



VINAYAK HOSPITAL



41372

OPD INITIAL ASSESSMENT

NAME Baby DEEPANSHI KUMARI AGE/SEX 3/F DATE 30.9.2026 UHID 2601071

Personal History

Alcohol / Smoking / Cerebro
Chemical / other

Allergy

Past History

Diabetes / HT / HD / TB

Other

Menstrual History

Current Medication

Vaccination Status

Initial Assessment &

Examination

Pulse Rate 120
BP -

Resp Rate 30

Temp -

Ht / Wt 90 cm

SpO₂

Investigations

Dietary Advice &
Preventive Care

Chief Complaints

Above patient brought by her

Parent A/m/o oil burn,
accidentally baby fell down into the hot oil on 28.9.2026 at 8 PM at home. Patient
taken locally then brought to Emergency. Body
T. 38.5, BP 80/35, HR 120, RR 30, SpO₂ 95%.

Treatment

Adv - Admission - Burn Unit
Under Dr. Astor Kumar Verman.
In. Normsal. IV 12 hr
In. analg. R. D. IV 12 hr
In. Pain. 12 hr IV 80.
In. Nimesulide 300 mg
In. Levofloxacin 500 mg
Pain relief to be given

Pain Score
1 2 3 4 5 6 7 8 9 10

Follow up

For Appointment Call 0129-4504000

Vinayak Hospital, Sector 27, Noida, Noida-201300 / Telephone: 0129-4504000, 241233 / Mobile: 9921205527 / Website: www.vinayakhospitalnoida.com

VINAYAK HOSPITAL, SECTOR 27, NOIDA, Noida-201300





**VINAYAK
HOSPITAL**

A Unit of Graudhary Nursing Home Pvt. Ltd.

V.H No. VH2601071

Room No. 22/ICU Category Emergency

Date of Admission 30-9-2026 11:30 AM



Name RAAY DEEPANSHI KUMAR

Sex ☒ M ☐ F RAHIL NAGAR

Occupation

Age 24 Sex Female

Religion HINDU

Father's / Husband's Name

Address SALAK P. KHADUR
SECTOR - 107 NAYDAUP

Phone : Office 180

Admission Receipt No. _____ Date _____

For Rs. _____

Name & Address of accompanying relative

Phone : Office _____ Res. _____

RAO Dr. DR. HARSH Informed at 11:30 AM

Admitting Dr. ASHOK VERMA Informed at 11:45 AM

I hereby declare that I am not a patient of any other hospital and I agree to make all payments before discharge.

I agree that I am liable to pay for the treatment and no cost will be entertained in the event of theft if any.

Signature of Patient/Relative

Unit / Consultant

Date of Discharge

Provisional Diagnosis

Final Diagnosis

Probable nature of disease : CAN

Outcomes : LAHN / Stable / Improved / Cured / Died

Death Record filed by Dr. _____

FOR DEWEEK CASE OILS

Date of Entry of Disease

Next term : Maternity / Fertility

Birth record : Maternity / Fertility

Parent / Fallouts from Room No. 10

Shifter from Room No. 10

On _____

Shifter from Room No. 10

On _____

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

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

Authorized Signatory

Unit No. : 22/ICU, NABH Accredited Hospital
Tel No. : 0120-2444222, 2444333 / Website : www.vinayakhospital.com

