IMPORTANT PAYMENT VERIFICATION

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Jindal Super Specialty Hospital

Jindal Super Specialty Hospital

Inpatient Bill

11/09/2026

t.:

Jindal Super Specialty Hospital

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

S.P.M. NAGAR,

BHARATPUR -321001 RAJASTHAN

Phone 05644-237505 GST No- 08AACCR8995C1ZZ

IPD Admission Print

Patient Details

Name:	Master Yuvan Kantal S/O puspendra	Address:	talfhra deeg Bharatpur, Rajasthan, India
UHID:	UMR0035123	Mobile:	
Age:	2 Years		

IPD Details

IPD Registration Number:	IP26000007288	Admitting Doctor:	Dr Kapil Jindal
Date of Admission:	11/09/2026 11:51 AM	Secondary Consultant:	--
Provider:	Self	Date and Time of Arrival:	11/09/2026 11:51 AM

Bed Details

Floor:	SECOND FLOOR	Ward Category:	GENERAL
Ward:	PAEDIATRIC WARD	Bed No :	236

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स्टाफ का नाम: ..... हस्ताक्षर : .....

DOC NO: JSSH/CNC/OPD

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Jindal Super Specialty Hospital

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Bikaner-334001 (Rajasthan)

MASTER YUVAN KUNTAL S/O PUSPENDRA
2 YEARS
UHID: UMR0035123
+91 8740875033
IPD NO: IP26000007288 (236)
DOA : 11/09/2026 11:51 AM
DR KAPIL JINDAL (PAEDIATRICIAN)
PAYER TYPE CASH

ent Name: .....

o.....

/ Sex: .....

lame: .....

Reg No. ..... IPD

..... Consultant

Paediatric Early Warning Score (PEWS)

	0	1	2	3	Score
vior	Playing/ Appropriate	Sleeping	Irritable	Lethargic / Confused OR Reduce response to pain	2
iovascul	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	1
iratory	Within normal parameters no etyractions	>10 above normal parameters OR Using accessory muscles OR 30+96 FiDZ or 3+ liters/ min.	>20 above normal parameters OR Retractions OR 40 + % FiO2 or 6+ liters/min	>5 Below normal parameters with retractions or grunting OR 50+% FiO2 or 8+ liters/ min	

Score by starting with the

nt (1-12 month) 100-150

dler(13 month-3years) 25-30

Doc No.

Page 01 of 01

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Vaccination History:

Complete ☐ Incomplete ☐ None ☐

Anthropometry:

	Current	Expected	Percentile
Weight			
Height			

Temperature: 98.4°F HR: 110 /min RR: 22 / min BP: /

Pulse Volume:

☑ Pallor ☑ Icterus ☑ Cyanosis ☑ Pedal edema ☑ Clubbing

BCG Scar : Yes

Lymphadenopathy:

Skin:

Oral Cavity:

Systematic Examination:

Respiratory	chest BL clear
CVS	S1S2 (N)
GIT	Abdomen Soft
CNS	
Musculoskeletal	WNL

Pain Assessment:

Numeric Rating Scale

Wong-Baker FACES® Pain Rating Scale

0 2 4 6 8

Hurts Whole Lot

Name :

Address :

Referring Dr. :

OPD / IPD No. :

Nature of Special

Clincial Notes:

Date and Time o

HAEMATOI

☐ CBC
☐ HB
☐ ESR
☐ BT/CT
☐ ABO&RH
☐ DCT
☐ ICT
☐ PT INR
☐ PBF (Blo
☐ HBA1C
☐ ANA

SEROLO(

☐ MP

AL

☐ Skin Pi

Final Dia tten at discharge)

Doc No.

