

GIGGLES FOUNDATION

1516, 3rd floor,

Wazir Nagar, Kotha Mubarakpur

New Delhi - 110003

महोदय,

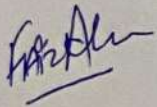
मेरा नाम पवन कुमार है, मैं औरंगाबाद (उत्तर प्रदेश) का रहने वाला हूँ, मेरे बच्चों का नाम हिमांशी (8 वर्ष) और यांशु (6 वर्ष) है। मेरे दोनो बच्चों बिजली के तार से एक घटना में जल गए हैं। मेरे दोनो बच्चों का इलाज दिल्ली के अफदरजंग अस्पताल में चल रहा है। डॉक्टर ने दोनो बच्चों को सर्जरी के लिए कहा है, हम मजदूर हैं, पहले अपने गाँव में ही काम करते थे लेकिन दोनो बच्चों का इलाज करवाने के कारण हम अभी कुछ काम नहीं कर पा रहे हैं, जिसकी वजह से हमें अभी बहुत सी परेशानियों का सामना करना पड़ रहा है। आपसे निवेदन है कि हमारे बच्चों का इलाज कराने में हमारी सहायता करें !

GIGGLES FOUNDATION

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For GIGGLES FOUNDATION



Director

औरंगाबाद
 पवन कुमार



भारत सरकार

Government of India



पवन कुमार

Pawan Kumar

जन्म तिथि / DOB : 05/02/1993

पुरुष / Male

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2059 3237 6714

आधार - आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

पता:

आत्मज: लक्की सिंह, कौरा
शमशादबाद, बुलंदशहर, औरंगाबाद,
उत्तर प्रदेश, 245401

Address:

S/O: Lakki Singh, Kaura
Shamshadbad, Bulandshahr,
Aurangabad, Uttar Pradesh,
245401

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2059 3237 6714



1947

1800 300 1947



help@uidai.gov.in

WWW

www.uidai.gov.in



भारत सरकार
Government of India



हिमांशी
Himanshi
जन्म तिथि/DOB: 03/08/2016
महिला/ FEMALE

Issue Date: 26/10/2021

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5111 8015 4884

VID : 9123 5417 5037 9128

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India



पता:

द्वारा: पवन कुमार, कौरा शमशादबाद, बुलंदशहर,
उत्तर प्रदेश - 245401

Address:

C/O: Pawan Kumar, Kaura Shamshadbad,
Bulandshahr,
Uttar Pradesh - 245401

5111 8015 4884

VID : 9123 5417 5037 9128



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भारत सरकार
Government of India



बाल आधार

Issue Date: 26/10/2021



यांशु
Yanshu
जन्म तिथि/DOB: 10/03/2018
पुरुष/ MALE

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यह आधार 5 वर्ष की उम्र तक ही वैध है

4455 6977 1055

VID : 9153 9156 6648 6970

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण

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द्वारा: पवन कुमार, कौरा शमशादबाद, बुलंदशहर,
उत्तर प्रदेश - 245401

Address:

C/O: Pawan Kumar, Kaura Shamshadbad,
Bulandshahr,
Uttar Pradesh - 245401

4455 6977 1055

VID : 9153 9156 6648 6970



1947



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धूमपान व तम्बाकू सेवन दंडनीय अपराध है।
SMOKING/TOBACCO CHEWING IS PUNISHABLE OFFENCE



वी. एम. एम. सी. एवं सफदरजंग अस्पताल, नई दिल्ली
V.M.M.C & SAFDARJANG HOSPITAL, NEW DELHI
दाखिला और छुट्टी का सारांश रिकार्ड/ADMISSION AND DISCHARGE RECORD



रि. व. सं./MRD No. वार्ड/Ward यूनिट/Unit CGHS Bed No.
नाम/Name आयु लिंग/Age & Sex नं. है/Civil Status
धर्म/Religion व्यवसाय/Occupation
पिता/पति का नाम /Father/Husband Name आय/Income
नं. गली/H.No. St. गांव/Village टेलिफोन/Tele. Res./Offic.
शहर/डाकखाना/Town P.O. जिला/District राज्य/State
दाखिले की तिथि और समय/Date of Admission & Time
पता: निकट सम्बन्धी/Next to Kin's Address
स्थानीय पता/Local Address

UHHID : 20241028876 VMMC SJH IPD : 2024120738
Admit Dt : 2024-09-01 11:18 am
Miss. HIMANSHI, Age : 8 Years
D/O PAWAN KUMAR
*****3269 Address : VILL- GAURA
SAMASABAD, TED- SIYANA, UTTAR
PRADESH, INDIA. Pincode: Bulandshahr
General Fee : 0
Dept./Unit : Burns Plastic
AND Maxillofacial Surgery /
BP 6 Ward : Burns ICU
M.M.C Case - 51973
Bed No - Floor

छुट्टी की तारीख और समय Date & Time Of Discharge	अस्पताल दिन Hospital Days	
अन्तिम निदान Provisional Diagnosis	10 Y Extrinsic contraction	
अन्तिम निदान (साफ अक्षरों में) Final Diagnosis (In Block Letters)	कोड ICD Code	
द्वितीयक निदान (साफ अक्षरों में) Secondary Diagnosis (In Block Letters)	9	
शल्य क्रियाएँ (साफ अक्षरों में) Operative Procedure (In Block Letters)	Excision + SSG LGA (4/9/24)	
परिणाम Result	उत्सुकता निदान जीवित Discharge - Alive	मर गया Died
मृत्यु का कारण (साफ अक्षरों में) Cause of Death (In Block Letter)	<input type="checkbox"/> डॉक्टर की सलाह से With Medical Advice	<input type="checkbox"/> 48 घंटे से कम Under 48 Hours
	<input type="checkbox"/> डॉक्टर की सलाह के विरुद्ध LAMA	<input type="checkbox"/> 48 घंटे से अधिक Over 48 Hours
	<input type="checkbox"/> लापता Absconded	<input type="checkbox"/> हाँ Yes
		<input type="checkbox"/> नहीं No
	1. प्रत्यक्ष कारण Direct Cause (क)..... की वजह से अथवा (परिणामस्वरूप) (a) Due to (or as a consequences of पूर्ववृत्त कारण ANTECEDENT CAUSES (ख)..... की वजह से अथवा (परिणामस्वरूप) (b) Due to (or as a consequences of (ग)..... की वजह से अथवा (परिणामस्वरूप) (c) Due to (or as a consequences of	2. अन्य महत्वपूर्ण स्थिति OTHER SIGNIFICANT CONDITIONS मृत्यु की वजह बीमारी अथवा वह कारण जो बीमारी की स्थिति से सम्बन्धित नहीं है। Contributing to the death, but not related to the disease or condition causing it.
हस्ताक्षर Signature	जू. रेजी. Jr. Resident	सी. रेजी. Sr. Resident
		यू.प्रमुख Head of Unit

मैं श्रीमती / श्री सफदरजंग अस्पताल में भर्ती के लिए इच्छुक हूँ तथा मुझे उपचार, अधिकार एवं उत्तरदायित्व के बारे में समझा दिया गया है। मैं अस्पताल के सभी नियमों और विनियमों का पालन करूंगा। | Mrs. / Mr.willing for admission in Safdarjung Hospital & I have been explained about course of treatment, Right & responsibility I will abide by all Rules & Regulations of Hospital.

