Safety Committee

◆ **Date of Meeting :- 15/10/2021**

SI	Members of the committee	Names of the committee members
1.	Clinical Quality Officer	Dr. Sonam Kashyap
2.	Doctor In Charge - Panchkarma	Dr. Sonam Kashyap
3.	Operations Head & Accreditation Co-ordinator	Dr. Sonam Kashyap
4.	Administrator - Bio Medical Engineering Dept	Hemant Kumar
5.	Facilitymaintenance	Sanjay Kumar Bairwa
6.	Staff NurseRepresentatives	Ruby
7.	House Keeping	Akash

AGENDA :- Patient got Itching (whole body) during Udvartan.
How to avoid Sentinal Event's.
Patient Name :- Kiran. Devi
UHID No :- 12021611

Minutes of Meeting :-
Stop treatment immediately
Sent udvartanam powder to pharmacy to sent back for quality verification to manufacture unit.

Attended By
Hemant Kumar. (Sr Therapist)
Sanjay kumar Bairwa. (Pharm
Ruby (Sr Therapist
Akash. (House keeping)

Dr. Sonam Kashyap
B.A.M.S

UHID - JS2021611

OPD - 9021940

Date: 15/10/24
Age:- 48yrs.
Time: 3:00PM.

ORTHOCARE
- Joint Pain
- Cervical Pain
- Low Back Ache

PANCHKARMA
- Detoxification
- Rejuvenation
- Shirodhara, Shiro Basti Shiro Pichu
- Kati Basti, Prishta Basti Janu Basti
- Akshi Tarpana
- Nasya
- Basti
- Abhyanga
- Swedanam

GASTOCARE
- Acidity
- Constipation
- Liver Treatment

FACILITY
- Steamer
- Panchkarma Room
- Ayurvedic Treatment

Name: Mrs. Kiran Devi
W/o, D/o, S/o: Mr. Bhagwan Singh
Chief Complain Overweight 5 loyrs
History Nil

Menstrual History Menopause. 5 months.

Diagnosis: Obesity

CVS - (N)
CNS - (N)
GC - poor
Oriented, Conscious

अष्टविध परिक्षा
स्पर्श Norm
शब्द Clear
Face (आकृति) Vibhu
Eye (दृष्टि) M
Jiwha (जिह्वा) Alipt
Urine (मूत्र) Pale
Stool (मल) Hard
Nadi (वात, पित्त, कफ)

(Dash Vidha)

1. Prakrutii Vata pitta
2. Vikruti M
3. Sara M
4. Samhana M
5. Pramana M
6. Satmya M
7. Satva M
8. Aahar Shakti M
9. Vaya M
10. Vyayam Shakti M

Vitals:

B.P.: 125/80 mHg.

Weight.: 85 kg.

Height: 5"

RBS.: 13 mg/dL.

NEXT CONSULATION DATE: 15/11/24

Panchakarma Procedure

Adv
- Udvartan x 5 days
(Rotomchukadi churan)

Adv
- Slimfit cap (Af)
1-1 (भुखा पेट)
(भुना हुआ पानी से)

- Arogya vati (Af)
1-1 (भुखा पेट)
(भुना हुआ पानी से)

UHID. IS 2021611 OPD 021940. Room No. 2 Date 15/10/21.

ADMISSION & DISCHARGED RECORD (Day Care)

Name Of Patient (रोगी का नाम) Ms. Kiran Devi.

Name Of Father/Husband(पिता/पति का नाम) W/o- Mr. Bhagwan Singh.

Date Of Treatment(उपचार की तिथि) 15/10/21 Time of Treatment(उपचार का समय) 3:00 p.m. Age(उम्र) 48 Sex(लिंग) F.

Assistant Doctor (सहायक उपचारक) Self.

Doctor Incharge(संचालक उपचारक) Dr. Sonam Kashyap

Treatment end Date(उपचार समाप्ति तिथि) 15/10/21 Time End Of Treatment (उपचार का समय समाप्त) 4:00 p.m.

Operation (If Any) No.

