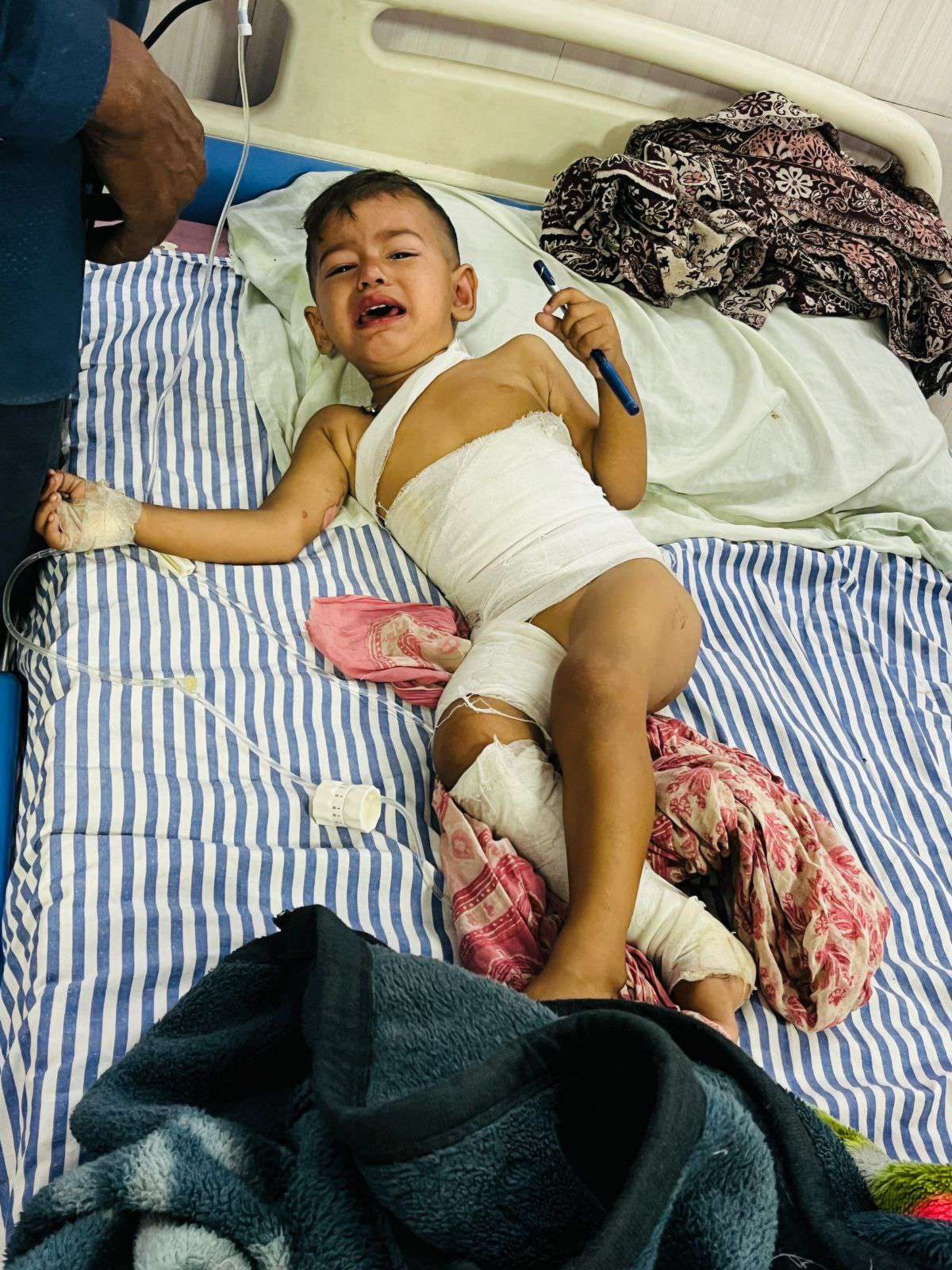

Jindal Super Specialty Hospital

(A Unit of Raj Jindal Hospital and Research Centre Pvt. Ltd.)
SPM Nagar, Bharatpur-321001 (Rajasthan)

