











सेवा में

मदर कंसर्न

C-63, बेसमेन्ट

नई दिल्ली

विषय - बेटी के इलाज हेतु सार्थना पत्र

श्रीमान,

सविनय निवेदन यह है कि मेरा नाम प्रमोद कुमार है। मेरा निवास स्थान शिव मार्केट चौड़ा गाँव रघुनाथपुर सेक्टर-22 नोएडा है दिनांक 20/02/17 को मेरी बेटी जिसका नाम शानाया उम्र 1.5 साल है घर में चाप में गिरकर जल गई। इलाज के लिये मैं अपनी बेटी को नोएडा के बर्न रंड ट्रॉमा सेन्टर में ले गया जहाँ उसके इलाज के लिये एक लाख अस्सी हजार रुपये बताया है मैं यह स्वर्ग उठाने में असमर्थ हूँ अतः आपसे निवेदन है कि मेरी बेटी के इलाज के लिये सहायता प्रदान करने की कृपया करें।

आपकी अति कृपया होगी।

धन्यावाद

प्रार्थी

22 Feb 2018

Chp 2 & 3

Pr during fine till now

Lab:

- ↑ protein diet
- Rest CST.

Prognosis explained to
Attendants

Early

Re 16,800 Cu/mm.

NOTES



22 February:

Cl 1B 2. Sauschke's

face Burns

Adv

Puncturing of blisters &
Dressing with Collagen.

orally Almond

- h - in Morphine 100mg IV BD
 - 2g Pantop 1/2 amp IV BD.
 - 2g Pantop 20mg IV BD
 - 2g PCM 50 ml BD.
 - W drip in 30ml/hr.
- Isolyte P.

in Hydrocortisone 25 mg IV BD.

Maintain
urine output

Insulin

- CBe
- Bolus.

