Jindal Super Specialty Hospital

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

S.P.M. NAGAR,

BHARATPUR -321001 RAJASTHAN

Phone 05644294560 GST No- 08AACCR8995C1ZZ

OPD_Registration_And_Billing

UMR #	: UMR0007783		Receipt No	:	REC0071484
Patient Name	: **Baby. NANDANI**		Age/Sex	:	3Y(s)/Female
Father	: LAL SINGH		Group Bill No	:	GBN0164365
Patient Type	: CASH		Bill Date	:	03-Jan-2026 18:12
Consultant	: Dr.KAPIL JINDAL		Phone No	:	
Ref By	: WALKIN		Address	:	HINDON CITY KARAULI

S No	Test Code	Name of Investigation / Procedure	Bill No	Qty	Rate	Amount
1		Registration	RGB0007783	1	30.00	30.00
2	DM3	Dr.KAPIL JINDAL	OC2601030133	1	250.00	250.00
					Total Amount :	**280.00**
					Cash Amount :	**280.00**

UMR0007783

RGB0007783

(Authorized Signatory)

Created By : DEEPESH KUMAR

Print By : 562

Create Date : 03-Jan-2026 18:12

Print Date : 03-Jan-2026 18:13

Jindal Super Specialty Hospital

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

Tel. No.: 05644 - 294560, 9929711555

Patient Name : Baby NANDANI
3 Years 0 Months 2 Days
Female
HR No : UHR0007783
Dr. KAPIL JINDAL

NURSING NOTES & HANDOVER

Reg. No. ..... Patient Name : ..... Age/Sex: .....

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

Shift: ..Night.....	STAFF HANDOVER FORM
IDENTIFY (Identify self, position, who you are) (Identify patient, position, Bed No.)	Rutuveer - 680 Pt. Mandal
SITUATION (Diagnosis, Reason for admission, Current problem)	Burn
BACKGROUND (Patient History-clinical Background or context)	—
ASESSMENT (Current problems, observations and treatments)	fever
RECOMMENDATION (Post hand over plan; include Request and Risk)	Provide

HANDOVER BY

HANDOVER TO

Date & Time	Nursing Progress Notes
2/1/26 8PM to 8Am	Pt stable monitor vitals IV Antibiotic continued IVF RL @ 20-30ml/hr Blood ① done ② Hb% Report done

DOC NO: JSSH/CNC/NPNH/0014

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

Jindal Super Specialty Hospital

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

Tel. No.: 05644 - 294560, 9929711555

Patient Name : Baby NANDANI
3 Years 0 Months 2 Days
Female
HR No : UHR0007783
Dr. KAPIL JINDAL

NURSING NOTES & HANDOVER

Reg. No. ..... Patient Name : ..... Age/Sex: .....

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

Shift: ..Morning....	STAFF HANDOVER FORM
IDENTIFY (Identify self, position, who you are) (Identify patient, position, Bed No.)	- Pt Ramkishan 30/M - Baby nandani Age 2 days
SITUATION (Diagnosis, Reason for admission, Current problem)	Burn
BACKGROUND (Patient History-clinical Background or context)	—
ASESSMENT (Current problems, observations and treatments)	Burn
RECOMMENDATION (Post hand over plan; include Request and Risk)	Provide

HANDOVER BY

HANDOVER TO

Date & Time	Nursing Progress Notes
4/1/26 8Am to 2Pm	- Pt. vitals stable - monitor vitals - IV Antibiotic cont - IV Fluid NS @ 20-30ml/hr - Blood ⑤ done IV Hand x-ray done Pt. NAD

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. : 05644-194560, 9929711555, 9414025942 E-mail: rjhospital@gmail.com, www.jindalhospital.in

UMR NO / IP No	: UMR0007783 / IP250003159	Bill Date	: 03-Jan-2026 06:42 PM
Name	: Baby . NANDANI	Sample Date	: 03-Jan-2026 06:51 PM
Age / Gender	: 3Y(s) / Female	Reporting Date	: 03-Jan-2026 08:08 PM
Specimen Type	: Serum	Type / Bed No	: CASH / NICU
Doctor Name	: Dr.KAPIL JINDAL		

BIOCHEMISTRY

AR CD : 2601030273

RAMETER	RESULT VALUES	UNITS	NORMAL VALUES
ENAL FUNCTION TEST (RFT)			
EA	20.7	mg/dL	10.0 - 50.0
REATININE	0.23	mg/dL	0.5 - 0.9
HOSPHOROUS	3.86	mg/dL	2.5 - 4.5
C ACID	1.92	mg/dL	2.4 - 5.7
IUM	136.19	mmol/L	136.0- 150.0
ASSIUM	4.26	mmol/L	3.50 - 5.0
ORIDE	103.66	mmol/L	98 - 106
(Quantitative)	39.2	mg/L	0.6 - 6.0

*** End Of Report ***

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

-Jan-2026 08:37 PM

have technical limitation. The reported results are for information and for interpretation of the referring doctor only. Correlative clinico
ical interpretation is mandatory. In case of disparity between the test repeated immediately. Patient is advised to contact laboratory immediately for
remedial action. This report is not valid for medico-legal purposes.