Procedure(प्रक्रिया) Udvartan

Diagnosis(रोग निश्चय) Obesity

Address & Phone No.(पता एवं फोन नं.) Sec-4, Vasundhra, Plot No-149, (9313457346)

Result	Cured/Relived	Investigation Only	Expired

Payment :- CASH_____ TPA Name/No._____ GOVT.Insurance._____

UNDER TAKING FOR TREATMENT INVESTIGATION & FINANCE ETC.

I am getting admitted on day care basis at Shuddhi Ayurveda Panchkarma Clinic (A Unit of Jeena Sikho Lifecare Pvt Ltd) at my own risk and i am ready for the ayurveda treatment . I am giving my consent after understanding benefit and out come of treatment. the information given by me are absolutely correct .

मैं अपनी मर्जी से शुद्धि आयुर्वेद पंचकर्म क्लिनिक (अ यूनिट ऑफ़ जीना सिखो लाइफकेयर प्राइवेट लिमिटेड) क्लिनिक मे दिवसीय उपचार के लिए भर्ती हो रहा/रही हूँ | मैं तैयार हूँ मेरे साथ होने वाली आयुर्वेदिक चिकित्सा पद्धति के लिए ,और मैं सब कुछ सोच कर एवं चिकित्सा से होने वाले फायदा और परिणाम को समझ कर करवा रहा/रही हूँ एवं मैंने जो विवरण दिया है वह पूर्णतः सही है |

Dated (दिनांक) 15/10/21 Attendent (प्रत्यक्षी) Ms. Kiran Devi

Signature (हस्ताक्षर) Kiran Relationship with Patient (रोगी के साथ सम्बंध) Self

Terms & Conditions

1. I have opted on my own for admission into this clinic and will pay the bills as clinic rules and regulations.
2. The management reserves the right to admit or discharge the case amendment /modify rules,regulation and the charges without notice or assigning any reason there of .
3. The facilities provided in the room are maintained in working order but any failure in their functioning does not affect the charge and the management accepts no liability for the same. The Clinic accepts no responsibility for any loss or inconvenience caused by strike, lock out, water, telephone,electricity and air-conditioning failure etc.
4. Patients are advise not be bring any valuable or any jewellery or any other luggage with them. The Clinic will not be responsible for any loss or theft .
5. Suggestions/complaints may be given in writing at the reception.
6. All bills to be paid in cash, govt. insurance/TPA / private insurance/ cheque's are not accepted.

नियम व शर्तें

1. मैंने इस क्लिनिक में प्रवेश के लिए अपना खुद का चयन किया है और क्लिनिक के नियमों और विनियमों के अनुसार बिल का भुगतान करूँगा /करुँगी |
2. प्रबंधन नियमों को संशोधित करने का अधिकार सुरक्षित रखता है एवं विनियम और बिना किसी पूर्व सूचना के शुल्क या किसी भी |
3. कमरे में उपलब्ध सुविधाएँ कामकाजी क्रम में रखी जाती है लेकिन उनके कामकाज में कोई विफलता चार्ज को प्रभावित नहीं करती है और प्रबंधन इसके लिए कोई देयता स्वीकार नहीं करता है | क्लिनिक स्ट्राइक, लॉक आउट, वॉटर , टेलीफोन ,बिजली और एयर कंडीशनिंग विफलता इत्यादि के कारण होने वाली किसी भी हानि या असुविधा के लिए कोई ज़िम्मेदारी स्वीकार नहीं करता है
4. मरीजों को सलाह दी जाती है की वे उनके साथ कोई मूल्यवान या कोई आभूषण या कोई अन्य समान ना लाएं | अत: क्लिनिक किसी भी नुकसान या बकाया के लिए जिम्मेदार नहीं होगा |
5. रिसेप्शन पर लिखित में सुझाव/शिकायते दी जा सकती है |
6. सभी बिलों का भुगतान नकद में किया जाता है टीपीए /निजी बीमा / सरकारी बीमा आदि | चैक नहीं लिया जाता है |

Dated (दिनांक)..... 19/10/21

Signature (हस्ताक्षर)..... Kiran

Relationship of Patient (रोगी से सम्बंध)..... Self

Witness(प्रत्यक्षी)..... Ms. Kiran Devi

Prakurti Chart Form

UHID JS20216II ... Room No. 9. ..... Date 15/10/21 .....