51973

21/9/24 (M)
 - Patient Taken in BICU from casualty @ 9:30 AM.
 - G.C. Critical. Vitals checked & Monitored, IVF on flow
 - All due Medicines given as Per advised. Mohit

- Neb given
 - G.C. Critical
 - Vitals checked & recorded
 - IVF on flow
 - I/O chart maintained
 - All due medications administered

22
 - Nebulized
 - IV fluids on flow
 - I/O chart maintained
 - vitals checked and recorded
 - all due medication given as per order
 Here
 7291

22/9/24 (M)
 - Bedding done.
 - All due medications given as ordered
 - Ho charting done
 - IVF maintained
 - Fac, Catheter & CVP Care given
 - Nebulization given
 - G.C. Critical.
 - Vitals checked & recorded

23
 - G.C. critical
 - Neb. given
 - IVF on flow
 - Vitals checked & recorded
 - I/O chart maintained
 - All due medication given as per order

Neb given
 - I/O chart maintained
 - vitals checked and recorded
 - All due medication given as per order
 Here

23/9/24 (M)
 - Bed done, CVP care
 - Catheter care done, I/O chart maintained, IVF maintained
 - All due Medicines given as Per advised. Mohit

Neb done
 - I/O chart maintained
 - vitals checked & recorded
 - All due medication given as per order
 I/O chart maintained

- Nebulized
 - IV fluids on flow
 - I/O chart maintained
 - Vitals checked and recorded
 - all due medication administered
 Here
 7291

4/9/24 (M)
 - All Bedding Done.
 - IVF on flow
 - I/O charted
 - Vitals checked & recorded
 - All due medication given as per order
 - Neb given

4/9/24 (M)
 - G.C. critical
 - Vitals checked and recorded
 - IVF on flow
 - I/O charted
 - Neb given
 - All due med given
 Kim.

- Neb given
 - All due med given
 - I/O chart maintained
 - Vitals checked and recorded
 - All due medication administered
 Here

5/9/24 (M)
 - Bedding done
 - IVF on flow
 - Vitals sim checked & recorded
 - I/O charted
 - All due medication given as per order
 - Neb given

5/9/24 (M)
 - Neb given
 - G.C. Critical
 - Vitals checked & recorded
 - IVF on flow
 - I/O chart maintained
 - All due medications administered

5/9/24 (M)
 - Neb given
 - All due med given
 - I/O chart maintained
 - Vitals checked and recorded
 - All due medication administered

6/9/24 (M)
 - Neb given, G.C. Critical, Vitals checked & recorded
 - I/O chart maintained
 - IVF on flow
 - All due medication administered

6/9/24 (M)
 - Nebulization given
 - I/O chart maintained
 - Vitals checked & recorded
 - All due medication administered

6/9/24 (M)
 - Neb given
 - All due med given
 - I/O chart maintained
 - Vitals checked and recorded
 - All due medication administered

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Checked & Marked
Due Medicine given
Per advised Man

Due medicine given
orally getting
now

No charting done
IUF maintained
Vitals checked & recorded

88. G.C. critical
on flow
No chart maintained
Bedding done
All due medicine given
as per order

Cyclosporin
No chart maintain
Vitals checked & recorded
IUF released
Due medicine given
orally getting now

98. G.C. critical
Vitals checked and recorded
No chart
No charting
All due medicine given

99. G.C. critical
Neb. given
IUF on flow
Vitals checked & recorded
No chart maintain
All due medication given

Nebulization given
Vitals checked & recorded
No fluids on flow
No charting done
All due medications given

Nebulization given
All due medications given as ordered
No charting done
IUF maintained
Vitals checked & recorded

100. Bedding done
IUF on flow
No chart maintain
All due medication given

G.C. critical
Neb given
Vitals checked & recorded
Medication given as per order

Vitals checked and recorded
No charting done
All due medication given
Grazed oral intake

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11/19/24
Bedding done. Vitals checked & recorded.
No charting done. All due medication given as per order

Patients (name) and
med. vitals
orally admin.
G.C. poor

Vitals checked and recorded
No charting done
All due medication given
Grazed oral intake

101. G.C. sick.
Vitals checked & recorded.
No charting done

G.C. sick
Vitals checked & recorded
No charting done
All due medication given as per Dr. order

G.C. sick
Vitals checked & recorded
No charting done
All due med. given as per Dr. order

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<p>17/9/24</p>	<p>17/9/24 (M) Nurses Note (Morning) G.C stable vital signs are checked & ready all due medⁿ given as per order -dy</p>	<p>18/9/24 Pt. G.C is fair vitals checked. Due medication done.</p>	<p>19/9/24 (M) Date & Time → G.C conscious oriented. → vitals checked and recorded. → all due medication given</p>	<p>20/9 patient is conscious oriented. vitals checked & recorded. all due medⁿ given.</p>
<p>GIGGLES FOUNDATION</p>	<p>(E) Nurses Note (Evening) Pt. G.C stable vitals checked all due medⁿ given as per order</p>	<p>(E) Pt. is conscious oriented, vitals recorded all due medⁿ given as per order</p>	<p>Date & Time Signature:</p>	<p>GIGGLES FOUNDATION</p>
<p>(N) Patient is conscious oriented vitals checked all due medⁿ given</p>	<p>(N) Nurses Note (Night) Patient conscious and oriented vitals checked all due medⁿ given</p>	<p>(N) Patient is conscious and oriented vitals checked & recorded all due medⁿ given</p>	<p>(N) Date & Time Signature: → Pt is conscious and oriented → vitals checked and recorded. → medication given as per order</p>	<p>GIGGLES FOUNDATION</p>

	<p>21/9 Nurses Note (Morning) [Handwritten notes]</p>	<p>22/9/14 Date & Time</p>	<p>23/9 [Handwritten notes]</p>
<p>20/9 Patient conscious and oriented vital sign checked [Handwritten notes]</p>	<p>Nurses Note (Evening) [Handwritten notes]</p>	<p>[Handwritten initials] Date & Time</p>	<p>[Handwritten notes]</p>
<p>[Handwritten notes]</p>	<p>Nurses Note (Night) [Handwritten notes]</p>	<p>[Handwritten initials] Date & Time</p>	<p>[Handwritten notes]</p>

14/9
 - vitals checked and recorded
 - No charting done
 - Admin medication
 - Sincere for you

→ Pt G.C. is sick
 → Vitals are checked & recorded
 → I/O charting done
 → All due medication given

14/9
 S.C. is Sick
 - Vitals checked & recorded
 - No charting done
 - All due med. done

14/9
 Patient is concerned
 confused in the morning
 G.C. poor - may
 around bus

→ Pt G.C. is sick.
 → Vitals are checked & recorded
 → I/O charting done
 → All due medication given

14/9
 Pt G.C. Sick
 - Vitals checked & recorded
 - No charting done
 - All due medication done

15/9
 - Bedding done
 - vital checked & recorded
 - I/O charting done
 - All due medication given

→ Pt G.C. is sick.
 → Vitals are checked & recorded
 → I/O charting done
 → All due medication given

15/9
 Pt G.C. Sick. Vitals checked & recorded.
 - I/O charting done
 - All due medication done

16/9
 - Vitals checked & recorded
 - I/O charting done

→ Pt G.C. sick
 - Vitals checked & recorded
 - All due medication given as per order
 - I/O charting done

16/9
 Pt G.C. Sick. Vitals checked & recorded.
 - I/O charting done
 - All due medication done

24/9.	20/9/24		Date & Time
→ vitals checked and recorded. → ffo chart maintained → All che medications	Nurses Note (Morning) Pt. G.C is fair vitals checked. Due medications done.	Pt. G.C is fair vitals checked & recorded. Due medications done.	Signature:
(E) - Pt. is conscious & oriented - vitals checked & recorded - All due med given	Nurses Note (Evening) G.C stable vitals checked and recorded all due med given as per order	G.C stable vital signs are checked & recorded all due med given as per order	Signature:
(N) Pt. G.C is fair vitals checked All done for G.C	Nurses Note (Night) Pt. G.C is fair vitals checked and recorded All med given as per order		Signature:

YARDHMAN MAHAVIR MEDICAL COLLEGE & SAFDARJANG HOSPITAL, NEW DELHI-29

NURSES RECORD

Name: Himanshu

MRD No: 20738

UHID No:

Age/Sex: 64/ma

Ward/Unit: 22A/D

Bed. No. 29

Diagnosis: 10 v. EAB

Date:

MLC/ Non MLC:

Day	Medications	Dose	Route	Freq.	MLC/ Non MLC:												
					25/9/1		25/9/1		27/9/1		4		5		6		
					Time	Sign	Time	Sign	Time	Sign	Time	Sign	Time	Sign	Time	Sign	
	Sy. B. COMPLEX	5ML	PO	BD	9am	ms	9am	ms	9am								
					9pm	ms	9pm	ms	9pm								
	Sy. PCM	50ML	PO	TDS	6		6	ms	6	ms							
					2	ms	2	ms	2								
					10	ms	10	ms	10								

YARDHMAN MAHAVIR MEDICAL COLLEGE & SAFDARJANG HOSPITAL, NEW DELHI-29

NURSES RECORD

Name: Himanshi MRD No: 120738 UHID No: _____ Age/Sex: 8yr Ward/Unit: 22/11 Bed. No.: 13

Diagnosis: 101. F13.1 FB Date: 13/09/24 MLC/ Non MLC: _____

Day	Medications	Dose	Route	Freq.	13/9/24		14/9/24		15/9/24		16/9/24		17/9/24		18/9/24	
					Time	Sign	Time	Sign	Time	Sign	Time	Sign	Time	Sign	Time	Sign
	<u>Tm Pan</u>	<u>10mg</u>	<u>IV</u>	<u>BD</u>	<u>10A</u>	<u>8yr</u>										
	<u>Tm PCN</u>	<u>200mg</u>	<u>IV</u>	<u>TDS</u>	<u>6A</u>	<u>PCN</u>										
	<u>Tm Enset</u>	<u>2mg</u>	<u>IV</u>	<u>BD</u>												
	<u>Tm imipenem</u>	<u>200mg</u>	<u>IV</u>	<u>BD</u>	<u>10A</u>	<u>GS</u>										
<u>13/9</u>	<u>T. pantop</u>	<u>10mg</u>	<u>PO</u>	<u>OD</u>	<u>10am</u>	<u>10am</u>	<u>20am</u>	<u>10am</u>	<u>10am</u>	<u>10am</u>	<u>10am</u>	<u>10am</u>	<u>10am</u>	<u>10am</u>	<u>10am</u>	<u>10am</u>
	<u>T. p.c m</u>	<u>20mg</u>	<u>PO</u>	<u>TDS</u>	<u>6A</u>	<u>9am</u>	<u>9am</u>	<u>9am</u>	<u>9am</u>	<u>9am</u>	<u>9am</u>	<u>9am</u>	<u>9am</u>	<u>9am</u>	<u>9am</u>	<u>9am</u>
					<u>2pm</u>	<u>3pm</u>	<u>3pm</u>	<u>3pm</u>	<u>3pm</u>	<u>3pm</u>	<u>3pm</u>	<u>3pm</u>	<u>3pm</u>	<u>3pm</u>	<u>3pm</u>	<u>3pm</u>
					<u>11p</u>	<u>11p</u>	<u>11p</u>	<u>11p</u>	<u>11p</u>	<u>11p</u>	<u>11p</u>	<u>11p</u>	<u>11p</u>	<u>11p</u>	<u>11p</u>	<u>11p</u>

अन्तर्गमन बहिर्गमन चिह्न Patient shifted to ward: 9.15 AM
 INTAKE OUTPUT CHART received back from ward at: 12.00 N

Imanishi आयु/Age 84 yrs / female
 20738 वार्ड 2 B1CW पलंग नं. Bed No. तारीख 05/09/2024
 लि. में किए जाएं 1st. 10% electric contact Burn कुल प्रतिदिन सुबह 8 बजे
 de in ml. (Milli Litres) PLO: Debridement + SSG + GA Total 8 A.M. Every Morning

अन्तर्गमन Intake			बहिर्गमन Output			अन्य Others
ORAL Type	IV Type	Others Type	Urine	Suction	Drainage	
PR	RR	SpO2	IVF			
80ml	18ml	100%	RL			Post-op orders

Time	BP	HR	SpO2	Urine	Suction	Drainage	Others
7/9/24	79 bpm	20 bpm	100%				
8/9/24	82 bpm	20 bpm	98%				
9/9/24	94 bpm	22 bpm	99%				
10/9/24	80 bpm	20 bpm	99%				
12 Mid Night							
1 A.M.							
2							
3	88 bpm	22 bpm	98%				
4/9/24							
5	90 bpm	20 bpm	98%				
6							
7	96 bpm	20 bpm	99%				
कुल/Total	84 bpm	18 bpm	99%				

Date	SPO2	Pulse	BP
1/24	—	—	—
6AM - 1AM	98+	88 bpm	
PM - 1/24	98+	89 bpm	
6am	98+	100 bpm	
19/24	98+	104 bpm	
4/9 6am	98+	99+	110/60 mm.
2pm	98+	86 bpm	
6pm	98+	72 bpm	110/68 mmHg

on last page → 4/9/24

सफदरजंग अस्पताल, नई दिल्ली

SAFDARJUNG HOSPITAL, NEW DELHI

ग्राफिक (टीपीआर) चार्ट

GRAPHIC (T.P.R.) CHART

नाम Name	आयु AGE	वर्ग SEX	कक्ष WARD	शय्या BED	मास MONTH	वर्ष YEAR	चि०अ०वि० M.R.D.No.
Himanshi	8yr	F	B1C	9	Sep	24	1209
दिनांक/DATE	8/9/24	9/9/24	10/9/24	11/9/24	12/9/24	13/9/24	14 9 24
दिनों की संख्या/NO. OF DAYS	8/9/24	9/9/24	10/9/24	11/9/24	12/9/24	13/9/24	14 9 24
उत्तर शल्यदिन/DAYS POST-OP	6 x 26x	6x26x	6x26x	6x26x	6x26x	6x26x	6x26x
समय/TIME							
नाड़ी PULSE	<p>Dr. Jmiperan 25mg IV BID</p> <p>Dr. Naloxone 50mg IV TDS</p> <p>Stop 9/13/24</p> <p>STOP 3/10/24</p>						
तापमान/TEMP	<p>41.1 106</p> <p>40.6 105</p> <p>40.0 104</p> <p>39.4 103</p> <p>38.9 102</p> <p>38.3 101</p> <p>37.8 100</p> <p>37.2 99</p> <p>36.7 98</p> <p>36.1 97</p> <p>35.6 96</p> <p>35.0 95</p>						
श्वसन/RESP.	<p>60°</p> <p>50</p> <p>40</p> <p>30</p> <p>20</p> <p>10</p>						
मल/STOOL	X	X	X	X	X	X	X
मूत्र/URINE	-	-	-	-	-	-	-
तरल अन्तर ग्रहता/F. INTAKE	-	-	-	-	-	-	-
तरल निर्मता/F. OUTPUT	-	-	-	-	-	-	-
रक्त चाप/B.P.	110/62	98/54	100/62	116/60	116/60	116/60	116/60
भार/WEIGHT	X	X	X	X	X	X	X
स्नान/BATH	X	X	X	X	X	X	X

Strong (C) line + Paraffin + Skin

सफदरजंग अस्पताल, नई दिल्ली
SAFDARJUNG HOSPITAL, NEW DELHI
ग्राफिक (टीपीआर) चार्ट
GRAPHIC (T.P.R.) CHART