face

mupirocin ointment

↓

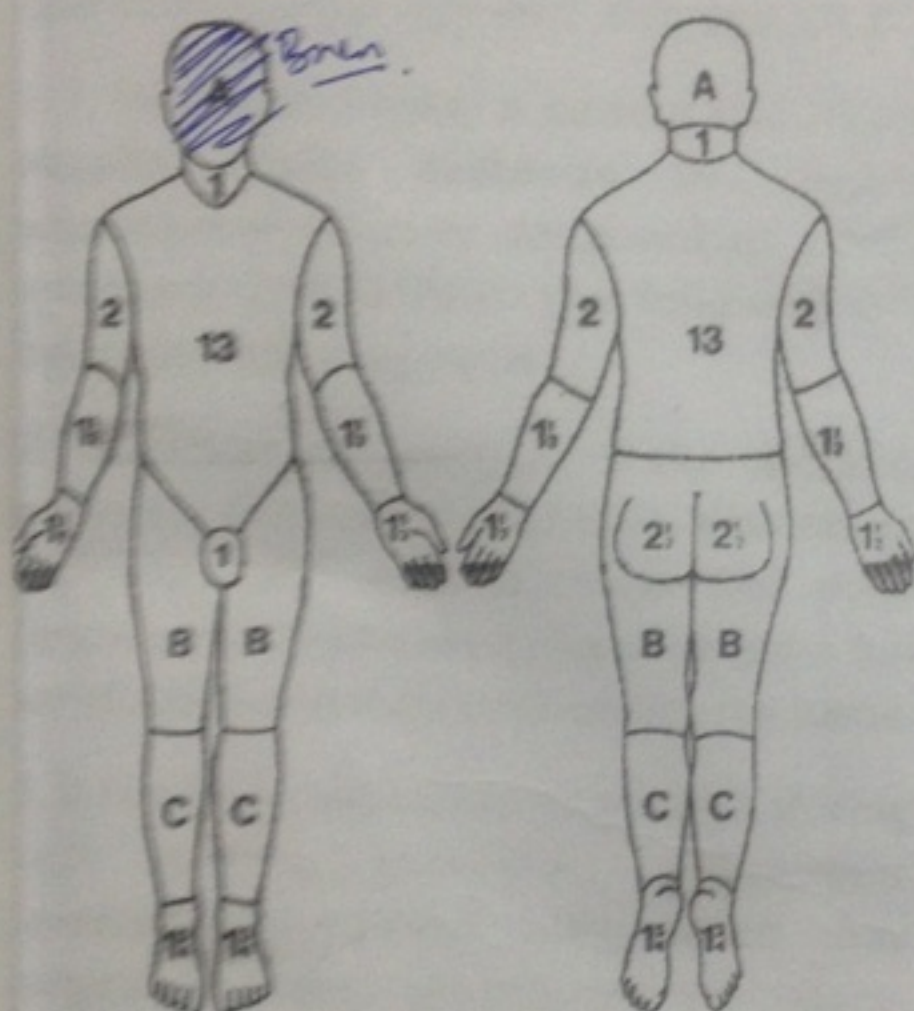


CHART FOR ESTIMATING SEVERITY OF BURN WOUND

NAME Baby Shonara WARD ICU NUMBER 510 DATE 21/2/07
 AGE 1 1/2 yf ADMISSION WEIGHT 10 kg

LUND AND BROWDER CHART

IGNORE
SIMPLE ERYTHEMA



Partial thickness loss (PTL)
 Full thickness loss (FTL)

REGION	%	
	PTL	FTL
HEAD	✓	
NECK		
ANT. TRUNK		
POST. TRUNK		
RIGHT ARM		
LEFT ARM		
BUTTOCKS		
GENITALIA		
RIGHT LEG		
LEFT LEG		
TOTAL BURN		

RELATIVE PERCENTAGE AGE OF BODY SURFACE AREA AFFECTED BY GROWTH

AREA	AGE 0	1	5	10	15	ADULT
A = 1/2 OF HEAD	9 1/2	8 1/2	6 1/2	5 1/2	4 1/2	3 1/2
B = 1/2 OF ONE THIGH	2 3/4	3 1/4	4	4 1/2	4 1/2	4 1/2
C = 1/2 OF ONE LEG	2 1/2	2 1/2	2 3/4	3	3 1/4	3 1/2

Lund and Browder chart for estimating the size of burn as a percentage of body surface area.

BTRC

BURN & TRAUMA RESEARCH CENTER

Admission Registration	
Patient Registration No.:	B-163
Date & Time of Admission:	21/2/17 10:00 Pm
Patient's Name:	SHANAYA
Patient's S/o, D/o, W/o, H/o:	PRAMOD KUMAR
Patient's Sex:	F
Patient's Age:	1.5 Year
Patient's Religion & Nationality:	INDIAN
Patient's Address & Contact:	SECTOR-22 NOIDA
Nearest Police Station:	SEC: 24 NOIDA
Patient's ID Proof Details:	
Attendant's Name:	PRAMOD KUMAR
Attendant's S/o, W/o, D/o, H/o:	RAVI SHANKAR
Relationship (Patient):	FATHER
Attendant's Address & Contact:	SECTOR-22 NOIDA
Attendant's ID Proof Details:	PAN CARD ARCPG0126C
Accident Place, Date & Time:	IN HOUSE 20/2/17 5:30 Pm
Accident Detail & History:	THERMAL BURN (TEA)
Previous Treatment Record:	
MLC Details:	
DECLARATION:	
<p>I/We hereby declare & undertake that the information provided in this performa is true to the best of my/our knowledge. I/We have been made to understand by the hospital staff that my/my/our patient's ailment (burn) is critical and its treatment is laden with the risk of life. I/We am getting myself/my/our patient admitted here at my own risk and will. In a possible case of my/my/our patient's permanent disability or death (Sudden or gradual) no doctor or staff of the hospital will be blamed or held responsible by me/us. I/We have been explained the cost of treatment by the hospital staff and during the course of my/my/our patient's treatment. I/We will ensure that all hospital, pharmacy, diagnostic & miscellaneous bills are never unduly challenged and paid on time by me/us. I/we also hereby undertake and agree to follow all the rules and regulations of the hospital and to co-operate with the hospital (BTRC) staff, local police and the government for any MLC (Medico Legal Case) formality and requirements. I/We also hereby undertake that I/We will be solely responsible for my/our valuables personal items & Belongings during my presence in the premises of BTRC & Vinayak Hospital.</p>	
Name & Signature (Patient / Attendant)	
Name & Signature (Witness)	
<p>Doctor Incharge: Ward Details: Advance Received: Patient Category: Any Other:</p>	