Jindal Super Specialty Hospital

(A Unit of Raj Jindal Hospital and Research Centre Pvt. Ltd.)
SP-M 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)	
ASSESSMENT (Current problems, observations and treatments)	
RECOMMENDATION (Post hand over plan; includes Request and Risk)	

HANDOVER BY HANDOVER TO

Date & Time	Nursing Progress Notes

DOC NO: JSSH/CNC/NPN1/0014 Page

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

UHID NO / IP No	: UMR0007783 / IP2500003159		
Name	: Baby . NANDANI	Bill Date	: 03-Jan-2026 06:42 PM
Age / Gender	: 3Y(s) / Female	Sample Date	: 03-Jan-2026 06:51 PM
Specimen Type	: EDTA Blood	Reporting Date	: 03-Jan-2026 08:08 PM
Doctor Name	: Dr.KAPIL JINDAL	Type / Bed No	: CASH / NICU

Lab ID : 2601030274

HAEMATOLOGY

PARAMETER	RESULT VALUES	UNITS	NORMAL VALUES
CBC (COMPLETE BLOOD COUNT)			
HAEMOGLOBIN	9.7	gm/dL	11.00-21.00
	23.78	10^3/ul	6.0 - 26.0
NEUTROPHILS	58.1	%	45.0-70.0
LYMPHOCYTES	33.2	%	20.0-40.0
EOSINOPHIL	7.9	%	2.0-10.0
BASOPHIL	0.3	%	1.0-6.0
PACKED CELL VOLUME(HCT) (ABG)	0.5	%	0.0-2.0
RBC (Total Count (TRBC)	31.3	%	40.0-54.0
	3.30	Millions/Cumm	3.0-5.4
MCV	94.8	FL	82.0-95.0
MCH	29.4	pg	31.0-37.0
MCHC	31.0	g/dl	32.0-36.0
PLATELET COUNT	460	10^3/ul	150-500

*** End Of Report ***

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

...Jan-2026 08:41 PM

...have technical limitation. The reported results are for information and for interpretation of the referring doctor only. Please correlate clinico ...cal interpretation is mandatory. In case of disparity in the report please get repeated immediately. Patient is advised to contact laboratory immediately for ...remedial action. Ph. No. 05644-294560 Ext.-127 (Laboratory). This report is not valid for medico-legal purposes.

JSSH/LAB/LH/04 Page 01 of 01

Jindal Super Specialty Hospital

SPM Nagar, Bharatpur-321001 (Rajasthan)

PATIENT COUNSELLING RECORD

Date & Time दिनांक / समय	Doctors Signature डॉक्टर के हस्ताक्षर	Attendant Signature परिजन के हस्ताक्षर	Remarks टिप्पणी
4/1/26 / [illegible]	Dr. [illegible]	[illegible]	Burn

DOCTOR HAND OVER FORM

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

Consultant Name:.................

Date: 4/1/26	SITUATION (Diagnosis Reason for admission Current problem)	BACKGROUND (Patient History, Clinical background of context)	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) 8am to 8pm	Burn	—	Burn - Pain [illegible]	- Monitor vitals - IV fluid - IV antibiotics	Dr. [illegible]	Dr. [illegible]
Evening (E)						
Night (N)						

Jindal Super Specialty Hospital

SPM Nagar, Bharatpur-321001 (Rajasthan)

PATIENT COUNSELLING RECORD

Date & Time दिनांक / समय	Doctors Signature चिकित्सक के हस्ताक्षर	Attendant Signature परिचारक के हस्ताक्षर	Patient's Signature

Jindal Super Specialty Hospital

(A Unit of Raj Jindal ... Research Centre Pvt. Ltd.)
SPM Nagar, ...
Email ID : rjhospital@...

NURSE PROG... ...OVER

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

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

Shift: .....Evening.....

	STAFF HANDOVER FORM
IDENTIFY (Identify self, position, who you are) (Identify patient, position, Bed No.)	SN Jeetendra 743 baby Nandani
SITUATION (Diagnosis, Reason for admission, Current problem)	Burn
BACKGROUND (Patient History-clinical Background or context)	NAD
ASESSMENT (Current problems, observations and treatments)	Burn weakness.
RECOMMENDATION (Post hand over plan; include Request and Risk)	Dope Aug care.

