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

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

UHID:	UMR0033677	**Case No:** J15037	**Registered On:** 30/08/2026 01:27 PM
Name:	**BABY TANUSHKA D/O BANBARI**		**Collected On:** 30/08/2026 02:47 PM
Age/ Gender:	3 Years / Female		**Received On:** 30/08/2026 02:47 PM
	DR. KAPIL JINDAL		**Reported On:** 30/08/2026 02:48 PM
Type/ Remark:	IPD/IP26000006626		
Address:	sighan-kheda bayana, Bharatpur, Rajasthan, India		

HEMATOLOGY

TEST	RESULT	UNIT	REFERENCE RANGE
	CBC (COMPLETE BLOOD COUNT)		
HAEMOGLOBIN	**L 9.3**		11 - 15
WBC	**H 19.8**	10^3/ul	4 - 10
NEUTROPHILS	**H 75.4**	%	45 - 70
LYMPHOCYTES	**L 16.8**	%	20 - 40
MONOCYTES	7.2	%	2 - 10
EOSINOPHIL	**L 0.1**	%	1 - 6
BASOPHIL	0.5	%	0 - 2
HAEMATOCRIT(HCT) (ABG)	**L 30**	%	36 - 46
Red Cell Count (TRBC)	4.03		3.8 - 5
MCV	**L 74.5**	fL	83 - 101
MCH	**L 23**	pg	27 - 32
MCHC	**L 31.00**	g/dL	32 - 36
PLATELET COUNT	**H 731**	10^3/ul	150 - 500

DR. PREETITYAGI
M.D. (Pathology)
MCI / 98-35445

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

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

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Type/ Remark:	IPD/IP26000006626				
Address:	sighan kheda bayana, Bharatpur, Rajasthan, India				

BIOCHEMISTRY

TEST	RESULT	UNIT	REFERENCE RANGE
	CRP (C - REACTIVE PROTEIN)		
CRP (C - REACTIVE PROTEIN)	**H 35.0**	mg/L.	<5mg/L

Interpretation :

INTERPRETATION :

1. Measurement of CRP is useful for the detection and evalution of infection,tissue injury, inflammatory disorders and associated diseases.
2. High sensitivity CRP (hsCRP) measurements may be used as an independent risk marker for the indentification of individual at risk for future cardiovascular disease.
3. Increase in CRP values are non-specific and should not be interpreted without a complete history

Dr. PREETI TYAGI
MD (PATHOLOGY)
CONSULTANT

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 CARE & QUALITY OF CARE NABH ACCREDITED

Prescription and Administration Record

ame: TANUSHKA Date of Birth: .....

eg. No.: 33677 Weight: ..... Surface Area: .....

ard: P. WARD Consultant: DR. ICDPL JOSHI Height Hypersensitivity: NKDA

LY ONCE MEDICATION / SOS

ATE	DRUG	DOSE	ROUTE	TIME	SIGNATURE OF M.O	GIVEN BY	TIME GIVEN
18/4	INJ PCM	200 mL	IV	SOS		EMR	1:00pm
	INJ 2DLE	0.5 mL	IV	SOS		EMR	1:10pm
	N. SALINE	100 mL	IV	STAT		EMR	1:30pm

S REQUIRED / PRN

RUG			DATE												
			TIME												
OSE	ROUTE	START	DOSE												
GNATURE	PHARMACY	STOP													
RUG															

OSE
GNAT
RUGS
OSE
GNAT

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Email ID : rjhospital@gmail.com Tel. No. : 05644 - 236550, 9929711555

PATIENT SAFETY & QUALITY OF CARE NABH ACCREDITED

Dr. Prescription for IV Fluid

Reg. No. 33677 IPD No. : 6626 Ward / Bed : GEN WARD

Patient Name : TANUSHKA Age/Sex : 3Y / F

Consultant: DR. GOPAL JOSHI DOA 30/8/26 DOD:

DATE	TIME	TYPE OF FLUID (ADVISE IF ANY)	VOLUME	RATE	TIME STARTED	SIGNATURE OF DOCTOR	SIGNATURE OF NURSE
30/8/26	2PM	ORS + ICCL	500 ml	@ 20-30 ml/hr	2PM		

REGULAR DOSE PRESCRIPTIONS

NAME: .....