- Noida (Delhi & NCR)
Trauma Research Center,
Bhar Burn Trauma & Research Center
Vinayak Hospital,
Sector 27, Atta Market,
Noida Sector 28 Metro Station,
201 301, Uttar Pradesh (India)
220 2544 000 / 6900 603

- Patna (Bihar)
Burn Hospital & Laser Center,
Bihar Burn Trauma & Research Center
Burn Hospital, Dhanki More,
Nr. Kankar Bagh, Nr. Mazaar,
800 003, Bihar (India)
99332 00900

3 - Bilaspur (Chhattisgarh)
Trauma Research Center,
Bihar Burn Trauma & Research Center
5 Doctor Plaza, Vaishali Nagar Chowk,
Ind. Opposite Magneto Mall,
7 - 495 003, Chhattisgarh (India)
1 7752 412837

4 - Darbhanga (Bihar)
Hospital,
Bihar Burn Trauma & Research Center
Jawal Bahari Road,
1 of Brahmansthan,
Bhanga - 846 004, Bihar (India)
1 9507 280294

Registered Office (Patna, Bihar)
Burn & Trauma Research Center Pvt. Ltd.
3, New Patliputra Colony,
- 800 053, Bihar, India

info@burntreatment.in
www.burntreatment.in



22/10/2017

CLSI B 2. Sauschke

Face Burns

Adv Puncturing of blisters & Dressing w/ Collagen.

orally alkalin

- h. - iv Mannitol 100mg w B3
- 2g Pantop 1/2 amp IV BD.
- 2g Pantop 20mg IV BD
- 2g PCM 50 ml BD.
- iv Drip w 30ml/hr
- Isolyte P.

iv Hydrocortisone 25 mg IV BD.

Menther
w/ure dress

Insulin

- CSc
- Bol/ser.

Face
mupirocin ointment

↓ S

understand and I have fully understood the implication of the above consent and further submit that statement therein referred to were filled in and any Inapplicable paragraphs stricken off before I signed/put my thumb impression.

Name, Signature & address of relative
of patient Witness {Preferably Relative}

Name & Signature

*{In case the patient is physically or mentally incompetent or is a minor, then consent of patient/ relative will be taken}

I CONFIRM THAT I HAVE EXPLAINED THE NATURE AND EFFECTS OF THE OPERATION TREATMENT TO THE PERSON WHO HAS SIGNED THE ABOVE CONSENT FORM.

Signature of surgeon:

Name: _____

Designation:

Date: _____

High Risk Consent

- 1.
- 2.
- 3.

/ Thumb impression/Sign

of the patient / relative

Consent Form For Operation And Procedures

Name Dr. Swarab Kumar Gupta Son/Daughter/Wife Mr. Prakash Kumar
Age 14 Yr Bed/Ward ICU S10

Informed consent

Authorization for medical treatment and performance of surgical operation and / diagnostic /therapeutic procedures.

1. I, the undersigned, a patient ICU /Ward of the patient in BTRC Hospital Noida authorize Dr. Swarab Kumar Gupta and whomsoever he may designate to administer such treatment as necessary and perform the following medical treatment surgical operation and diagnostic

2. The nature and purpose of the operation and/or procedure, the necessity thereof, the possible alternative methods of treatment, prognosis, the risks involved and possibility of complication [known and unforeseen] have all been fully explained to me to my satisfaction and fully understand the same.