स.जं.अ.-3/S.J.H.-3

36298
11/9/24

120738

नाम Name	Hiyanshi												
आयु AGE	8yr	वर्ग SEX	Fe	कक्ष WARD	B2CV	शय्या BED	09	मास MONTH	SEP	वर्ष YEAR	24	चि.अं.वि.नं. M.R.D.No.	
दिनांक/DATE	1/9/24	2/9/24	3/9/24	4/9/24	5/9/24	6/9/24	7/9/24						
दिनों की संख्या/NO. OF DAYS													
उत्तर शल्यदिन/DAYS POST-OP	6x2x6	6x2x6											
समय/TIME													
नाड़ी PULSE	Inj. Clavum 600mg BD IV												
तापमान-TEMP सें/C फा/F	Inj. Domipenun 200mg IV BD Inj. pefloxacin 500mg IV												
210	41.1	106											
200	40.6	105											
190	40.0	104											
180	39.4	103											
170	38.9	102											
160	38.3	101											
150	37.8	100											
140	37.2	99											
130	36.7	98											
120	36.1	97											
110	35.6	96											
100	35.0	95											
90	श्वसन/RESP.												
	60°												
80	50												
70	40												
60	30												
50	20												
40	10												
मल/STOOL													
मूत्र/URINE													
तरल अन्तर ग्रहता/F. INTAKE													
तरल निर्मता/F. OUTPUT													
रक्त चाप/B.P.													
भार/WEIGHT													
स्नान/BATH													

YARDHMAN MAHAVIR MEDICAL COLLEGE & SAFDARJANG HOSPITAL, NEW DELHI-29

NURSES RECORD

Name: Himangshi Pandey MRD No: 120738 UHID No: Age/Sex: 8y/10m Ward/Unit: 220/IV Bed. No.: 29

Diagnosis: 10v. EFB 2 hb Date: 13/9/24

MLC/ Non MLC:

Day	Medications	Dose	Route	Freq.	8/9/24		2/10		3		22/9/24		24/9/24		25/9	
					Time	Sign	Time	Sign	Time	Sign	Time	Sign	Time	Sign	Time	Sign
	F PCM	250mg P/O		TDS	8		8m	✓			8		8		8	✓
					3		3m	✓			3	✓	3		3	
					10		10m	✓			10	✓	10pm		10	✓
	T. Pom	20mg P/O		BD	6am		6m	✓			6am		6m		6m	✓
					6pm		6m	✓			6pm		6pm		6pm	
					9am		9m	✓			9am		9pm		9pm	✓

113

सफदरजंग अस्पताल, नई दिल्ली
SAFDARJUNG HOSPITAL, NEW DELHI
ग्राफिक (टी.पी.आर.) चार्ट
GRAPHIC (T.P.R.) CHART

Supp
6/5

120328

नाम NAME Himesh आयु AGE 8yr वर्ग SEX F कक्षा WARD 22 शय्या BED 13 मास MONTH Sept वर्ष YEAR 2024 चि.अ.वि.रं. M.R.D.No.

दिनांक/DATE	15/9/24	16/9/24	17/9/24	18/9/24	19/9/24	20/9/24	21/9/24
दिनों की संख्या/NO. OF DAYS							
उत्तर शल्यदिन/DAYS POST-OP							
समय/TIME	6x26x	6x26y	6x27x	6x26x	6x26x	6x26x	6x26x
तापमान/TEMP							
PULSE	210	200	190	180	170	160	150
सें./C	41.1	40.6	40.0	39.4	38.9	38.3	37.8
फा./F	106	105	104	103	102	101	100
श्वसन/RESP.							
मल/STOOL							
मूत्र/URINE							
तरल अन्तर ग्रहता/F. INTAKE							
तरल निर्मता/F. OUTPUT							
रक्त चाप/B.P.							
भार/WEIGHT							
स्नान/BATH							

Bedside Marginal

GIGGLES FOUNDATION GIGGLES FOUNDATION GIGGLES FOUNDATION

SAFDARJUNG HOSPITAL, NEW DELHI

ग्राफिक (टी०पी०आर०) चार्ट

GRAPHIC (T.P.R.) CHART

120 त 38

नाम Name	आयु AGE	वर्ग SEX	कक्ष WARD	शय्या BED	मास MONTH	वर्ष YEAR	चि०अ०वि०रं० M.R.D.No.
Himanshi	84	F	22	22	9	2024	
दिनांक/DATE	27/9/24						
दिनों की संख्या/NO. OF DAYS	27/9/24						
उत्तर शल्यदिन/DAYS POST-OP							
समय/TIME	5x24x 6x24x 6x24x 6x24x 6x24x						
नाड़ी PULSE	तापमान TEMP						
	सें०/C	फा०/F					
210	41.1	106					
200	40.6	105					
190	40.0	104					
180	39.4	103					
170	38.9	102					
160	38.3	101					
150	37.8	100					
140	37.2	99					
130	36.7	98					
120	36.1	97					
110	35.6	96					
100	35.0	95					
90	श्वसन RESP.						
	60°						
80	50						
70	40						
60	30						
50	20						
40	10						
मल/STOOL							
मूत्र/URINE							
तरल अन्तर ग्रहता/F. INTAKE							
तरल निर्मिता/F. OUTPUT							
रक्त चाप/B.P.							
भार/WEIGHT							
स्नान/BATH							

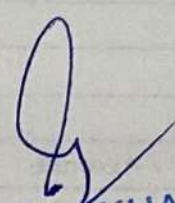
स.जं.अ.-51(ए)
S.J.H.-51(A)

सफदरजंग अस्पताल, नई दिल्ली-110029
SAFDARJUNG HOSPITAL, NEW DELHI-110029
नैदानिक विकृति विज्ञान (रुधिर विज्ञान)
CLINICAL PATHOLOGY (FLUIDS & EXCRETIONS)

नाम/Name yanshu तारीख/Date 29/9/24
उम्र/Age 6 yr लिंग/Sex M
रजि. नं./Regn. No./M.R.D. No. 120735
यूनिट/Unit V बा.रो.वि./O.P.D. _____
वार्ड नं./Ward No. 22A शय्या संख्या/Bed No. 5

अपेक्षित जांच/INVESTIGATION REQUIRED _____

नैदानिक टिप्पणी/Clinical Notes :


DR. SHIKHA
Junior Resident
VMCC & Safdurjung Hospital
New Delhi-110029

हस्ताक्षर/Signature _____

चिकित्सा अधिकारी का नाम एवं मुहर

Name of Medical Officer with Seal

FDA

सफदरजंग अस्पताल, नई दिल्ली 110029
SAFDARJUNG HOSPITAL, NEW DELHI- 110029

S.J.H.

विवरण-पत्र
CASE-SHEET

संख्या No.	नाम Name	पुरुष / स्त्री Sex	जाति Caste	आयु Age
	Yashu.	G/M.		
	व्यावसाय Occupation	पता Address		
	प्रवेशन तिथि Date of admission			
वर्ष Year	उन्मोचन तिथि Date of discharge	15% selective flash Burn		
	रोग Disease		आहार DIET	
दिनांक Date	परिणाम Result	eye cell.		

