



|                         |  |                          |                      |
|-------------------------|--|--------------------------|----------------------|
| <b>MR NO:</b> 332725    |  | <b>IPD NO:</b> IP2625230 |                      |
| <b>Name :-</b>          | Master MAGAN                                   | <b>DOA :-</b>            | 09-05-2026 / 10:15AM |
| <b>Guardian :-</b>      | S/O CHANDRAKESH YADAV                          | <b>DOD :-</b>            |                      |
| <b>Age &amp; sex :-</b> | 4 Y / M  | <b>Ward :-</b>           | PICU                 |
| <b>Address :-</b>       | GALLJORA WAR VIKARAMPUR ROAD<br>THANA BAH ETAH | <b>Bed :-</b>            | 06/PICU -IV          |
| <b>Contact :-</b>       |  | <b>Referred Dr :-</b>    | Dr.ARUN GUPTA        |
| <b>Company :-</b>       |  | <b>Category:-</b>        | HOSPITAL             |
| <b>Specialty 1 :</b>    | Dr.MANISH SHARMA ( M. CH. )                    | <b>Specialty 2:-</b>     | Dr.                  |
|                         |  | <b>Specialty 3:-</b>     | Dr.                  |

dress  
me  
Name  
9  
NAM  
T N  
ga  
IR  
N  
D

Plan of Care

|                |                        |
|----------------|------------------------|
| Investigations | Request                |
| Blood          | - Prothrombin Profile. |
| Urine          |                        |
| X-ray          |                        |
| USG            |                        |
| CT Scan / MRI  |                        |
| ECHO / Others  |                        |

Medication Chart (Capital Letters)

| S.No. | Name of Drugs | Dose                 | Frequency   | Route                 |
|-------|---------------|----------------------|-------------|-----------------------|
| 1     | IN. AUGMENTIN | 450mg<br>twice daily |             | IV BD                 |
| 2     | IN. AZELOS    | 500mg<br>twice daily |             | IV BD                 |
| 3     | IN. ACILOZ    | 2ml                  |             | IV BD                 |
| 4     | IN. SUMOL     | 25mg                 |             | IV TDS.               |
| 5     | IN. S.T.T     | 2ml                  |             | IM ORAL OVERS<br>Dose |
| 6     | IN. MLC       |                      |             |                       |
| 7     | IN. RBS SOL.  |                      |             |                       |
| 8     | IN. TAMOXIFEN | 500mg<br>0.1<br>2ml  | Each<br>day | IV 24hrs.             |

Patients Addressograph  
 Patients Name  
 UHID  
 Consultant Name

FAMILY MEDICINE

बैठक की तिथि : .....  
 विवरण :-

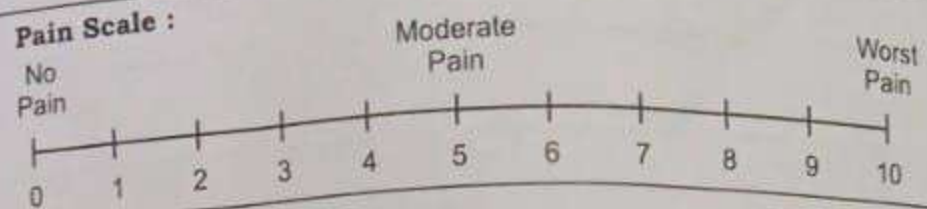
Patients Addressograph  
 Patients Name  
 UHID  
 Consultant Name

Route Frequency Recommender Time

PHRC/ER/EMAF/  
**EMERGENCY INITIAL ASSESSMENT FORM**

Patient Name : Manu Manu Age/Sex : 44/Male Date : 09/05/2026

Triage Category : Red  Yellow  Green  Black



MLC : Yes  No

MLC No. : .....

**General Assessment :**

Arrival date & time : .....  
 Referred by Doctor : .....  
 Time Seen by ER Physician : .....  
 Follow up case of Doctor : .....

Complaint : Scald Burn Injury with Hot oil Highly Irritability.

**Primary Survey**

| Airway   | Breathing   | Circulation  |
|--|---|--|
| Patent<br>Obstructed<br>Protected<br>Maintained<br>Compromised | RR:..... <u>30</u> ...../min<br><br>Symmetrical: Yes No<br>Labored: Yes No<br>Trachea Midline: Yes No<br>Crepitations: Yes No<br>Wheeze: Yes No<br><br>SpO2... <u>94</u> ...% on RA<br>Spo2.....% on.....lt/min<br>O2 By Nasal Prong O <sub>2</sub> Mask<br>NRBM NIV Ventilator | Skin : Pink <del>Pale</del><br>Membrane : Flush Jaundiced Ashen Cyanotic<br>Pulse Rate... <u>145</u> .../min, Rhythm: Regular Irregular<br>Normal, Site.....<br>Bounding, Site.....<br>Weak, Site.....<br>Absent, Site.....<br>Skin Temp : Warm Hot Cold<br>Skin Moisture : WNL Dry Moist<br>Visible bleeding: Yes No<br>Site.....<br>BP.....MM of Hg<br>Temp..... <u>98.4</u> .....°F/C |
| <b>Management:</b><br>Suction<br>HTCL JT<br>OTA NPA<br>LMA ET  | <b>Management:</b><br>O2 Therapy<br>BVM NIV IV<br>Chest Tube (ICD)<br>Other.....  | <b>Management:</b><br>Intravenous Fluids<br>Inotropes/Vasopressors<br>Compression Bandage  |

Cardiac monitor.....  
 GCS E...4...V...5...M...6.../15; Weight...818...kg; Pupils: PERLA / BIL NISNIR : AVPU

