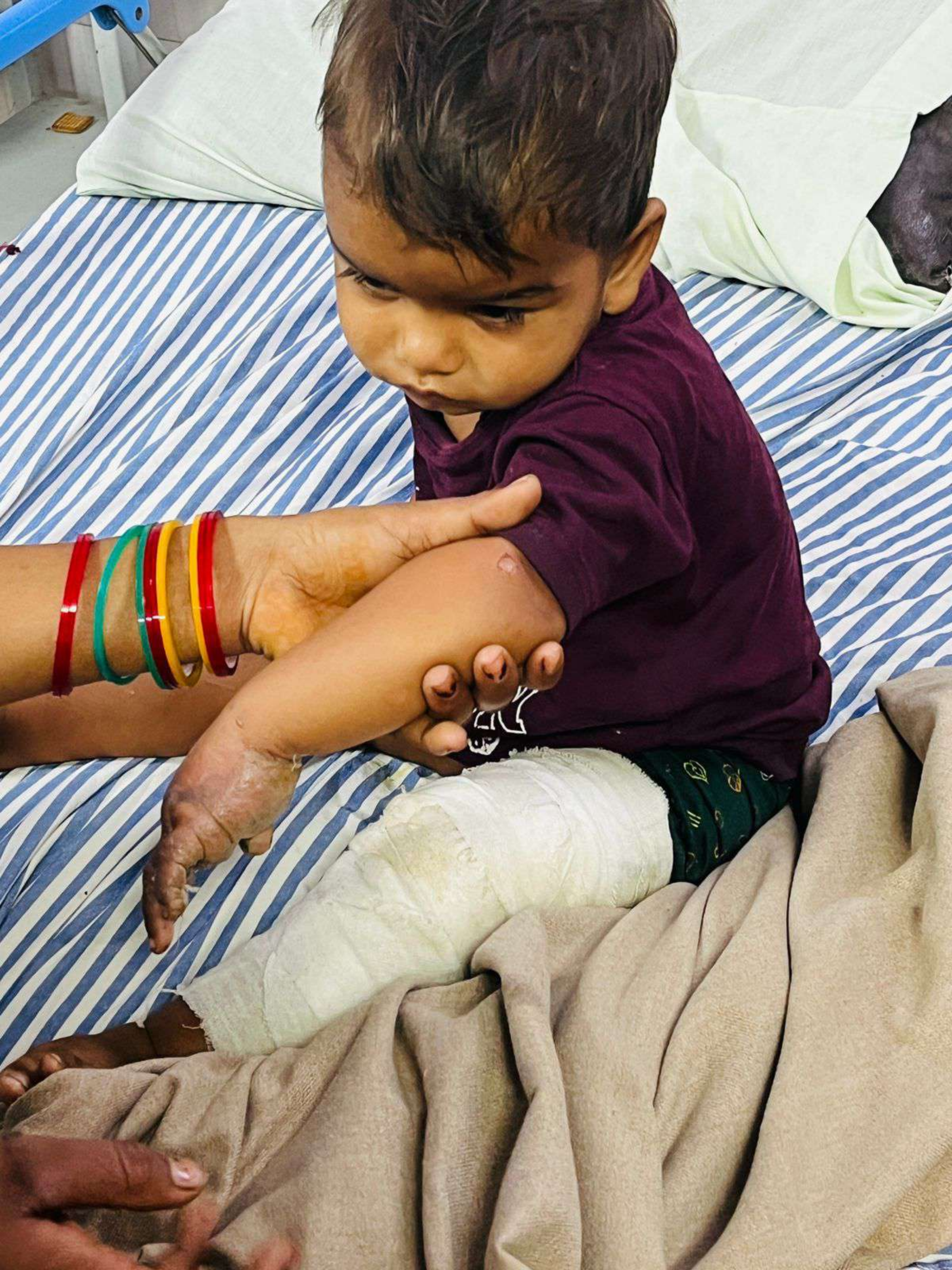

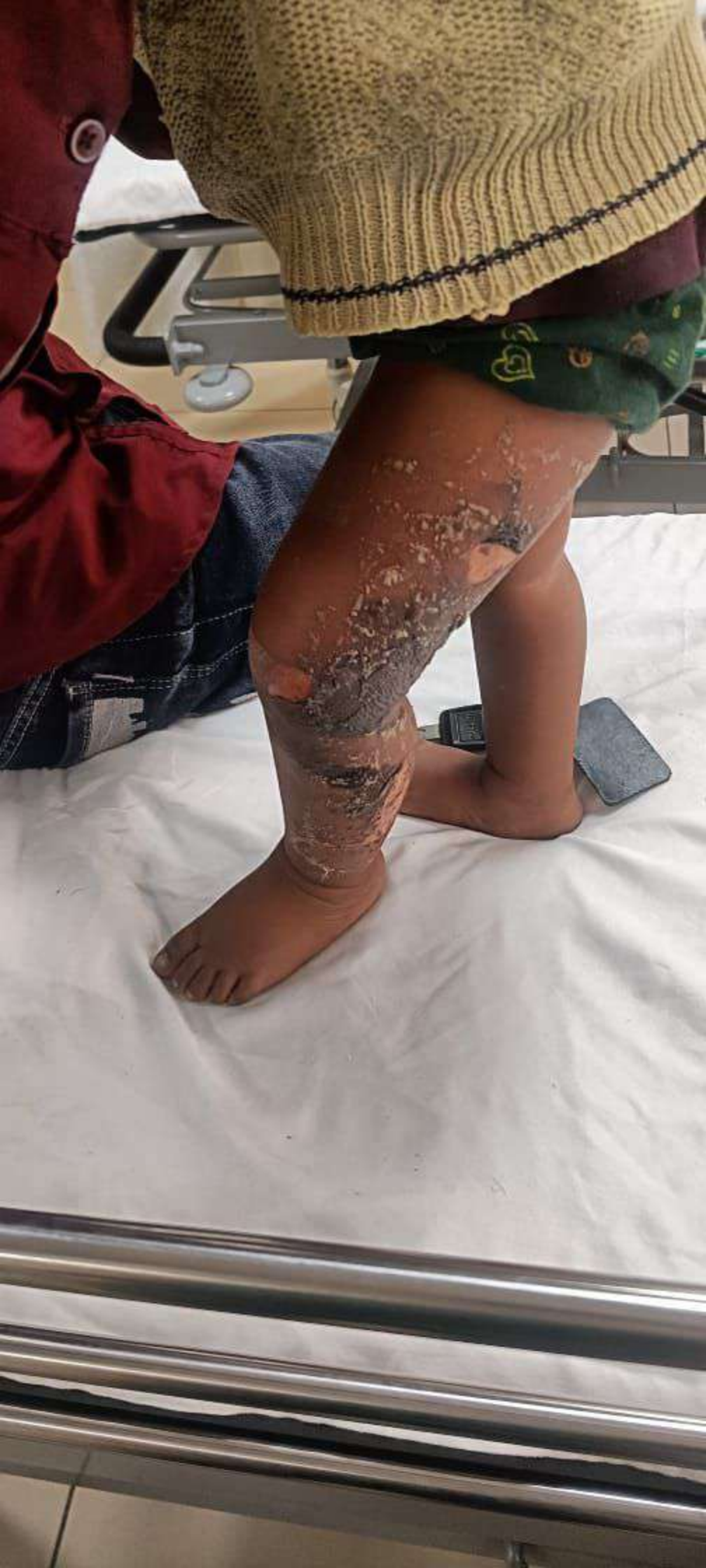

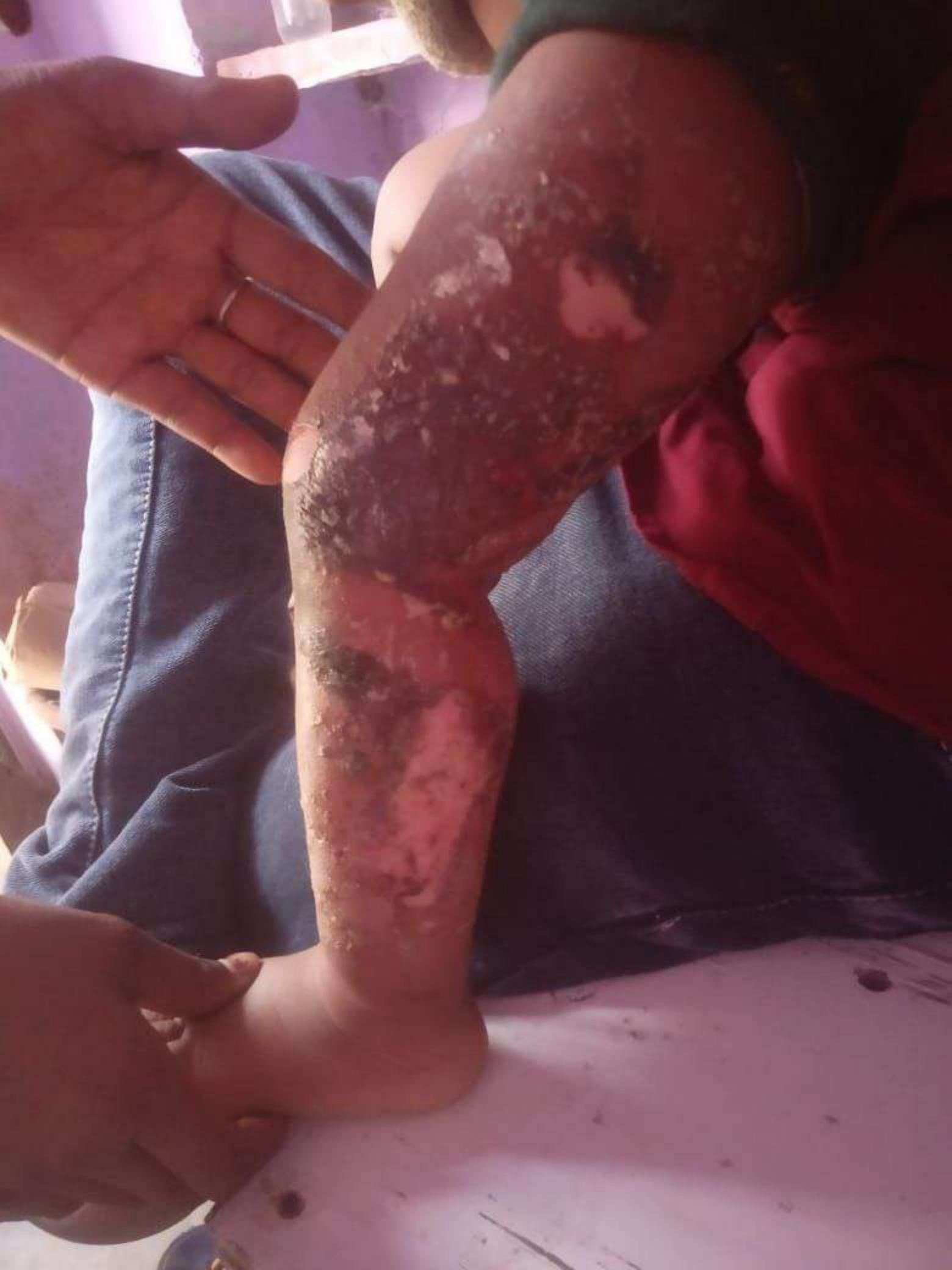

Jindal Super Specialty Hospital

SPM Nagar, Bharatpur-321001 (Rajasthan)

PATIENT COUNSELLING RECORD

Date & Time दिनांक / समय	Doctors Name & Signature डॉक्टर का नाम एवं हस्ताक्षर	Attendant Name & Signature परिजन का नाम एवं हस्ताक्षर	Remarks रिमार्क्स

Jindal Super Specialty Hospital

(A Unit of Raj Jindal Hospital and Research Centre Pvt. Ltd.)
...pur-321001 (Rajasthan)
Tel. No.: 05644 - 294560, 9929711555

Patient Name : Master NAMAN
Age : 1 Years 6 Months 26 Days
Sex : Male
UMR No : UMR0004106
Unit : Dr. KAPIL JINDAL

...NOTES & HANDOVER

Patient Name : .... Age/Sex: ....
Reg. N... Sheet No.: ....
Consult...

Shift: Eve.	STAFF HANDOVER FORM
	Deepak SN SJ
IDENTIFY (Identify self, position, who you are) (Identify patient, position, Bed No.)	Mst. Naman
SITUATION (Diagnosis, Reason for admission, Current problem)	Burn
BACKGROUND (Patient History-clinical Background or context)	N.A
ASESSMENT (Current problems, observations and treatments)	Pain Burn site / more crying
RECOMMENDATION (Post hand over plan; include Request and Risk)	follow the indoor ticket
HANDOVER BY दीपक SJ	HANDOVER TO

Date & Time	Nursing Progress Notes
27-11-24	Treatment done
	vikas S/O charting
	All blood Sample send Ⓡ pue
	P2 in credit
	→ bld Ⓡ done
	Dkg NAG

DOC NO: JSSH/CNC/NPNH/0014

Page 01 of

Page 01 of 01

...possible remedial action. Ph. No. 05644-294560 Ext.-127 (Laboratory). This report is not valid for medico legal purpose...
Bharatpur
DOC NO JSSH/LABILH/04

मरीज का नाम:

चिकित्सक का ना

भर्ती दिनांक: ..

