





# VINAYAK HOSPITAL

(A Unit of Chaudhary Nursing Home Pvt. Ltd.)  
M.C. 201201



27113

## EMERGENCY ASSESSMENT

MLC - 3863  
done in vinayak  
hospital

NAME MASTER KESHAV AGE / SEX 10M / M DATE 28.7.25 OHID 12:09 PM

### Personal History

Alcohol / Smoking / Tobacco  
Chewing / other

### Allergy

Past History ALL NIL

Diabetes / HT / IHD / TB  
OTHER

### Menstrual History

Current Medication NIL

### Vaccination Status

### Initial Assessment & Examination

Pulse Rate - 136 ml

B.P. - —

Resp Rate - 36 ml

Temp - 98.6 °F

Ht / Wt - 8 kg

### Investigations

580296/d -

R.M. 2198 reg

TRIAGE CODE

P1 ☐ RED

P2 ☐ YELLOW

P3 ☐ GREEN

P4 ☐ BLACK

Dietary Advise & Normal  
Preventive Care diet

### Chief Complaints

Above child came to casualty with c/o  
1 day old burn wound (22-25% TBSA) - pain,  
burning sensation over scalp (half), ~~right~~ right  
left forearm and back.

A/H/O minimal injury (burn scald) happened  
as told by his parent that his elder sister  
was carrying him when he accidentally  
slipped and the child fell into hot cooking  
oil in Kadhai. On 27/7/25 at 8:15 PM at home  
village Kudhal Banawas, Dist. Bulandshahr.

O/E - 22-25% TBSA including - posterior scalp,  
right + left forearm & back

Admit to Dr. A.K. Verma (Informed)

Lx

ON. T.T. 1/2 ampule IM STAT  
O/V RL 300ml in first hrs, 300ml in  
next 16 hrs.

ON. MONOCEF 200 IV 12 hourly (AST)

ON. AMIKACIN 60 IV 12 hourly (AST)

ON. PANTOPRAZOL 40mg IV STAT / 40mg

ON. PAM 100mg IV every 6hrs

Let a p. adm.

Name & Sign Of Doctor

Dr. RASHMI JAIN

MBBS, MD

Reg. No. UPMC-103703

For Appointment Call 201201





**VINAYAK  
HOSPITAL**

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. 2500583

Room No. 201 Category .....

Date of Admission 28/07/25



Name MASTER KESHAV

S/o, D/o W/o MR. SANTAY

Occupation .....

Age 10 MONTHS 4 days Sex M

Religion HINDU

Father's / Husband's Name .....

Address KUDVAL BANARSI

BULANDSHAHIR BULANDSHAHIR

U.P. - 203201

Phone : Office ..... Res. .....

Advance Receipt No. ..... Date .....

For Rs. .....

Name & Address of accompanying relative .....

.....

.....

Phone : Office ..... Res. .....

R.M.O. Dr. REENA Informed at 12.09.25

Admitting Dr. AHOK KUMAR VERMA Informed at 12.10.25

Chay  
Receptionist

I hereby declare that I am getting admitted in this Hospital on my own will. The expenses have been explained to me and I agree to make all payments before discharge.

I agree that I am keeping no valuable with me in the Hospital and no one will be responsible in the events of theft if any.

21/07

Signature of Patient / Relative

Unit / Consultant DR. AHOK KUMAR VERMA

Date of Discharge .....

Provisional Diagnosis .....

Final Diagnosis .....

Infectious nature of disease : Yes/No

Outcome : LAMA / Stable / Improved / Cured / Died

Death Record filled by Dr. .....

#### FOR DELIVERY CASE ONLY

Date and Time of Delivery .....

New Born : Male / Female .....

Birth record filled by Dr. .....

Patient shifted from Room No. ..... to .....

On .....

Shifted from Room No. ..... to .....

On .....

Shifted from Room No. ..... to .....

On .....

Discharge Date ..... Time ..... Bill No. / R.No. ..... Dated .....

For Rs. ..... Received / Refundable after adjustment of advance Rs. .....

Authorised Signatory

## PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

**Patient Name:** Master Keshav.

**Sex:** Male **Age:** 10 Months 4 Days .

**Father Name:** Sanjay Kumar.

**Address:** Bulandshehr (U.P.).

**Diagnosis:** Approx 25% Thermal Burn.

**Date of Admission:** 28/07/2025

**Overall Analysis:** The patient - Master Keshav was brought in to our hospital by his father - Mr. Sanjay Kumar on 28th July 2025. The child has sustained thermal Burn Injury due to accidentally coming in contact with hot oil. His elder sister was carrying the child suddenly she slipped and Master Keshav contacted with hot oil and got burnt. As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 25% TBSA Thermal Burn Injury. The Burns is on back area, head area and hand area. The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 10 months, the injury is of a grave nature. We plan to manage the child conservatively applying wound dressing and debridement procedures to close the wound as early as possible. Surgical Skin Grafting if required, would be undertaken at a later stage.

### Visuals:



### Fund Requirement - During Hospital Stay

Please find below the detailed fund requirement for the first 3 Weeks of treatment.

Funds - Hospital Stay	52,000.00
Funds - RMO, Nursing, Consultants & Specialists	48,000.00
Funds - Dressing & Procedures	35,000.00
Funds - Rehabilitation (Physiotherapy)	2,000.00
Funds - Medicines + Consumables + Transfusions	45,000.00
Funds - Pathology & Diagnostics	5,000.00
<b>Total (in numbers)</b>	<b>187,000.00</b>
<b>Total (in words):</b>	<b>One Lakh Eighty Seven Thousand Only</b>