SPM Nagar, Bharatpur-321001 (Rajasthan)
Email ID : rjhospital@gmail.com Tel. No. : 05644 - 230550, 9829711555

Prescription and Administration Record

Name: Yuvan Kumar
No.: 35127 Weight: Date of Birth: —
Ward: Paward Consultant: Dr. Kinda Surface Area: —
Height Hypersensitivity: NIL

ONCE MEDICATION / STATS

	DRUG	DOSE	ROUTE	TIME	SIGNATURE OF M.O	GIVEN BY	TIME GIVEN

REQUIRED / PRN

Syp. M. Sumo

DATE	
TIME	

ROUTE START

ROUTE START
PHARMACY STOP

NO: JSSH/CNC/PAR/016

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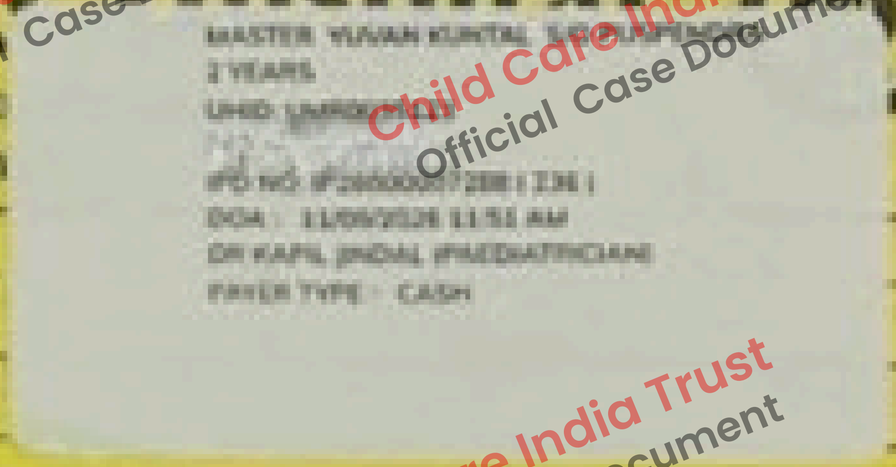
SPM Nagar, Bharatpur - 321001 (Rajasth



PROGRESS SHEET

Reg No. _____

Name : _____

Consultant Name : _____

Date / Time	Clinical Progress / Treatment	Name & Sign of Doctor
12/9/25	Patient Round by Dr. Kiran das	
	Temp = 98.4	
	HR = 118	
	SpO2 = 98	
	Wt :	

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SPM Nagar, Bharatpur-321001 (Rajasthan)

PRESSURE ULCER RISK ASSESSMENT FORM

ate.......11/9/24.................. Time.........M P....

ame.......Yuvraj [illegible]....................... Age....21....... Sex....[illegible]....

DNo.....9288............... Dept.......Pedia......... Ward...[illegible]........

ATE		11/9/24														
HIFT		M	E	N	M	E	N	M	E	N	M	E	N	M	E	N
ensory Perception																
o impairment	4															
ightly limited	3		[illegible]	4												
ry Limited	2															
mpletely Limited	1															
obility																
Limitation	4															
ghtly Limited	3		3	3												
ry Limited	2															
mpletely Immobility	1															
oisture																
rely Moist	4															
casionally Moist	3		3	3												
ry Moist	2															
nstantly Moist	1															
trition																
cellent	4															
equate	3	3	3	3												
Adequate	2															
y Poor	1															
gree of Activity																
lks Frequently	4															
lks Occasionally	[illegible]	3	3	3												

cale

...re 16 or less, implement Pressure ...

NO. JSSH/CNC/PURAF...

Jindal Super Specialty Hospital

SPM Nagar, Bharatpur-321001 (Rajasthan)

FALL RISK ASSESSMENT FORM

Date: 11/9/24 Time: 4 pm

Name: Yuvraj Age: 2 Y Sex: M

IPD No. 7216 Dept. Peds Ward: Peds

Fall Risk Assesment (Modified Morse Scale):		11/9/24															
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												
2. Secondary diagnosis/Elimination/Problem	No Yes	0 15		0	0												
3. Ambulatory aid None/bed rest/ nurse assist Crutches / Cane / Walker Furniture		0 15 30		0	0												
4. IV(H) / CVS Medicaton	No Yes	0 20		0	0												
5. Gait Normal / bed rest / wheel chair weak impaired		0 10 20		10	10												
6. Mental Status Oriented to own ability Overestimating or forgetting limitations		0 15		0	0												
Total Score				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 _____ (relationship) is at risk of falling from the bed or ch

