
PULSE OXYMETER
THERMAMETER
B.P. INSTRUMENT

~~ECHS / RGHS / ESIC / TPA~~ / Cash / ~~CSBY~~

Jindal Super Specialty Hospital

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

INDOOR TICKET

MLC NO. : .....

No: 7783 ~~0778~~ I.P.D. No.: ..... Ward / Bed : P. WARD. Consultant: Dr. K. Jindal.

nt Name: BABY NANDANI W/S/D/o LAL Singh. Age: 3 M Sex: M / F

ess: H/o Hindaun city Karauli

Admission & Time : 12/01/2026 D.O Operation & Time: .....

. Discharge & Time : ..... D.O. Delivery & Time : .....

l Diagnosis: Superficial Burns

ef complaints with Duration :

N/K/o → Burn - Lt Hand / Lower Limb Lt. & Abdomen.

C/o Burn. Lt Hand.

? SEPSIS.

fever for - 2-3days

Vitals

BP:

HR: 122/mt

RR: 28/mt

Sat: 96%

Temp: 100.2°F

Examination

CNS: - Tone ↓ RD - irritable

CVS: $S_1 S_2$ (N), No murmur

Resp: B/L AE (+) NT.

Abd: Soft, B.S (+)ve.

Local:

ast History :

)M:

CAD:

Any other (Medical/Surgical) : } NAD

HT:

Asthma: } NAD

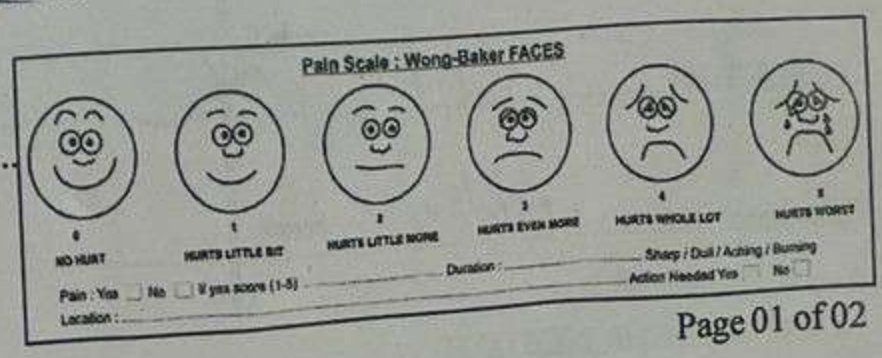
Allergies:

Medication History: } NAD

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

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

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



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

UMR NO / IP No	: UMR0007783 / IP250003779	**Bill Date**	: 17-Jan-2026 05:35 PM
Name	: Baby . NANDANI	**Sample Date**	: 17-Jan-2026 05:47 PM
Age / Gender	: 3Y(s) / Female	**Reporting Date**	: 17-Jan-2026 06:12 PM
Specimen Type	: EDTA Blood	**Type / Bed No**	: CASH / NICU
Doctor Name	: Dr.KAPIL JINDAL		

HAEMATOLOGY

BAR CD : 2601170267

PARAMETER	RESULT VALUES	UNITS	NORMAL VALUES
CBC (COMPLETE BLOOD COUNT)			
HAEMOGLOBIN	9.7	gm/dL	11.00-21.00
WBC	17.63	10^3/ul	6.0 - 26.0
NEUTROPHILS	**38.8**	%	45.0-70.0
LYMPHOCYTES	**55.3**	%	20.0-40.0
MONOCYTES	4.7	%	2.0-10.0
EOSINOPHIL	**0.8**	%	1.0-6.0
BASOPHIL	0.4	%	0.0-2.0
HAEMATOCRIT(HCT) (ABG)	**30.8**	%	40.0-54.0
Red Cell Count (TRBC)	3.29	Millions/Cumm	3.0-5.4
MCV	93.6	FL	82.0-95.0
MCH	**29.5**	pg	31.0-37.0
MCHC	**31.6**	g/dl	32.0-36.0
PLATELET COUNT	**567**	10^3/ul	150-500

***** End Of Report *****

Preeti

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

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

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UMR NO / IP No	: UMR0007783 / IP250003779	**Bill Date**	: 17-Jan-2026 05:35 PM
Name	: Baby . NANDANI	**Sample Date**	: 17-Jan-2026 05:46 PM
Age / Gender	: 3Y(s) / Female	**Reporting Date**	: 17-Jan-2026 06:11 PM
Specimen Type	: Serum	**Type / Bed No**	: CASH / NICU
Doctor Name	: Dr.KAPIL JINDAL		

BIOCHEMISTRY

BAR CD : 2601170266

PARAMETER	RESULT VALUES	UNITS	NORMAL VALUES
CRP			
CRP (Quantitative)	1.3	mg/L	0.6 - 6.0
SERUM ELECTROLYTE			
SODIUM	137.39	mmol/L	136.0- 150.0
POTASSIUM	4.75	mmol/L	3.50 - 5.0
HLORIDE	105.81	mmol/L	98 - 106

***** End Of Report *****

Preeti

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

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 : Baby.NANDANI
Age : 3 Years 0 Months 16 Days
Sex : Female
UMR No : UMR0007783
Unit : Dr. KAPIL JINDAL

ıd Administration Record

Name: ..... Date of Birth: .....