Kindly add mental, behavioral, emotional and physical profile subtotals to attain the final total. The dash with the highest total is your mind body type.

		VATA		PITTA		KAPHA
MENTAL PROFILE						
Mental activity	☑	Quick mind restless	☐	Sharp intellect aggressive	☐	Claim stead stable
Memory	☐	Short-term best	☐	Good general memory	☑	Long –term best
Thoughts	☑	Constantly charging	☑	Fairly steady	☐	Steady stable fixed
Concentration		Short-learn focus best	☐	Better than average mental concentration	☐	Good ability for long term focus
Ability to learn	☐	Quick grasp of learning	☐	Medium to moderate grasp	☐	Slow to learn
Dreams	☑	Fearful flying running jumping	☐	Angry , fiery ,violent adventurous	☐	Includes water clouds relationship , romance
Sleep	☐	Interrupted light	☐	Sound ,medium	☐	Sound ,heavy long
Speech	☐	Fast sometimes missing words	☑	Fast sharp clear cut	☑	Sound ,clear ,sweet
Voice	☑	High pitch	☐	Medium pitch	☐	Low pitch
Mental profile						
Eating speed	☐	Quick	☐	Medium	☐	Show
Hunger level	☑	irregular	☐	Sharp need food when hungry	☐	Can easily miss meals
Food and drink	☐	Prefers warm	☐	Prefers cold	☐	Prefers dry and warm
Achieving goal	☐	Easily distracted	☐	Focused of driven	☐	Slow and steady
Giving/donation	☐	Gives small amounts	☑	Gives nothing or large amount infrequently	☑	Gives regularly and generously
Relationships	☐	Many casual	☐	Intense	☐	Long and deep
Sex drive	☐	Variable or law	☐	Moderate	☐	Strong
Works best	☑	White supervised	☐	Alone	☐	In groups
Weather preference	☐	Aversion to cold	☐	Aversion to heat	☐	Aversion to damps cool
Reaction to stress	☐	Excites quickly	☐	Medium	☐	Slow to get excited
Finances	☐	Doesn't save spends quickly	☐	(Save but big heat)	☐	Save regularly accumulates wealth
Friendship	☐	Tends towards short term friendship makes friends	☑	Tends to be a longer friends related to occupation	☑	Tends to form long lasting

Vata type	Dry to rough skin ,insomnia , constipation ,fatigue , headaches , intolerance of cold underweight or losing weight anxiety ,worry ,and restlessness , attention deficit with hyperactivity disorder .
Pitta type	Rashes inflammatory, skin condition, stomach ache, diarrhea, controlling and manipulative behavior, visual problems, excessive body heat, hostility irritability and excessive competitive drive.
Kapha type	Oily skin shows digestion, digestion, sinus congestion, nasal allergies, asthma, and obesity. Skin growths, possessiveness, neediness, apathy, depression, difficulty, paying attention.

INSTRUCTIONS FOR PANCHKARMA

1. Warm and hot water for drinking.
2. Hot water for bathing.
3. Avoid day sleep.
4. Avoid awakening in night.
5. Pass natural urges (urine & stools) before Panchkarma treatments.
6. Don't suppress natural urges.
7. Don't do excessive workout exercise
8. Don't expose to clod air of hot sun.
9. Avoid stress and strain during treatment.
10. Don't travel on vehicles immediately after treatment.
11. Immediately after traveling or exercise should be not taking and panchkarma treatment.
12. Avoid coitus during treatment period.
13. Take proper rest during and after treatment.
14. During treatment patient should be kept on light and hot diet.

