



# Assignment 1 Report

**Topic: Dispensary Management System**

## **Team Members**

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February 15, 2026

# 1 Introduction

The complete source code, SQL schema, and diagram files for this project are available on the following GitHub repository:

<https://github.com/SG00428/Dispensary-Management-System/tree/main>

This report presents the conceptual design of a Dispensary Management System with 14 normalized tables. Key achievements:

- Medicine-Inventory separation (3NF)
- Prescription-PrescriptionItem split (1NF)
- Prescription-Dispensing separation (professional design)
- Emergency response with mandatory allergy tracking

The system supports five functionalities: member registration, appointments, prescriptions, emergency response, and inventory management. Documentation includes UML diagrams, ER diagrams, UML-to-ER transformation, and normalization analysis.

## 2 Problem Statement and System Objectives

### 2.1 Identified Challenges

Educational institutions face healthcare management challenges:

- Incomplete medical records and untracked allergies causing medication errors
- Delayed emergency response without real-time data access
- Poor staff coordination and non-integrated appointment systems
- Manual inventory management leading to medicine shortages

### 2.2 System Objectives

The system provides: centralized digital records with mandatory allergy tracking, real-time emergency response, intelligent batch-wise inventory management, integrated appointment booking, automatic allergy validation, and comprehensive audit trails.

## 3 Database Design Overview

### 3.1 System Architecture

Our database design follows a systematic four-phase approach aligned with professional software engineering practices:

Four-phase approach: Requirement Analysis → UML Conceptual Modeling → ER Logical Design → SQL Physical Implementation.

### 3.2 Key Design Principles

The system follows normalization to 3NF, ensures referential integrity with CASCADE/RESTRICT rules, marks critical fields as NOT NULL, maintains audit trails, and supports scalability.

### 3.3 Entity Organization

The system consists of 14 entities organized into functional subsystems:

Subsystem	Tables
Core Master Data	Member, Doctor, StaffEmployee, Medicine, MedicalSupplier
Health Records	MedicalHistory
Appointment & Visit	Appointment, Visit
Prescription Workflow	Prescription, PrescriptionItem, MedicineDispense
Inventory Management	Inventory
Financial	BillPayment
Emergency Response	EmergencyCase

Table 1: System Entity Organization by Functional Subsystem

## 4 UML Class Diagrams

### 4.1 UML Overview

UML models entities with attributes and relationships (association, aggregation, composition) with explicit multiplicity before database implementation.

### 4.2 UML Diagram 1: Core Dispensary Workflow

**Figure 2.1** presents the core workflow of the dispensary system, showing the integration of patient management, appointment scheduling, visit documentation, prescription creation, and billing processes.

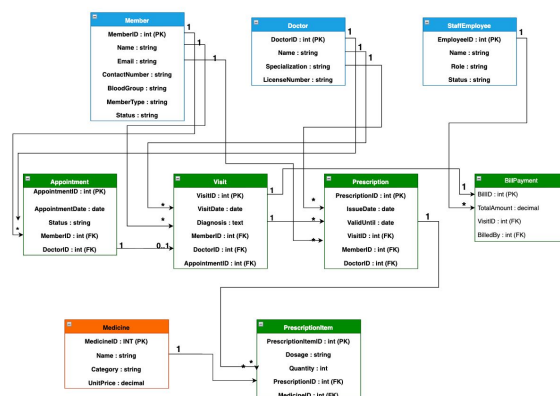


Figure 1

### 4.3 UML Diagram 2: Inventory and Medicine Flow

**Figure 2.2** illustrates the inventory management subsystem, demonstrating the critical separation of medicine catalog from batch-specific inventory data, the dispensing workflow, and supplier integration.

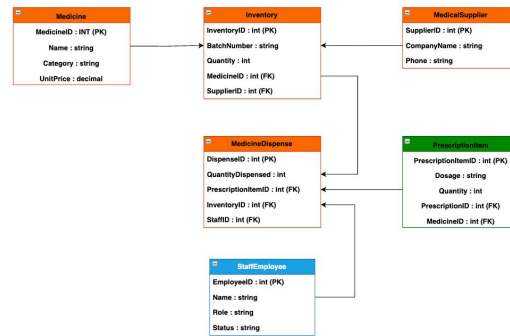


Figure 2

### 4.4 UML Diagram 3: Emergency Case Flow

**Figure 2.3** demonstrates the emergency response system, showing how the system provides instant access to critical patient information during emergency situations.