3. It has been explained to me that during the course of the above said operation/procedure, unforeseen conditions may be revealed/encountered with, which may necessitate additional surgical or other emergency procedure, different from those contemplate and consented to at the time of initial diagnostic. I therefore authorised the above designated staff to perform such addition surgical or other procedure as they deem necessary or desirable.


4. I further give consent to administration of such drug, infusions, plasma and blood transfusion, or any other investigation, treatment, procedure as deemed necessary in judgement of the medical staff.

5. I state that I am having history of

BTRC

BURN & TRAUMA RESEARCH CENTER

Admission Registration

Patient Registration No.:	B-123
Date & Time of Admission:	21/11/17 10:45 PM
Patient's Name:	SHANAYA
Patient's S/o, D/o, W/o, M/o:	PRAMOD KUMAR
Patient's Sex:	F
Patient's Age:	1.5 Year
Patient's Religion & Nationality:	INDIAN
Patient's Address & Contact:	SECTOR 22 NOIDA
Nearest Police Station:	SEC 24 NOIDA
Patient's ID Proof Details:	
Attendant's Name:	PRAMOD KUMAR
Attendant's S/o, W/o, D/o, M/o:	PAUL SHARMA
Relationship (Patient):	FATHER
Attendant's Address & Contact:	SECTOR 22 NOIDA
Attendant's ID Proof Details:	PAN CARD ARCP501266
Accident Place, Date & Time:	IN HOUSE 21/11/17 5:30 PM
Accident Detail & History:	THERMAL BURN (TOC)
Previous Treatment Record:	
MLC Details:	
DECLARATION:	
<p>I/We hereby declare & undertake that the information provided in the form is true to the best of my/our knowledge. I/We have been made to understand by the hospital staff that my/our patient must attend (should) be treated and its treatment is taken with the risk of life. I/We are getting my/our patient admitted here at my own risk and will, in a possible case of my/our patient's permanent disability or death, (should or should not) not doctor or staff of the hospital will be blamed or held responsible by me/us. I/We have been explained the cost of treatment by the hospital staff and during the course of my/our patient's treatment, I/We will ensure that all hospital, pharmacy, diagnostic & miscellaneous bills are never unduly challenged and paid on time by me/us. I/We also hereby undertake and agree to follow all the rules and regulations of the hospital and to co-operate with the hospital (BTRC) staff, local police and the government for any NLC (Nuclear Legal Case) formalities and requirements. I/We also hereby undertake that I/We will be solely responsible for my/our valuable personal items & belongings during my presence in the premises of BTRC & Vardaan Hospital.</p>	
Name & Signature (Patient / Attendant):	
Name & Signature (Witness):	
Doctor In-Charge:	
Ward Details:	
Advance Received:	
Patient Category:	
Any Other:	
Signature (Staff - BTRC)	



Unit 1 - Noida (Delhi & NCR)

Burn & Trauma Research Center,
 4th floor, Burn Trauma & Research Center,
 4th Floor, Vardaan Hospital,
 Sector - 2, Sector 22, Noida Market,
 Noida - 201305, Uttar Pradesh (India)
 Tel: +91 992 9924 1001 / 992 992 992

Unit 2 - Patna (Bihar)

Burn & Trauma Research Center & Laser Center,
 4th floor, Burn Trauma & Research Center,
 Vardaan Hospital, Sector 22,
 Kumbhariya, Bunkar Bugh, Dr. Hassan,
 Patna - 800004, Bihar (India)
 Tel: +91 992 9924 1001

Unit 3 - Biliaspur (Chhattisgarh)

Burn & Trauma Research Center,
 4th floor, Burn Trauma & Research Center,
 Vardaan Hospital, Sector 22,
 S. V. Road, Opposite Hospital, Biliaspur,
 Biliaspur - 491004, Chhattisgarh (India)
 Tel: +91 992 9924 1001

Unit 4 - Durgam (Bihar)

Burn Hospital,
 4th floor, Burn Trauma & Research Center,
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 Tel: +91 992 9924 1001

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 Patna - 800004, Bihar, India

E-Mail: info@burnresearch.in
 Web: www.burnresearch.in
 4th floor, 4th Vardaan Hospital



BURN & TRAUMA
RESEARCH CENTER

A UNIT OF BURN WOUND & TISSUE RESEARCH GROUP

LEARN MORE. FIGHT MORE.