Sex : Male

UMR No : UMR0004106

JINDAL

Jindal Super Specialty Hospital

(A Unit of Raj Jindal Hospital & Research Centre Pvt.Ltd)

S.P.M. NAGAR,
BHARATPUR -321001 RAJASTHAN
05644294560

Admission Face Sheet

O.D/O.W/O	: LOKESH KUMAR	Moth
sultant	: Dr.KAPIL JINDAL	Depa
porting Doctors	: Dr.KAPIL JINDAL	
f. By	:	Adm
tient type	: Cash	Mari
cupation	: Not Specified	Relig
ldress	: SONKH MATHURA UP,MATHURA	War
ty Name	: MATHURA,Uttar Pradesh	Cmp
		Atte

reate By : 562

rint By : 562

UM 06

Nursing Care Plan

Shift	Nursing Diagnosis	Nursing Intervention	Out Come	Name / Sign
Morning 8am to 2pm	- Burn	- IV Antibiotic Contn	- Stable	[illegible]
Evening				
Night				

Consultant:.................... DOA....................

DOC NO: JSSH/CNC/ CP/063

Jindal Super Specialty Hospital
(A Unit of Raj Jindal Hospital and Research Centre Pvt Ltd)

FALL RISK ASSESSMENT FORM

Patient Name : Master.NAMAN
Age : 1 Years 6 Months 26 Days
Sex : Male
UMR No : UMR0004106
Unit : Dr. KAPIL JINDAL

Date.................. Time..................
Name.................. Age.................. Sex..........
IPD No.................. Ward..................

Fall Risk Assessment (Modified Morse Scale):			27/11/25			28/11/25											
Variables	Numeric Value		M	E	N	M	E	N	M	E	N	M	E	N	M	E	N
1. History of Falling	No Yes	0 25		0	0	0											
2. Secondary diagnosis/Elimination/Problem	No Yes	0 15		0	0	0											
3. Ambulatory aid None/bed rest/ nurse assist Crutches / Cane / Walker Furniture		0 15 30		0	0	0											
4. CNS / CVS Medication	No Yes	0 20		0	0	0											
5. Gait Normal / bed rest / wheel chair weak Impaired		0 10 20		10	10	10											
6. Mental Status Oriented to own ability Overestimated or forgets limitations		0 15		0	0	0											
		Total Score		10	10	10											

0-24: Low-Risk: Interventions
☐ Orient the patient to surroundings ☐ Bed in low position & Bed Locked ☐ Keep the top two side rails up
☐ Orient the patient on Use of Call Bell

25-44: Medium Risk: Follow Low Risk Interventions Plus
☐ Keep All Side Rails Up ☐ Place the orange color ID Band ☐ Place the yellow tag for fall prevention at bedside
☐ Patient Instructed not to get up without assistance ☐ Assistant with patient while using Washroom

45 and above: High Risk: Follow Medium Risk Interventions Plus
☐ Place the red tag for fall prevention at bedside ☐ Family Companion instructed to be present at bedside
☐ Need for 24hrs. Supervision/Assistance ☐ initiate the use of bedside commode if appropriate

If score is > 24, patient family is to be educated/counselled on following:-

It has been explained to me that Mr./Mrs./Master ____________________ My ____________________ (Relationship) is at risk of falling from the bed or other wise when left unattended because of his age/medical condition / physically handicapped / poly drugs and there fore required to be accompanied by one attendant always. The doctors and nurses have explained to me that he/she should not be left alone at any time of the day. I also understand the need for keeping side rails up at all time. I will not hold the hospital staff responsible for any fall that may have been due to my negligence and shall not leave my patient alone in room / bed side unless replaced by another person. Also I am aware that the call bell in patient room / emergency call bell in toilet can be used to call for help.

रोगी.................... जो कि मेरा / मेरी .... है व उसकी वृद्धावस्था / शारीरिक असमर्थता / चिकित्सकीय स्थिति के कारण पलंग या अन्य किसी कारण से गिरने के खतरे के बारे में ध्यान रखने हेतु मुझे समझा दिया गया है। डॉक्टर एवं नर्स द्वारा मुझे यह समझा दिया गया है कि रोगी को कभी अकेले नहीं छोड़ना है. उसके पास हमेशा एक परिचारक का होना आवश्यक है। मुझे यह बता दिया गया कि रोगी की सुरक्षा हेतु पलंग की साइड रेल्स को उपर की ओर लगाकर रखना है। मेरे या रोगी के अन्य परिचारक की लापरवाही के लिए मैं अस्पताल व इसके स्टाफ को जिम्मेदार नहीं मानूंगा। मुझे यह पता है कि किसी भी आपात स्थिति या मदद के लिए कॉल बेल का उपयोग करना है जो कि रोगी के पलंग के साथ एवं बाथरुम में उपलब्ध हैं।

Date	Name of Attendant	Relationship	Signature of Attendent	Signature of Staff
	NA		NA	

DOC NO: JSSH/CNC/FRAF/0052

INVESTIGATIONS ORDERED

SL. No.	DATE	TIME	INVESTIGATIONS	RECEIPT NO	SAMPLES SENT BY	REPORTS RECD BY	CANCELLATION
1.	27/11	5 pm	CBC, CRP, MP RFT RBS				

SPECIAL TREATMENT IN WARD

S.No.	Date	Oxygen, Nebulizer, Physiotherapy, Syringe Pump, Monitor etc.	Nurse Name & Signa
.		- Monitor vital sign 2 Hr	[illegible]

Jindal Super Specialty Hospital

SPM Nagar, Bharatpur-321001 (Rajasthan)

रोगी परामर्श रिकॉर्ड

[सं]वाद का विषय :

[मु]झे समझाया गया है कि हमारे मरीज .... [illegible] .... की स्थिति [ना]जुक है।

[म]रीज को होने वाली दिक्कतों से अवगत कराया गया है।

1. बुखार
2. दर्द
3.
4.
5.
6.

सभी तौर- तरीकों सहित प्रबंधन की मुझे ...हिन्दी... भाषा में समझाई गई है। हस्तक्षेपों और प्रक्रिया को विधिवत समझाया गया है।

डॉक्टर का नाम ....डॉ. [illegible].... रिश्तेदार का नाम ....[illegible].... दुभाषिया का नाम .... (यदि लागू हो तो)

हस्ताक्षर ....[illegible].... हस्ताक्षर .... हस्ताक्षर ....