PANCHKARMA CONSENT

UHID JS2021611 OPD 2021940 Room No 2 Date 15/10/21

Patient's Name (रोगी का नाम) Ms. Kiran Devi

Father's/ Husband's Name (पिता/पति का नाम) W/o - Mr. Bhagwan Singh

Date (दिनांक) 15/10/21 Age (उम्र) 48 Sex (लिंग) Female

Address & Phone no. (पता एवं फोन नं.) Sec-4, Vasundhra, Plot No-149 (9313457346)

Treatment Benefits (उपचार के लाभ) helps to reduce weight

Risk (जोखिम) Itching body

Alternative (विकल्प) Stop therapy (must) ally

हमें हमारी थैरेपी के बारे में पूर्णत: बता दिया गया है एवं थैरेपी के आने वाले उपद्रवों के बारे मे भी बता दिया गया है |

जैसे :-				
	घुटनों में सूजन	✓	झनझनाहट	✓
	पैरों में दर्द	✓	अकड़न	✓
	पेट मे भारीपन	✓	सुन्नपन	✓
	कमर में दर्द	✓	उल्टी	✓
	दर्द में वृद्धि	✓	दस्त	✓
	बुखार आना	✓	बी.पी कम होना	✓

आदि के बारे में डाक्टर द्वारा अवगत करा दिया गया है | मैं स्वत: अपनी इच्छानुसार अपनी होनी वाली थैरेपी .....
के बारे मे पूर्णत: ज्ञात होने के पश्चात इन्हें कराने के लिए तैयार हूँ | इसकी पूर्णत: ज़िम्मेदारी मेरी स्वयं की होगी |

- थैरेपिस्ट का नाम ..... थैरेपिस्ट हस्ताक्षर .....
- डाक्टर का नाम..... रोगी के हस्ताक्षर .....
- प्रत्याक्षी..... दिनांक.....

We are informed about the therapy & also about the complication in which e.g.....

Swelling in Joints		Tingling sensation	
Pain in Legs		Tenderness	
Tenderness in abdomen		Numbness	
Backache		Vomiting	
Increase pain		Loose motion	
Fever		Decrease B.P	

- After Explaining about the complication & the benefits I will be responsible for everything and give full permission to the doctors & the therapists to perform Therapies
- Therapist's Name: Ms. Ruby Therapist's Signature Ruby
- Doctor's Name Dr. Sonam Kashyap Patient's Signature Kiran
- Witness Ms. Kiran D 15/10/21

Covid-19 Mandatory Self Declaration Form

Name : Ms. Kiran Devi Date : 5/10/21

Address : Sec-4, Vasundhra, plot No.-149.

Age : 48 Contact Number : 9813457346 Gender :M/F F

Due to the ongoing and rapidly changing situation with the novel-corona virus (COVID-19),we are requiring all visitors to the Clinic to fill-out the self-declaration form below.

Do you have any of the following flu-like symptoms ?

Fever	Yes	No ✓
Dry Cough	Yes	No ✓
Sore Throat	Yes	No ✓
Diarrhoea	Yes	No ✓
Breathlessness	Yes	No ✓
Asthma	Yes	No ✓
Other : Please specify	Yes	No ✓

- History of travel in the recent one month nationally and internationally?

  No

- Any contact history with a person who had returned from foreign country ? If yes, please specify.

  No

- Purpose of your visit : For consultation,Patient attendant/other reason?

  Consultation

- Have you come in contact with the covid-19 positive patient in last one month?

  No

- Have you attend any gathering or visited any crowded market place in the last 14 days ? If you,please specify.

  No

- Are you taking any precautionary measures for boosting your immunity prior to coming ? If you,please specify.

  No

- Kindly share your status of Aarogya Setu app? Red/Orange/Green.

  Green

I hereby assure that whatever information I have provided is correct and true to the best of my knowledge.

If I am an asymptomatic carrier or an undiagnosed patient with covid-19,I know it may endanger doctors and clinic staff. It is my responsibility to take appropriate precaution and to follow the protocols prescribed by them.

I also know that I may get an infection from the clinic or form a doctor and I will take every precaution to prevent this from happening but I will not at all hold Doctors and clinic staff accountable if such infection occurs to me or my accompanying persons.

Signature

Kiran

UHID JS2021611 OPD 2021940 Room No 2 Date 15/10/21

PROCEDURE

I Ms. Kiran Devi W/o, S/o, D/o W/o- Mr. Bhagwan

R/O Sec-4, Vasundhra, Pin-10 - 149

Date of Admission 15/10/21 Age 48 Sex Female

Has been clearly explained about the Procedure

By Dr. Sonam Kashyap

It have been clearly explained about the complications and other impacts of procedure by the doctor clearly in my own language. I have been explained about the expenses for the procedure clearly. I have been explained about the procedure and in case of any emergency or further referral to any higher centre, the required expenses in that case will be paid by me. I am giving my concent for the procedure mention about.

