

MEDON (UID Based Health Care Service)

Aman Singh Patel, Amisha Chaurasia, Akash Deep, Anshuman Rathore Pitamber Adhikari (Asst Professor)

(Information Technology,

NIET ,Greater Noida)

I. Abstract:

The government has been that specialize in inclusive boom and has launched several schemes at special degrees to facilitate the identical. however, tracking the execution of those schemes and information absolutely if the centered residents genuinely have got benefited, could call for huge granularity of records and doing away with facts bottlenecks. proper execution of the country wide identification assignment through the government can prove to be useful for execution of diverse schemes and projects as well as in getting access to more than one government and private area offerings. This paper makes a specialty of the want for a single country wide identification system in India and its proposed execution which might also truly be connected to citizen life cycle. the other aspects included and analyzed consist of modern Indian state of affairs, demanding situations, existing identity systems and loopholes inside the current structures. most important challenges seem to be coming from enrolments, generation platform desire and strategic design, corresponding policy and prison frameworks. considering the monstrous and diverse populace, the UID can help with era platform, clever card generation, prison and administrative framework, business model based totally on personal-Public Partnership (PPP).

keywords: React, Springboot

II. INTRODUCTION

In India, the current and former government have pondered for various policies to upgrade the current state of road casualties in order to upgrade the present condition of medical services. Albeit the need of this type of enhancement and furthermore the advantages which common places citizens may additionally accure from one greater identity has been a topic of debate.

In recent years, in pretty much every country across the world, huge monetary and prudent assets have been allotted to the medical care area. The two components that bring on this shift are current innovation advancements and the most recent clinical practices. Medical care cis characterized as a sub system medical clinic with a socio-mechanical turn of events, which covers all data processing as well as the job of clinicians. Its primary intention is to add to the quality and productivity of medical services. A well-being must-mind framework is planned and executed effectively particularly when it concerns the top-notch of medical services.

In this present era, where road casualties and mishappenings are a common threat to gossip around. Apart from the 'National Road Safety Policy', formulated by 'The Ministry of Road and Highways' in 2010. Since then, NGOs like 'SaveLife Foundations' have stepped up to initiate a safe environment for all the people out there. The policies implemented include minor usage of IT in a developing country.

There's a call for us to awaken and search for arrangements in the present propelling technology that wouldn't just cut down the paces of setbacks yet, in addition, express the issues and concerns with respect to the assistance that has been inconsistent hardship while a street mishap casualty languishes bringing out loud over help.

Subsequently, we've investigated the matter and attempted to work on however much we can.

III. LITERATURE REVIEW

Medical clinics can likewise be viewed as associations in light of high innovation and data extensive cycle. As demonstrated by Lawrence and Dyer, such affiliations are not dynamically



coordinated administrations, yet are frequently founded on popularity based control systems with regulated teammate impact in choice cycles.

A review of 2752 European clinic chiefs shows that innovation would be able basically to impact clinic exercises and administrations (Anderson, 1993). It is additionally expected that medical care spending plans and subsidizing will rely essentially upon modern patient and determination arrangements. The utilization of IT in analytic and treatment cycles will add to the advancement of organizations of clinical, emergency clinic, and medical services processes (Smith and Gert van der Pijl, 1999). Robotized Prosperity Record Structure is an electronic clinical information system that assembles, stores and shows patient information. It oversees expert arrangements, patient exploration community information, and other significant data.

They are a method for making immaculate and composed patient data and accessing clinical information about individual patients. It oversees expert arrangements, patient exploration place information, and other significant data. They are a method for making perfect and composed patient data and accessing clinical information about individual patients. Modernized facility board structures are wanted to enhance existing (much of the time paper-based) clinical records which are at this point normal to trained professionals. Patient records have been dealt with in paper structure for a broad time frame range and, throughout this time span; they have consumed developing space and surrendered permission especially to the convincing specialist is thought. Alternately, the modernized centre the board structure stores individual patient clinical information electronically, furthermore, works with the second availability of this information to all providers in the clinical consideration chain. The clinical consideration region is a locale of social and monetary interest in a couple of countries; as such, there have been stories of tries in the usage of robotized prosperity records.

Coincidentally, there is evidence suggesting that these systems have not been embraced exactly as expected, and regardless of the way that there are a couple of proposals to help their gathering, the proposed help isn't with the help of information and correspondence development which can give modified gadgets of help.

IV. PROBLEM STATEMENT

In today's world people are too involved in reels rather than reaching out in the real world. We were also observant in similar observations. Recently, my group were having a snack outside our campus and out of nowhere an overspeeding bike collided with an auto carrying a female student. The fellow passenger behind the bike rider and the auto driver were caught up in seizures. The female student in the auto faced some serious injuries. Only a few helping hands were evident during the incident. This catastrophic incident left a great impact on all of us and we were determined to work on it.