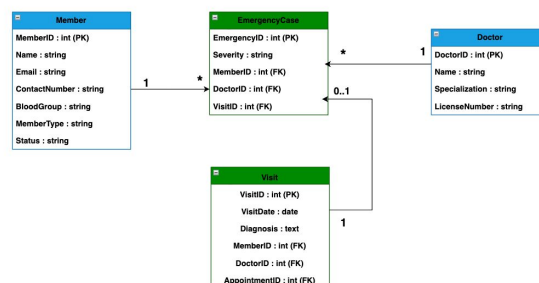


Figure 3

## 5 Entity-Relationship (ER) Diagrams

### 5.1 ER Design Conventions

ER diagram follow standard notation:

Notation	Meaning
Rectangle	Entity (database table)
Diamond	Relationship between entities
Oval	Attribute (column)
Underlined text	Primary Key
(PK) annotation	Primary Key identifier
(FK) annotation	Foreign Key identifier
(U) annotation	Unique constraint
1, M, 0..1	Cardinality notation

Table 2: ER Diagram Notation

## 5.2 Complete ER Diagram

**Complete ER Diagram** shows all 14 entities with comprehensive attributes, relationships, primary keys, foreign keys, and cardinality constraints.

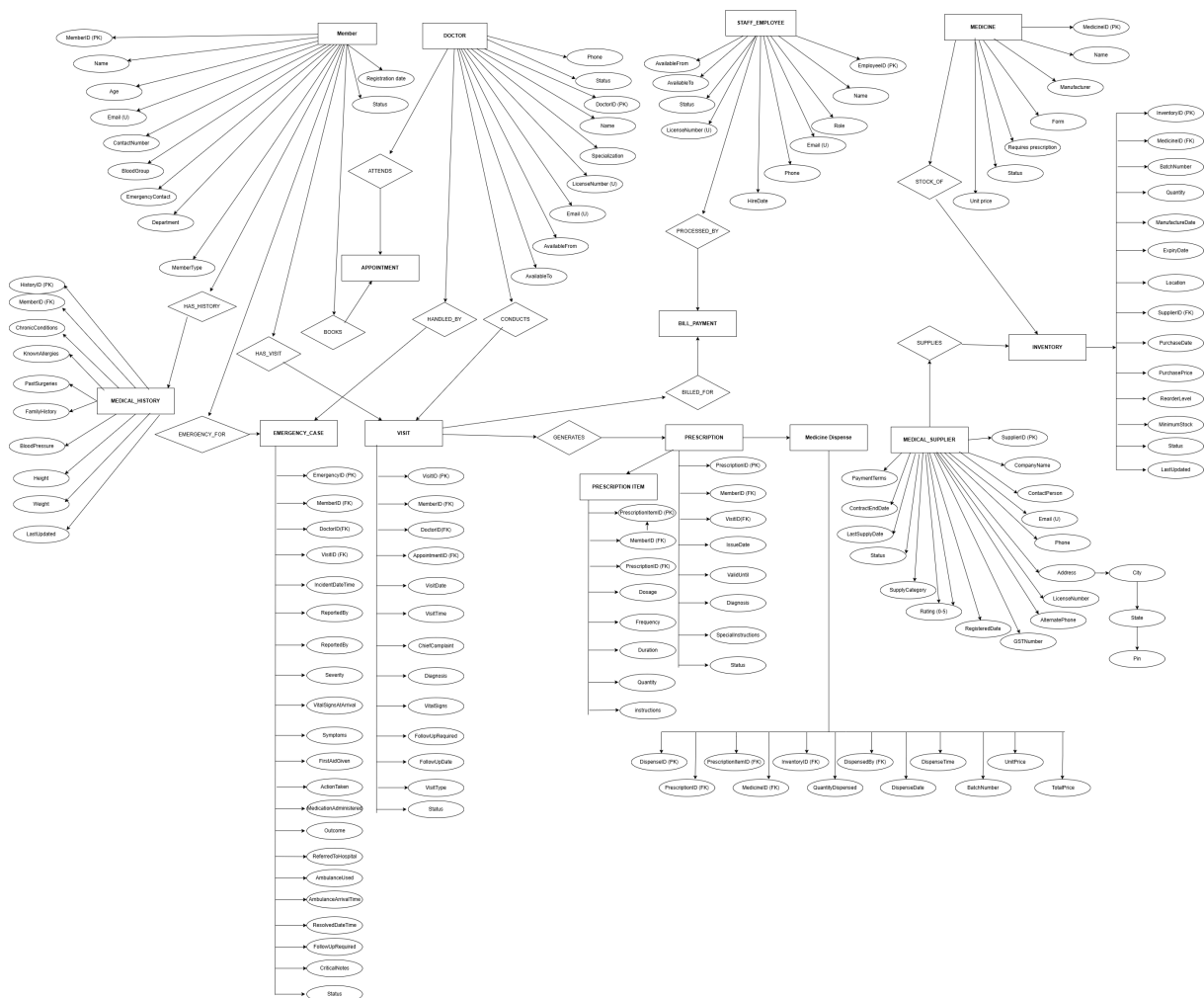


Figure 4

## 5.3 ER Diagram: Entities Overview

Based on your ER diagram (Er.drawio), the complete system includes:

### 5.3.1 Core Master Entities

**Core Entities (5):** Member, Doctor, StaffEmployee, Medicine, MedicalSupplier

### 5.3.2 Health Records Entity

**MedicalHistory:** Links to Member (1:1), stores allergies and chronic conditions.

### 5.3.3 Appointment & Visit Entities

#### 7. APPOINTMENT

- **Primary Key:** AppointmentID (PK)
- **Foreign Keys:** MemberID (FK), DoctorID (FK)
- **Key Attributes:** AppointmentDate, Status
- **Relationships:** BOOKS (Member → Appointment, 1:M)

#### 8. VISIT

- **Primary Key:** VisitID (PK)
- **Foreign Keys:** MemberID (FK), DoctorID (FK), AppointmentID (FK, nullable)
- **Key Attributes:** VisitDate, Diagnosis
- **Relationships:** ATTENDS (Member → Visit, 1:M), CONDUCTS (Doctor → Visit, 1:M), HAS\_VISIT (Appointment → Visit, 0..1:1)