NABH

रोगी और परिवार की शिक्षा पत्र

विषय	जिम्मेदारी	शिक्षा किन्हें दी (नाम)	मरीज के साथ संबंध	शिक्षा देने की समय और दिनांक	शिक्षा किसने दी (नाम)	शिक्षा देने वाला (हस्ताक्षर और एम्लॉई कोड)
दवा / दवा और खाद्य पद्धार्थों की जानकारी	रेजिडेंट डॉक्टर	Dr. [illegible]	father	[signature]	Dr. [illegible]	[signature]
आहार और पोषण	.आहार विशेषज्ञ	Dr. Nehra	father	[signature]	Dr. Nehra	[signature]
टीकाकरण (यदि लागू हो)						
डिचार्ज की योजना	परामर्शदाता डॉक्टर	DR. K.G.	father	[signature]	DR. K.G.	[signature]
डिस्चार्ज के वक्त दी जाने वाली दवाईयाँ	परामर्शदाता डॉक्टर	DR. K.G.	father	[signature]	DR. K.G.	
अन्य						
एच.ए.आई. को रोकने के लिये हाथ की स्वच्छता	नर्सिंग स्टाफ	[signature]	father	[signature]	[signature]	[signature]
एच.ए.आई. को रोकने के लिये रोगी के पास भीड़भाड़ होने से रोकना	नर्सिंग स्टाफ	[signature]	father	[signature]	[signature]	[signature]
शिकायत निवारण	इन्चार्ज	[signature]	father	[signature]	[signature]	[signature]
अन्य		—				

यदि कोई लिखित सामग्री दी और समझाई गई है : ....

सामग्री प्राप्त करने वाले व्यक्ति का नाम और हस्ताक्षर : ....

सामग्र देने वाले व्यक्ति का नाम और हस्ताक्षर : ....

(डिस्चार्ज के समय भरा जायेगा)

इस बात की पुष्टि करता हूँ कि उपर्युक्त सभी विषयों के बारे में मुझे / परिवार / रिश्तेदारों को शिक्षित किया गया है। हम यह पुष्टि करते हैं कि हमने / मैंने अपनी स्थानीय भाषा में हर जानकारी को समझ लिया है।

ज के हस्ताक्षर : [signature]

तेदार का नाम व हस्ताक्षर : Manish father

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☐ Sleep Disorder

Date / Time of last do

JINDAL SUPER SPECIALTY HOSPITAL

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SPM Nagar, Bharatpur-321001 (Rajasthan)
Email ID : rjhospital@gmail.com Tel. No. : 05644 - 236550, 9929711555

PATIENT SAFETY & QUALITY OF CARE NABH ACCREDITED

Dr. Prescription for IV Fluid

Reg. No. 2071 IPD No. : 442 Ward / Bed : P.W

Patient Name : Mrs Baby - Pyrvi Age/Sex : 1 M/F

Consultant: Dr. K. Jain DOA 7/11/24 DOD: .....

DATE	TIME	TYPE OF FLUID (ADVISE IF ANY)	VOLUME	RATE	TIME STARTED	SIGNATURE OF DOCTOR	SIGNATURE OF NURSE
7/11	12pm	I. DNS + KCl 500ml + 1 Amp	500ml	@ 25 ml/hr	12pm		

(डॉ. कपिल जिन
Nine Wells Hos
Booth Hall Hos
Royal Preston H
Llandough Hos
St. Stephen's H
Apollo Hospita

Instructor :
APLS and BLS

Trained and Pro
APLS : Advanc
NLS : Neonatal
CCTSP : Critica

डॉ. कपिल जिन्दल द्वा

Jindal Super Specialty Hospital
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PATIENT SAFETY & QUALITY OF CARE
NABH
PRE ACCREDITED

PRESSURE ULCER RISK ASSESSMENT FOR

Date.....7/11/2025..... Time.....

