**Hospital Management System**

**Angular**

First Part

* User (Patient)

Second Part

* Admin
* Doctor
* Nurse
* Receptionist
* Laboratory
* Pharmacy

Patient / User:

1. Dashboard
2. Appointment List + History
3. Reports (pdf)
4. Prescriptions
5. Settings

**Hospital**

|  |
| --- |
| Id |
| Hospital Name |
| Contact |
| Email |
| Address |
| Established Year |

Admin:

1. Doctor ©
2. Nurse ©
3. Receptionist ©
4. Vendor ©
5. Departments ©
6. Payroll © for all

Doctor:

1. Patient ©
2. Patient History + Diagnostics History ©
3. Prescription ©

Nurse:

1. Operation Theater (OT) ©
2. Emergency ©
3. Blood Bank ©
4. Mortuary ©

Receptionist:

1. Appointment ©

Laboratory:

1. Report ©

Pharmacy:

1. Medicine ©
2. Medicine Company ©
3. Medicine Bill ©

**ADMIN**

Doctor ©

|  |
| --- |
| Id |
| Name |
| Specialty |
| Degree |
| License Id |
| Doctor Id |
| Email |
| Gender |
| Phone |
| Birthday |
| Address |
| Image |
| User |
| Password |

Nurse ©

|  |
| --- |
| Id |
| Name |
| Degree |
| License Id |
| Nurse Id |
| Email |
| Gender |
| Phone |
| Birthday |
| Address |
| Image |
| User |
| Password |

Receptionist ©

|  |
| --- |
| Id |
| Name |
| Receptionist Id |
| Email |
| Gender |
| Phone |
| Birthday |
| Address |
| Image |
| User |
| Password |

Departments ©

|  |
| --- |
| Id |
| D. Head Name |
| Email |
| Phone |
| Doctor have |
| Nurse have |

Vendor ©

|  |
| --- |
| Id |
| Name |
| Vendor Id |
| Email |
| Phone |
| Address |
| Vendor logo |
| Supply Items |
| Description |

Payroll © for all

|  |
| --- |
| Id |
| Staff Name (F) |
| Staff Department (F) |
| Staff ID |
| Staff Email |
| Salary Amount |
| Payment Method |
| Date |

**Doctor**

Patient History + Diagnostics History ©

|  |
| --- |
| Id |
| Patient Name |
| Patient Id |
| Patient Last Visit |
| Causes |
| New cause |
| Diagnostics History |

Prescription ©

|  |
| --- |
| Id |
| Patient Name |
| Patient Id |
| New Cause |

|  |
| --- |
| Medicine Number |
| Medicine Name |
| Day Consumption |
| Per Day Consum. |

**Nurse**

Patient ©

|  |
| --- |
| Id |
| Name |
| Patient ID |
| Email |
| Gender |
| Phone |
| Birthday |
| Address |
| Image |
| Doctor Name |
| User |
| Password |

Operation Theater (OT) ©

|  |
| --- |
| Id |
| Patient Name |
| Patient ID |
| Doctor Name |
| Doctor ID |
| OT Serial |
| Doctor List |
| Nurse List |
| OT Date |
| OT Time |

Emergency ©

|  |
| --- |
| Id |
| Name |
| Doctor Name |
| Email |
| Gender |
| Phone |
| Birthday |
| Address |
| Admit Date |
| Admit Time |
| Emergency Cause |
| Patient Condition |

Blood Bank ©

|  |
| --- |
| Id |
| Blood Group |
| Donor Name |
| Donation Time |
| Blood Volume |

Mortuary ©

|  |
| --- |
| Id |
| Name |
| Blood Group |
| Cause of Death |
| Time of Death |

**Receptionist**

Appointment ©

|  |
| --- |
| Id |
| Name |
| Email |
| Gender |
| Phone |
| Birthday |
| Address |
| Department Name |
| Doctor Name |

**Laboratory**

Report ©

|  |
| --- |
| Id |
| Patient Name |
| Patient Id |
| Email |
| Gender |
| Phone |
| Birthday |
| Address |
| Department Name |
| Doctor Name |
| Report Name |
| Report Type |

|  |
| --- |
| Test Name |
| Result |
| Unit |
| Reference Range |

**Pharmacy**

Medicine ©

|  |
| --- |
| Id |
| Supplier Name |
| Generic Medicine Name |
| Available Medicine |

Medicine Company ©

|  |
| --- |
| Id |
| Medicine Company |
| Email |
| Phone |
| Address |
| Generic Medicine List |

Medicine Bill ©

|  |
| --- |
| Id |
| Patient Name |
| Prescription Id |
| Date |

|  |
| --- |
| Serial Number |
| Generic Medicine Name |
| Quantity |
| Amount |