Reg. No.: ..... Surface Area: .....

Ward: ..... Consultant: ..... Height Hypersensitivity: .....

ONLY ONCE MEDICATION / SOS

DATE	DRUG	DOSE	ROUTE	TIME	SIGNATURE OF M.O	GIVEN BY	TIME GIVEN
27/1	INJ. PCM	15ml	IV	STAT		Tahsin	6pm

S REQUIRED / PRN

UG	INJ. PCM																		
SE	50mg	ROUTE	IV	START	9AM	DOSE													
GNATURE		PHARMACY		STOP		GIVEN BY													
UG	INJ. PANTOP					DATE													
						TIME													
SE	5ml	ROUTE	PO	START	9AM	DOSE													
GNATURE		PHARMACY		STOP		GIVEN BY													
UGS						DOSE													
						TIME													
SE		ROUTE		START		DATE													
NATURE		PHARMACY		STOP		GIVEN BY													

NAME: Nam Rani

REGULAR DOSE PRESCRIPTIONS

			TIME	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE
				17/1	18/1						
DRUG Inj. Amoxiclave			6AM		Hsn						
DOSE 300 mg	ROUTE IV	TIMING 12 hrly									
SIGNATURE [signature]	START 17/1/..	STOP	6PM-12								
DRUG Inj. Amitarsic			6AM		Hsn						
DOSE 80 mg	ROUTE IV	TIMING 12 hrly									
SIGNATURE [signature]	START 17/1	STOP	6PM-12								
DRUG Inj. RANTAL			6AM		Hsn						
DOSE 1ML	ROUTE IV	TIMING 12 hrly									
SIGNATURE [signature]	START 17/1	STOP	6PM-12								
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									
DRUG											
DOSE	ROUTE	TIMING									
SIGNATURE	START	STOP									

Billing Instructions

1. Actual, 2. Package: Rs. .... (Excluding-Medicine, Bed, Blood, ICU, investigation) For..........
3. Medicines: Own/Hospital

Provisional Diagnosis:
Superficial Burn.

Investigations Advised:
CBC, CRP, S.electrolyte.

Care Plan :
plan-
Rx. sterile Dressing c̄ SOS & Idonate,
Inj. Amoxyclav 300mg IV BD
Inj. Amikacin 80mg IV BD.
Syp. Ibutop 5ml P/O SOS.
Inj. Pedimol 15ml IV Stat, & SOS
Inj. Rantac 1ml BD.
START IV fluid DNS @20 ml/HR.
. Monitor vitals clearly SpO2/HR/RR
.

Diet / Nutrition Advice: - Soft/oral diet Allowed.

Safe Parenting :

Immunization:

Rehabilitation Advice : - Sick Condition explain to Att

RMO Name : Dr. nitin
Date & Time : 17/1/26
Signature : nitin

Doctor Name : Dr. [illegible]
Date & Time : 17/01/26
Signature : [signature]

DOC NO: JSSH/CNC/IT/001

डॉ. कपिल जिन्दल
...e Wells Hospita...
...oth Hall Hospita...
...yal Preston Hos...
...ndough Hospit...
...Stephen's Hosp...
...ollo Hospital, N...

...ructor :
...LS and BLS Cou...

REGULAR DOSE PRESCRIPTIONS

NAME: Nandani

Jindal Super Speci...

(A Unit of Raj Jindal Hospital and Rese...
SPM Nagar, Bharatpur - 32100...

Patient Name : Baby.NANDANI
Age : 3 Years 0 Months 16 Days
Sex : Female
MR No : UMR0007783
Unit : Dr. KAPIL JINDAL

NABH

Reg. No. ....
Name : ....
Consultant Name : ....

PROGRESS SHEET

Date / Time	Clinical Progress / Treatment		Name & Sign of Doctor
18/1/26	P. ward Round by Dr. K. Jindal		
9Am	Temp - 98.4	Inj. Amoxyclav 300mg	12hr
	HR - 118	Inj. Amikacin 80mg	12hr
	SpO2 - 98	Inj. Rantac 1ml	12hr
	wt - 9.830kg		

DOC NO: JSSH/CNC/PS/00/017

UMR...
...ent Name : Baby...
...er : LAL...
...ent Type : CAS...
...sultant : Dr.K...
... By : WA...
No Test Code Na...
1 Re...
2 DM3: Dr...