तारीख ....27/11/25.... समय ....5 pm.... तारीख .... समय .... तारीख .... समय ....

रोगी के साथ संबंध ....भाई....

SPM Nagar, Bharatpur-321001 (Rajasthan)

PATIENT COUNSELLING RECORD

CONTENT OF DIALOGUE :

We have been explained that the condition of our patient critical

We have been apprised of the issues faced by the patient

1. .....
2. .....
3. .....
4. .....
5. .....
6. .....

We have discussed the further line of management and overall prognosis and length of stay of our patient. The line management including all the modalities has been explained in.....(Language) Interventions and procedures have duly explained.

Name of Doctor.....Name of Relative.....Name of Interpreter.....

Signature..... Signature..... Signature.....

Date.....Time.....Date.....Time.....Date.....Time.....

Relation with Patient.....

Jindal Super Specialty Hospital

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SPM Nagar, Bharatpur-321001 (Rajasthan)

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 पदार्थों की जानकारी	रेजिडेंट डॉक्टर	लोकेश	भाई	9/11/25		
आहार और पोषण	आहार विशेषज्ञ	लोकेश	भाई	9/11/25	डी.चेहा	
टीकाकरण (यदि लागू हो)						
डिचार्ज की योजना	परामर्शदाता डॉक्टर	लोकेश	भाई	9/11/25	डी.कविता	
डिस्चार्ज के वक्त दी जाने वाली दवाईयाँ	परामर्शदाता डॉक्टर	लोकेश	भाई	9/11/25	डी.कविता	
अन्य				~~9/11/25~~		
एच.ए.आई. को रोकने के लिये हाथ की स्वच्छता	नर्सिंग स्टाफ	लोकेश	भाई	9/11/25	कुलदीप	
एच.ए.आई. को रोकने के लिये रोगी के पास भीड़भाड़ होने से रोकना	नर्सिंग स्टाफ	लोकेश	भाई	9/11/25	कुलदीप	
शिकायत निवारण	इन्चार्ज					
अन्य						

यदि कोई लिखित सामग्री दी और समझाई गई है : Discharge Summary Blood Report

सामग्री प्राप्त करने वाले व्यक्ति का नाम और हस्ताक्षर : लोकेश

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

(डिस्चार्ज के समय भरा जायेगा)

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

मरीज के हस्ताक्षर : .....

रिश्तेदार का नाम व हस्ताक्षर : .....

Jindal Super Specialty Hospital
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Master.NAMAN
Age : 1 Years 6 Months 26 Days
Sex : Male
MR No : UMR0004106
Consultant : Dr. KAPIL JINDAL

PRESSURE ULCER RI ASSESSMENT FORM

Date.......................... Time..........................
Name.......................... Age................ Sex..........
IPDNo Ward......................

DATE		27/11			28/11/25									
SHIFT		M	E	N	M	E	N	M	E	N	M	E	N	M
Sensory Prescription														
No impairment	4													
Slightly limited	3		3	3	3									
Very Limited	2													
Completely Limited	1													
Mobility														
No Limitation	4													
Slightly Limited	3		3	3	3									
Very Limited	2													
Completely Immobility	1													
Moisture														
Rarely Moist	4													
Occasionally Moist	3		3	3	3									
Very Moist	2													
Constantly Moist	1													
Nutrition														
Excellent	4													
Adequate	3		3	3	3									
In-Adequate	2													
Very Poor	1													
Degree of Activity														
Walks Frequently	4													
Walks Occasionally	3													
Chair Fast	2		2	2	2									
Bed Fast	1													
Shear & Friction														
No Problem Apparent	3													
Potential Problem	2		2	2	2									
Problem Present	1													
TOTAL SCORE			17	17	17									

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

Jindal Super Specialty Hospital

SPM Nagar, Bharatpur-321001 (Rajasthan)

NUTRITION SCREENING & ASSESSMENT PROGRESS NOTES

To be carried out within 24 hours of the patient being admitted

Reg. No. ____

Patient Name : ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Age: ☐☐ Sex: M F Diagnosis: Burn

Affix patient label here

Comorbidities: [illegible]

Height: ____ (cm) Weight: 10.110 (kg) BMI: ____ (kg/m2)

Food Allergy: No

Food likes & dislikes: No Appetite: > 50% / < or = 50% / Very Poor

Symptoms affecting oral intake: No

Remarks: No

Criteria	0	1	2	3
Weight Loss within last 3 months	[✓ No Change]	☐ <5% wt. loss	☐ 5-10% wt. loss	☐ >10% wt. loss
Dietary Intake	[✓ No Change]	☐ Suboptimal semisolid diet	☐ Full liquid diet /ONS	☐ Hypo-caloric diet /Clear Liquids
Gastro Intestinal Symptoms	[✓ No Symptoms]	☐ Nausea /vomiting	☐ Constipation	☐ Diarrhea
Functional capacity	[✓ No Dysfunction]	☐ Difficulty with ambulation	☐ Suboptimal work	☐ Bedridden
Physical Examination	☐ Well defined muscle	☐ Slight Depression /loss of body fat	☐ Moderate Depression/loss of muscle mass	☐ Hollowing Depression
Edema/Ascites	☐ None	[✓ Mild]	☐ Moderate	☐ Severe
Nutrient intake	☐ No change	[✓ Adequate]	☐ Inadequate	☐ Inadequate & no improvement

SGA Grade A ☐ Well Nourished (0-7) Grade B ☐ Moderately Malnourished (8-14) Grade C ☐ Severely Malnourished (15-21)

Criteria	1	2	3
SGA Grade	[✓ A]	☐ B	☐ C
BMI (kg/m2)	[✓ >20]	☐ 18.5-20	☐ <18.5
Albumin (g/dl)	☐ >3.4	☐ 2.5-3.4	☐ <2.5
Hb for pregnant females (g / dl) (Trimester ____)	☐ >11	☐ 11-9	☐ <9
Wt. for age (for birth to 2 yrs.) (ref growth Chart	☐ Over weight (>85th Percentile)	[✓ Normal (5th to 85th Percentile)]	☐ Under weight (<5th Percentile)
BMI (for 2-18Yrs.) (Ref. Growth Chart)	☐ Over weight (>85th Percentile)	☐ Normal (5th to 85th percentile)	☐ Under weight (<5th Percentile)
Metabolic requirement	[✓ Nil]	☐ Catabolic state	☐ High
Nourishment status	[✓ Obese]	☐ Underweight	☐ Cachexic

Evaluation Critical Score :