मैं.....पिता/पति का नाम.....पता .....

..... (दिनांक).....उम .....लिंग .....

डॉ .....ने मुझे मुझ पर होने वाली प्रक्रिया (थैरेपी) के बारे में पूर्णत: बता दिया है। जिसमें आने वाले उपद्रवो के बारे में भी मुझे मेरी भाषा में बता दिया गया है। यदि किसी भी थैरेपी के दौरान आई आपातकालीन स्थिति में मुझे किसी दूसरे बड़े अस्पताल एवं क्लीनिक में जाना पड़ता है तो इसका पूर्ण खर्चा मुझे स्वयं वाहन करना होगा। मैं क्लीनिक के सारे नियम व कानून पढ़ चुका/चुकी हूं एवं मुझे बता दिया गया है और मैं अपनी स्वीकृति दे रहा/रही हूं।

Patient's Name (रोगी का नाम) Ms. Kiran Devi

Signature (हस्ताक्षर) Kiran

Date (दिनांक) 15/10/21

Place (स्थान) Uttar Pradesh

Witness (प्रत्यक्षी) Ms. Kiran Devi

Doctor's Name (चिकित्सक नाम) Dr. Sonam Kashyap

Signature (हस्ताक्षर)

Date (दिनांक) 15/10/21

FEEDBACK FORM (प्रतिक्रिया फॉर्म)

Name/नाम : Ms. Kiran Devi Age(आयु) 42 Sex(लिंग) F

OPD: 2021940 UHID No JS2021611

Address /पता: Sec - 4, Vasundhra, plot NO - 149.

Phone No./ फोन न.: 9313457346. Email / ईमेल :

Name of Doctor /डॉक्टर का नाम: Dr. Soham Kashyap

Dear Sir/Madam,प्रिय महोदय/ महोदया

We want know your opinion. We would appreciate if you would spare us a moment of your valuable time in providing us your feedback regarding various aspects of medical care and hospitality that were extended to your stay here with us.

हम आपकी राय जानना चाहते हैं हम आप की सराहना करेंगे अगर आप हमें अपने मूल्यवान समय का एकक्षण देंगे जो हमें आपकी चिकित्सा, देखभाल और आतिथ्य के विभिन्न पहलुओं के बारे में आप की प्रतिक्रिया प्रदान करने में मदद करता है।

जो हमारे यहाँ इलाज के दौरान अनुभव किया।

S.No	Services/ सेवाएं	Good / अच्छा Yes/ हाँ	Not good/ अच्छा नहीं No/नहीं
1.	Do you found ,Time period spent on your assessment is sufficient or not ?	✓	
	आपकी जांच के लिए डॉक्टर के द्वारा दिया गया समय पर्याप्त है या नहीं ?		
2.	Explained about diagnosis and treatment ?	✓	
	निदान और उपचार के बारे में समझाया ?		
3.	How is work experience of staff ?	Good	
	कर्मचारियों का कार्य अनुभव कैसा हैं ?		
4.	During your problem did employee or staff respond you on time or not ?	✓	
	जब आप अपनी समस्या बताते हैं, तो कर्मचारी ठीक से सुनते हैं ?		
5.	Did staff treat you with dignity and respect ?	✓	
	क्या कर्मचारी आप से गरिमा और सम्मान के साथ व्यवहार करते हैं ?		
6.	How would you feel during treatment ?	✓	
	ईलाज के दौरान आपने कैसा अनुभव किया ?		
7.	Did you have confidence and trust in the staff ?	Good	
	क्या आप कर्मचारी के कार्य क्षमता से संतुष्ट हैं ?		
8.	What one thing would you change about the department ?	.	✓
	इस विभाग में कोई एक भी ऐसी चीज जिस में आप सुधार चाहते हैं ?		.