My _____ (medical condition / physically handicapped) / pain / drugs and th

when left unattended because of his age / medical condition / physically handicapped / pain / drugs and th

requires to be accompanied by one attendant always. The doctors and nurses have explained to me tha

should not be left alone at any time of the day. I also understand the need for keeping side rails up at all tim

not hold the hospital staff responsible for any fall that may have been due to my negligence and shall not h

patient alone in room / bed side unless replaced by another person. Also I am aware that the call bell in patie

/ emergency call bell in toilet can be used to call for h

गार्ड _____

DOC No. JSSH/NC/FRAF/052

SPM Nagar, Bharatpur-321001 (Rajasthan)

DOCTOR HAND OVER FORM

Patient Name: Yuvraj

REGULAR DOSE PRESCRIPTIONS

NAME: ..... Kunal .....

TIME	DATE	DATE	DATE	DATE	DATE	DATE	DATE
	11/9/26						

DRUG IM. PIPTAZ + SDMLNS — 6am

DOSE	ROUTE	TIMING	
1.1 Gm	IV	8hrly 2 PM Sunday	
SIGNATURE	START	STOP	
	11/9/26		10PM

DRUG IM. AMIKACIN — 10AM

DOSE	ROUTE	TIMING	
0.5 gm	IV	12hrly	
SIGNATURE	START	STOP	10PM Sunday
	11/9/26		

DRUG SYR IBUPOF — 6AM

DOSE	ROUTE	TIMING	
5-6 ml	PO	8hrly 2 PM Sunday	
SIGNATURE	START	STOP	
			10PM

DRUG

DOSE	ROUTE	TIMING
SIGNATURE	START	STOP

DRUG

DOSE	ROUTE	TIMING
SIGNATURE	START	STOP

DRUG

DOSE	ROUTE	TIMING
SIGNATURE		

Jindal Super Specialty Hospital

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SPM Nagar, Bharatpur-321001 (Rajasthan)

PAEDIATRIC ADMISSION ASSESSMENT

Date: 11/1/2026 Time: 11:30 PM

Patient Name: Yuvaan

Patient Reg. No. / IPD No: 25123 Age/ Sex: 2 Y / male

Bed No: Department: P. ward

Affix Patient Level Label

Chief Complaints:

- Superficial Burn on Back/L side
- Irritable
- Left hand / Both thigh

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

- Superficial Burn on Back side and Left hand
- Irritable
- Less feed intake

Treatment history and recent investigations:

CBC/CRP/S. electrolytes, PBS

Past History:

Family History:

Birth History:

Antenatal history:	Pedgree Chart
.....	

Present Diet:

Doc No. IGSH/Document/PAA/201

Page 01 of 01

Page No.

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SPM Nagar, Bharatpur-321001 (Rajasthan)
Email ID : rjhospital@gmail.com Tel. No. : 05644 - 230950, 9929711555

Prescription and Administration Record

Name: Yuvan Kumar Date of Birth: —

Reg. No.: 35127 Weight: Surface Area:

Ward: Pediatrics Consultant: Dr. Mandal Height Hypersensitivity: Nil Known

ONLY ONCE MEDICATION / SOS

DATE	DRUG	DOSE	ROUTE	TIME	SIGNATURE OF M.O	GIVEN BY	TIME GIVEN

IF REQUIRED / PRN

DRUG		DATE											
IM. Sumo 4		TIME											
DOSE 2ml	ROUTE IV	START SOS	DOSE										
SIGNATURE	PHARMACY	STOP	DATE										

Dr. Kapil Jindal

MBBS, DCH, MRCPCH (इग्लैण्ड), FRSH (इग्लैण्ड)

बाल एवं किशोर रोग विशेषज्ञ

(डॉ. कपिल जिंदल)

RAJ JINDAL HOSPITAL AND RESEARCH CENTRE PVT. LTD.