28/03/2021

To

DOD

Kindly review this patient
c 15% selective flash burn. as patient
was asked to review. One stable

Kindly send
pat to DOD
for complete
visual class
of stable

INTERPRETATION OF BIOCHEMICAL PARAMETERS

Serum Alkaline Phosphatase-

Paediatric Range:

0-1y	134-518mg/dl (Serum)
1-3y	156-369mg/dl (Serum)
3-5y	144-327mg/dl (Serum)
6-10y	153-367mg/dl (Serum)
11-15y male	113-438mg/dl (Serum)
11-15y female	64-359mg/dl (Serum)
16-21y male	56-167mg/dl (Serum)
16-21y female	44-107mg/dl (Serum)

Serum Calcium

Paediatric Range:

0-1y	8.5-11.0mg/dl (Serum)
1-3y	9.2-10.5mg/dl (Serum)
3-5y	9.4-10.6mg/dl (Serum)
6-15y	9.3-10.5mg/dl (Serum)
16-19y	9.2-10.4mg/dl (Serum)

Serum Total Bilirubin

0-1d(Premature)	1.0-8.0mg/dl
0-1d(Full Term)	2.0-6.0mg/dl
1-2d(Premature)	6.0-12.0mg/dl
1-2d(Full Term)	6.0-10.0mg/dl
3-5d(Premature)	10.0-14.0mg/dl
3-5d(Full Term)	4.0-8.0mg/dl

Serum Direct Bilirubin

Paediatric Range:

0-14d	0.33-0.71mg/dl
15d-<1y	0.05-0.30mg/dl
1-<9y	0.05-0.20mg/dl
9-<13y	0.10-0.29mg/dl
13-<19y, F	0.10-0.39mg/dl
13-<19y, M	0.11-0.42mg/dl

Plasma Glucose

As per American Diabetic Association

The expected values for this method for adults are:

Plasma Glucose:

Fasting:	70-100 mg/dl
Post-prandial:	< 140 mg/dl
Random:	< 140 mg/dl
Urine:	< 0.5 g/day
CSF (Infants/children):	60-80 mg/dl
CSF (Adult):	40-70 mg/dl

Paediatric Range:-

New Born & Infants: 30 - 60 mg/dl (Plasma)

Children: 60 - 100mg/dl (Plasma)

Serum Lipid Profile

As per NCEP, ATP III guidelines

NATIONAL LIPID ASSOCIATION RECOMMENDATIONS (NLA-14)	TOTAL CHOLESTROL IN mg/dL	TRIGLICERIDE in mg/dL	LDL CHOLESTROL in mg/dL	NON HDL CHOLESTROL in mg/dL
Optimal	<200	<150	<100	<130
Above Optimal	-	-	100-129	130-159
Borderline High	200-239	150-199	130-159	160-189
High	>=240	200-499	160-189	190-219
Very high	-	>=500	>=190	>=220

<p>26/9/20 (M)</p> <p>Patient is conscious and oriented vital signs checked All due medication</p> <p>Signature: [Signature]</p>	<p>27/9/24</p> <p>Nurses Note (Morning)</p> <p>Pt. G.C. is fair. vitals checked & recorded. Due medications done.</p> <p>Signature: [Signature]</p>	<p>28/9</p> <p>Pt. is conscious & oriented - vitals checked & recorded - All due med given</p> <p>Signature: [Signature]</p>	<p>(M) Date & Time</p> <p>GC is stable vitals checked & recorded All due medication given</p> <p>Signature: [Signature]</p>
<p>(E) JH</p> <p>GC stable vital signs checked all due med given as per orders</p> <p>Signature: [Signature]</p>	<p>(E) Nurses Note (Evening)</p> <p>Patient is conscious & oriented. vitals checked & recorded. All due medications given</p> <p>Signature: [Signature]</p>	<p>(E) Date & Time</p> <p>Pt G.C. stable vitals checked & recorded. All medication given as per order</p> <p>Signature: [Signature]</p>	<p>(E) Date & Time</p> <p>Pt G.C. stable vitals checked & recorded. All medication given as per order</p> <p>Signature: [Signature]</p>
<p>Pt G.C. is conscious and oriented vital signs checked All medication given as per order</p> <p>Signature: [Signature]</p>	<p>(N) Nurses Note (Night)</p> <p>→ G.C. conscious & oriented. → vitals checked & recorded. → All due medications given</p> <p>Signature: [Signature]</p>	<p>(N) Date & Time</p> <p>Patient is conscious & oriented vitals checked & recorded All medication given as per order</p> <p>Signature: [Signature]</p>	<p>(N) Date & Time</p> <p>Patient is conscious & oriented vital signs checked & recorded All medication given as per order</p> <p>Signature: [Signature]</p>

20/9/24

21/9

	<p>Nurses Note (Morning)</p>	<p>Date & Time</p>	<p>24/9. → barometer & pulse. → vitals checked and recorded → All due medications given</p>
	<p>Nurses Note (Evening)</p> <p>GC is stable vitals checked and recorded All due medication given per doctor order 2</p>	<p>Date & Time</p> <p>pt is conscious and oriented vitals checked and recorded All due medication given</p>	<p>Signature: [Signature]</p> <p>pt is conscious & oriented vitals checked & recorded All due medication given</p>
<p>(N) pt conscious & oriented. Vitals checked & recorded All due med given</p>	<p>(N) Nurses Note (Night)</p> <p>pt is conscious & oriented vitals checked & recorded All due med. given key tops</p>	<p>(N) Nurses Note (Night)</p> <p>GC is stable vitals checked and recorded All due medication given per doctor order 2</p>	<p>Date & Time</p> <p>Signature: [Signature]</p> <p>pt conscious & oriented vitals checked & recorded All due med given</p>

<p>13/9 M Bedding done Vitals checked & recorded. All due medⁿ are given.</p>	<p>(E) Aspirin Aspirin med given Vitals checked & recorded - Dr. C. medⁿ given</p>	<p>(N) Pt sick Vitals checked & recorded Aspirin medⁿ given Vitals</p>
<p>14/9 M Bedding done Vitals checked & recorded. All due medⁿ are given.</p>	<p>(E) Pt G.C. is sick → Vitals are checked & recorded → I/O charting done. → All due medication given</p>	<p>(N) Pt G.C. sick Vitals checked & recorded Aspirin medication done I/O charting done</p>
<p>15/9 P Bedding done Vitals checked & recorded. I/O charting done. All due medⁿ are given.</p>	<p>(E) Pt G.C. is sick → Vitals are checked & recorded. → I/O charting done. → All due medication given</p>	<p>(N) Pt G.C. sick Vitals checked & recorded I/O charting done All due medication given</p>
<p>16/9 G.C. sick. Vitals checked & recorded. I/O charting done.</p>	<p>(E) Pt G.C. sick Vitals checked & recorded Aspirin medⁿ given as per order I/O charting done</p>	
<p>17/9 G.C. stable Vital signs are checked & recorded. All due medⁿ given as per order.</p>		

Urgent * Emergency admitted by cardio

एक्स-रे विभाग : सफदरजंग अस्पताल, नई दिल्ली
 X-RAY DEPARTMENT : SAFDARJUNG HOSPITAL, NEW DELHI

आयु Age	स्त्री/पुरुष Sex	वार्ड Ward	चारपाई संख्या Bed No.	यूनिट Unit	मासिक आय Monthly Income
6	M	210 ओ.पी.डी. OPD	8	V	रु. Rs.

ओ.पी.डी. नं./चि.रि.वि. संख्या
 OPD No./MRD No. 120735

सी.जी.एच.एस. टोकन नम्बर
 CGHS Token No.

तारीख
 Date 4/9/24.

GIGGLES FOUNDATION DE GIGGLES FOUNDATION GIGGLES FOUNDATION

Exact part to be examined

संक्षिप्त रोग संबंधी नोट
Short Clinical Notes

15% Electric contact
 Burns ! Cardiac
 Injury

T Serial ECG changes.

