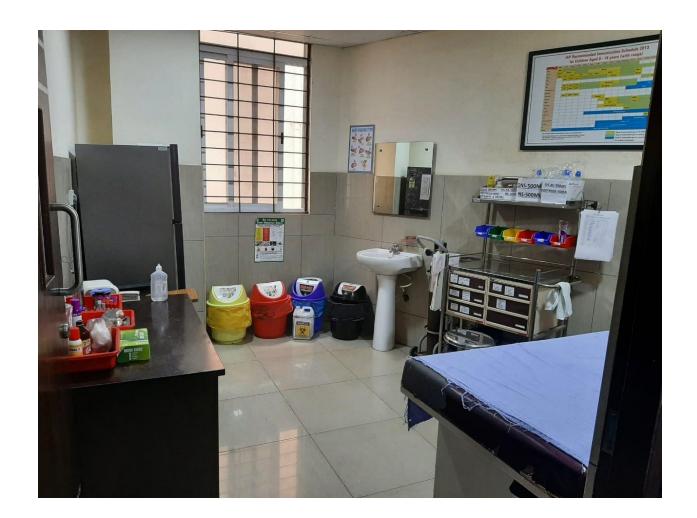
Note : Age in completed weeks / months / years













		SPECIALITY CLINIC DEPARTMENT OF PAEDIATRICS								
	SI NO	I MANUE OF THE COURT	DAYS	TIMINGS						
ı	01	HIGH RISK NEW BORN CLINIC	MONDAY	9AM TO 12PM						
	02	CHILD REHABILITATION CLINIC	TUESDAY	9AM TO 12PM						
	03	ASTHMA CLINIC	WEDNESDAY	9AM TO 12PM						
	04	WELL BABY CLINIC	THURSDAY	9AM TO 12PM						
	05	RENAL CLINIC	FRIDAY	9AM TO 12PM						
	06	CHILD GUIDANCE CLINIC	SATURDAY	9AM TO 12PM						
(7	IMMUNIZATION CLINIC	MON - FRIDAY	9AM TO 1PM						
			SATURDAY	9AM TO 11AM						