HANDOVER BY: Jeetendra 743

HANDOVER TO

Date & Time	Nursing Progress Notes
3/01/26 7:45pm	all Treatment done. P7 vital Sign done P7 Blood Sample done P7 xray done P7 IVF NS 500ml @ 20ml/hr P7 Shift to ward. P7 Dressing done

INVESTIGATIONS ORDERED

SL No	DATE	TIME	INVESTIGATIONS	RECEIPT NO	SAMPLES SENT BY	REPORTS RECD BY
1	31/1/26	8pm	CBC, CRP, RFT	1	1	

SPECIAL TREATMENT IN WARD

S No	Date	Oxygen, Nebulizer, Physiotherapy, Syringe Pump, Monitor etc.	Nurse Name & Sign

Rajkot Super Specialty Hospital

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

Reg. No. _____ge : 3 Years 0 Months 3 Days

Patient Name : ____ / F : Female

Consultant: _____MR No : UHID0007783

Dr : Dr. KAPIL JINDAL

Nursing Care Plan

Shift 31/1/26	Nursing Diagnosis	Nursing Intervention	Out Come	Name / Sign
Morning	—	—	—	—
Evening	—	—	—	—
Night 8pm to 8Am	Scalded Burn	IV Antibiotic IV fluid Continue	monitor vitals	Rukhsar

Criteria	8AM-2PM	2PM-8PM	8PM-8AM
Psychological: Emergency	✓		
Psychological: Analysis			
Psychological: Agitated			
Psychological: Family at Bedside			
Laboratory: Investigation Sent			

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

Pain	Timing	Location	Scores	Planning and Intervention	Assessment Response
	x 01	Right	8/3	[illegible]	[illegible]

Fall reassessments done	10
Intervention	[illegible]
Reasoning	10

Any other information

Morning: IV Clinic & IV [illegible]

Name & Sign.

Evening:

Name & Sign.

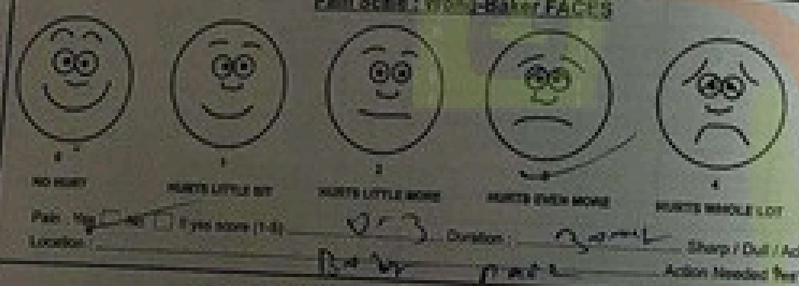
Night:

Name & Sign.

Universal Pain Assessment Tool

Pain Scale : Wong-Baker FACES

Wong and Baker Facial Grimace Scale



Pain : Yes ☐ No ☐ If yes score (1-5) 0/3 Duration : 3 [illegible]

Location : [illegible] Sharp / Dull / Aching / [illegible]

Action Needed Per ☐ No ☐

Fall Risk Assessment

Variable	Score		Reference Scale			
History of falls	Yes 25	No 0	Risk level	Fall Scal Score	Reassessment Frequency	Interventions
Secondary diagnosis	Yes 15	No 0	Low level	0-24	When Required	When fall
IV of IV access Medical for Potential fall risk	Yes 10	No 0	Medium level	25-44	Once a day	Side rails [illegible] as & when required
Ambulatory and cutchas/care/walker	15	Normal 0	High level	45 and higher	Once in each shift	
Gait weak and impaired	20	Normal/bed rest/ wheelchair 0				
Mental status	15	Oriented to own ability 0				

10

Doc No. : JSSH/CNC/NDA/0062

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Jindal Super Specialty Hospital

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

Reg. No. :

Name :

Consultant :

Patient Name : Baby.NANDANI

Age : 3 Years 0 Months 2 Days

Sex : Female

RN No : UNI0007783

Ref. : Dr. KAPIL JINDAL

CONSULTANT ACTIVITY RECORD

Consultant Visit

Date	Time	Name	Signature	HIS Entry

Procedure Record

HIS Entry: By	Time	Date	Place	Assistant	Anesthesia GA/SA/LA	Consultant Name & Sign.	Procedure with code	Time	Date

DOC NO: JSSH/CNC/CAR/0010

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Jindal Super Specialty Hospital

