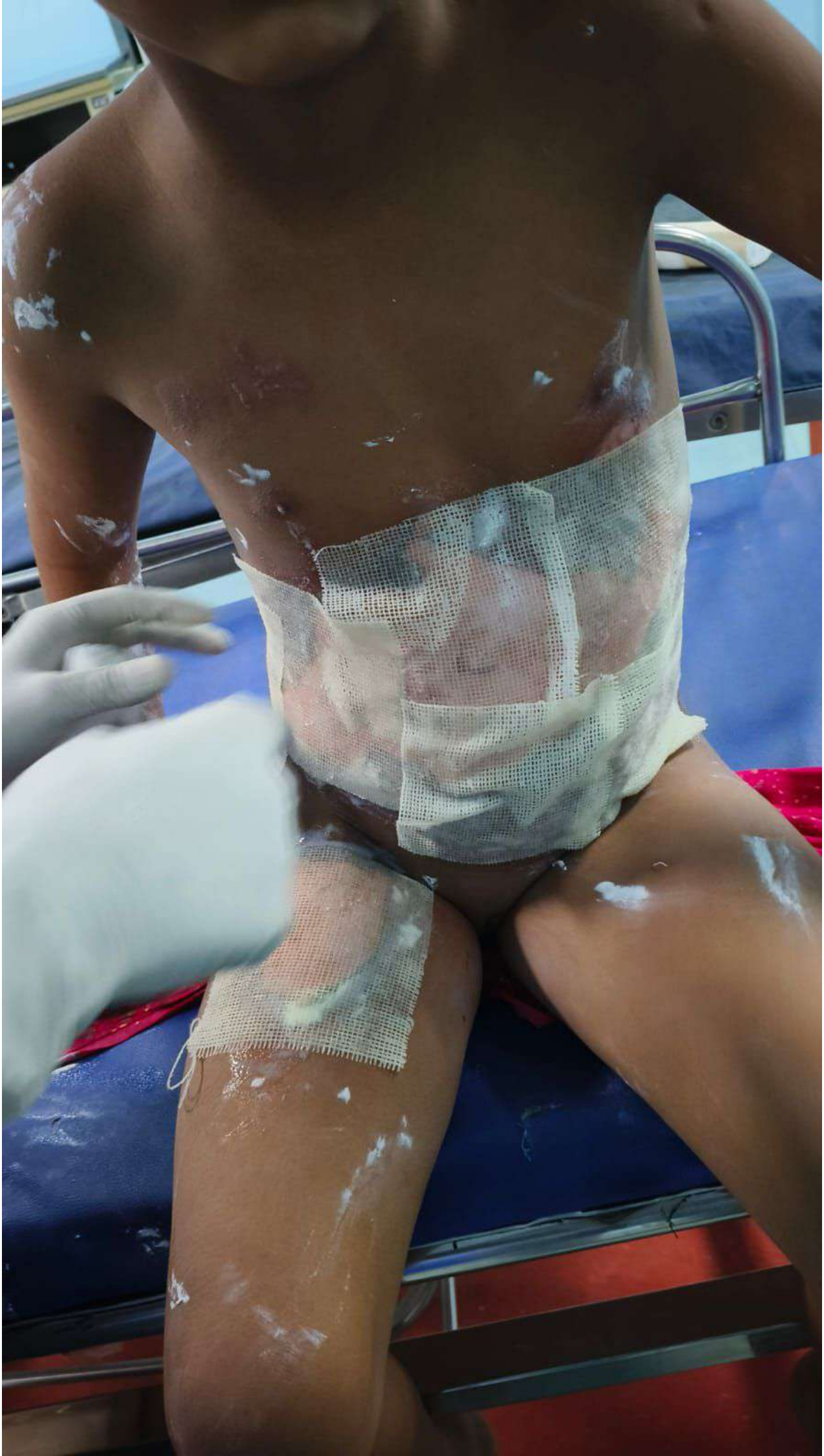

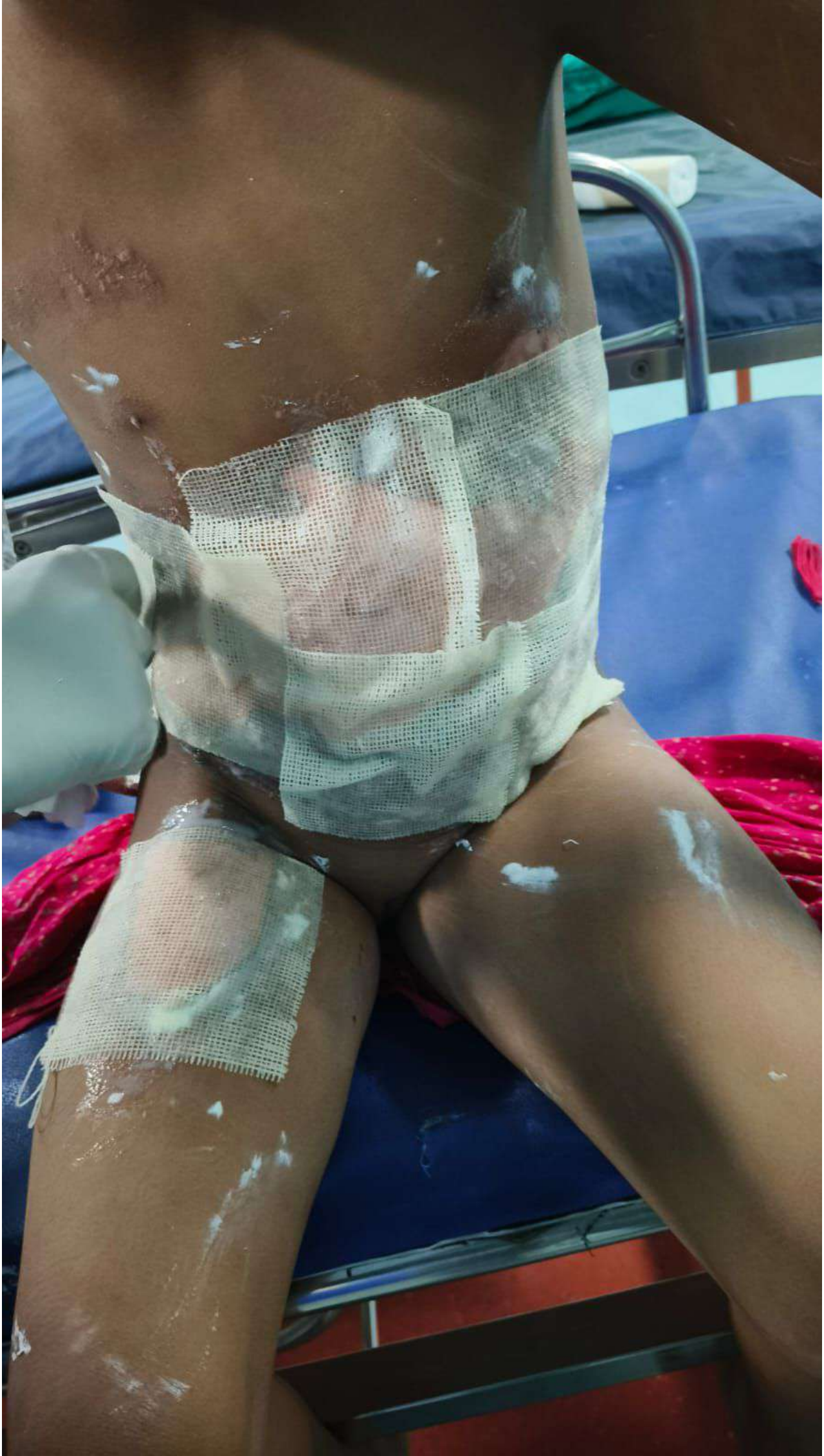

Pt ID:166805
Baby NANDNI KUMARI
IPD No:23-38574
Age/Sex:5 Y/F
Dr.KAPIL JINDAL

h: 05644 - 294560

ति-पत्र

दिनांक:
रजिस्ट्रेशन नं.:
रूम श्रेणी:
रूम किराया:

का नाम:
पक का नाम:
दिनांक:
ज / पैकेज नाम

INDAL SUPER SPECIALTY HOSPITAL

(A Unit of Raj Jindal Hospital and Research Centre Pvt. Ltd.)
SPM Nagar, Bharatpur-321001 (Rajasthan)
Email ID : rjhospital@gmail.com Tel. No. : 05644 - 236550, 9929711555

PATIENT SAFETY & QUALITY OF CARE NABH ACCREDITED

ADMISSION SLIP

	: 166805	IPD NO.	: 23-38574
	: Baby NANDNI KUMARI	AGE/SEX	: 5Y 6 M 12 D / F
I/O	: D/O VIRENDRA SINGH	BILLING CATEGORY	: GENERAL
OM NO	: NICU-2	BED NO	: 10
ANT DR.	: KAPIL JINDAL	D.O.A.	: 01-08-2025
O		D.O.A. TIME	: 5:42PM
NT CARD		D.O.D. & TIME	

: KASODA BTP , BHARATPUR , RAJASTHAN , INDIA

ategory	TPA		RSBY		ESIC

User Name & sign-- HEMANT

nal Diagnosis

परिजन के हस्ताक्षर: .....
परिजन का नाम: .....
मरीज से सम्बन्ध.....
फोन नं. : .....