7TH FLOOR, VIGNES HOSPITAL,
BHK - 1, SEC - 27, Noida-201301, UP, INDIA

मीमो

क्रम सं० B-163 दिनांक 21/02/17

सेवा में

मानाज्य,

थाना Sec 20 Noida

श्रीमान जी

एक पुरुष / स्त्री नाम Baby Shamaya आयु 1 1/2 Yr
पुत्र/पुत्री/पत्नी Pranod Kumar Shiv Market Chacka Gurgaon Gurgaon
U-22A आज दिनांक 21/02/17 समय 9:00pm बजे अस्पताल में रोग Burn
अवस्था में दाखिल हुआ है जो श्री Pranod Kumar
पुत्र Shri Ravi Shankar Nitlag - Mayapuri East - Kachhrawa (Noida)
के द्वारा दाखिल किया गया है। मर्ती संख्या B-163 है। घटना स्थल का नाम Noida
है। कृपया आवश्यक कार्यवाही करें।

डॉ० के हस्ताक्षर _____

डॉ० का नाम _____

बर्न एवं ट्रामा रिसर्च सेंटर (बीटीआरसी)

पौधवा तल, विनायक अस्पताल

एनएच-1, सैड-27, नोएडा-201301

- | | | |
|------------------------|--------|-----------------------------|
| a. Heart Disease | Yes/No | h. Jaundice |
| Yes/No | | |
| b. Hypertension | Yes/No | i. Steroid Therapy |
| Past/Present | Yes/No | |
| c. Diabetes | Yes/No | j. Alcohol Consumption |
| Yes/No | | |
| d. Respiratory Problem | Yes/No | k. Known Allergies |
| Yes/No | | |
| e. Bleeding Disorder | Yes/No | l. Complication of previous |
| Yes/No | | |
| f. Seizure Disorder | Yes/No | |

6. I have also been explained that any operation or procedure involves risks and hazards which may be serious or even fatal. I hereby declare that in the event of any mishap, accident or complication, I will not hold any member of the hospital team personally liable for any penal action.

7. I have been given an opportunity to ask any question and I have also been given the option to ask for second opinion.

8. I have been explained the following can be the complications during and after the operation.

.....

9. I acknowledge that no guarantee and promises have been made concerning the result of any operation/ procedure/ treatment.

10. I also give consent to disposal by hospital authorities of any diseased tissues or parts thereof which have to be removing during the course of operative procedure / treatment.

11. I certify that the statement made in the above consent form have been read over and explained to me in the language I fully

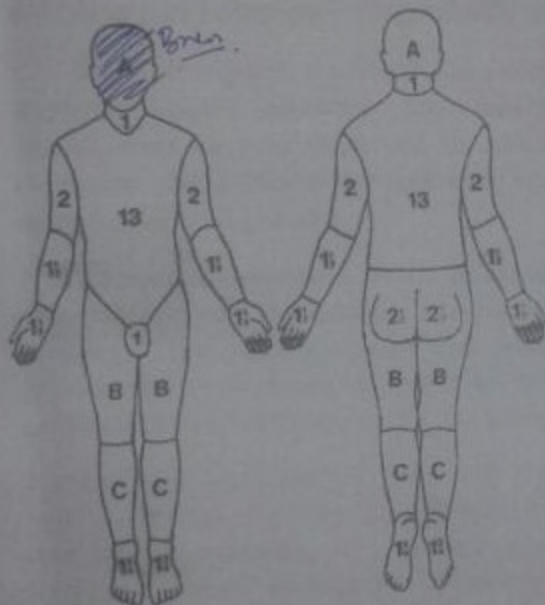


CHART FOR ESTIMATING SEVERITY OF BURN WOUND

NAME Polly Shamp WARD ICU NUMBER 510 DATE 21/12/07
 AGE 1 1/2 yrs ADMISSION WEIGHT 10 kg