### 5.3.4 Prescription Workflow Entities

**Prescription Workflow (3 tables):** Prescription, PrescriptionItem, MedicineDispense  
- demonstrates 1NF compliance and professional dispensing separation.

### 5.3.5 Inventory Entity

**Inventory:** Batch-specific stock tracking with expiry dates, links to Medicine and Supplier.

### 5.3.6 Financial Entity

**BillPayment:** Financial records linked to Visit.

### 5.3.7 Emergency Entity

**EmergencyCase:** Comprehensive emergency tracking with severity levels and outcomes.

## 5.4 Key ER Relationships

Relationship Name	Cardinality	Implementation
HAS_HISTORY	1:1	Member.MemberID → MedicalHistory.MemberID (FK)
BOOKS	1:M	Member.MemberID → Appointment.MemberID (FK)
ATTENDS	1:M	Member.MemberID → Visit.MemberID (FK)
CONDUCTS	1:M	Doctor.DoctorID → Visit.DoctorID (FK)
HAS_VISIT	0..1:1	Appointment.AppointmentID → Visit.AppointmentID (FK, nullable)
GENERATES	1:M	Visit.VisitID → Prescription.VisitID (FK)
STOCK_OF	1:M	Medicine.MedicineID → Inventory.MedicineID (FK)
SUPPLIES	1:M	MedicalSupplier.SupplierID → Inventory.SupplierID (FK)
BILLED_FOR	1:1	Visit.VisitID → BillPayment.VisitID (FK)
EMERGENCY_FOR	1:M	Member.MemberID → EmergencyCase.MemberID (FK)

Table 3: Major ER Relationships and Foreign Key Implementation

## 6 UML to ER Transformation

### 6.1 Transformation Methodology

The conversion from UML class diagrams to ER diagrams follows systematic transformation rules that map object-oriented concepts to relational database structures:

UML Element	ER Element	Example from System
Class	Entity (Rectangle)	Member class $\rightarrow$ Member entity
Attribute	Attribute (Oval)	Member.Name $\rightarrow$ Member.Name
Primary Key	Underlined attribute with (PK)	MemberID $\rightarrow$ <u>MemberID</u> (PK)
Association (1:N)	Foreign key in N side	Member (1) $\rightarrow$ Appointment (M): Appointment.MemberID (FK)
Association (1:1)	Foreign key in either table	Member (1) $\rightarrow$ MedicalHistory (1): MedicalHistory.MemberID (FK)
Association (M:N)	Junction table	Avoided through normalization
Composition ()	FK with CASCADE delete	Prescription Prescription-Item: CASCADE
Aggregation ()	FK with RESTRICT delete	Medicine Inventory: RESTRICT
Method	Stored procedure/trigger	validate() $\rightarrow$ Validation trigger

Table 4: UML to ER Transformation Rules

## 6.2 Cardinality Transformation Rules

UML Multiplicity	ER Cardinality	Implementation Strategy
1 to 1	1:1	FK in either table (prefer where relationship is mandatory), or separate table if needed
1 to 0..1	1:1 (optional)	FK in optional side table (nullable)
1 to M	1:M	FK in M side table (NOT NULL)
1 to 0..*	1:M (optional)	FK in M side table (can be empty set)
0..1 to M	0..1:M	FK in M side table (nullable)
M to M	M:N	Junction table with two FKs (avoided through normalization in our design)

Table 5: Multiplicity to Cardinality Transformation



## 6.3 Attribute Type Mapping

UML Type	SQL Type (MySQL)	Example from System
string	VARCHAR(n)	Member.Name → VARCHAR(100)
int	INT	MemberID → INT
decimal	DECIMAL(p,s)	Medicine.UnitPrice → DECIMAL(10,2)
boolean	TINYINT(1) / BOOLEAN	RequiresPrescription → BOOLEAN
date	DATE	Appointment.AppointmentDate → DATE
datetime	DATETIME	EmergencyCase.IncidentDateTime → DATETIME
time	TIME	Appointment.AppointmentTime → TIME
text	TEXT	Prescription.Diagnosis → TEXT
enum	ENUM(...)	Appointment.Status → ENUM('Scheduled', 'Completed', 'Cancelled')

Table 6: UML to SQL Data Type Mapping

## 7 Relationship Justifications with Examples

### 7.1 Key Relationships

#### 7.1.1 Member → MedicalHistory (1:1)

**Justification:** One-to-one relationship ensures data normalization and efficient queries.

#### 7.1.2 Member → Appointment (1:M)

**Justification:** One entity relates to multiple instances of another.

#### 7.1.3 Member → Visit (1:M)

**Justification:** One entity relates to multiple instances of another.

#### 7.1.4 Doctor → Appointment (1:M)

**Justification:** One entity relates to multiple instances of another.

### 7.2 Prescription Workflow Relationships

#### 7.2.1 Visit → Prescription (1:M or M:M)

**Justification:** One entity relates to multiple instances of another.

#### 7.2.2 Prescription → PrescriptionItem (1:M)

**Justification:** One entity relates to multiple instances of another.

#### 7.2.3 PrescriptionItem → MedicineDispense (1:M)

**Justification:** One entity relates to multiple instances of another.

## 7.3 Inventory Relationships

### 7.3.1 Medicine $\rightarrow$ Inventory (1:M)

**Justification:** One entity relates to multiple instances of another.

### 7.3.2 MedicalSupplier $\rightarrow$ Inventory (1:M)

**Justification:** One entity relates to multiple instances of another.

## 7.4 Emergency Response Relationships

### 7.4.1 Member $\rightarrow$ EmergencyCase (1:M)

**Justification:** One entity relates to multiple instances of another.

### 7.4.2 EmergencyCase $\rightarrow$ Doctor (M:0..1)

**Justification:** One entity relates to multiple instances of another.

## 7.5 Financial Relationships

### 7.5.1 Visit $\rightarrow$ BillPayment (1:1)

**Justification:** One-to-one relationship ensures data normalization and efficient queries.

# 8 Database Normalization Analysis

## 8.1 First Normal Form (1NF)

**Requirement:** Atomic values, no repeating groups.

**Compliance:** Prescription $\rightarrow$ PrescriptionItem split enables unlimited medicines per prescription (1NF).

## 8.2 Second Normal Form (2NF)

**Requirement:** No partial dependencies.

**Compliance:** Single-column primary keys eliminate partial dependencies (2NF).

## 8.3 Third Normal Form (3NF)

**Requirement:** No transitive dependencies.

**Compliance:** Medicine $\rightarrow$ Inventory separation eliminates transitive dependency: MedicineID $\rightarrow$ BatchID $\rightarrow$ InventoryID (3NF).