SPM Nagar, Bharatpur-321001 (Rajasthan)

Name : Baby NANDANI
3 Years 0 Months 2 Days
Female
UHID No. : UHI00007783
Dr. KAPIL JINDAL

(T)HERAPY PLAN FORM A (ORAL DIET)

Dietician Name:

Date & Time :

Date	Time	Type of Diet	Calorie Description
11/1/26	10 AM	S/D	144 kcal

Jindal Super Specialty Hospital

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

Nurse Daily Assessment

Name : Baby NANDANI
3 Years 0 Months 2 Days
Female
UHID No. : UHI00007783
Dr. KAPIL JINDAL

Date: 11/1/26

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

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

Criteria	8AM-2PM	2PM-8PM	8PM-8AM
BP	[illegible]		
Respiration	[illegible]		
Pulse	[illegible]		
Temperature	[illegible]		
SpO2	42		
Others			
Concious	✓		
Lethalgic			
Unconcious			
Audible			
Not Audible			
NA	✓		
CMV			
SIMV			
CPAP			
NA	✓		
Clear	✓		
Suction			
Nebulization			
Stream			
Ventilation			
Oxygen Therapy			
NA	✓		
ICD			
RT			
Abdominal			
Other			
EVD			
ICP			
Wound			
NA	✓		
Dressing	✓		
NA			
Reading			
Insulin			
NA	✓		

NA = Not Applicable

Group	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	✓		
GI	Vomiting			
	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

Patient No. : Baby.NANDANI
Age : 3 Years 0 Months 2 Days
Sex : Female
UHID No : UHR0007783
Unit : Dr. KAPIL JINDAL

Consultant Name : _____
Ward / Bed : _____
Age/ Sex : _____

INVESTIGATION CHART

Date	12/1/24										
Urine											
• Volume											
• pH											
• Sp. Gravity											
• Proteins											
• Sugar											
• Pus Cells											
• RBC											
• Casts											
• Crystal											
• Bacteria											
Urine Culture											
Hemogram											
• Hb/PCV	9.7										
• TLC	23.78										
• DLC	58.1										
• ESR											
• Platelets	460										
Bio-Chemistry	CRP - 39.2										
• Blood Sugar F											
• Blood Sugar P.P.											
• Blood Urea	20.7										
• Creatinine	0.73										
• Phosphate											
• Uric Acid	1.92										
• Sodium	126.19										
• Potassium	4.26										
• Cholesterol											
• Calcium											
• Total Proteins											
• Albumin											
• Globulin											
• Bilirubin T Bil											
• Bilirubin D Bil											
• SGOT/SGPT											
• Alk-Phosphatase											
• HBs Ag											
• HCV											
• HIV											
• PT/INR											

DOC NO: JSSH/SC/IOC/00012

- If dependent, 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: 19 Action needed (patient education)

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

Special mattress : no Back Care : Yes

Patient Education : Health education

Psychological Status :

☑ Calm ☑ Anxious ☑ Withdrawn ☑ Agitated ☑ Depressed ☑ Sleep Disturbed

Plan of Care

Nursing Assessment	Nursing Intervention
Head Injury	Head Injury

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

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

Name of Nurse: Kuldeep

Signature: Kuldeep

Employee ID: 280

Date & Time: 3/12/21 - 8PM

DOC NO: JSSH/CNC/IAF/002

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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

No. 7787

Name : MEHTAB

Age: 37 Sex: M F Diagnosis: Ulcer

Comorbidities:

Ht: (cm) Weight: (kg) BMI: (kg/m2)

Allergy: No

Likes & dislikes: Nothing in

Problems affecting oral intake: No

Remarks:

Affix patient label here

Appetite: > 50% / < or = 50% / Very Poor

Criteria	0	1	2	3
Weight Loss within 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
Current Intake	☐ No change	☐ Adequate	☐ Inadequate	☐ Inadequate & no improvement

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

Criteria	1	2	3
BMI Grade	☐ A	☐ B	☐ C
BMI (kg/m2)	☐ >20	☐ 18.5-20	☐ <18.5
Albumin (g/dl)	☐ >3.4	☐ 2.5-3.4	☐ <2.5
For pregnant females (if) (Trimester)	☐ >11	☐ 11-9	☐ <9
For age (for birth to 2 yrs ref growth Chart	☐ Over weight (>85th Percentile)	☐ Normal (5th to 85th Percentile)	☐ Under weight (<5th Percentile)
(for 2-18Yrs.) 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

Nutrition Critical Score :