Nutrition risk level
0-6 LOW RISK (No action required, nutritional assessment should be continued)
7-16 MEDIUM RISK (Encourage patient to eat a balanced diet, continue nutritional assessment)
17-24 HIGH RISK (Initiate Nutrition care plan (calorie charting/Enteral nutrition/parenteral nutrition)

Jindal Super Specialty Hospital

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SPM Nagar, Bharatpur-321001 (Rajasthan)
Email ID : rjhospital@gmail.com Tel. No.: 05644 - 294560, 9929711555

NURSE PROGRESS NOTES & HANDOVER

Reg. No. 4106 Ward / Bed : P.Ward Patient Name : Mst. NAMAN Age/Sex: 1Y/M
Consultant Name : Dr. Kapil Tandon Sheet No.: (2)

Shift: Night	STAFF HANDOVER FORM
IDENTIFY (Identify self, position, who you are) (Identify patient, position, Bed No.)	Karan Sykt - 101 Mst. NAMAN - 1Y/M 4106
SITUATION (Diagnosis, Reason for admission, Current problem)	Burn
BACKGROUND (Patient History-clinical Background or context)	—
ASESSMENT (Current problems, observations and treatments)	IV Antibiotic
RECOMMENDATION (Post hand over plan; include Request and Risk)	Provide NSCT Care

HANDOVER BY Kay 101 **HANDOVER TO**

Date & Time	Nursing Progress Notes
27/11/25 8pm to 8AM	Monitors vitals closely orally allowed IV fluid in N.S @ 40ml/h IV Antibiotic continue Blood ✓ done Pt ₹ 40 Package

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SPM Nagar, Bharatpur-321001 (Rajasthan)
Email ID : rjhospital@gmail.com Tel. No.: 05644 - 294560, 9929711555

NURSE PROGRESS NOTES & HANDOVER

Reg. No. 4106 Ward / Bed : P.W. Patient Name Mst. Naman Age/Sex: 1Y/M
Consultant Name : Dr. Kapil Sheet No.: 3

Shift: Morning	STAFF HANDOVER FORM
IDENTIFY (Identify self, position, who you are) (Identify patient, position, Bed No.)	Vikas 6B Mst Naman 1Y/M 4106
SITUATION (Diagnosis, Reason for admission, Current problem)	Burn
BACKGROUND (Patient History-clinical Background or context)	→
ASESSMENT (Current problems, observations and treatments)	IV Antibiotic Cover
RECOMMENDATION (Post hand over plan; include Request and Risk)	- Mx IVF Cover

HANDOVER BY **HANDOVER TO**

Date & Time	Nursing Progress Notes
28/11/25 8 to 2 pm	

Medical Laboratory, Raj Jindal Hospital and Research Center Pvt. Ltd.

S.P. Mukherjee Nagar, Bharatpur-321001 (Raj.)
Contact No. : 05644-294560, 9929711555, 9414025942 E-mail: rjhospital@gmail.com, www.jindalhospital.in

R NO / IP No	: UMR0004106 / IP250001423	Bill Date	: 27-Nov-2025 04:33 PM
me	: Master . NAMAN	Sample Date	: 27-Nov-2025 04:35 PM
/ Gender	: 1Y(s) / Male	Reporting Date	: 27-Nov-2025 05:01 PM
cimen Type	: EDTA Blood	Type / Bed No	: CASH / NICU
tor Name	: Dr.KAPIL JINDAL		

HAEMATOLOGY

CD : 2511270164

AMETER	RESULT VALUES	UNITS	NORMAL VALUES
ANTIGEN (MALARIA ANTIGEN)			
NTIGEN	NEGATIVE	-	NEGATIVE

*** End Of Report ***

Dr. PREETI TYAGI
MD (PATHOLOGY)
CONSULATANT
Reg No : MCI/09-35445

ed By
962
: 27-Nov-2025 05:01 PM

tests have technical limitation. The reported results are for information and for interpretation of the referring doctor only. Corroborative clinico
hological interpretation is mandatory. In case of disparity test may be repeated immediately. Patient is advised to contact laboratory immediately for
ssible remedial action. Ph. No. 05644-294560 Ext.-127 (Laboratory). This report is not valid for medico-legal purposes.

Bharatpur

C NO JSSH/LABILH/04

Medical Laboratory, Raj Jindal Hospital and Research Center Pvt. Ltd.

S.P. Mukherjee Nagar, Bharatpur-321001 (Raj.)
Contact No. : 05644-294560, 9929711555, 9414025942 E-mail: rjhospital@gmail.com, www.jindalhospital.in

R NO / IP No	: UMR0004106 / IP250001423	Bill Date	: 27-Nov-2025 04:33 PM
ne	: Master . NAMAN	Sample Date	: 27-Nov-2025 04:35 PM
/ Gender	: 1Y(s) / Male	Reporting Date	: 27-Nov-2025 05:01 PM
cimen Type	: Serum	Type / Bed No	: CASH / NICU
tor Name	: Dr.KAPIL JINDAL		

BIOCHEMISTRY

CD : 2511270165

AMETER	RESULT VALUES	UNITS	NORMAL VALUES
AL FUNCTION TEST (RFT)			
A	22.6	mg/dL	10.0-50.0
REATININE	0.51	mg/dL	0.5-0.9
OSPHOROUS	4.13	mg/dL	2.5-4.5
ACID	4.97	mg/dL	3.4-7.0
UM	**134.88**	mmol/L	136.0-150.0
ASSIUM	4.17	mmol/L	3.50 - 5.0
ORIDE	101.87	mmol/L	98- 106
(Quantitative)	**71.4**	mg/L	0.6 - 6.0
OD SUGAR RANDOM			
OD SUGAR (RANDOM)	87.8	mg/dL	70- 140

*** End Of Report ***

Dr. PREETI TYAGI
MD (PATHOLOGY)
CONSULATANT
Reg No : MCI/09-35445

d By
162
27-Nov-2025 05:01 PM

Jindal 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 - 294560, 9929711555

NURSE PROGRESS NOTES & HANDOVER

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

Shift:	STAFF HANDOVER FORM
IDENTIFY (Identify self, position, who you are) (Identify patient, position, Bed No.)	
SITUATION (Diagnosis, Reason for admission, Current problem)	
BACKGROUND (Patient History-clinical Background or context)	
ASESSMENT (Current problems, observations and treatments)	
RECOMMENDATION (Post hand over plan; include Request and Risk)	

HANDOVER BY **HANDOVER TO**

Date & Time	Nursing Progress Notes

DOC NO: JSSH/CNC/NPNH/0014 Page 01 of 01

Medical Laboratory, Raj Jindal Hospital and Research Center Pvt. Ltd.