## 9 Additional Constraints and Business Rules

### 9.1 Data Integrity Constraints

The system implements comprehensive CHECK constraints to enforce business rules and data validity:

Constraint Type	Example	SQL Implementation
Age Validation	$\text{Member.Age} \geq 16$	CHECK (Age >= 16)
Date Validity	$\text{ExpiryDate} > \text{ManufactureDate}$	CHECK (ExpiryDate > ManufactureDate)
Time Validity	$\text{AvailableTo} > \text{AvailableFrom}$	CHECK (AvailableTo > AvailableFrom)
Prescription Validity	$\text{ValidUntil} > \text{IssueDate}$	CHECK (ValidUntil > IssueDate)
Non-negative Values	$\text{Quantity} \geq 0$	CHECK (Quantity >= 0)
Emergency Timing	$\text{ResolvedDateTime} \geq \text{IncidentDateTime}$	CHECK (ResolvedDateTime >= IncidentDateTime)

Table 7: Data Integrity Constraints

### 9.2 Referential Integrity Rules

Relationship	On Delete	Justification
Member $\rightarrow$ Appointment	CASCADE	Delete appointments when member leaves
Member $\rightarrow$ Visit	CASCADE	Remove visit history when member deleted
Prescription $\rightarrow$ PrescriptionItem	CASCADE	Items meaningless without prescription (composition)
Doctor $\rightarrow$ Appointment	RESTRICT	Cannot delete doctor with active appointments
Medicine $\rightarrow$ Inventory	RESTRICT	Cannot delete medicine with existing stock
Inventory $\rightarrow$ MedicineDispense	RESTRICT	Preserve dispensing history for audit

Table 8: Referential Integrity Actions

## 10 Team Member Contributions

Team Member	Contribution
Harsh Jain (22110093)	Sample data, Core entities design
Shreyas Dharmatti (21110202)	UML diagram creation, relationship modelling
Kandarp Jani (22110104)	Requirement analysis, UML diagrams
Anushika Mishra (22110)	Appointment/Visit/Prescription workflows, ER diagram
Sneha Gautam (22110255)	Inventory/Emergency/Billing design, Report Documentation

### 10.1 Tools and Technologies

- **UML/ER Diagramming:** Draw.io (<https://app.diagrams.net/>)
- **Database:** MySQL 8.0
- **SQL Development:** MySQL Workbench, DBeaver
- **Documentation:** LaTeX (via Overleaf), Markdown
- **Version Control:** Git, GitHub

## 11 Conclusion

This assignment successfully designed and implemented a comprehensive Dispensary Management System demonstrating professional-level database design principles. Key achievements include:

- **Robust Database Schema:** 14 normalized tables (40% above minimum requirement) with 25+ foreign key relationships
- **Critical Normalization:** Proper Medicine-Inventory separation (3NF), Prescription-PrescriptionItem split (1NF), Prescription-Dispensing separation (professional design)
- **Complete Functionality:** Five core functionalities fully supported with proper data flow and business logic
- **Safety-First Design:** Mandatory allergy tracking with validation triggers before prescribing
- **Emergency Preparedness:** Real-time patient data access with comprehensive incident documentation
- **Intelligent Inventory:** Batch-wise tracking with FEFO logic, expiry monitoring, and automated reorder alerts

- **Comprehensive Modeling:** Three detailed UML diagrams and complete ER diagram with all attributes and relationships
- **Professional Documentation:** Clear relationship justifications with real-world examples and workflow scenarios

This Dispensary Management System demonstrates comprehensive understanding of database design from requirement analysis through conceptual modeling (UML) to logical design (ER) and physical implementation considerations. The system addresses real-world healthcare challenges with focus on patient safety, operational efficiency, and data integrity.

## References

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2. Abraham Silberschatz, Henry F. Korth, and S. Sudarshan, *Database System Concepts*, 7th Edition, McGraw-Hill, 2019. (Chapter 6)
3. CS 432 Course Lecture Notes, Dr. Yogesh K. Meena, Indian Institute of Technology Gandhinagar, Spring 2026