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SHIVA HOSPITAL

287-A, Mata Road, Sector-12A, Near Dada Singha
Chowk, Gurugram - 122 001 (Haryana)



Request Letter

To
Rebirth care Trust

Date – 02/03/2024

Sub- Help the poor Baby Manvi - (ID- 23/963)

Respected Sir/Madam,

This is to certify that Baby Manvi - (ID- 23/963) is being treated at Shiva Hospital since 01/03/2024. The expected stay of baby is for another 2 weeks. Parents are poor & unable to bare the expenses. Expected expanses are Rs. 110,000/- to Rs.150,000/- Please help the poor baby financially & oblige them. That shall be a great help for the parents.

Thanks & Regards
Shiva Hospital
Dr. Anurag Sobhary
9891105880

☎ 8810210176, 0124-4232320
✉ shivahospital01@gamil.com
🌐 www.shivahospital.net

Not Valid for Medico Legal Purpose



LOCATION



SHIVA HOSPITAL

287-A, Mata Road, Sector-12A, Near Dada Singha Chowk, Gurugram - 122 001 (Haryana)



Name → Manvi Patient case Summary 4/3/24
8 yrs / f

8 yrs old female child is admit in this hospital & ATMO Thermal burn over chest. Wt deep wound. over chest.

conscious & oriented
Chest clear
CNS - normal
CNS - S/S @
P/vit @

B.P. 120/60
P - 124
T - 101.6 F
SpO2 96%
mls

- Pt is managed conservatively, P/SO done.
- Relevant investigations Done.

SHIVA HOSPITAL
287-A, Mata Road, Sector 12A,
Near Singha Chowk Gurugram

4/3/24





SHIVA HOSPITAL

Patient Name BABY MANVI KUMARI Age/Sex 8Y/F

Date : 04/03/24 Time 3:35PM

UHID No. _____ Bed No. / Ward No. PAT-3

Treating Consultant DR. ANURAG SHOBHARI

Date / Time	Progress Notes
<u>2/3/24</u>	<u>Pat seen</u>
<u>(w)</u>	<u>New job cap</u>
	<u>PR - 92</u>
	<u>q - 98.4 f</u>
	<u>SpO2 - 98% - on air</u>
	<u>Adm</u>
<u>20 min</u>	<u>Run</u>
	<u>2/3/24</u>
<u>Temp 26.4</u>	
<u>HR - 18.2</u>	
<u>RR - 110</u>	
<u>PR - 142</u>	
<u>IC - 5.08</u>	

All orders must be legible, Dated & timed
 Medication orders in Capital Letters, Signature to be followed by full name.



SHIVA HOSPITAL

Patient Name BABY MANVI KUMARI Age/Sex 8Y/F
 Date 01/03/24 Time 3:35 PM
 UHID No. _____ Bed No. / Ward No. AI-3
 Treating Consultant DR. ANURAG SHOBHARI

Plan of Care & Consultant Notes :

Consentfully treated

Investigation :

Abx
CRP ECRP
LFT / KFT

Treatment

7/11/11 - 6am/11m
Inj Moxif 800 7/11 - BD
Syb Ibugen 2ml TDS
Inj Pant 3ml 7/11 BD
Inj Ent 1vb 7/11 BD
Inj Pen. Sol 7/11 - Sol
Inj Elm 1/2 T ml 6-8m 7/11 BD
Abx Dressing
Silver X.

Expected Outcome :

Signature of RMO & Time..... Signature of Consultant & Time.....

Name of RMO : Name of Consultant.....

All orders must be legible, dated & timed



SHIVA HOSPITAL

Patient Name BABY MANVI KUMARI Age/Sex 8Y/F
 Date: 01/02/24 Time 3:35 PM
 UHID No. _____ Bed No. / Ward No. PVT-3
 Treating Consultant DR. ANURAG SHOBHARI

Fluid Balance Vital Signs & Drug Chart

Time	VITAL SIGNS				IN PUT			OUT PUT			INTRACATH DAY	FOLEYS DAY	RYLETUBE'S DAY	ABDOMINAL GIRTH			
	Pulse	B.P.	Resp.	Temp.	SpO2	I.V.	Oral/Ryles Tube	Urine	Vomit	Aspiration							
															Type	Qty	Type
A.M.																	
7																	
8																	
9																	
10																	
11																	
P.M.																	
12																	
01/02/24																	
2																	
3	139/ht	—	28/ht	101.6F	96%												
4	138/ht	—	26/ht	100.8F	97%												
5																	
6	130/ht	—	28/ht	98.6F	98%												
7																	
8	114/ht	—	24/ht	98.2F	95%												
9																	
10	122/ht	—	28/ht	98.4F	99%												
11																	
A.M.																	
12	148/ht	—	30/ht	100.4F	95%												
1																	
2	120/ht	—	24/ht	98.8F	97%												
3																	
4	124/ht	—	22/ht	98.4F	98%												
5																	
6	120/ht	—	20/ht	98.2F	97%												
TOTAL INPUT																	
TOTAL OUTPUT																	
BALANCE																	