Name....Baby...purvi..... Age..1½ yrs. Sex...f...

IPDNo....447..... Dept.....ped IP..... Ward....Ped. WARD

DATE													
SHIFT		M	E	N	M	E	N	M	E	N	M	E	N	M
Sensory Prescription														
No impairment	4	4												
Slightly limited	3													
Very Limited	2													
Completely Limited	1													
Mobility														
No Limitation	4													
Slightly Limited	3	3												
Very Limited	2													
Completely Immobility	1													
Moisture														
Rarely Moist	4													
Occasionally Moist	3													
Very Moist	2	2												
Constantly Moist	1													
Nutrition														
Excellent	4													
Adequate	3	3												
In-Adequate	2													
Very Poor	1													
Degree of Activity														
Walks Frequently	4													
Walks Occasionally	3	3												
Chair Fast	2													
Bed Fast	1													
Shear & Friction														
No Problem Apparent	3	3												
Potential Problem	2													
Problem Present	1													
TOTAL SCORE		18												

Scores: 15-16-low risk, 13-14-modreate risk, 10-12-high risk, 9 or below = very high risk When B
Scale Score 16 or less, implement Pressure Ulcer Prevention Protocols

DOC NO: JSSH/CNC/PURAF/0053

Page

Jindal Su
(A Unit

Nur

g. : 2071

me of Patient : Baby

ard / Bed : PW

	Criteria	8AM-2P
Vitals	BP	90/15
	Respiration	26
	Pulse	182
	Temperature	99
	Spo2	97
	Others	—
Neuro	Concious	✓
	Letharagic	
	Unconcious	
Monitor	Audible	
	Not Audible	✓
	NA	
Ventilator	CMV	
	SIMV	
	CPAP	
	NA	✓
Airway	Clear	
	Suction	
	Nebulization	
	Stream	
Oxygen	Ventilation	
	Oxygen Therapy	
	NA	
Drains	ICD	
	RT	
	Abdominal	
	Other	
	EVD	
	ICP	
	Wound	
	NA	
Wound	Dressing	
	NA	
RBS	Reading	
	Insulin	
	NA	

NA = Not Applic

Doc No. : JSS

SURE ULCER R
ESSMENT FOR

Time..........

...yr. Sex... F

...WARD

M	E	N	M

...ery high risk When Br...

Page 1

Jindal Super Specialty Hospital

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SPM Nagar, Bharatpur-321001 (Rajasthan)

Nurse Daily Assessment

Date: 7/11/2025

Reg.: 2071 IPD No.: R442

Name of Patient: Baby purvi Age: 1½ y Sex: F

Ward / Bed: P.W. / 203-A Department: P-WARD

	Criteria	8AM-2PM	2PM-8PM	8PM-8AM
Vitals	BP	90/60		
	Respiration	26		
	Pulse	132		
	Temperature	99°F		
	Spo2	97%		
	Others	—		
Neuro	Concious	✓		
	Letharagic			
	Unconcious			
Monitor	Audible			
	Not Audible	✓		
	NA			
Ventilator	CMV			
	SIMV			
	CPAP			
	NA	✓		
Airway	Clear	✓		
	Suction			
	Nebulization			
	Stream			
Oxygen	Ventilation			
	Oxygen Therapy			
	NA	✓		
Drains	ICD			
	RT			
	Abdominal			
	Other			
	EVD			
	ICP			
	Wound			
	NA	✓		
Wound	Dressing	✓		
	NA			
RBS	Reading			
	Insulin			
	NA	✓		
NA = Not Applicable				

