



PATIENT GOWD

www.motherchoice

MLC NO - 3795

T. RAJAN

UHID - 19079



VINAYAK HOSPITAL

V.H. No. 1776 / 24-25

Room No. 201 Category

Date of Admission 30/12/24



A Unit of Chaudhary Nursing Home Pvt. Ltd.

Name MASTER. ANMOL NAYAR

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

Occupation

Age 4 yrs Sex M

Religion HINDU

Father's / Husband's Name

Address BAIDPURA U.B. NAYAR U.P.

Phone : Office Res.

Advance Receipt No. Date

For Rs.

Name & Address of accompanying relative

Phone : Office Res.

R.M.O. Dr. SAURABH Informed at 8:47A

Admitting Dr. ASHOK KUMAR VERMA Informed at 8:47A

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.

Signature of Patient / Relative

Unit / Consultant DR. ASHOK KUMAR VERMA

Date of Discharge

Provisional Diagnosis

Final Diagnosis

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

NH-1, Sector-27, Atta, Noida-201301

Tel. No. : 0120-4504400, 2444222, 2444333 / Website : www.vinayakhospitalnoida.com





25317

## EMERGENCY ASSESSMENT

NAME MIAMI ANMOL NAGAR AGE / SEX 47 / M DATE 30/12/2024 UHID 19079

### Personal History

Alcohol / Smoking / Tobacco

Chewing / other

Allergy

Past History

Diabetes / HT / IHD / TB

OTHER

Menstrual History N/A

Current Medication

Vaccination Status

Complete

### Initial Assessment & Examination

Pulse Rate - 82/hr

B P - 90/60 mm Hg

Resp Rate - 24/hr

Temp - 98.6 F

Ht / Wt - 21 kg

SpO<sub>2</sub> - 94%

Investigations

B/S 2 / FU

### Chief Complaints

@ 8:20 hr

Pt. Brought to casualty 'z Bl/No Burn, while playing near hot milk, he fell on containers today 30/12/2024, ~~at~~ approx 7:00 pm at his home. Brought to casualty by father Mr. Neeraj Nagar. R/O. Baidpura, Gandom Bada La Nagar, U.P. 203207.

### Treatment

MC - Pt. Conscious, oriented, crying.  
C/E: Burn @ out of BL buttocks, lower back, Rt flank from mid thigh to armpit, genital area. Deep scald burn TBSA  $\approx$  30-40%.

S/E: CVS - SIS  out  
CNS - Active, conscious / RIS - BL A/E  out  
PIA - SOB

**TRIAGE CODE**

P1  RED

P2  YELLOW

P3  GREEN

P4  BLACK

DR

DRESSING done under all Aseptic Precautions

- 2 pint Lignocaine 2%, oint MENTHOL;
- oint - T. BACT.
- JVD RL @ 150 ml/hr. for first 8 hours
- 70 ml/hr for next 16 hours

Name & Sign of Doctor (AS)

- INJ. MONOCEF 500 mg IV 12 hourly
- INJ. AMICACIN, 150 mg IV 12 hourly
- SIP. EDUGESTIC PLUS 5ml PO 8 hourly

Dietary Advise & Preventive Care

High Protein diet

For Appointment Call 0120-4504400

INJ. NEOMOL 30 ml IV SOS



Ref. No.: FRR/Vinayak/10055/2024-25

Dated: 31.12.2024

**PROFORMA INVOICE / FUND REQUISITION REPORT:**

(A Vinayak Burn Centre Noida Initiative)

**Patient Name:** Master Anmol.

**Sex:** Male **Age:** 4 Years .

**Father Name:** Neeraj Nagar

**Address:** Baidpura G.B.Nagar, Uttar Pradesh (U.P.).

**Diagnosis:** Approx 35% Thermal Burn.

**Date of Admission:** 30/12/2024

**Overall Analysis:** The patient - Master Anmol as brought in to our hospital by his father - Mr.Neeraj on 30th December 2024. The child has sustained thermal Burn Injury due to accidentally coming in contact with hot milk while he was at home. His mother had kept boiling milk suddenly master Anmol contacted with hot milk and got burnt . As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 35% TBSA Thermal Burn Injury. The Burns is on back area, legs area and genital areas. The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 4 years, 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	46,000.00
Funds - RMO, Nursing, Consultants & Specialists	52,000.00
Funds - Dressing & Procedures	53,000.00
Funds - Rehabilitation (Physiotherapy)	4,000.00
Funds - Medicines + Consumables + Transfusions	47,000.00
Funds - Pathology & Diagnostics	8,000.00
<b>Total (in numbers)</b>	<b>210,000.00</b>
<b>Total (in words):</b>	<b>Two Lakh Ten Thousand Only</b>

**Fund Requirement - Follow Up**

Please find below the detailed fund requirement for Follow Up period of 1.5 Month Post Discharge.

<b>Funds - Follow Up Visits &amp; Dressings</b>	<b>5,000.00</b>
<b>Total (in numbers)</b>	<b>5,000.00</b>
<b>Total (in words):</b>	<b>Five Thousand Only</b>
<b>Fund Requirement - TOTAL</b>	
<b>Stage 1</b>	<b>210,000.00</b>
<b>Stage 2</b>	<b>5,000.00</b>
<b>Total (in numbers)</b>	<b>215,000.00</b>
<b>Total (in words)</b>	<b>Two Lakh Fifteen Thousand Only</b>

Kindly release the funds at the earliest for us to go ahead and execute the treatment for Mater Anmol .



For Vinayak Hospital  
(A Division of Vinayak Hospital)  
5th Floor, Vinayak Hospital, Sector 27, Atta Market,  
NH - 1, Noida - 201301 (UP)

AO/AD

सेवा में

श्रीमान अध्यक्ष

मदर कन्वर्न

सी - 63 बेशमैन्ट साउथ स्कूल पाठ - 2

नई - दिल्ली - 49

विषय - आर्थिक शहायता हेतु प्रार्थना - पत्र

महोदय शान्तिनय निवेदन यह है कि मेरा नाम नीरज नागर है, मेरा निवास स्थान बैदपुरा गौतम बुद्ध नगर मेरे बेटे का नाम अनमोल है वह 4 वर्ष का है वह घर में खेल रहा था पास में ही कढ़ाई में दूध गरम हो रहा था अचानक वह गिर गया बलदा से जल गया बच्चे के इलाज के लिए नोएडा के विनाथक हॉस्पिटल लेकर आया दिनांक 30-12-24 को थोड़ा पर भती कशमा वहाँ पर उसके इलाज के लिए 2 लाख 15 हजार रुपये का खर्चा बताया गया जो कि मैं यह खर्चा उठाने में असमर्थ हूँ अतः आप से निवेदन है कि मेरे बच्चे के इलाज के लिए शहायता प्रदान करें।

दिनांक

30-12-24

बेटे का नाम अनमोल

उम्र - 4 वर्ष

पता - बैदपुरा गौतम बुद्ध नगर

आपकी अतिकृपा होगी

आपका प्रार्थी

नीरज नागर