Nutrition risk level

LOW RISK (No action required, nutritional assessment should be continued)
MEDIUM RISK (Encourage patient to eat a balanced diet, continue nutritional assessment)
HIGH RISK (Initiate Nutrition care plan (calorie charting/Enteral nutrition/parenteral nutrition)

JSSH/CNC/NTPF/070

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Jindal Super Specialty Hospital

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SPM Nagar, Bharatpur-321001 (Rajasthan)

CRITICAL CARE FLOW SHEET

Name			Age/Sex:
Reg. No.	IPD No.	Consultant Name :	
ICU Bed No.:		Unit :	
DOA :	DOO :		DOD :

Date											
Time											
Temp(F)											
Heart Rate											
NIBP/BP											
Resp Rate											
SPO2											
CRT											
RBS											
Doramine											
Dobutamine											
Ademaline											
Norademaline											
KCL											
Insuline											
Pupils											
GCS-EMV											
Vent. 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											
Ur. Quantity											
IV Fluid Type											
IV Fluid R./Hr.											
Feed Type											
Mode											
Quantity											

DOC NO: JSSH/CNC/CCFS/085

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

Prescription for IV Fluid

Patient Name : Baby NANDANI
Age : 3 Years 0 Months 2 Days
Sex : Female
Reg. No. : UHR0007783
Consultant : Dr. KAPIL JINDAL

IPD No. : _____ Ward / Bed : _____
Age/Sex : _____
DOA _____ DOD: _____

DATE	TIME	(ADVISE IF ANY)	VOLUME	RATE	TIME STARTED	SIGNATURE OF DOCTOR	SIGNATURE OF NURSE

DOC NO: JSSH/CNC/DPTVF/085

Page 1 of 1

Jindal Super Spe... al

(A Unit of Raj Jindal Hospital and R... SPM Nagar, Bhatinda-321...

Patient Name : Baby.NANDANI
Age : 3 Years 0 Months 2 Days
Sex : Female
Reg. No. : UHR0007783
Consultant : Dr. KAPIL JINDAL

PROGRESS SHEET

Reg. No. :
Name :
Consultant :

Date / Time	Clinical Progress / Treatment	Name & Sign of Doctor
4/1/26 10am	P.ward Round by Dr. K. Jindal	
	Temp - 98.1 inj. Amoxyclav 300mg	8hr
	HR - 130 inj. Lasix 5mg	12hr
	SpO2 - 98 Syp. Ibutop 8-10ml	8hr
	cut - Syp. Lactulose 5ml	12hr

Jin...

Patient Name : Baby.NANDANI
Age : 3 Years 0 Months 2 Days
Sex : Female
Reg. No. : UHR0007783
Consultant : Dr. KAPIL JINDAL

...pecialty Hospital

...spital and Research Centre Pvt. Ltd.)
...ersapur-321001 (Rajasthan)

...ARE FLOW SHEET

Name : | Age/Sex
Consultant Name :
Bed No.: | Unit :

	DOO:								DOQ:		
	3/1/26		4/1/26						4/1/26		
Time	8am	10am	12pm	2am	4am	6am	8am	10am	12pm	2pm	
Temp(F)	98.6	98.2	98.4	98.1	100.1	98.6	98.2	98.1			
Heart Rate	168	160	162	156	162	156	152	150			
BP/MAP/DBP											
Resp Rate	34	30	32	28	32	34	30	30			
SpO2	99	97	98	99	97	96	99	NV			
CVP/ICP											
ABP/NIBP											
Dopamine											
Dobutamine											
Adrenaline											
Noradrenaline											
PCPCL											
Insulin											
Pupils											
GCS-EMV											
Cont. Data											
Mode			HFV.								
FiO2											
Set Tidal Vol											
Set Brs/Min											
PEEP/CPA											
P. Support											
MAP											
Patient Data Cont R.R											
I.V/M.V.											
ETT Position											
Urine Quantity											
I.V Fluid Type			D4S								
I.V Fluid R./Hr.			@ 20-30ml/hr.								
Feed Type			~~only~~ 4% of diet								
Feed Mode			orally								
Feed Quantity											

(डॉ. कपिल जिन्दल पि

- Nine Wells Hospital,
- Booth Hall Hospital,
- Royal Preston Hosp
- Llandough Hospital
- St. Stephen's Hospit
- Apollo Hospital, Ne

Instructor :