DR. VARSHEN
 Senior Resident
 Dept of Burns, Plastic & Maxillofacial Surgery
 VMMC & Safdarjung Hospital
 New Delhi-110029

चिकित्सा अधिकारी के हस्ताक्षर
 Signature of Medical Officer

पद
 Designation

रोग संबंधी निदान
CLINICAL DIAGNOSIS

- ECHO (इको) की फीस 250/- लेखा
- X-RAY के जांच की फीस जमा कराकर आये।
- बिना ली गइ फिलम का नम्बर और आकार
- CGHS जांच के लिए खाली पेट आये।
- सांकेतिक जांच के लिए खाली पेट आये।
- DR. ANBHIGYA KR. ANAND
- Investigation जांच ECHO
- Time (समय) Date (दिनांक) 19/9/24 at 9:30 AM

DR. ANBHIGYA KR. ANAND
 DM-SR Cardiology
 VMMC & Safdarjung Hospital
 New Delhi-110029

एक्स-रे की रिपोर्ट
 X-RAY REPORT

एक्स-रे विशेषज्ञ
Radiologist

<p>2/9/24 (M)</p> <ul style="list-style-type: none"> - IVF on flow - FlO charted - vitals checked & recorded - All due medication given as per order - Neb given 	<p>neb done</p> <p>IVF maintained</p> <p>vitals are checked & recorded</p> <p>medication given as prescribed</p> <p>FlO chart maintained</p>	<p>nebulizer given</p> <p>FlO charted</p> <p>vitals checked & recorded</p> <p>All due medication given as per order</p>
<p>3/1/24 (M)</p> <ul style="list-style-type: none"> - Neb given - C.C. critical - vitals checked & recorded - IVF on flow - FlO chart maintained 	<p>neb done</p> <p>IVF maintained</p> <p>vitals are checked & recorded</p> <p>medication given as prescribed</p> <p>FlO chart maintained</p>	<p>nebulized</p> <p>IV fluid on</p> <p>FlO chart maintained</p> <p>vitals checked & recorded</p> <p>All due medication given as per order</p>
<p>2/24 Neb done</p> <p>Bedding done</p> <p>vitals are checked & recorded</p> <p>medication given as prescribed</p> <p>chart maintained</p>	<p>PHS GC initial</p> <p>Vitals checked and recorded</p> <p>IVF on flow</p> <p>Neb given</p> <p>del due medⁿ given</p>	<p>Vitals checked & recorded</p> <p>IV fluid on flow</p> <p>FlO chart maintained</p> <p>medication given as prescribed</p>
<p>2/24 Bedding done</p> <p>IVF on flow</p> <p>FlO charted</p> <p>C.C. critical</p> <p>All due medicine given</p>	<p>- Neb given (E)</p> <p>- C.C. critical</p> <p>- vitals checked & recorded</p> <p>- IVF on flow</p> <p>- FlO chart maintained</p>	<p>Vitals checked & recorded</p> <p>IV fluid on flow</p> <p>FlO chart maintained</p> <p>medication given as prescribed</p>

IV FLUID CHART FOR ACUTE BURNS DURING 24 HOURS POST BURNS

सं. जं. अ.-219
S.J.H.-219

दाह, संसान और ऊर्ध्वहनु आनन शल्य चिकित्सा विभाग सफदरजंग अस्पताल, नई दिल्ली
DEPARTMENT OF BURNS, PLASTIC & MAXILLOFACIAL SURGERY, SAFDARJUNG HOSPITAL

नाम: Name *Yashvir*

आयु: Age: *6y*

दाहों का सूचकांक
Burns Index No.

दाह की तारीख और समय
Date & Time of Burns

31/08/19
6:30p

लिंग Sex: *M* पुरुष/स्त्री
M/F

चि. अभि. वि. सं.
MRD. No. *120435*

Treatment Started at:

01/09/19
7:45am

दाहों का प्रतिशत
Percentage of Burns *15%*

वजन Weight *20kg*

कि. ग्रा.
Kg.

I.V. Fluid First 24 Hrs.

पहले 8 घंटों में तरल पदार्थ जिनकी सिफारिश की गई हो 1st 8 Hours Recommended Fluids	अंतर्ग्रहण INTAKE						निकाय OURPUR			
	समय time	रक्त तथा प्लाज्मा Blood & Plasma	डैक्सट्रेवेन Dextravan रिंगर Ringers	ग्लू सैल. Glucose Saline	ग्लूकोज Glucose	एन. सैल. N. Saline	समय Time	मूत्र Urine	कै तथा तरलापनयन Vomit & Aspiration	कैफियत Remarks
<i>600ml RL + 750ml M/2 DNS</i>			<i>01/09/19 31/08/19 till 6:30p</i>					<i>Uro bag is filled (down urine 9:30 AM)</i>		
जोड़ Total			<i>9:30 AM - 500ml N/2 DNS</i>					<i>10 AM - 25ml 11 AM - 30ml 12 AM - 40ml 1 PM - 40ml 2 PM - 40ml</i>		
अगले 16 घंटों के लिए मात्रा Amount for Next 16 hours			<i>11 AM - 500ml RL</i>					<i>3 PM - 40ml 4 PM - 40ml 5 PM - 40ml 6 PM - 40ml</i>		
<i>600ml RL + 750ml N/2 DNS.</i>			<i>3 PM RL 500ml</i>					<i>8:35ml</i>		
कुल Total			<i>5 PM RL 500ml</i>							

DR RAUSHREE VERMA
Senior Resident (Medical)
Department of Burns, Plastic & Maxillofacial Surgery

S. J. A.-219
S.J.H.-219

दाह, संधान और कर्ष्वहनु आनन शल्य चिकित्सा विभाग सफदरजंग अस्पताल, नई दिल्ली
DEPARTMENT OF BURNS, PLASTIC & MAXILLOFACIAL SURGERY, SAFDARJUNG HOSPITAL, NEW DELHI

नाम Name	आयु Age:	दाहों का सूचकांक Burns Index No.	दाह की तारीख और समय Date & Time of Burns:
दाहों का प्रतिशत Percentage of Burns	लिंग Sex	चि. अभि. वि. सं. MRD. No.	इलाज कब शुरू हुआ Treatment Started at:
	वजन Weight	कि. ग्रा. Kg.	पहले 24 घंटों का तरल पदार्थ I.V. Fluid First 24 Hrs.

Day = 2nd
Continue

पहले 8 घंटों में तरल पदार्थ जिनकी सिफारिश की गई हो 1st 8 Hours Recommended Fluids	अंतर्ग्रहण INTAKE					निकाय OUTPUT				कैफियत Remarks
	समय time	रक्त तथा प्लाजमा Blood & Plasma	डैक्सट्रेन रिंगर Dextravan Ringers	ग्लूकोज Glucose Saline	ग्लूकोज Glucose	एन. सैल. N. Saline	समय Time	मूत्र Urine	कै तथा तरलापनयन Vomit & Aspiration	
		2LP		0.8ml			1.2ml			
				9 AM		8 AM - 30ml				
				milk = 50ml		10 AM - 35ml				
				11 AM		11 AM - 30ml				
				1 1/2 50ml		12 PM - 35ml				
				12 PM		1 PM - 30ml				
				1 1/2 50ml		2 PM - 35ml				
जोड़ TOTAL		1 PM 2500		2 PM						
अगले 16 घंटों के लिए मात्रा Amount for Next 16 hours				4 PM 2100						
				5 PM 1050						
जोड़ TOTAL				5 PM H ₂ O 500 milk 500 brance						
24 घंटों का कुल जोड़ Grand total for 24 hours										

नई दिल्ली
समय 108/24

DEPARTMENT OF BURNS, PLASTIC & MAXILLOFACIAL SURGERY
SAFDARJUNG HOSPITAL, NEW DELHI

(अनुवर्ती पन्ना)
(CONT. SHEET)

नाम : YANSHU लिंग : _____

Name : _____ Sex : M

आयु : _____

कि.ग्रा. : _____

Age : 6y

Kgs. : 20kg

दाहों के विस्तार
Extent of Burns

15% of B & Contact burn

UHD NO. :
बी. सूचकांक
B. Index No.
चि. अमि. वि. नं.
M.R.D No.
दाहों की तारीख
Date & Time of
दाहों के बाद दिन
Days after Burns

रिंगर
Ringers

24 घण्टों के लिए जिन तरल पदार्थों की सिफारिश की गई हो
Recommended Fluids for 24 hours

ग्लूकोज लवणयुक्त
Glucose Saline
ग्लूकोज 5%
Glucose 5%

डैक्सट्रवेन/सैलाइन
Dextraven/Saline
रक्त/प्लाजमा
Blood/Plasma

कुल आई. वी.
Total I.V.
जोड़ मुंह से
Total (Oral)