TIME	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE
	30/8							
6AM								
12PM								
6PM	EMR							
12AM								
6AM								
2PM	EMR							
10PM								
8PM	EMR							
2AM								
6PM								
2PM	EMR							
10PM								

DRUG INJ PIPTAZ

DOSE	ROUTE	TIMING
1.125 GM+30ML NS	IV	6 HR
SIGNATURE	**START**	**STOP**
	30/8/26	

DRUG INJ LEVOFLOXACIN

DOSE	ROUTE	TIMING
60 ML	IV	8 HR
SIGNATURE	**START**	**STOP**
	30/8	

DRUG INJ RANTAC

DOSE	ROUTE	TIMING
1 AMP	IV	12 HR
SIGNATURE	**START**	**STOP**
	30/8/26	

DRUG SYP IBUFOP

DOSE	ROUTE	TIMING
6-7 ML	P/O	8 HR
SIGNATURE	**START**	**STOP**
	30/8/26	

DRUG

DOSE	ROUTE	TIMING
SIGNATURE	**START**	**STOP**

DRUG

DOSE	ROUTE	TIMING
SIGNATURE	**START**	**STOP**

DRUG

DOSE

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NABH

PEDIATRIC NURSING INITIAL ASSESSMENT

Patient Name	MANISHA	UHID/Registration No.	33877
IPD No.	6677	Date / Time of Admission	30/8/21
Age	3 y	Sex	☐ Male ☑ Female ☐ Other
Ward / Unit	223	Bed No.	
Parent / Caregiver		Relationship / Contact	M3

1. ADMISSION & SOURCE OF INFORMATION

Arrival mode	☐ Walking ☐ Wheelchair ☑ Stretcher ☐ Carried	Accompanied by	☑ Parent ☐ Guardian ☐ Other
Source of history	☑ Parent ☐ Guardian ☐ Patient ☐ Records	Reliability	☐ Reliable ☐ Limited
Reason for admission	DUPN	Referral / transfer	☑ No ☐ Yes
Chief complaint(s)	BURN	Duration	

2. VITAL SIGNS, ANTHROPOMETRY & GENERAL CONDITION

Date / Time	30/8/21	Temp (°C)	103.5	Pulse (/min)	150
Resp (/min)		SpO_2 (%)		BP (mmHg)	
Weight (kg)	30	Length/Height (cm)	66	Head Circ. (cm)	
MUAC (cm), if applicable		Growth chart plotted	☑ Yes ☐ No	General condition	☐ Stable ☐ Unwell

3. NEUROLOGICAL / DEVELOPMENTAL & PSYCHOLOGICAL ASSESSMENT

Consciousness	☑ Alert ☐ Drowsy ☐ Unresponsive ☐ Other	Orientation / behaviour	☑ Age appropriate ☐ Altered
Developmental status	☑ Age appropriate ☐ Delay suspected/known	Milestones	☐ Gross ☐ Fine ☐ Language ☐ Social – describe
Communication	☑ Age appropriate ☐ Limited ☐ Non-verbal	Hearing / vision concern	☐ No ☐ Yes
Psychological state	☐ Calm ☑ Anxious ☐ Fearful ☐ Agitated ☐ Withdrawn	Sleep pattern	☑ Normal ☐ Disturbed
School / social functioning		Caregiver concern	

4. PAIN ASSESSMENT – AGE / DEVELOPMENT APPROPRIATE

Tool used	☐ NIPS/Neonatal ☐ FLACC ☐ Wong-Baker ☐ Numeric ☐ Other	Score	
Pain site / character		Onset / duration	
Intervention required	☑ No ☐ Yes – pharmacological ☐ Non-pharmacological	Reassessment due	

5. FALL / SAFETY & VULNERABILITY ASSESSMENT

Pediatric fall-risk tool	Tool: _____ Score:	Precautions	☑ As per score / policy
History of fall			☑ Age appropriate ☐ Impaired

ओमेगा एक्स-रे एण्ड लैब सैन्टर

• फुली ऑटोमैटिक एनेलाइजर • एक्स-रे • ई.सी.जी. विद ऑटो रिपोर्ट • सी.बी.सी. • कम्पलीट लैबोरेटरी टैस्ट