UMR0007783

Created By : DEEPE...
Print By : 562

PRO...
Date / Time
DOC NO: JSSH/...

Jindal Super Specialty Hospital

(A Unit of Raj Jindal Hospital and Research C
SPM Nagar, Bharatpur - 321001 (Ra

PROGRESS SHEET

Reg. No. .....
Name : .....
Consultant Name : .....

Date / Time	Clinical Progress / Treatment	Name & Sign of Doctor
12/1/26 6pm	Temp = 98.4	
	HR = 114	
	Spo2 = 98	
	Wt = 9.830 kg	
	CRP = 1.3	
	Na/K = 137.3/4.75	
	HB = 9.7, WBC = 17.6	
	PLT = 567000	
	c/o pain and burning micturition	
	① iv antibiotics to continue	
	② Syp Ibuprofen 5ml 8th hourly	
	③ monitor vitals closely urine output	

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Patient Name : Baby NANDANI
Age : 3 Years 0 Months 16 Days
Sex : Female

UMR No : UMR0007783
Unit : Dr. KAPIL JINDAL

Prescription for IV Fluid

IPD No. : ..... Ward / Bed : .....

Consultant..... Age/Sex : .....

DOA..... DOD: .....

DATE	TIME	TYPE OF FLUID (ADVISE IF ANY)	VOLUME	RATE	TIME STARTED	SIGNATURE OF DOCTOR	SIGNATURE OF NURSE
7/8/1	6pm	D 5%	500ml @ 20ml/hr	6pm	6pm	[illegible]	[illegible]

Jindal Super Specialty Hospital

Hospital and Research Centre Pvt. Ltd.)
haratpur - 321001 (Rajasthan)

Patient Name : Baby.NANDANI
Age : 3 Years 0 Months 16 Days
Sex : Female

UMR No : UMR0007783
Unit : Dr. KAPIL JINDAL

Reg. No. .....
Name : .....
Consultant N

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

INVESTIGATION CHART

Date	17/1									
Urine										
• Volume										
• pH										
• Sp. Gravity										
• Proteins										
• Sugar										
• Pus Cells										
• RBC										
• Casts										
• Crystal										
• Bacteria										
Urine Culture										
Haemogram										
• Hb/PCV	9.7									
• TLC	12.63									
• DLC	32 8									
• ESR										
• Platelets	562									
Bio-Chemistry CBD = 1.3										
• Blood Sugar F										
• Blood Sugar P.P.										
• Blood Urea										
• Creatinine										
• Phosphate										
• Uric Acid										
• Sodium	132.3									
• Potassium	4.33									
• Cholesterol										
• Calcium										
• Total Proteins										
• Albumin										
• Globulin										
• Bilirubin T Bil										
• Bilirubin D Bil										
• SGOT/SGPT										
• Alk-Phosphatase										
• HBs Ag.										
• HCV										
• HIV										
• PT/INR										

Name & Sign of Doctor

Patient Name : Baby.NANDANI
Age : 3 Years 0 Months 16 Days
Sex : Female

IR No : UMR0007783
t : Dr. KAPIL JINDAL

er Specialty Hospital

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SPM Nagar, Bharatpur-321001 (Rajasthan)

RITICAL CARE FLOW SHEET

Reg. No.					Cunsultant Name :				Age/Sex:				
ICU Bed No.:					Unit :								
DOA: 17/1/26			DOO :					DOD :					
Date	18/1/26												
Time	6 pm	8 pm	10 pm	12 mid	2 am	4 am	6 am	8 am					
Temp(F)	98.1	98.4	98.1	98.4	98.6	98.1	98.3	98.6					
Heart Rate	114	110	110	108	114	108	114	112					
NIBP/IBP	—	—		—			—						
Resp Rate	30	28	28	30	28	32	28	30					
SPO2	95	92	96	94	97	96	95	97					
CRT													
RBS													
Doramine													
Dobutamine													
Adernaline													
Noradernaline													
KCL													
Insuline													
Pupils													
GCS-EMV													
Venti. Data													
Mode													
FIO2													
Set Tidal Vol													
Set Brs/Min													
PEEP/CPA													
Pr. Support													
PIP													
Patient Data Spont R.R.													
T.V./M.V.													
Pt. Position	S												
Ur. Quantity	1												
IV Fluid Type	D5NS @ 90 ml/hr				D5NS @ 20 ml/hr								
IV Fluid R./Hr.													
Feed Type	Soft diet				Soft diet orally								
Feed Mode	Oral												
Feed Quantity													

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Remarks
रिमार्क्स

Jindal Super Specialty Hospital

(A Unit of Raj Jindal Hospital and Research Centr[e])
SPM Nagar, Bharatpur-321001 (Rajastha[n])
Email ID : rjhospital@gmail.com Tel. No.: 05644 -

Patient Name : Baby.NANDANI
Age : 3 Years 0 Months 16 Days
Sex : Female
UMR No : UMR0007783
Unit : Dr. KAPIL JINDAL

NURSE PROGRESS NOTES

Reg. No. .... Ward / Bed : .... Patient Name : ....