अन्तर्ग्रहण/INTAKE

निकास/OUTPUT

GIGGLES FOUNDATION GIGGLES FOUNDATION GIGGLES FOUNDATION

तारीख और समय Date & Time	आई वी. I.V.	समय Time	अन्तर्ग्रहण/INTAKE		निकास/OUTPUT		
			Oral	Time	मूत्र Urine	कै एस्प. और अन्य हानि Vomit Aspr. & Other loss	कैफिज Remarks
2/9/24 8 PM @ 6:30 PM		1. 100ml 2. 100ml 3. 100ml 4. 100ml 5. 100ml 6. 100ml 7. 100ml 8. 100ml 9. 100ml 10. 100ml 11. 100ml 12. 100ml 13. 100ml 14. 100ml 15. 100ml 16. 100ml 17. 100ml 18. 100ml 19. 100ml 20. 100ml 21. 100ml 22. 100ml 23. 100ml 24. 100ml	7 PM 50ml - I.V.F 8 PM 60ml 9 PM 60ml 10 PM 80ml 11 PM 80ml 12 PM 80ml 1 PM 80ml 2 PM 80ml 3 PM 40ml 4 PM 50ml 5 PM 40ml 6 PM 50ml 7 PM 50ml	500ml RL 500ml N/2 DNS taper alt u/c			
कुल जोड़ Total					460 ml		

SJH/FF/07B

in - 2030ml
 out - 150ml
 net output - 835ml

IV FLUID CHART FOR ACUTE BURNS DURING 24 HOURS POST BURNS

S.J.H.-219

दाह, संसान और ऊर्ध्वहनु आनन शल्य चिकित्सा विभाग सफदरजंग अस्पताल, नई दिल्ली
 DEPARTMENT OF BURNS, PLASTIC & MAXILLOFACIAL SURGERY, SAFDARJUNG HOSPITAL

नाम: **Yashu**
 Name

आयु: **6**
 Age:

लिंग: **♂**
 Sex: पुरुष/स्त्री

दाहों का सूचकांक
 Burns Index No.
 चि. अमि. वि. सं.
 MRD. No. **120735**
 कि. ग्रा.
 Kg.

दाह की तारीख और समय
 Date & Time of Burns **21/08/20**
 इलाज कब शुरू हुआ
 Treatment Started at: **6:30pm**
 पहले 24 घंटों का तरल पदार्थ
 I.V. Fluid First 24 Hrs.

दाहों का प्रतिशत
 Percentage of Burns **15%**
EFB
 वजन
 Weight **20kg**

पहले 8 घंटों में तरल पदार्थ जिनकी सिफारिश की गई हो 1st 8 Hours Recommended Fluids	अंतर्ग्रहण INTAKE							निकाय OUTPUT		कैफियत Remarks
	समय time	रक्त तथा प्लाजमा Blood & Plasma	डेक्सट्रेवन Dextravan रिंगर Ringer	ग्लू. सैल. Glucose Saline	ग्लूकोज Glucose	एन. सैल. N. Saline	समय Time	मूत्र Urine	कै तथा तरलापनयन Vomit & Aspiration	
600 ml RL + 1250ml N/2 DNS							8am	50ml		
							9am	40ml		
							10am	40ml		
							11am	30ml		
							12am	35ml		
जोड़ Total							1am	30ml		S/B unml. 6 hr
अगले 16 घंटों के लिए मात्रा Amount for Next 16 hours							2am	25ml		High protein diet Follow wound opinion Ambulation
							3am	30ml		
							4am	30ml		
							5am	30ml		
जोड़ Total							6am	35ml		
24 घंटों का कुल जोड़ Grand total for 24 hours							7am	35ml		
							8am	35ml		

NAME: Lansky AGE: 6y SEX: M UHID NO.
 NO.: 120735 WARD: 22yr BED NO.: 14 UNIT: VI
 ALL ENTRIES TO BE MADE IN ML. (MILLILITRES) DATE: 11/9/24

TIME	INTAKE		OUTPUT			Sign.	
	ORAL / RT feeding Type	Qty.	IV INFUSION Type	Qty.	URINE		SUCTION / RT Aspiration
8 A.M.	<u>NPO</u>						
9 A.M.							
10 A.M.							
11 A.M.							
12 Noon							
1 P.M.							
2 P.M.							
Total							
3 P.M.							
4 P.M.	→ Pts. Received from BOT at 4 pm, Urine output 200 ml in Urinbag						
5 P.M.			<u>1/2 DNS</u>				<u>5pm - 25 ml</u>
6 P.M.	<u>NPO</u>						
7 P.M.			<u>4 paracetamol 100mg</u>				<u>7pm - 20 ml</u>
8 P.M.			<u>1 cone NS</u>				<u>8pm - 20 ml</u>
Total	<u>Teasol</u>						<u>295 ml</u>
9 P.M.	<u>Biswit</u>						<u>9pm - 25 ml</u>
10 P.M.	<u>H₂O 50ml</u>						<u>10pm - 30 ml</u>
11 P.M.			<u>100mg Triacetin 75mg + 50ml NS</u>				<u>11pm - 30 ml</u>
12 MN			<u>100mg imipenem 400mg</u>				<u>12mn - 30 ml</u>
1 A.M.	<u>100ml</u>		<u>+ 50ml NS</u>				<u>410ml</u>
2 A.M.			<u>650ml</u>				<u>100 - 30 ml</u>
3 A.M.	<u>30ml H₂O 50ml</u>						<u>200 - 30 ml</u>
4 A.M.							<u>300 - 40 ml</u>
5 A.M.							<u>510 ml</u>
6 A.M.	<u>50ml H₂O 20ml</u>						<u>400 - 40 ml</u>
7 A.M.							<u>500 - 40 ml</u>
Total							<u>660 ml</u>
Total (24 Hrs)	<u>Teasol</u>						<u>660 ml</u>
Name & Signature	<u>Biswit</u>						
	<u>H₂O 50ml</u>						

MEDICATION ORDER & ADMINISTRATION CHART

Name *Yanshe*

MRD No.:

UHID.:

IP No.: *120735*

Age / Sex: *61M*

Ward / Unit: *B2C*

Bed No.: *08*

Diagnosis: *15% EFB*

MLC / Non MLC:

Date	Medication Order (To be filled by Doctor) Medications with Dose & Frequency	DR. SNT	Route	Medication Administration (To be filed by Nursing Officers)																
				Day: <i>19</i>			Date: <i>2/9</i>			Day: <i>3/9</i>			Date: <i>4/9</i>			Day: <i>5/9</i>			Date: <i>6/9</i>	
				Time Sign.	Time Sign.	Time Sign.	Time Sign.	Time Sign.	Time Sign.	Time Sign.	Time Sign.	Time Sign.	Time Sign.	Time Sign.	Time Sign.	Time Sign.	Time Sign.	Time Sign.	Time Sign.	
	<i>ly dexam 600mg IV BID</i>																			
	<i>ly par 20mg OD</i>																			
	<i>ly Aspirin 81mg BID</i>																			
	<i>ly nancog 1/2 cap IV stat</i>																			
	<i>Inj Clavum 600mg IV BID</i>																			

सफदरजंग अस्पताल, नई दिल्ली
SAFDARJUNG HOSPITAL, NEW DELHI

ग्राफिक (टीपीआर) चार्ट
GRAPHIC (T.P.R.) CHART

Handwritten notes: Pt. ISN... Recd... 16... 7/24... 10/24...