Signature (Nurse On Duty)
Banush



SHIVA HOSPITAL

Patient Name BABY MANVI KUMARI Age/Sex 8Y/F
 Date: 02/03/24 Time 3:35 PM
 UHID No. _____ Bed No. / Ward No. PVT-3
 Treating Consultant DR. ANURAGI SHOBHARI

Nursing Medication Chart

Date:	IP No.	Ward Bed No.	Name of Patient : Age/Sex:	Provisional Diagnosis			
Drug: <u>INI Monocel</u>	Dose	Date	<u>02/03/24</u>	<u>02/03/24</u>			
Salt Name:	Frequency	Time	Time	Sign.	Time	Sign.	Time
Route: <u>IIV</u>	<u>800mg</u>		<u>4PM</u>		<u>10AM</u>		
Special Instructions: <u>BD</u>			<u>11PM</u>		<u>10PM</u>		
Drug: <u>INI Randyc</u>	Dose	Date	<u>02/03/24</u>	<u>02/03/24</u>			
Salt Name:	Frequency	Time	Time	Sign.	Time	Sign.	Time
Route: <u>IIV</u>	<u>250mg</u>		<u>3:30PM</u>		<u>10AM</u>		
Special Instructions: <u>BD</u>					<u>10PM</u>		
Drug: <u>INI Emged</u>	Dose	Date	<u>02/03/24</u>	<u>02/03/24</u>			
Salt Name:	Frequency	Time	Time	Sign.	Time	Sign.	Time
Route: <u>IIV</u>	<u>4mg</u>		<u>3:30PM</u>		<u>10AM</u>		
Special Instructions: <u>BD</u>					<u>10PM</u>		
Drug: <u>INI PCH</u>	Dose	Date	<u>02/03/24</u>	<u>02/03/24</u>			
Salt Name:	Frequency	Time	Time	Sign.	Time	Sign.	Time
Route: <u>IIV</u>	<u>50HC</u>		<u>3:30PM</u>		<u>10:30PM</u>		
Special Instructions: <u>SOS</u>							
Drug: <u>SYP. Abugesic</u>	Dose	Date	<u>02/03/24</u>	<u>02/03/24</u>			
Salt Name:	Frequency	Time	Time	Sign.	Time	Sign.	Time
Route: <u>PO</u>	<u>7HC</u>				<u>8AM</u>		
Special Instructions: <u>TDS</u>					<u>2PM</u>		
					<u>10PM</u>		

Doctor's Name & Sign. _____
 Supervisor's Name & Sign. _____
 All Medication orders should be in CAPITAL LETTERS.
 In Case of Medication Errors; Please Highlight.

In Case the Medication is STOPPED; Please Write STOP
 In Case the Medication Is Review; Please Write REVISED

Investigations Are to be co-related with the clinical & other investigative findings.
 If any result is Alarming or unexpected, Please Contact The Lab Immediately For A Review.



SHIVA DIAGNOSTIC

CARING FOR YOUR...HEALTH.

Patient Name: BABY. MANVI

Age: 08 Yrs Sex: F

Lab No: 1955

Sample: BLOOD

Referred By: SHIVA HOSPITAL

Investigation Date: 01-03-2024

Patient Location: GURGAON

Reporting Date: 01-03-2024

Test	Result	Units	Ref. Range
HAEMATOLOGY			
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN	13.7	gm/dl	11.5 - 15.5
P.C.V. / Haematocrit Value	39.0	%	35 - 45
TOTAL LEUCOCYTE COUNT	26400	$10^3/\mu\text{l}$	4500 - 13500
TOTAL R.B.C. COUNT	5.01	million/ μm	4.0 - 5.2
M C V	77.8	fL	77 - 95
M C H	27.3	pg	25 - 33
M C H C	35.1	g/dl	31.5 - 34.5
PLATELET COUNT	3.87	$10^3/\mu\text{l}$	150 - 450
R D W	14.8	%	11.5 - 14.5
DIFFERENTIAL LEUCOCYTE COUNT			
Neutrophils	85.0	%	40.00-70.00
Lymphocytes	10.0	%	20.00-45.00
Monocytes	03.0	%	2.00-10.00
Eosinophils	02.0	%	1.00-6.00
Basophils	0.0	%	2.00

Sr. Lab. Technician

Monika
DR. Monika
M.B.B.S, M.D
Consultant Pathologist

SHIVA HOSPITAL : 287-A, Mata Road, Sector-12A, Near Dada Singha Chowk, Gurugram | 9818793428

NOT FOR MEDICO LEGAL PURPOSE

The Result of Above Investigations Are to be co-related with the clinical & other investigative findings.
If any result is Alarming or unexpected, Please Contact The Lab Immediately For A Review.