S.P. Mukherjee Nagar, Bharatpur-321001 (Raj.)
Contact No. : 05644-294560, 9929711555, 9414025942 E-mail: rjhospital@gmail.com, www.jindalhospital.in

NO / IP No	: UMR0004106 / IP250001423	Bill Date	: 27-Nov-2025 04:33 PM
	: Master . NAMAN	Sample Date	: 27-Nov-2025 04:35 PM
Gender	: 1Y(s) / Male	Reporting Date	: 27-Nov-2025 05:01 PM
men Type	: EDTA Blood	Type / Bed No	: CASH / NICU
r Name	: Dr.KAPIL JINDAL		

HAEMATOLOGY

D : 2511270166

METER	RESULT VALUES	UNITS	NORMAL VALUES
COMPLETE BLOOD COUNT)			
	7.4	gm/dL	11.00-21.00
GLOBIN	11.02	10^3/ul	6.0 - 26.0
	65.2	%	45.0-70.0
OPHILS	24.5	%	20.0-40.0
OCYTES	5.9	%	2.0-10.0
CYTES	4.0	%	1.0-6.0
OPHIL	0.4	%	0.0-2.0
HIL	**26.5**	%	40.0-54.0
TOCRIT(HCT) (ABG)	4.99	Millions/Cumm	3.0-5.4
ll Count (TRBC)	**53.0**	FL	82.0-95.0
	14.9	pg	31.0-37.0
	28.1	g/dl	32.0-36.0
LET COUNT	454	10^3/ul	150-500

*** End Of Report ***

Dr. PREETI TYAGI
MD (PATHOLOGY)
CONSULATANT
Reg No : MCI/09-3

d By
062
: 27-Nov-2025 05:01 PM

sts have technical limitation. The reported results are for information and for interpretation of the referring doctor only. Corrobo
ological interpretation is mandatory. In case of disparity test may be repeated immediately. Patient is advised to contact laboratory i

Jindal Super Specialty Hospital
(A Unit of Raj Jindal Hospital and Research Centre Pvt. Ltd.)
SPM Nagar, Bharatpur, Ph: 05644 - 294560

Patient Consent Form

Name of Patient : .... Date : ....
Name of Consultant : .... Registration No. : ....
DOA : .... TOA : .... Room Category: ....
Procedure / Package Name : .... Room Rent : ....

1. The admitted patient has to deposit the advance as follows :
   - General Ward :5000/-
   - ICU :20000/-
   - Pvt. Room :10000/-
   - NICU :5000/-

   The amount should always be available in your account. Please find out the expenses of the previous day every morning from reception and deposit the amount as per the requirement.
2. The entire money of the operation / package has to be deposited before the operation.
3. Attendant card - Only one attendant card will be given for each patient. It is necessary to hang your pass around your neck to ward / ICU. A person with no pass will not be allowed to enter the ward.
4. Children under 12years of age are not allowed to enter the ward.
5. No person will be allowed to stay in or enter hospital area from 8pm to 6am. For the convenience of attendants, dharmashala a... guest house are available near the hospital.
6. No attendant is allowed to stay with the patient admitted in ICU. One attendant can meet for only 5 minutes between 8:30 to 9... in the morning and 5:00 to 6:00 in the evening. The condition of the patient will be explained by the doctor at the same time. In... of any special improvement or decline in the condition, update will be given to attendant.
7. All admitted patients must wear hospital clothes. Out side clothing, bed sheets, shoes-slippers will not be allowed in the ward... Cloak Room facilities are available near the main gate guard room.
8. It may take 2 to 3 hours to prepare the bill on discharge. If someone is in a hurry he can deposit lumpum amount in advance. A... the bill is ready you can take due amount.
9. Protect your valuables, luggage, mobile & money etc.
10. General ward's patient can be shifted from one room to another room at any time as per hospital requirement.
11. The patient of Insurance / Corporate should inform at the billing counter before being admitted. Hospital may refuse to provi... cashless facility later.

ICU

1. The patient's attendant are not allowed to go to ICU. Attendant can meet the patient only at the scheduled time.
2. Very sick patient are kept in ICU. The patient's condition may improve but patient condition can suddenly worsen and sudde... death can also occur. The patient may have to be refered to Jaipur-Delhi or Agra suddenly and even during night. I understan... these things and I want my patient to be treated in this hospital.

I understand English well. I have not been given any guarantee of cure.

...gnature of Attendant : ....
...ne of Attendant : ....
...tion with patient : ....
...e No. : ....

We have been told about Chiranjeevi / Ayushman Bharat/ECHS/ESIC/R... TPA Scheme. We do not have documents related to this scheme.

Signature of Attendant : ....
Name of Attendant : ....
Date and Time : ....

...rsigned:

...me : .... Signature : ....
.... Time : .... ID No. : ....

JSSH/CNC/OPD-LH/007

ECHS / RGHS / ESIC / TPA / Cash / CSBY

Jindal Super Specialty Hospital

...indal Super Specialty Hospital

Inpatient Bill

Patient Name : Master.NAMAN
Age : 1 Years 6 Months 26 Days
Sex : Male
UMR No : UMR0004106
Unit : Dr. KAPIL JINDAL

...f Pati... ...ed No./Room No.......
...o.......
...t No.: ....
Time ....
Time of Discharge: ....

Date & Time	Amount Paid	Paid to	Receipt No. Sign.	Dues
1140				
			Final Balance	

...leared by: ....
...of Staff / Doctor: ....
.... Stamp

OC NO: JSSH/CNC/IT/001

MLC NO.: ....

...sultant: Dr Kapil Jindal
...esh .... Age: 1½ Sex: M / F
.... Ph. No. ....
...on & Time: ....
...y & Time: ....

Vitals

BP:
HR: 130 B/m
RR:
Sat: 98%
Temp: 102.6

Examination

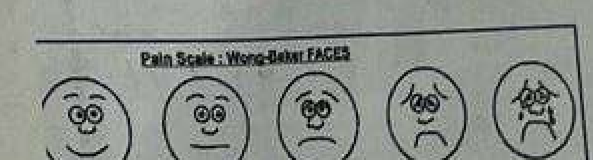
CNS: Irritable.

CVS: S1 S2 (+) Tachycardia

Resp: B/L clear

Abd: P/A soft

Local: NAD



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Billing Instructions

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

3. Medicines: Own/Hospital

Provisional Diagnosis: Burn

Investigations Advised: CBC, CRP, MS, PT, BBS.