- APLS and BLS Cour

Trained and Provide

- APLS : Advanced Pa
- NLS : Neonatal Life S

Clerk #
Patient Name
Factor
Patient Type
Consultant
Ref By

S No	Test Code	N
1		
2	DMS	D

UHID:007783

Created By : DEEPIS

Print By : 362

NAME: M. Nandani

REGULAR DOSE PRESCRIPTIONS

TIME	DATE	DATE	DATE	DATE	DATE	DATE	DATE
	31	1/1					

DRUG inj. Amoxyclav — 8am — VS

DOSE 300mg | ROUTE IV | TIMING 8hr | 2pm

SIGNATURE | START 31/1/26 | STOP | 10pm VS

DRUG inj. Linezit — 8pm

DOSE 50mg | ROUTE IV | TIMING 12hr | 8am VS

SIGNATURE | START 31/1/26 | STOP

DRUG Syp Ibutol — 6pm — VS

DOSE 8-10ml | ROUTE PO | TIMING 8hr | 2pm

SIGNATURE | START 31/1/26 | STOP | 10pm VS

DRUG Syp. Lactolak — 10am

DOSE 5ml | ROUTE PO | TIMING 12hr | 10pm VS

SIGNATURE | START 31/1/26 | STOP

DRUG

DOSE | ROUTE | TIMING

SIGNATURE | START | STOP

DRUG

DOSE | ROUTE | TIMING

SIGNATURE | START | STOP

DRUG

DOSE | ROUTE | TIMING

SIGNATURE | START | STOP

DOC NO: JSSH/CNC/PAR/016

Page 1

Jindal Super Speci

(A Unit of Raj Jindal Hospital and Research

NIPM Pingan, Bhavnagar-321001 (Guj

Patient Name : Baby NANDANI

Age : 3 Years 0 Months 2 Days

Gender : Female

UHID No : UH0007783

Unit : Dr. KAPIL JINDAL

Reg. No. :

Name :

Consultant Name :

PROGRESS SHEET

Date / Time	Clinical Progress / Treatment	Name & Sign of Doctor
1/1/26 10pm	Round Round by Dr. K. Jindal	
	Temp - 98.	Inj. Amoxy 300mg — 8hr.
	HR - 170	Inj. Linezit 50mg — 12hr.
	SpO2 - 98	Syp. Ibutol 8-10ml — 8hr.
	Int -	Syp. Lactulose 5ml — 12hr.
	RR 39.2.	
	HD 9.9 gm/dl 2.2	
	PLT 46.	
	c/o pain abd hanging in bed, poor oral intake	
	# - Iv antibiotic to cover - Iv fluid rate @ 20ml/hr - 5 pcm. if any monitor vits closely	

DOC NO: JSSH/CNC/PS/0013

Page 01 of 01

DOC NO: JSSH/CNC/CCFS/088

Page 1 of 1

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

Jindal Super Specialty Hospital

MLC NO. : ....

Jindal Super Specialty Hospital

Inpatient Bill

Patient Name : Baby.NANDANI
Age : 3 Years 0 Months 2 Days
Sex : Female
UMR No : UMR0007783
Consultant : Dr. KAPIL JINDAL

Name of Patient: ....n No.........

No. ....

Contact No.: ....

Date & Time of Admission

Date & Time of Discharge ....

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

Cleared by: ....

Name of Staff / Doctor: ....

Stamp [ ]

Consultant: Dr. K. Jindal

L singh ....Age: 3 Sex: M / F

..............................Ph. No....

...tion & Time: ....

...ery & Time: ....

Vitals

BP:

HR: 168/min

RR: 34/min.

Sat: SpO2 100%.

Temp: 98.6°F

Examination

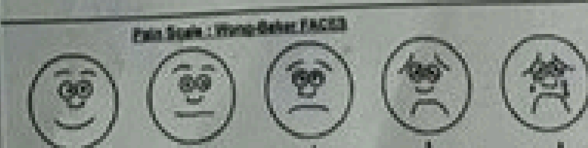
CNS: Tone (N), Conscious.

CVS: S1 S2 (N), No murmur

Resp: - Chest B/L AE (+).

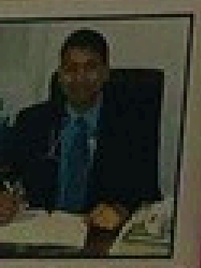
Abd: Soft B.S. (+)ve, pallor,

Local:



Page 01 of 02

DOC NO: JSSH/CNC/IT/001



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Advanced P
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Billing Instructions

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

Provisional Diagnosis:
Scalded burn on left side 3 day b/o. with infection.

Investigations Advised:
CBC, CRP, RFT, X-ray (Left hand)

Care Plan :
Cleaning & Sterile dressing with Xylocaine 2% and EOS cream
Inj. Linezolid 500mg BD.
Inj. Amoxyclav 1.2gm TDS
Inj. Pedimol 150mg SOS
Syp. Zenstop 5ml TDS BSOS.
2v fluid NNS @ 1ml/hr.
— Dressing leave.
— monitor vitals closely SPO2/HR/RR.
Syp - Cachiset 5ml BD&SOS
Inj. TT 1 amp IM stat
I/O monitoring.