SHIVA HOSPITAL

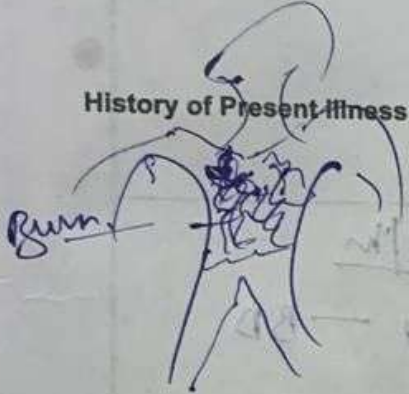
Patient Name: BABY MANVI KUMARI Age/Sex: 3Y/F
 Date: 04/03/24 Time: 3:35 PM
 UHID No. Bed No. / Ward No. RV-3
 Treating Consultant: DR. ANURAGI SHOBHARI

Initial Assessment Sheet

Chief Complaints :

A female 3 year old admit to H/O Burn.
 Yesterday at home approx 9:00 PM at home
 - Hot kachi accidently on chest region
 - 4 weeks.

History of Present Illness :



Immunization H/o (For Children) :

Diet H/o :

Developmental H/o (Children)

General Physical & Local Examination :

BP: - Pulse: 110/ Temp: 101.1 RR: 28/M+ Pupils: -
 Dehydration: Pallor: Icterus: JVP: - Cyanosis: -
 Clubbing: Oedema: Lymphadenopathy: Others: -

System Evaluation (CNS, CVS, Respiratory, GI etc)

CVS
 CNS
 Chest B/L
 R/D

Provisional Diagnosis :

All orders must be Legible, Dated & Timed

NOT FOR MEDICO LEGAL USE
 The Result of Above Investigations Are to be co-related with the clinical & other investigative findings.
 If any result is Alarming or unexpected, Please Contact The Lab Immediately For A Review.



SHIVA DIAGNOSTIC

CARING FOR YOUR...HEALTH.

Patient Name: BABY. MANVI

Lab No: 1955

Referred By: SHIVA HOSPITAL

Patient Location: GURGAON

Age: 08 Yrs Sex: F

Sample: BLOOD

Investigation Date: 01-03-2024

Reporting Date: 01-03-2024

Test	Result	Units	Ref. Range
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BIOCHEMISTRY

Blood Sugar Random	110	mg/dl	(80 - 140)
Sodium	142.0	mmol/L	(134-145)
Potassium	5.08	mmol/L	(3.6-5.2)
Chloride	106.3	mmol/L	(98-106)

SEROLOGY:

CRP QUANTITATIVE	18.2	mg/L	0- 6
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Comment:

C-reactive protein (CRP) is a normal serum constituent present in healthy individuals in very low concentrations. Invasive bacterial infection and extensive tissue damage cause CRP levels to increase. CRP levels rise rapidly and increased values can be detected within 6 to 12 hours after an inflammatory process has begun. Hence the CRP level is usually clearly elevated when a patient is admitted to hospital. CRP values peak and normalize considerably more quickly than to other parameters of inflammations. Complications, should they occur, cause the CRP values to increase again or to be elevated constantly. Measurement of CRP concentrations provides valuable information for the diagnosis of bacterial infections specially in neonates. The CRP concentration has been reported to be a sensitive indicator for use when monitoring the efficacy of antimicrobial therapy, for the follow up of bacterial infections, and monitoring Postoperative infections. Monitoring CRP levels may contribute to the early recognition of intercurrent complications occurring after myocardial infarction.

Sr. Lab. Technician

Monica
DR. Monika
M.B.B.S, M.D
Consultant Pathologist



SHIVA HOSPITAL

Patient Name BABY MANVI KUMARI Age/Sex 8Y/F
 Date: 02/03/24 Time 3:35 PM
 UHID No. _____ Bed No. / Ward No. PVT-3
 Treating Consultant DR. ANURAG SHOBHARI

Progress Notes

Date / Time	
7/3/24 (E)	<p>C/O - Vomiting & left side - Nausea -</p>
10/6	<p>C.N.S - Conscious / oriented E.N.S - S12 ⊕ Chest - MC clear P/A - S4 ⊕ S5 ⊕ B.P - _____ SpO2 - 98% HR - 130/min RR - 28/min T_{ax} - 98.6 °f</p> <p><i>[Signature]</i> (S-T)</p>

All orders must be legible, Dated & timed
 Medication orders in Capital Letters, Signature to be followed by full name.

Fluid Balance Vital Signs & Drug Chart



SHIVA HOSPITAL

Patient Name: **TRABAY MANVI KUMARI** Age/Sex: **8Y/F**
 Date: **04/03/24** Time: **3:35 PM**
 UHID No.: Bed No. / Ward No.: **PVT-3**
 Treating Consultant: **DR. ANURAG SHARMA**

Time	VITAL SIGNS					IN PUT				OUT PUT		
	Pulse	B.P.	Resp.	Temp.	SpO2	I.V.		Oral/Ryles Tube		Urine	Vomit	Aspiration
A.M.						Type	Qty	Type	Qty			
7												
8	78/mt	120/70	20/mt	98.4	97%							
9												
10	94/mt	—	24/mt	98.6	96%							
11												
P.M. 12	102/mt	—	22/mt	98.4	98%							
1				100.6	96%							
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
A.M. 12												
1												
2												
3												
4												
5												
6												
TOTAL INPUT						TOTAL OUTPUT						BALANCE

INTRACATH DAY
 FOLEYS DAY
 RYLETUBE'S DAY

ABDOMINAL GIRTH

Signature (Nurse On Duty)