



27113

MLC - 3863 done in vinaya EMERGENCY ASSESSMENT hospital

Chief Complaints

Above child came to casaulty with clo 1 day old burn nald (22-25% CBSA) - pain, terring ruration over scalp (half), superigh fleft forearm and back.

A/H/O unermal injury (burn scald) happened as told by his parent that his elder river carrying him when he audutally. supped and the chied fell into hot working oil in Radhai. on 27/7/25 at B:15pm at home ulage Kudwal Banavas, Dirt Bulandrhahar. 0/6 - 22-25% 205A including - porterior scalp,

Adunt & Or. A.K. Verne (Informed)

ON, 7.7. 1, ampule IM STAT OVE RE Boome in first bens, 300me un 16 hrs. ONI. MONOCEF 200 IV 12mly CAST) 60 10 remeny cast) ONI. DOM KACIN Buy IV star/ army IV every bhis ING. Hoong pe adu

Name & Sign Of Doctor Dr. Kulling d MESS, M.O. Reg. No. UPMC-100763

NAME MASTER KESHAV AGE/SEX JOM MOATE Personal History Alcohol / Smoking / Tobacco Chewing / other Allergy Past History ALL NIL

Enstrual History Current Medication NIL

Diabetes / HT / IHD / TB

Vaccination Status

Inital Assessment & Examination Pulse Rate - 136 Resp Rate - 2 Temp - 98 61 Ht/Wt-

Investigations

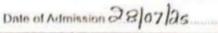
PO2 96/2 RIAGE PIDRED P2 D YELLOW -S D GREEN Dietary Advise & Normal diet ' Preventive Care

MILCOLO. 3863



VH No. 2500583

Room No. Jol Catagory





Name MASTER KESHAV	Unit/Consultant DR, ASHIR KUMBA VERMO
SIO, DIO WIO MR. SAHTAY	
Occupation	Date of Discharge
Age 10 MONTHS 4 days sex 17	Provisional Diagnosis
Religion HINDU	Final Diagnosis
Father's / Husband's Name	
Address KUDVAL BAHARA	
Phone: Office Res.	Infectious nature of disease : Yes/No Outcome : LAMA / Stable / Improved / Cured / Died Death Record filled by Dr.
For Rs. Name & Address of accopanying relative	FOR DELIVERY CASE ONLY Date and Time of Delivery
	New Born ; Male / Female
	Birth record filled by Dr
Phone : Office	
R.M.O. Dr. REEMA Informed at 2, 094	Patient shifted from Room No to
Admitting Dr. A. HOL Kumor VER Mormed at 19.100	On
Receptionist	Shifted from Room No to
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.	On
	Shifted from Room No to
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.	On
Signature of Patient / Relative	
Signature of Patient / Relative	
Discharge Date Time	Bill No. / R No. Dated
Ascharge Date Time	undable after adjustment of advance Rs.

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 petient - 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.



Fund Requirement - During Hospital Stay

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

52,000.00
48,000.00
35,000.00
2,000.00
45,000.00
5,000.00
187,000.00
One Lakh Eighty Seven Thousand Only