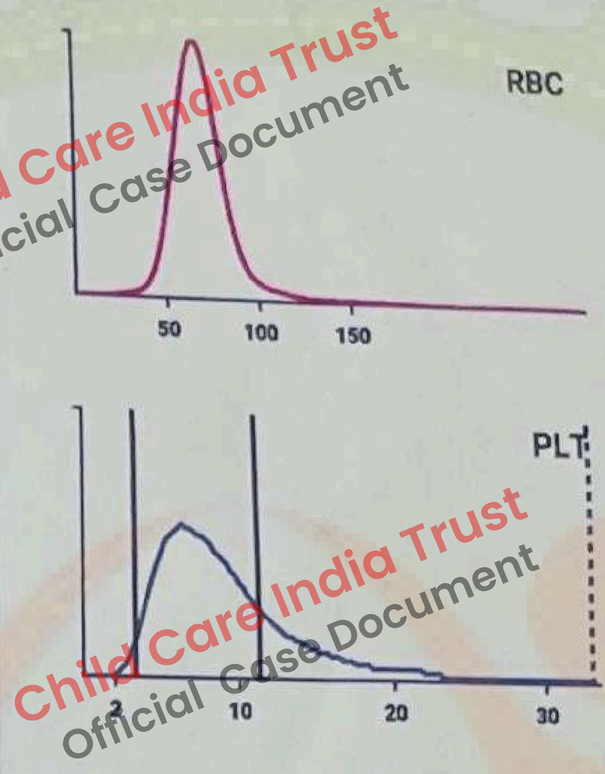
डॉ. रामकुमार वाली गली, कल्याण कॉलोनी, बयाना-भरतपुर (राज.) Mob.: 9414349734

Run Date 30/08/2026 08:58:35 AM

Results

Last Name	tanuska	**Operator**	GOVIND
First Name		**Sample ID**	AUTO_SID0004
Gender	Female	**Age** 5 Y	**Dilution** 1 / 1.00
Patient ID	AUTO_PID20285		
ate of birth		**Department**	
		Physician	
Sample comments		**Type**	Child4

			Range
13.46	H	$10^3/mm^3$	5.14 - 13.18
4.87		$10^6/mm^3$	3.89 - 4.92
8.6	L	g/dL	10.2 - 12.7
30.0	L	%	31.2 - 37.7
61.6	L	fL	72.3 - 84.0
17.8	L	pg	23.7 - 28.3
28.8	L	g/dL	32.0 - 34.6
14.6	*	%	12.5 - 14.9
28.3	*L	fL	35.1 - 41.7
57.7	*h	%	0.0 - 20.0
0.6	*l	%	2.0 - 10.0
821	H	$10^3/mm^3$	202 - 394
8.8		fL	7.3 - 10.9
0.723	h	%	0.150 - 0.400
10.5	l	fL	11.0 - 20.0
200	h	$10^3/mm^3$	44 - 140
24.4		%	18.0 - 50.0



Recommended actions

Slide Review

Alarms

No QC

WBC abn. Matrix

MON/NEU

RBC abn. histogram

Abnormal distribution

Susp. Pathologies

Anemia
Microcytosis
Hypochromia
Thrombocytosis
Leukocytosis
Neutrophilia

	%		Range	$10^3/mm^3$		Range
J	68.2	*	22.4 - 69.0	9.18	*H	1.60 - 7.92
M	21.7		18.4 - 66.6	2.92		1.25 - 5.52
N	9.2	*	4.2 - 11.4	1.24	*h	0.24 - 0.92
S	0.6		0.0 - 3.3	0.08		0.03 - 0.46
S	0.3	*	0.1 - 0.6	0.04	*	0.01 - 0.06
G	0.7	*	0.0 - 2.0	0.10	*	0.00 - 0.50
M	0.3	*	0.0 - 0.5	0.04	*	0.00 - 0.10
IL	0.0	*	0.0 - 0.2			

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Lymphocyte

Target Cell

Platelet Clumps

ed on _____ by _____

026 09:12:35 AM

06YODH07425

1

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Nurse Daily Assessment

Reg. : 33677 IPD No. : 662C Date: 3/8/26

Name of Patient : TANUSHKA Age : 3Y Sex : F

Ward / Bed : PWARD 223 Department : PAEDIATRIC

	Criteria	8AM-2PM	2PM-8PM	8PM-8AM
Vitals	BP		-	
	Respiration		30	
	Pulse		120	
	Temperature		100.5°F	
	Spo2		c/c	
	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			

	Criteria	8AM-2PM	2PM-8PM	8PM-8AM
Drugs	Given		✓	
	Held			
	Restart			
	Side effects			
Hygiene	Mouth		✓	
	Eye		✓	
	Bowel		✓	
	Skin		✓	
	Perineal		✓	
Skin	Position in		✓	
	Bed Sore			
GL	Flatus			
	Nausea			
	None			
GI	Voiding			
	Catheter			
	None		✓	
Mobility Blood	Start			
	Finish			
	NA		✓	
	Ambulate			
	Out of Bed			
	In Bed			
IV				
Restraint	Orders			
				✓