Care Plan :

℞ - cleaning c N-saline.
- Dressing c xyloone and SOS Crem-
- ↓ fluid N-saline 30-40ml/hr
- ↓ Amoxyclav 300mg iv 1-1
- ↓ Linezolid. 100mg iv 1-1
- ↓ PCM. 150mg iv Std 1000
- ↓ Pantop 0.5ml iv 1-1
- ↓ Ibutop 5ml. 1-1

Diet / Nutrition Advice: Sw

Safe Parenting :

Immunization:

Rehabilitation Advice : Sick condition explain. to parents monitor vitals closely HR/SPO2

RMO Name : Dr Imran

Date & Time : 27.11.25

Signature :

Doctor Name : Dr Kapil Jindal

Date & Time : 27-11-25

Signature :

JINDAL 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

Patient Name : Master.NAMAN
Age : 1 Years 6 Months 26 Days
Sex : Male
UMR No : UMR0004106
Unit : Dr. KAPIL JINDAL

Administration Record

..... Date of Birth: .....
..... Surface Area: .....
..... Height Hypersensitivity: .....

LY ONCE MEDICATION / SOS

TE	DRUG	DOSE	ROUTE	TIME	SIGNATURE OF M.O	GIVEN BY	TIME GIVEN
111	INJ PEDSMOL	150 mg	IV	STAT	[illegible]	EMT	4 PM

S REQUIRED / PRN

RUG	SOS PCM			DATE	27/11
				TIME	10pm
OSE 150mg	ROUTE IV	START		DOSE	150mg
IGNATURE	PHARMACY	STOP		GIVEN BY	[illegible]
RUG				DATE	
				TIME	
OSE	ROUTE	START		DOSE	
IGNATURE	PHARMACY	STOP		GIVEN BY	
RUGS				DOSE	
				TIME	
OSE	ROUTE	START		DATE	
IGNATURE	PHARMACY	STOP		G'VEN BY	

REGULAR DOSE PRESCRIPTIONS

NAME: NAMAN

	TIME	DATE 27/11	DATE 28/11	DATE	DATE	DATE	DATE	DATE	DATE
DRUG INJ AMOXYCLAVE	6 Am		[illegible]						
DOSE 300 mg · ROUTE iv · TIMING 8 hr	2PM	EMR							
SIGNATURE · START 27/11/25 · STOP	10pm	[illegible]							
DRUG INJ LINEZOLIDE	3Am		[illegible]						
DOSE 100 mg · ROUTE iv · TIMING 12 hr									
SIGNATURE · START 27/11/25 · STOP	3PM	EMR							
DRUG INJ RANTAC	3 Am		[illegible]						
DOSE 0.5 ML · ROUTE iv · TIMING 12 hr									
SIGNATURE · START 27/11/25 · STOP	3PM	EMR							
DRUG SYP IBUTOP	6 Am		[illegible]						
DOSE 5 ML · ROUTE P/O · TIMING 8 hr	2PM	EMR							
SIGNATURE · START 27/11/25 · STOP	10pm	[illegible]							
DRUG									
DOSE · ROUTE · TIMING									
SIGNATURE · START · STOP									
DRUG									
DOSE · ROUTE · TIMING									
SIGNATURE · START · STOP									
DRUG									
DOSE · ROUTE · TIMING									
SIGNATURE · START · STOP									
DRUG									
DOSE · ROUTE · TIMING									
SIGNATURE · START · STOP									

Jindal Super Sp... ital

(A Unit of Raj Jindal Hospital and ... SPM Nagar, Bharatpur-3...

Patient Name : Master.NAMAN
Age : 1 Years 6 Months 26 Days
Sex : Male
UMR No : UMR0004106
Unit : Dr. KAPIL JINDAL

Reg. No. ...
Name : ... /Sex: ...
Consulta...

PROGRESS SHEET

Date / Time	Clinical Progress / Treatment	Name & Sign of Doctor
27/11/25	Pae ward Round by Dr. Kapil Jindal	
5 PM	TEMP 98.5 F INJ AMOXYCLAVE 300mg	8hr
	HR 112 INJ LINEZOLIDE 100mg	12hr
	SPO2 97% INJ RANTAC 0.5 ML	12hr
	wt. 10.110kg SYP IBUTOP 5ML	8hr
HB-7.4		
WBC-11.2		
PLT 434000	# Burn	
Urea-22.6		
CRP-71.4		
Bld Sugar 87.8		
MP- Negative	Burn	
=	Clean. Silver sulphadiazine.	LHA [illegible]
–	iv fluid. DNS @ 10-20 ml/hr - 500	
–	iv antibiotic to continue	
	Syp Ibutop 5ml	[illegible]
	monitor vitals closely HR/SPO2	[illegible]
10 am	ward round by Dr. K. Jindal	
	[illegible]	
	C/O [illegible] better / vitals stable	
	[illegible] – mild painful.	
	[illegible] Antibiotic [illegible]	
	[illegible] feeding 150 [illegible]	
	[illegible] chart [illegible]	

- **If dependant, assess patient for Pressure Ulcer Risk** (not applicable for independent patients)

☑ Reduced mobility or immobility ☑ Sensory impairment ☑ Malnutrition and dehydration

☑ Previous history of pressure damage ☑ Extremes of age ☐ Vascular disease

☑ Acute illness ☑ Visible Persistent erythema, nonblanching erythema, blister

☑ Severe chronic or terminal illness

Pressure Ulcer Risk Assessment Score: ..... Action needed (patient education):

Action taken (for patients received with pressure ulcer, <13score)

Special mattress : ..... Back Care : .....

Patient Education : Health education

.....

Psychological Status :

☐ Calm ☐ Anxious ☐ Withdrawn ☐ Agitated ☐ Depressed ☐ Sleep Disorde

Plan of Care

Nursing Assessment	Nursing Intervention
Assess the general	- monitor vitals
Condition of the patie	all medicine given @ pre
	doctor prescribe

Reconciliation of Medications: (as used by patient at the time of admission, if any.)

S. No.	Name of Drug	Dose	Frequency	Date / Time of las

Name of Nurse: Lawrence

Signature: Lawrence

Employee ID: 291

Date & Time: 27/11/25 | 5 pm

DOC NO: JSSH/CNC/IAF/002

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Jindal Super Specialty Hospital

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

NABH

Nurse Daily Assessment

Patient Name : Master.NAMAN
Age : 1 Years 6 Months 26 I
Sex : Male
UMR No : UMR0004106
Unit : Dr. KAPIL JINDAL

Reg. : .....

Name of Patient .....

Ward / Bed : ..... Age : ..... Sex : .....

Date: 27/11/25

Department : .....