Diet / Nutrition Advice: - Soft diet Advise.

Safe Parenting :

Immunization:

Rehabilitation Advice :

RMO Name : Dr. Jatin Sangal
Date & Time : 03/01/26
Signature :

Doctor Name : Dr. K. Jindal
Date & Time : 03/01/26
Signature :

DOC NO: JSSH/CNO/IT/001

Page 02

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

stration Record

Patient Name : Baby RAYDAN
Age : 3 Years 0 Months 2 Days
Sex : Female
MR No : UHID007783
Consultant : Dr. KAPIL JINDAL

Date of Birth: .....
Surface Area: .....
Allergy/Hypersensitivity: .....

LY ONCE MEDICATION / SOS

TE	DRUG	DOSE	ROUTE	TIME	SIGNATURE OF M.O	GIVEN BY	TIME GIVEN
26	Inj TT	1 ml	IM	Stat	[illegible]	Emp	8/1

REQUIRED / PRN

DRUG: Inj. Pedimol

DOSE	ROUTE IV	START	STOP
150mg		5	

NATURE	PHARMACY

DATE	9/1
TIME	9AM
DOSE	150mg
GIVEN BY	HS
DATE	
TIME	
DOSE	
GIVEN BY	
DOSE	
TIME	
DATE	
GIVEN BY	

DRUG

DOSE	ROUTE	START

NATURE	PHARMACY

DRUGS

DOSE	ROUTE	START

NATURE	PHARMACY

DOC NO: JSSH/CNO/PAR/016

Page 1 of 2

~~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.: _____

P. No. 7763 I.P.D. No: 250003159 Ward / Bed: Pediatric ward Consultant: Dr. Jindal

Patient Name: Baby Nandani W/S/D/o Lal Singh Age: 3 Sex: M / F

Address: Hindaun city Ph. No. _____

D.O Admission & Time: 03/01/26

D.O Operation & Time: _____

D.O. Discharge & Time: _____

D.O. Delivery & Time: _____

Final Diagnosis: Scalded burn

Chief complaints with Duration :

Patient is come in emergency by the history of Scalded burn before 3 days ago. Left hand (Aram, forearm), left foot. Approx 3% area burn. Patient is irritable, So Pt. Admitted in paediatric ward.

Vitals

BP:

HR: 168/min

RR: 34/min.

Sat: SpO2 100%

Temp: 98.6°F

Examination

CNS: Tone ⊕, Consciousness.

CVS: S1 S2 ⊕, No murmur

Resp: Chest B/L AE ⊕.

Abd: Soft B.S. ⊕, pallor,

Local:

Past History :

M:] NAD.
AD:

HT:] NAD
Asthma:

Any other (Medical/Surgical) :

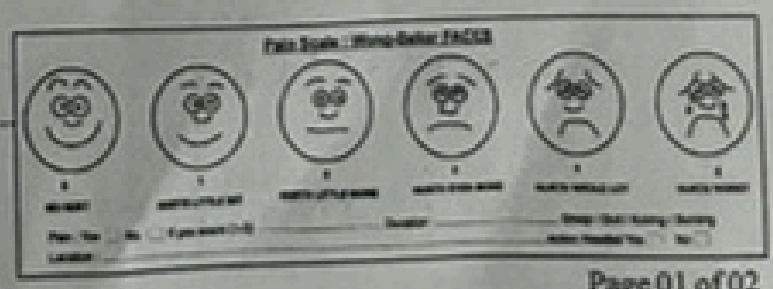
Allergies:

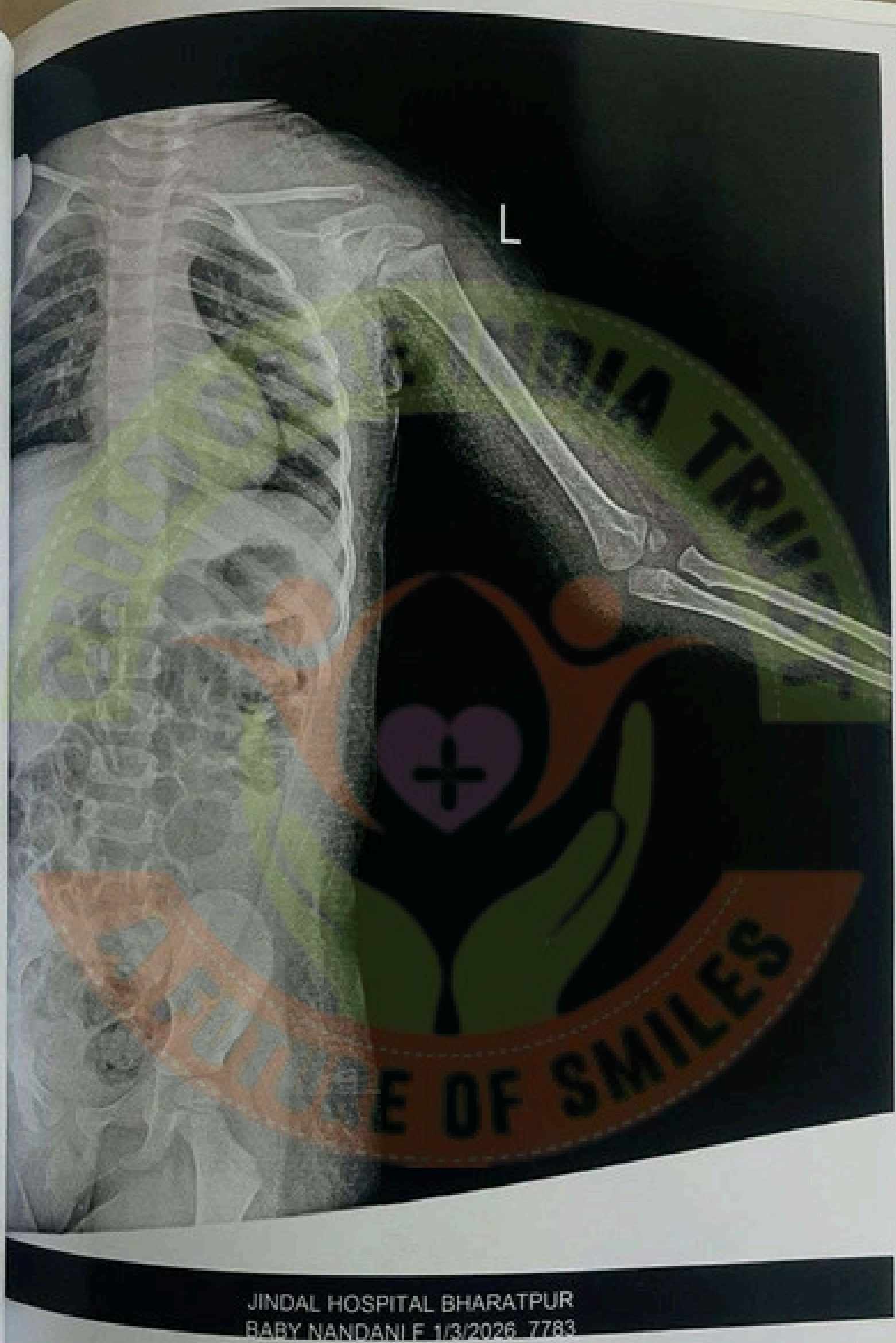
Medication History:] NAD

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

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

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




L
JINDAL HOSPITAL BHARATPUR
BABY NANDANI F 1/3/2026 7783

Hospital

9711555

NDOVER

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

Sheet No.: .....

ER FORM

HANDOVER TO

ss Notes

Page 0

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

MR NO / IP No	: UMR0007783 / IP250003159	Bill Date	: 03-Jan-2026 06:42 PM
ame	: Baby . NANDANI	Sample Date	: 03-Jan-2026 06:51 PM
ge / Gender	: 3Y(s) / Female	Reporting Date	: 03-Jan-2026 08:08 PM
pecimen Type	: EDTA Blood	Type / Bed No	: CASH / NICU
octor Name	: Dr.KAPIL JINDAL		

R CD : 2601030274

HAEMATOLOGY

RAMETER	RESULT VALUES	UNITS	NORMAL VALUES
C (COMPLETE BLOOD COUNT)			
MOGLOBIN	9.7	gm/dL	11.00-21.00
C	23.78	10^3/ul	6.0 - 26.0
TROPHILS	58.1	%	45.0-70.0
PHOCYTES	33.2	%	20.0-40.0
OCYTES	7.9	%	2.0-10.0
NOPHIL	0.3	%	1.0-6.0
PHIL	0.5	%	0.0-2.0
ATOCRIT(HCT) (ABG)	31.3	%	40.0-54.0
ell Count (TRBC)	3.30	Millions/Cumm	3.0-5.4
	94.8	FL	82.0-95.0
	29.4	pg	31.0-37.0
	31.0	g/dl	32.0-36.0
LET COUNT	460	10^3/ul	150-500

*** End Of Report ***

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

Jan-2026 08:41 PM

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