We wanted to minimize the gap between the medical aid and pacify it a little bit. When we further dig into the matter, we were disturbed that generally victims are all too often left to fend for themselves while 'According to the ministry of Indian transportation and travel many people die due to the carelessness and less time available for the patient's treatment. There's an unrecognized name among all this chaos – 'Piyush Tiwari', he lost his 17 years old cousin in a misfortunate incident and later formed 'SaveLife Foundation' on February 29, 2008. The Delhi-based organisation, which is working to make roads safer and improve accident emergency care, is behind the 'Good Samaritan Law' instituted by the Supreme Court of India on March 30, 2016.

As Good Samaritans, we came up with 'MEDON'.A full stack developed project where an alphanumeric code(a unique code) termed as 'Medon Code is generated while you register on our website that contains one's 'Parent' and 'Local Guardian' contact details plus their basic medical history like 'Blood Test Report', 'Medicine allergies', 'Hemophilia', 'Surgical History'.

These developments occurred due to certain observations. That day when we witnessed the accident, we hopped on the street asking to carry the unconscious bodies to the nearest hospital. Once, we reached the hospital with the victims; there was a



slight delay on the treatment part since they had no medical history plus, they were hesitant to operate on him due to lack of legal permission from the victim's family. Later, my friends who took the female auto passenger told me that they were also unable to call her close ones due to a lack of resources and she was also unconscious.

The experience taught us that people generally whereof from such incidents since they don't want to be held responsible for the victim and spend time until one of the victim's relatives appears. Hence, 'MEDON' came up with the idea of including all the necessary details mentioned above so that we'll be able to save more lives like 'Piyush Tiwari' and at the same time encourage more people to volunteer in the act of being 'Good Smartian'.

V. TECHNOLOGY USED

FRONT END DEVELOPMENT

Front-end development alludes to the most common way of making the visual and interactive parts of a site or web application. It includes planning and executing the (UI) and client experience (UX) components that clients communicate with straightforwardly.

Front-end developers are liable for making an interpretation of plan ideas into real code utilizing web advances like HTML (Hypertext Markup Language), CSS (Flowing Templates), and JavaScript.

For front end we have used React.JS as the framework. React.js is a powerful JavaScript library widely used in web development to create dynamic and interactive user interfaces. It has gained immense popularity due to its component-based architecture, virtual DOM (Document Object Model) management, and efficient rendering capabilities. In your project, React.js can be utilized to enhance the user experience and simplify the development process.

One of the key features of React.js is its component-based structure. React breaks the user interface into reusable components, each responsible for a specific part of the UI. This modular approach promotes code reusability, maintainability, and scalability. You can create custom components to encapsulate different parts of your project, such as buttons, forms, navigation bars, and more. These components can be easily reused across various pages or sections, reducing redundancy and making your codebase more organized.

BACKEND DEVELOPMENT

Server-side development is referred to as back-end development. It is the phrase used to describe the unnoticed processes involved in carrying out any operation on a website. It is, in other words, the part of the software that does not directly interact with users. Through a front-end application, users can access the components created by back-end designers indirectly. Our back-end strategy makes use of Springboot.

Spring Boot is a popular Java framework that simplifies the development of web applications and microservices. It provides a set of tools, conventions, and libraries that make it easier to build, configure, and deploy Java applications. In your project, Spring Boot can be utilized to streamline the development process, improve productivity, and create scalable and robust applications.

One of the key features of Spring Boot is its opinionated approach to application configuration. It eliminates the need for manual configuration by providing sensible defaults based on convention over configuration. With Spring Boot, you can quickly create a production-ready application with minimal effort. It automatically configures the application environment, sets up the necessary dependencies, and provides sensible defaults for various components such as database connections, security, and logging.

We have mainly taken inspiration from Aadhar card (India) and Social Security number(USA).

AADHAAR (UID) CARD

Aadhaar is a 12-digit ID number given by the One-of-a-kind distinguishing proof Power of India for the Public Authority of India. This number will act as proof of personality and address, anyplace in India. Any individual, regardless of old enough and orientation, who is occupant in India and fulfills the check cycle set somewhere around the UIDAI can enlist for Aadhaar. Each select just once which is liberated from cost. Each Aadhaar number will assist



individuals with giving to admittance to administrations like banking, cell phone associations, Gas association, and other govt and non-govt administrations at the appropriate time.

Aadhaar will be effectively irrefutable in an onthe-web, practical way, exceptional and vigorous enough to take out the huge number of copies and phony personalities in government and confidential data sets. A biometric framework utilized by UIDAI is basically an example acknowledgment framework that works by obtaining biometric information from an individual, extricating a list of capabilities from the procured information, and looking at this list of capabilities against the layout set in the data set. An irregular number was created, without any trace of any grouping in view of station, ideology, religion and geography. UIDAI will give a "Yes" and "No" reaction for any distinguishing proof validation questions.