Your comments / आपके सुझाव

NO

Date: 15/10/21

Kiran

Signature (Patient/Guardian)

Signature (Clinic Auth

Signature (MD/MS)

15/10/21

UHID. IS102161 OPD 2021940 Room No. 2 Date 13/10/21

PROCEDURE

Patient's Name(रोगी का नाम) Ms. Kiran Devi

Father's/Husband's Name (पिता/पति का नाम) w/o - Mr. Bhagwan Singh

Date (दिनांक) 18/10/21 Age (उम्र) 48 Sex (लिंग) F

Procedure Perform (प्रक्रिया) Udvartan

Provisional Diagnosis (रोग निश्चय) obesity

Final Diagnosis (रोग विनिश्चय) obesity

Doctor Name (चिकित्सक नाम) Dr. Sonam Kashyap

Therapist Name(सहायक नाम) Ms. Ruby

Details of Therapy :

Udvartan (Kottamchukadi churan) x 5 days
(40 min).

- Slimfit cap (Afth meal)
1-1 (सुबह - शाम)
(भोजन के बाद)

- Arogyavati (Afth meals)
1-1 (सुबह - शाम)
(भोजन के बाद).

Doctor's Name (चिकित्सक नाम) Dr. Sonam Kashyap.

Date (दिनांक) 13/10/21

Signature (हस्ताक्षर)

CHARGES CONCERN FORM

Name (नाम): Ms. Kiran Devi DOA (भर्ती की तारीख): 15/10/21

Age (उम्र) 43 Sex (लिंग) F UHID : IS2021611 OPD : 2021940

W/O, S/O, D/O (पिता|पति) : w/o - Mr. Bhagwan Singh Day Panchkarma: Day Care

Consultant Name (चिकित्सक नाम) : Dr Sonam Kashyap

Provisional Diagnosis(रोग निश्चय) Obesity

Final Diagnosis(रोग विनिश्चय) : obesity

1. Procedure details (प्रक्रिया विवरण): Udvartan
2. Doctor Consultation Charges (चिकित्सक परामर्श शुल्क)
3. Nursing Charges (नर्सिंग शुल्क)
4. Package Charges Procedure wise

A: Udvartan x 1 day = 1700 x 1 = 1700

B:

C :

D:

E:

5. Doctor Fees (चिकित्सक शुल्क) —
6. Medicine (approx) costing : 2550/-
7. Consumable (approx) charges : —
8. Accessory (approx) charges : —
9. Diet Charges (आहार शुल्क) :

Total Estimated Package Rs. 4250/-

Patient Signature Kiran

Receptionist Signature Bhanu

VITAL CHART

Patient Name : Ms. Kiran Devi Gender : F DoA : 15/10/21 UHID No. : JS2021640

DATE	WEIGHT	TEMPERATURE	BLOOD PRESSURE	PULSE	RESPIRATION RATE	PAIN	SIGN
15/10/21	48 kg.	97.4°F.	125/80mmHg	74/min	18	2/10	Ruby
	47.90kg	97.9°F.	127/82mmHg	72/min	18	2/10	Ruby

Shuddhi AYURVEDA
(A Unit of Jeena Sikho Lifecare Pvt.Ltd)
Plot No 640,Ground Floor,Sector 5, Vaishali, Ghaziabad- 201014

UHID: JS2021611 OPD: 2021940 Room No. 2

PH No. 0120 4779993 / 96546 50274

PROGRESS NOTES

15/10/21

Before

B.P. : 125/80 mmHg. therapy

P/R : 74/min/S/B - Dr. Sonam Kashyap.

Temp. : 97.4

Pain : 2/10

Patient is Uncomfortable
- Feeling is heaviness in body
- Overweight

Adv
- Udvartan (kottam churnadi churna).

After Therapy

e/s/B - Dr. Sonam Kashyap

Patient is feeling slight Comfortable
- Patient feeling lightness in body.

Patient Got Itching whole body because of udvartan So therapy stopped and oral medicine continue.

Sona 15/10/21

Shuddhi Ayurveda Panchkarma Clinic
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Plot No 640, Ground Floor, Secot 5,
Vaishali, Ghaziabad-201014

B.P. :

P/R :

Temp. :

Pain :