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No. 33677 IPD No.: 6628 Ward / Bed: P, WARD

e: DANUSHICA Age/ Sex: 3y/F

sultant Name: DR. KAPIL JOSHI

INVESTIGATION CHART

Date	30/8									
rine										
• Volume										
• pH										
• Sp. Gravity										
• Proteins										
• Sugar										
• Pus Cells										
• RBC										
• Casts										
• Crystal										
• Bacteria										
Urine Culture										

Haemogram

• Hb/PCV	9.3									
• TLC	19.8									
• DLC	75.4									
• ESR										
• Platelets	731									

Bio-Chemistry CRP 35.0

• Blood Sugar F										
• Blood Sugar P.P.										
• Blood Urea	29.6									
• Creatinine	0.61									
• Phosphate	4.21									
• Uric Acid	3.01									
• Sodium	132.51									
• Potassium	3.95									
• Cholesterol	99.20									
• Calcium										
• HIV										
• PT/INR										

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PAEDIATRIC ADMISSION ASSESSMENT

30/8/26.

t Name: TANUS/50 Time:

t Reg.No. / IPD No. 33473 Age/ Sex: 3y/F

o: Department: Ward

Affix patient level here

f Complaints:

- HIGH GRADE FEVER.
- BURN BEFORE 6 DAYS.
- POOR ORAL INTAKE

tory of present illness (onset / Duration / Progress):

- FEVER 4 3 DAY
- BURN BEFORE 6 OIL BEFORE 6 DAY
- IRRITABLE
- POOR ORAL INTAKE

eatment history and recent investigations:

CBC, CRP. RFT. CXR

st History:

BEFORE 6 DAY & NOT OIL

mily History:

NA

rth History:

Antenatal history:

Pedgree Chart

Present Diet:

Doc No. JSSH/CNC/PAA/201

Page No.

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CRITICAL CARE FLOW SHEET

Name: TANISHKA

Reg. No. 33677 | IPD No. 6626 | Age/Sex: 3Y/F

CU Bed No.: PICU WARD | Cunsultant Name : DR. K. JOSHI

DOA: 30/8/26 | Unit : 223

Date	30/8/26			DOO :					DOD :			
Time	2pm	4pm	6pm	8pm								
Temp(F)	103°F	99.1	98.2	98.4								
Heart Rate	140	130	120	116								
NIBP/IBP	-											
Resp Rate	30	26	28	26								
SPO2	96 L	97	96	97								
CRT												
RBS												
Doramine												
Dobutamine												
Adernaline												
Noradernaline												
~~KCL~~ PCM	200 mg											
Insuline												
Pupils												
GCS-EMV												
Venti. Data												
Mode	BIPAP											
FIO2												
Set Tidal Vol												
Set Brs/Min												
PEEP/CPA												
IV Fluid R./Hr.	@ 20-30 ml/hr											
Feed Type	S/B											
Feed Mode	Orally											
Feed Quantity												

DOC NO: JSSH/CNC/CCFS/088

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nt Name: TANISHKA ..... Reg No. 33477 ..... IPD

D 6226

/ Sex: 24/F ..... DOA: 3/8/2026 ..... Consultant

ame: ..... Dr. [illegible]

Paediatric Early Warning Score (PEWS)

	0	1	2	3	Score
avior	Playing/ Appropriate	Sleeping	Irritable	Lethargic / Confused OR Reduce response to pain	2
rdiovascul	Pink OR Capillary refill 1-2 seconds	Pale or dusky OR Capillary refill 3 seconds	Grey or cyanotic OR capillary refill 4 seconds OR Tachycardia of 20 above normal rate	Grey or cyanotic AND mottled OR Capillary refill 5 seconds or above OR Tachycardia of 30 above normal rate OR Bradycardia	0
espiratory	Within normal parameters no retractions	>10 above normal parameters OR Using accessory muscles OR 30+96 FiDZ or 3+ liters/ min.	>20 above normal parameters OR Retractions OR 40 + 96 FiO2 or 6+liters/min	>5 Below normal parameters with retractions or grunting OR 50+% FiO2 or 8+ liters/ min	0

- Score by starting with the most severe parameters first.
- Score 2 extra for every 15 minute nebs (includes continous nebs) or persistent post-op vomiting
- Use "liters/ minutes"

Toddler(13 month-3years) 70-110

Doc No.

Page 01 of 01