MEDICAL LABORATORY

REQUISITION FORM AND WORKSHEET

Date : 11/9/24

Name : yuvan kuntal Age : 2 Yrs Sex : M

Address : Ph. :

Referring Dr. : Dr. Kapil Jindal

OPD / IPD No. : 35123 Ward / Bed No. : EMT

Nature of Specimen : Serum (Red Top or Glod Top) Plasma (Grey and Green Top), Whole Blood (Lavender Tops

Clincial Notes:

Date and Time of Collection : Date & Time of receipt Speciman :

HAEMATOLOGY

- ☑ CBC
- ☐ HB
- ☐ ESR
- ☐ BT / CT
- ☐ ABO / RH
- ☐ DDCT
- ☐ ICT
- ☐ PT INR / APTT
- ☐ PBF (Blood Film)
- ☐ HBA1C
- ☐ ANA

SEROLOGY

BIO-CHEMISTRY

- ☐ UREA
- ☐ CREATININE
- ☐ URIC ACID
- ☐ PHOSPHORUS
- ☐ SODIUM
- ☑ POTASSIUM
- ☑ CHLORIDE

(Electrolytes) } RFT

- ☐ S. CALCIUM
- ☐ SGOT
- ☐ SGPT
- ☐ GAMMA GT

} LFT

HORMONES

- ☐ T_3 / T_4 / TSH
- ☐ PSA
- ☐ PROGESTERONE
- ☐ LH / FSH / PRL
- ☐ E2
- ☐ TESTOSTERONE

OTHER

- ☐ URINE ROUTINE
- ☐ URINE PREG TEST (UPT)
- ☐ SEMEN EXAM.
- ☐ UROFLOMETRY
- ☐ Blood Gas (ABG)

☐ Skin Prick Test ☐ E.C.G. ☐ B.E.G. ☐ T.M.T. ☐ Colposcopy

☐ AEC/TEC ☐ I... Vit-B12 ☐ Other Test:

Sample Collected By :

Sample Received By :

DCO NO: JSSH/LAB/LR... Pathologist

Page No. 01

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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. 35123 Ward / Bed : Peal/112 Patient Name : Yuvam Age/Sex: 2Y/M

Consultant Name : Dr. Bhinda Sheet No. (1)

Shift: Ent	STAFF HANDOVER FORM
IDENTIFY (Identify self, position, who you are) (Identify patient, position, Bed No.)	- Parmeshwari I.S.I.O - pt. yuvam kumar
SITUATION (Diagnosis, Reason for admission, Current problem)	Burn
BACKGROUND (Patient History-clinical Background or context)	—
ASESSMENT (Current problems, observations and treatments)	Burn - IV fluid & antibiotic
RECOMMENDATION (Post hand over plan; include Request and Risk)	provide
HANDOVER BY Parmesh 6y	HANDOVER TO

Date & Time	Nursing Progress Notes
12/9/26	- monitor vitals

Jir

ecialty Hospital

l Research Centre Pvt. Ltd.)
321001 (Rajasthan)

ient Name.....

ID No.....

mitting Consulting

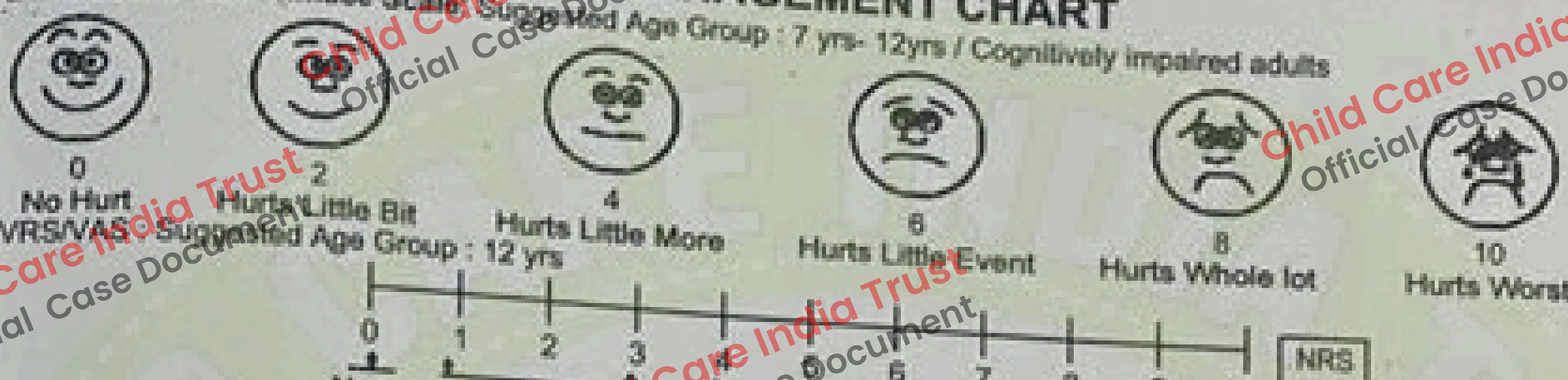
.....Sex.....Bed No.....