LUND AND BROWDER CHART

IGNORE
SIMPLE ERYTHEMA



Partial thickness loss (PTL)
 Full thickness loss (FTL)

REGION	%	
	PTL	FTL
HEAD	✓	
NECK		
ANT. TRUNK		
POST. TRUNK		
RIGHT ARM		
LEFT ARM		
BUTTOCKS		
GENITALIA		
RIGHT LEG		
LEFT LEG		
TOTAL BURN		

RELATIVE PERCENTAGE AGE OF BODY SURFACE AREA
AFFECTED BY GROWTH

AREA	AGE 0	1	5	10	15	ADULT
A=1/2 OF HEAD	8%	8%	6%	5%	4%	3%
B=1/2 OF ONE THIGH	2%	3%	4%	4%	4%	4%
C=1/2 OF ONE LEG	2%	2%	2%	3%	3%	3%

Lund and Browder chart for estimating the size of burn as a percentage of body surface area.

Ref. No.: FRR/0018/02-17/2016-17

Dated: 22.02.2017

PROFORMA INVOICE / FUND REQUISITION REPORT:

PROJECT UNNATI*

[A Bihar Burn & Trauma Research Center Pvt. Ltd. Initiative]

Patient Name: Baby Shanaya

Sex: Male Age: 1.5 Years

Father's Name: Sri Pramod Kumar

Address: Sector 22 Noida G.B. Nagar

Diagnosis: Approx 15% TBSA Thermal Burn with Oro-Respiratory Inhalation Injury

Date of Accident: 20th February 2017

Date of Admission: 21st February 2017

Overall Analysis:

The patient - Baby Shanaya had been brought in to our Noida Unit by his relatives and Father - Sri Pramod Kumar at 5:30 PM on the 20th of February 2017. The child sustained Thermal Burn injury due to spread tea on face by the mistake of parent. Due to that incident Baby Shanaya were all injured with mostly 2nd & 3rd Degree Deep burn injury with 15% thermal burn. He has however seriously injured his face which is a matter of grave concern and is life threatening. During the course of treatment we plan to follow an intensive care approach, anticipating any possible respiratory distress. We will eventually employ Surgical Skin Grafting and other wound dressing and debridement procedures to close the wound as early as possible. Physiotherapy sessions would also be advised to achieve the best possible results against a possible respiratory collapse and a contracture free recovery.



Fund Requirement - During Hospital Stay

Please find below the detailed fund requirement for the first 4 Weeks of treatment.

Funds - Hospital Stay	30,000.00
Funds - RMO, Nursing, Consultants & Specialists	36,000.00
Funds - Dressing & Procedures	52,000.00
Funds - Rehabilitation (Physiotherapy)	5,000.00
Funds - Medicines + Consumables + Transfusions	40,000.00
Funds - Pathology & Diagnostics	7,000.00
Total (in numbers)	1,70,000.00

Total (in words): One Lakh Seventy Thousand Only	
Fund Requirement - Follow Up	
Please find below the detailed fund requirement for Follow Up period of 2 Months Post Discharge.	
Funds - Follow Up Visits & Dressings	10,000.00
Total (in numbers)	10,000.00
Total (in words): Ten Thousand Only	
Fund Requirement - TOTAL	
Stage 1	1,70,000.00
Stage 2	10,000.00
Total (in numbers)	1,80,000.00
Total (in words): One Lakh Eighty Thousand Only	

Kindly release the funds at the earliest for us to go ahead and execute the treatment for Baby Shanaya.



For Burn & Trauma Research Center
 (A Division of Bihar Burn & Trauma Research Center Pvt. Ltd.)
 5th Floor, Vinayak Hospital, Sector 27, Atta Market,
 NH - 1, Noida - 201301 (UP)
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AO/AD