योजना के बारे में बता दिया गया है। हमारे प
नहीं है।
परिजन के हस्ताक्षर: .....
परिजन का नाम: .....
दिनांक व समय : .....

मैं अधोहस्ताक्षरी :
स्टाफ का नाम: ..... हस्ताक्षर : .....
आईडी नं.:..... दिनांक: ..... समय : .....

DOC NO: JSSH/CNC/OPD-LH/007

ECHS / RGHS / ESIC / TPA / Cash / CSBY

Jindal Super Specialty Hospital

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SPM Nagar, Bharatpur-321001 (Rajasthan)

INDOOR TICKET

Reg. No: 166805 I.P.D. No.: MLC NO.:

Patient Name: Nandani Ward / Bed: Pward Consultant: Dr. Kapil Jindal

Address: Kasoda Bht. W/S/D/o. Virendra Singh Age: 2Y Sex: M/F

D.O Admission & Time: 1-9-25 / 7PM Ph. No:

D.O. Discharge & Time: D.O Operation & Time:

Final Diagnosis: Scalding Burn D.O. Delivery & Time:

Chief complaints with Duration:

C/O Hot Burn c hot tea
Irritable
Dehydration.

Vitals
BP:
HR: 113/m
RR: 28/m
Sat: 96%
Temp: 99.6 F

Examination
CNS: Conscious
CVS: S1 S2 (N)
Resp: ↑↑ VAR
Abd: S...
Local: ...
B/L ...

Past History:
DM: NAD HT:
CAD: Asthma: NAD
Any other (Medical/Surgical):

Allergies: Not known

Medication History:

Nutritional Screening: ☐ Diabetic ☐ Diet Non Diabetic ☐ Type of Diet....................

Last Three Month Appetite: ☐ Increase ☐ Decrease ☐ No change

Dietecian Inform: ☐ Yes ☐ No ☐ Not know it ☐ yes specify....................

Pain Scale: Wong-Baker FACES

Billing Instructions

1. Actual 2. Package: Rs. .... (Excluding-Medicine, Bed, Blood, ICU, investigation) For.........Days)

3. Medicines: Own/Hospital

Provisional Diagnosis: Scalded burn

Investigations Advised: CBC, CRP, S. elec. (RFT) RBS

Care Plan: A2

1) Q4 [illegible] IV [illegible]

2) Q4 Advent 300 mg IV [illegible]

3) Q4 Amikacin 100 mg [illegible]

4) Q4 Emset [illegible] IV [illegible]

5) Q4 Rantac [illegible]

6) Q4 Emutop 10 mg P/O [illegible]

7) monitor VS / I/O [illegible]

Diet / Nutrition Advice: 8) Q4 [illegible] IV [illegible]

Safe Parenting: 9) Q4 T.T. 0.5 ml [illegible]

Immunization:

Rehabilitation Advice:

RMO Name: ....

Date & Time: ....

Signature: ....

Doctor Name: [illegible]

Date & Time: 1-8-24

Signature: [illegible]

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PROGRESS SHEET

Reg. No. .... Ward / Bed : ....
Name : .... Age/Sex: ....
Consultant Name : ....

Date / Time	Clinical Progress / Treatment	Name & Sign of Doctor
	Mirror & Kindal	
1/8/24	— Scalded burn on chest &	
	ext genitalia & Arms	
	— Superficial — Area — 10%	
	[illegible] In — [illegible]	
	R	
	① IV Broad Spectrum Amoxiclav +	
	Amikacin 12h	
	② DVT & KC ③ Loweryl	
	③ [illegible] 8-10 ml [illegible]	
	④ Q-Adm [illegible]	
	⑤ Ty. Hilfer [illegible]	
	⑦ Mount Vita	[illegible]

NO: JSSH/CNC/PS/00/017