.....Department.....

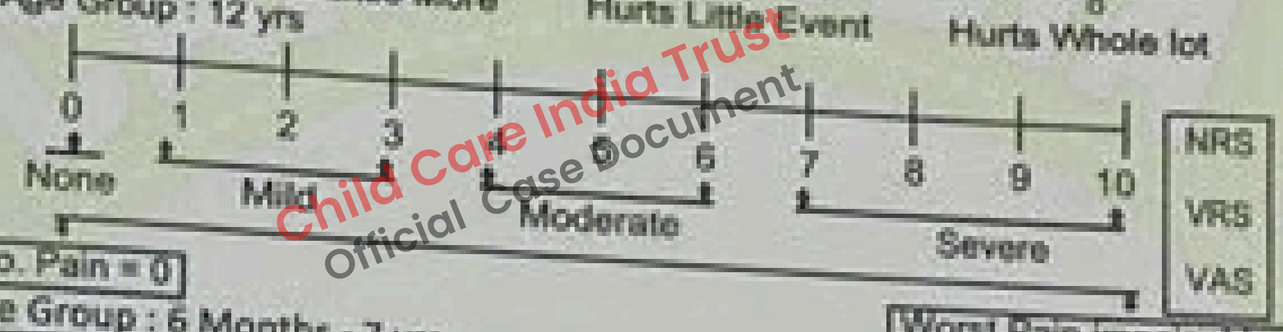
Diagnosis:.....

PAIN MANAGEMENT CHART

ng and Baker Facial Grimace Scale : Suggested Age Group : 7 yrs- 12yrs / Cognitively impaired adults



RS/VRS/VAS : Suggested Age Group : 12 yrs



ACC Scale : Suggested Age Group : 6 Months - 7 yrs.

ategories	0	1	2
ategories	No Particular Expression or smile	Occasional grimace or frown, withdrawn, disinterested	Frequent constent quivering chin, clenched law
gs	Normal position or relaxed	Uneasy, restless, tense	kicking of legs drawn up
ctivity	Lying quietly, normal position, moves easily	Squirming, shifting back and forth tense	Arched, rigid or jerking
ry	No cry (awake of asleep)	Moans or whimpers, occasional complaint	Crying steadily, screams of sobs frequent complaints
onsol ability	Content, relaxed	Reassured by occasional touching, hugging or being talked to distractable	Difficult or console or comfort

uality of Pain
Aching, B = Burning, C = Crushing, D= Dull Pain, S = Sharp/ Stabbing Pain, Sh = Shooting, T = Tingling, TH = Throbbing and Radiating Pain

/S or Other Symptoms :
= Nausea, C= Constipation, V=Vomiting, I=Itching, UR=Urinary Retention, T=Tachypnea, D=Diaphoresis

edation Score
= "None" - Alert, 1= "Mild"-Occasionally drowsy; easy to arouse, 2="Moderal"-Frequently drowsy; easy to arouse,
-"Severe" - Somnolent; difficult to arouse, 4 = "Sleeping

omfort Measures :
=Positioning, B=Breathing, ED=Eduation Pain Management, M=Massage, ES= Emotional Support, W=Walking, IP=Ice Pack

ain Reassessment Protocol :
Monitoring of pain score every half an hour till the pain is relieved (Mild Pain)
n case of opiods/narcotics, Mo

Pain assessment :