CHECKED BY MRD PERSONNEL

नाम Name	आयु AGE	वर्ग SEX	कक्ष WARD	शय्या BED	मास MONTH	वर्ष YEAR	चि.अं.वि.नं. M.R.D.No.
Yanshu	64	M	B2C	08	SEP	24	
दिनांक/DATE	1/9/24	2/9/24	3/9/24	4/9/24	5/9/24	6/9/24	7/9/24
दिनों की संख्या/NO. OF DAYS	1	2	3	4	5	6	7
उत्तर शल्यदिन/DAYS POST-OP	6x2x6	6x2x6	6x2x6	6x2x6			
समय/TIME							
नाड़ी PULSE	Tn; clavum 60-70x8x80				68x104	68x104	68x104
तापमान/TEMP							
सें.°C							
फा°F							
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FDA

संजो
S.J.H.सफदरजंग अस्पताल, नई दिल्ली-110029
SAFDARJUNG HOSPITAL, NEW DELHI-110029विवरण-पत्र
CASE-SHEET

संख्या No.	नाम Name	पुरुष/स्त्री Sex	जाति Caste	आयु Age
	Yankhu (1)		64	10
	व्यावसाय Occupation	पता Address		
	प्रवेशन तिथि Date of admission			
वर्ष Year	उन्मोचन तिथि Date of discharge			
	रोग Disease	PAC		आहार DIET
	परिणाम Result			U-VI → V Bed (1) / 22A
दिनांक Date				

study assu - plan : Deb + SSK

DR. PURVESH DOSHI
Senior Resident (MCh)
Dept. of Burns, Plastic & Maxillofacial Surgery
VMMC & Safdarjung Hospital
New Delhi-110029

Mehta
17/9/24

सफदरजंग अस्पताल, नई दिल्ली
SAFDARJUNG HOSPITAL, NEW DELHI

स.जं.सं.-3/S.J.H.-3

ग्राफिक (टी०पी०आर०) चार्ट
GRAPHIC (T.P.R.) CHART

नाम Name	आयु AGE	वर्ग SEX	कक्ष WARD	शय्या BED	मास MONTH	वर्ष YEAR	चि०अ०वि०र० M.R.D.No.
Yanshu	6y	f	Bler	11	09	24	19/9
दिनांक/DATE	13/9/24	14/9/24	15/9/24	16/9/24	17/9/24	18/9/24	19/9
दिनों की संख्या/NO. OF DAYS							
उत्तर शल्यदिन/DAYS POST-OP							
समय/TIME	6x26x	6x26x	6x26x	6x26x	6x26x	6x26x	6x26x
नाड़ी PULSE	तापमान/TEMP						
	सें०/C	फा०/F					
210	41.1	106	Temp normal				
200	40.6	105	Temp normal				
190	40.0	104	Temp normal				
180	39.4	103	Temp normal				
170	38.9	102	Temp normal				
150	37.8	100	Temp normal				
140	37.2	99	Temp normal				
130	36.7	98	Temp normal				
120	36.1	97	Temp normal				
110	35.6	96	Temp normal				
100	35.0	95	Temp normal				
90	श्वसन/RESP.						
	60°						
80	50						
70	40						
60	30						
50	20						
40	10						
मल/STOOL	X						
मूत्र/URINE	-						
तरल अन्तर ग्रहता/F. INTAKE	-						
तरल निर्मिता/F. OUTPUT	-						
रक्त चाप/B.P.	110/68		Bedding up				
भार/WEIGHT	X						

सफदरजंग अस्पताल, नई दिल्ली-110029
SAFDARJUNG HOSPITAL, NEW DELHI-110029

विवरण-पत्र
CASE-SHEET

व्या o.	नाम Name	Yanshu	पुरुष/स्त्री Sex	M	जाति Caste	आयु Age	6
	व्यावसाय Occupation	पता Address					
	प्रवेशन तिथि Date of admission						
वर्ष Year	उन्मोचन तिथि Date of discharge						
	रोग Disease					आहार DIET	
दिनांक Date	परिणाम Result						

To,

The Sr

Dept of Anaesthesia

Kindly perform R-PAC for limb pt.

Aim: 10% ECB

Plan: Deb + coverage.

Thanking You

DR. VARSHETHAUS
Senior Resident (Mch)
Dept of Burns, Plastic and Maxillofacial Surgery
VMMC & Safdarjung Hospital
New Delhi-110029

19/9/24

SAFDARJUNG HOSPITAL, NEW DELHI

ग्राफिक (टीपीआर) चार्ट

GRAPHIC (T.P.R.) CHART

नाम Name	आयु AGE	वर्ग SEX	कक्ष WARD	शय्या BED	मास MONTH	वर्ष YEAR	चि०अ०वि० M.R.D.No.
Yogeshu	6yr	M.	22A	1	9	'24	120
दिनांक/DATE	20/9/24	21/9/24	22/9/24	23/9/24	24/9/24	25/9/24	26/9/24
दिनों की संख्या/NO. OF DAYS							
उत्तर शल्यदिन/DAYS POST-OP							
समय/TIME							
नाड़ी PULSE	60	60	60	60	60	60	60
तापमान/TEMP	37.2	37.8	38.3	38.9	39.4	40.0	40.6
सें०/C	99	100	101	102	103	104	105
फा०/F							
श्वसन/RESP.							
मल/STOOL							
मूत्र/URINE							
तरल अन्तर ग्रहता/F. INTAKE							
तरल निर्मिता/F. OUTPUT							
रक्त चाप/B.P.							
भार/WEIGHT							
स्नान/BATH							

GIGGLES FOUNDATION GIGGLES FOUNDATION GIGGLES FOUNDATION

VARDHMAN MAHAVIR MEDICAL COLLEGE & SAFDARJANG HOSPITAL, NEW DELHI-29

NURSES RECORD

Name: Yanshu

MRD No: 120725

UHID No:

Age/Sex: byln

Ward/Unit: V

Bed. No.: 07

Diagnosis: PERRA Myn. Date: 2/9/20

MLC/ Non MLC:

Day	Medications	Dose	Route	Freq.	2/9/20		2/9/20		2/9/20		2/9/20		2/9/20		6	
					Time	Sign	Time	Sign	Time	Sign	Time	Sign	Time	Sign	Time	Sign
	Tinj. PZAAC.	2gm	Iv	TDS	6am	✓	6am	✓	6	✓	6	✓	6	✓		
					10am	✓	10am	✓	10	✓	10	✓	10	✓		
	Dy. Amikacin	500mg	Iv	POD	10am	✓	10am	✓	10am	✓	10am	✓	10am	✓		
					10am	✓	10am	✓	10am	✓	10am	✓	10am	✓		
	GIGGLES FOUNDATION															
	Spp. B. Complex	500mg	Iv	POD	9am	✓	9am	✓	9am	✓	9am	✓	9am	✓		
					9am	✓	9am	✓	9am	✓	9am	✓	9am	✓		

ग्राफिक (टी०पी०आर०) चार्ट
GRAPHIC (T.P.R.) CHART

2021 120735

नाम Name	Yanshu		आयु AGE	वर्ग SEX	कक्ष WARD	शय्या BED	मास MONTH	वर्ष YEAR	चि०अ०वि०रं० M.R.D.No.
दिनांक/DATE	27/12/21		28/12/21	29/12/21	30/12/21		9		
दिनों की संख्या/NO. OF DAYS									
उत्तर शल्यदिन/DAYS POST-OP									
समय/TIME	6:10		6:10	6:10	6:10	6:10			
नाड़ी PULSE	तापमान/TEMP								
	सें०/C	फा०/F							
210	41.1	106							
200	40.6	105							
190	40.0	104							
180	39.4	103							
170	38.9	102							
160	38.3	101							
150	37.8	100							
140	37.2	99							
130	36.7	98							
120	36.1	97							
110	35.6	96							
100	35.0	95							
90	श्वसन/RESP.								
	60°								
80	50								
70	40								
60	30								
50	20								
40	10								
मल/STOOL									
मूत्र/URINE									
तरल अन्तर ग्रहता/F. INTAKE									
तरल निर्मता/F. OUTPUT									
रक्त चाप/B.P.									
भार/WEIGHT									
स्नान/BATH									

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