SOCIAL SECURITY NUMBER

A Social Security Number (SSN) is a unique ninedigit identification number issued by the Social Security Administration (SSA) in the United States. It is primarily used for tracking individuals' earnings and their eligibility for Social Security benefits.

The SSN is an essential piece of identification for U.S. citizens, permanent residents, and certain temporary residents in the country. It is used for various purposes, including employment, taxation, and accessing government benefits. Employers use SSNs to report wages and pay taxes on behalf of their employees. Additionally, the Internal Revenue Service (IRS) uses SSNs for tax administration purposes.

Apart from employment and taxation, SSNs are also used for other purposes such as opening bank accounts, applying for credit, obtaining government services, and verifying identity for various transactions. It is a widely recognized and accepted identifier in the United States.

VI. METHODLOGY

MedOn uses this concept of UID and utilizes it to decreases the time taken by hospital in case of emergencies that in a way helps save a lot of lives,

© 2023, IJSREM | <u>www.ijsrem.com</u>

that are lost during accidents and emergencies. IT helps decrease the time by pre providing the vital information of the patient that has faced the emergency by simply searching his MedON number in the database by any authorized hospitals and medical practitioner, like blood pressure, sugar levels and any other chronic diseases that can affect the course of medication and sudden surgery and operation. This technology utilizes the Concept of assigning a serial number to all people. Every child adult has their own number that will uniquely identify them in any case as well provide information in case of emergency. This idea takes root from The social security in the States, as well as Aadhaar number in India. As the social security number provides every financial as well as personal. he Aadhar number in India when entered provides basic Information as well is used to financially help the economically weaker section of the society through the various scheme devised by the government. Our MedOn number will work in a very similar way taking inspiration from both of these. It attaches your information like Guardian number, emergency contact, medical information, any running long term disease or chronic disease.

In this When a patient is taken to a hospital not just in case of any emergency but in general also can get their information and can updated by the side of hospital, if there is any update worth mentioning and the patient can also save time.

Our project aim at the welfare of the patient by reducing time as well as providing them help as soon as possible in case of emergency.

VII. SCOPE OF THE SYSTEM

In India where many lives are lost due to the lack of proper information about the patient or anyone available to take responsibility of the patient this system will help in attaining necessary information and medical details of the patient in case of emergency. As well as our system will also information the guardian of the patient about his condition and the location where the patient is admitted this will greatly help in identifying and keeping the people informed about their loved ones and protect them in case of any such calamity.

In future the system we will also install system that can update people of any medical condition they might face based on their current medical conditions. Using AIML.



VIII. CONCLUSION

This UID project is unique and no other such project or application is available in the market. Our project aims to save those little minutes that are taken when a patient reaches hospital and then the doctor has to perform some basic tests to know the important vitals of the patient. We aim to reduce that time to Null and so that the patient when reaching to hospital can directly get the treatment instead of wasting time and waiting and the UID will also have an alert button that will notify the registered relative or guardian about any mis happening and the location of the medical facility where the patient is admitted.

IX. REFERENCES

Government Bureau, 'India Plans Multi-Purpose National ID cards for citizens'

http://www.igovernment.in/site/india-plansmulti-purpose-national-id-car d-for-citizens/.

Times of India, 'Rot in PDS: Over 2 Cr. Ghost cards'

http://www.ncaer.org/downloads/MediaClips/Pr ess/rotinpds.pdf. [3]Shakya Rajesh,

'National Identification Card' http://egovernancenepal.blogspot.com/2007/03/ national-identification-ni d-card.html.

"Efficiency and Security Optimization for Fingerprint Biometric System". By Dr.Chander Kant, Assist Professor Computer Science & Applications Kurukshetra University Kurukshetra-2010 [pp. 15-21]. [5]"Handbook of Face Recognition" by S.Z. Li and A.K. Jain Second Edition, ISBN 0-387-40595-X Published by Springer, 2011.

"Unique Identification System" by Alankrit Patnaik & Deep ak Gupta, International Journal of Computer Applications (0975-8887) 7(5), September 2010 [pp. 46-48]. "Imagining India: The Idea of a Nation Renewed" by Nandan Nilekani ISBN 9 78-1-59 42 0-2 04-9 [2009] Published by Penguin Press.

"Introduction to Biometrics", by A.K. Jain, A. Ross, and K. Nandakumar ISBN 978-0-387-77325-4 Springer 2009 New York Dordrecht Heidelberg London [pp. 10-11, 51- 54, 97-145].

"Biometrics Design Standards for UID Applications" by Vol-01 by UIDAI Committee on Biometrics [pp. 30-33].

"Challenges in Biometrics" by Dr. Chander Kant, Assist Professor, Rajender Nath, Associate Professor, Sheetal Chaudhary, Research