	Criteria	8AM-2PM	2PM-8PM	8PM-8AM
Vitals	BP		-	-
	Respiration		24	26
	Pulse		112	116
	Temperature		98.5 F	98.4 F
	Spo2		97	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		✓	✓
Skin	Positionin			✓
	Bed Sore			
GI	Flatus			
	Nausea			
	None		✓	✓
	Voiding			
	Catheter			
	None		✓	✓
Blood	Start			
	Finish			
	NA		✓	✓
Mobility	Ambulate			
	Out of Bed			
	In Bed			
IV	IV Antibiotic			✓
	IV Fluid			✓
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

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	Criteria	8AM-2PM	2PM-8PM	8PM-8AM
Psychological	Cooperative			
	Anxious			
	Agilated			
	Farmtyat Bedside			
Laboratory	Investigation Sent		CBC, CRP, MB, RFT, RBS.	

	Criteria	8AM-2PM	2PM-8PM	8PM-8AM
Medication	New Drug order			
	Drug			
	Drug Returned			
Radiology	Radiology Investigation To collect	X-RAY	X-RAY	X-RAY
		CT	CT	CT
		MRI	MRI	MRI
		USG	USG	USG
		ANGIOGRAPHY	ANGIOGRAPHY	ANGIOGRAPHY

Pain	Time	Location	Score	Planning and interligation	Reassessment frequency	Evaluation
	11pm	[illegible]	0-2	[illegible]	when [illegible]	[illegible]

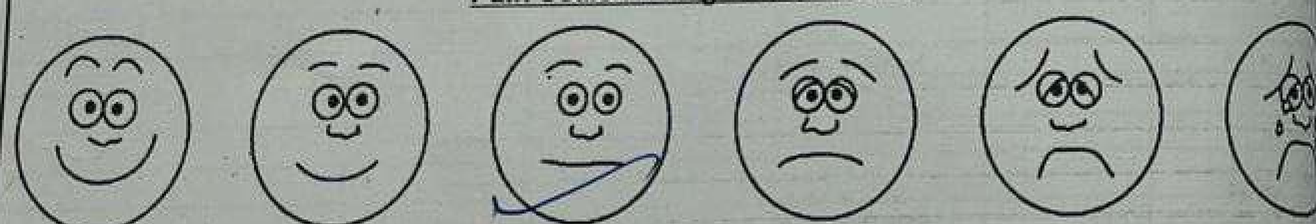
Note : Fill Reassessment to be done during transfer to as indicated in hospital policy		
	Fail reassessments core	0
	Intervention	when Required
	Rescoring	

Any other information			
Morning		Name & Sign.	EC No.
Evening	Pain [illegible]	Name & Sign. [illegible]	EC No.
Night	Fever	Name & Sign. Karan Singh	EC No. 101

Universal Pain Assessment Tool

Wong and Baker Facial Grimace Scale

Pain Scale : Wong-Baker FACES



0	1	2	3	4	5
NO HURT	HURTS LITTLE BIT	HURTS LITTLE MORE	HURTS EVEN MORE	HURTS WHOLE LOT	HURTS

Pain : [✓ Yes] No If yes score (1-5) 0-2 Duration : 15 [illegible] Sharp / ~~Dull~~ / Aching / Burning

Location : [illegible] Action Needed [✓ Yes] No

Fall Risk Assessment

Variable	Score		Reference Scale			
			Risk level	Fall Scal Score	Reassessment Frequency	Intervention
History of falls	Yes 25	No 0 ✓	Low level	0-24	When Required	When Required
Secondary diagnosis	Yes 15	No 0 ✓	Medium level	25-44	Once a day	Side Rails
IV of IV accass Medical for Potential fall risk	Yes 10 ✓	No 0	High level	45 and higher	Once in each shift	Side rails provide assistance as & when required
Ambulatory and curlchas/care/walker	15	Normal 0 ✓				
Galt weak and impaired	20	Normal/bed rest/ wheel chair 0 ✓	10			
Mental status	15	Oriented to ✓				

Jindal Super Specialty Hospital

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SPM Nagar, Bharatpur-321001 (Rajasthan)

NABH ACCREDITED

Nurse Daily Assessment

Patient Name : Master.NAMAN
Age : 1 Years 6 Months 26 Days
Sex : Male
UMR No : UMR0004106
Unit : Dr. KAPIL JINDAL

Reg. : .... Date: 28/11/25

Name of Patient : .... Age : .... Sex : ....

Ward / Bed : .... Department : ....

	Criteria	8AM-2PM	2PM-8PM	8PM-8AM
Vitals	BP			
	Respiration	24		
	Pulse	116		
	Temperature	98.6 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			
GL	Flatus	✓		
	Nausea			
	None			
GI	Voiding			
	Catheter			
	None	✓		
Blood	Start			
	Finish			
	NA	✓		
Mobility	Ambulate			
	Out of Bed			
	In Bed	✓		
IV				
Restraint	Orders			
	Site			
	NA	✓		
Safety First	Side Rails	✓		
	Lighting	✓		
	Education	✓		
	Bathroom	✓		
Diet	Orders	✓		
	Nil by Mouth			
	Regular	✓		
	Tube			
	Special			

Jindal Super Specialty Hospital

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

NABH

DOCTOR HAND OVER FORM

Reg. No
Patient
Consult

Age : 1 Years 6 Months 26 Days
Sex : Male

UMR No : UMR0004106
Unit : Dr. KAPIL JINDAL

Age/Sex :
DOA

Nursing Care Plan

Shift 27/11/25	Nursing Diagnosis	Nursing Intervention	Out Come	Name / Sign
Morning				
Evening 2 pm to 8 pm	- Burn	- Monitor Vitals - pain - Pain	Not to Feel Better than	Lam A91
Night 8pm to 8am	Burn	- Pain Burn - IV Antibiotic continue	: Stable	Kam 101

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DOC NO: ISSH/CNC/NCP/063

Patient Name : ...
UMR No : UMR0004106
Unit : Dr. KAPIL JINDAL
Department ...

Age/Sex : ... Reg. No. ... IPD No. : ... DOA ...
Consultant Name: ...

Shift	SITUATION (Diagnosis Reason for admission Current problem)	BACKGROUND (Patient History, Clinical background of content)	ASSESSMENT (Current Problems, Observation and treatment)	RECOMMENDATION (Post handover Plan) include request and Risk)	Handover Given by (Dr. Name & Sign)	Handover Taken by (Dr. Name & Sign)
Morning (M)	Burn	-	- IV Antibiotic - IV fluid	Monitoring Strict	Kaur	Mahi
Evening (E)						
Night (N)						

Doc. No.: JSSH/CNC/DSHOCL/036

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