	Criteria	8AM-2PM	2PM-8PM	8PM-8AM
Drugs	Given	✓		
	Held			
	Restart			
	Side effects			
Hygiene	Mouth	✓		
	Eye	✓		
	Bowel	✓		
	Skin	✓		
	Perineal	✓		
	Positionin	✓		
Skin	Bed Sore			
		NA		
GL	Flatus			
	Nausea			
	None	✓		
GI	Voiding			
	Catheter			
	None	✓		
Blood	Start			
	Finish			
	NA	✓		
Mobility	Ambulate			
	Out of Bed	✓		
	In Bed			
IV	IV fluid	✓		
	IV meds	✓		
Restraint	Orders			
	Site			
	NA	✓		
Safety First	Side Rails	✓		
	Lighting	✓		
	Education	✓		
	Bathroom	✓		
Diet	Orders			
	Nil by Mouth			
	Regular	✓		
	Tube			
	Special			

Doc No.: JSSH/CNC/NDA/0062

Jindal Super Specialty Hospital
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SPM Nagar, Bharatpur-321001 (Rajasthan)

Reg. No. 2071 IPD No.: 442 Ward / Bed: [illegible]
Patient Name: [illegible] Age/Sex: [illegible]
Consultant: Dr. K.S. DOA 7/11/[illegible]

Nursing Care Plan

Shift	Nursing Diagnosis	Nursing Intervention	Out Come	Name / Sign
7/11/202[illegible] Morning	Burn	→ Dressing & cleaning → I.v. medication → pain killer → psychological support	→ done dressing → I.v. medicine give → pain assessed continue.	[illegible] [signature]
Evening				
Night				

Jindal Super Specialty Hospital

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SPM Nagar, Bharatpur-321001 (Rajasthan)

Reg. No. : 2071 IPD No. : 442 Ward / Bed : R Ward
Patient Name : Byrn Age/Sex : [illegible]
Consultant: Dr. K. G. DOA 7/11/20

Nursing Care Plan

Shift	Nursing Diagnosis	Nursing Intervention	Out Come	Name / Sign
7/11/20 Morning	Byrn	→ Dressing & Cleaning → I.v. medication → Pain killer → Psychological support	→ done dressing → I.v. medicine give → Pain assessment continue.	Hemant [signature]
Evening				
Night				

Jindal Super Specialty Hospital

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...321001 (Rajasthan)
...l. No.: 05644 - 294560, 9929711555

ient Name : Baby.PURVI
e : 1 Years 6 Months 6 Days
x : Female
MR No : UMR0002071
nit : Dr. KAPIL JINDAL

...NOTES & HANDOVER

Reg. No.	...tient Name : ....Age/Sex: ....
Consultan...	.... Sheet No.: ....

Shift:	STAFF HANDOVER FORM
IDENTIFY (Identify self, position, who you are) (Identify patient, position, Bed No.)	Deepak SN Stf baby Purvi
SITUATION (Diagnosis, Reason for admission, Current problem)	Accidental Burn / milk Burn
BACKGROUND (Patient History-clinical Background or context)	NA
ASESSMENT (Current problems, observations and treatments)	Burning
RECOMMENDATION (Post hand over plan; include Request and Risk)	follow the incon dicket

HANDOVER BY	HANDOVER TO
दीपक Stf	

Date & Time	Nursing Progress Notes
7-11-25	Treatment done
	vital & I/O charting
	All blood sample sent Ⓡ our
7pm	pt in cash credit
	pt's pakage.

DOC NO: JSSH/CNC/NPNH/0014

Jindal Super S

(A Unit of Raj Jindal Hosp

S.P

BHARATPUR

Phone 0564429456

OPD_Registra

UMR # : UMR0002071

Patient Name : **Baby. PURVI**

D/O : MANISH

Patient Type : CASH

Consultant : Dr.KAPIL JINDAL

Ref By : WALKIN

S No	Test Code	Name of Investigation / Procedure
1		Registration
2	DM3	Dr.KAPIL JINDAL

UMR0002071

(Authorize

Created By : DEEPESH KUMAR

Print By : 562