Consultant Name : .... Sheet No.: ....

Shift: E+(M)	STAFF HANDOVER FORM
IDENTIFY (Identify self, position, who you are) (Identify patient, position, Bed No.)	- [illegible] - [illegible] Pt. Nandini
SITUATION (Diagnosis, Reason for admission, Current problem)	Burn
BACKGROUND (Patient History-clinical Background or context)	—
ASESSMENT (Current problems, observations and treatments)	I/v Fluid & I/v Antibiotic on
RECOMMENDATION (Post hand over plan; include Request and Risk)	provide

HANDOVER BY [signature] **HANDOVER TO**

Date & Time	Nursing Progress Notes
12/1/16	- monitor vitals
8pm to 8pm	- orally allow
	- I/v F Drs @ 20ml
	- Blood (R) done
	Pt. [illegible]

DOC NO: JSSH/CNC/NPNH/0014

Page
emedial action. Ph. No. 05644-294560 Ext.-127 (Laboratory). This report is not valid for medico-legal purposes.
JSSH/LABILH/04
Bharatpur

Jindal Super Specialty Hospital

urch Centre Pvt. Ltd.)
(Rajasthan)

Patient Name : Baby.NANDANI
Age : 3 Years 0 Months 16 Days
Sex : Female
UMR No : UMR0007783
Unit : Dr. KAPIL JINDAL

Reg. No. .....
Patient Name : .....

INITIAL ASSESSMENT

(By Nurse)

Date & Time : 17/1/16 \ 22

Vital Signs:

Temp : 98 Pulse: 110/min BP: ...../.....mmHg Resp: 24/min Ht : .....cm Wt: 9.53 kg

Diet requirement: .....

Nutritional Screening	☑ Diabetic diet	☐ Non diabetic diet	☑ Type of diet
Last three month Appetite	☑ Increase	☐ Decrease	☐ No Change
Dietecian inform :	☑ Yes	☐ No	☐ Not Known if yes specify.....
Orient Patient for	☑ Bathroom	☐ Nurses Call	☑ Toilet Bell
If Allotted Bed	☑ Bed Controls	☑ Side Rails	☐ Use of footstool

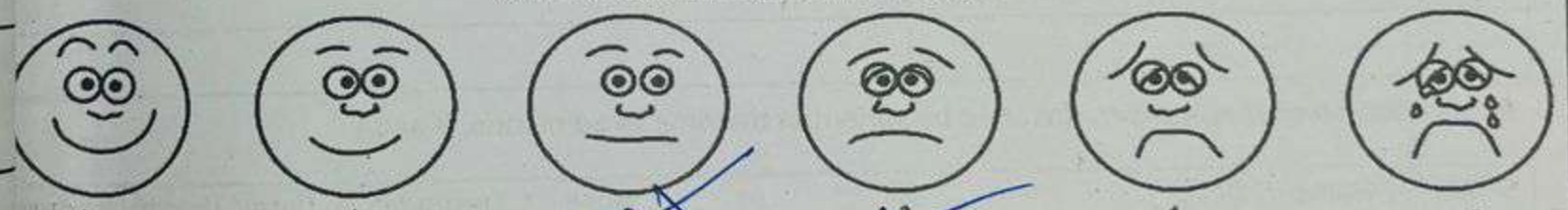
Patient at Fall Risk :

☑ Recent history of fall (within 6months)	☑ Impaired balance, gait	☑ Musculoskeletal problems
☑ Chronic disease	☑ Medications (CVS/CNS >4 in no.)	☑ Neurological problems

If any of the factor present, educate patient and attendant on fall prevention measures

.....

Pain Scale : Wong-Baker FACES



Pain : Yes ☐ No ☐ If yes score (1-5) ..... 0 2 Duration : ..... 3 days Sharp / Dull / Aching / Burning
Location : ..... Action Needed Yes ☐ No ☐

Functional Assessment :

Activity	Independent	Dependent
Bathing	☐	☐
Dressing	☐	☐
Eating	☐	☐
Mobility	☐	☐
Climbing Stairs	☐	☐
Toilet Use	☐	☐

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