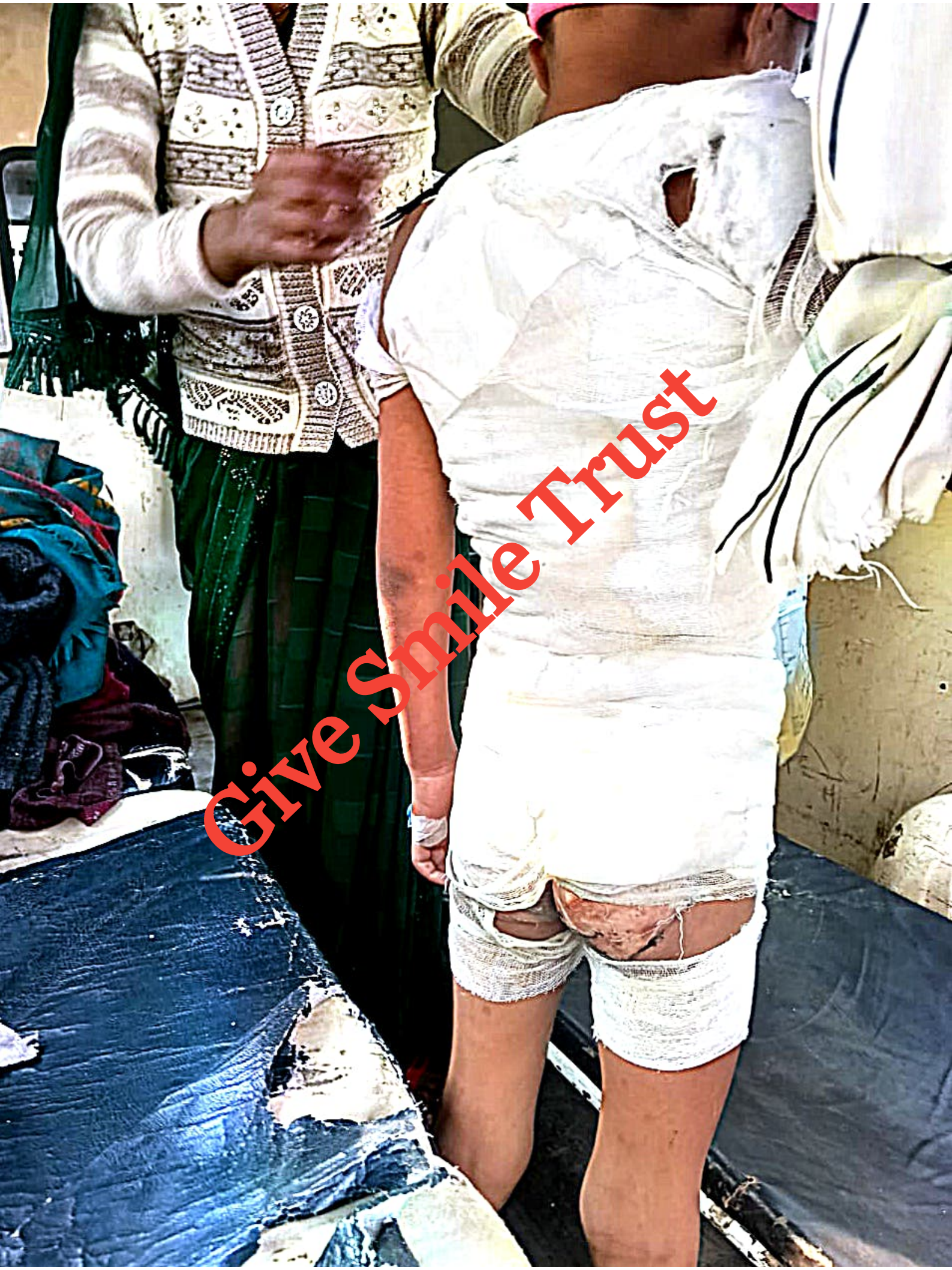
Give Smile Trust


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S.No. ...79...

INDOOR BED HEAD TICKET

S.N. Medical College Hospital, AGRA

LIVE TO SERVE

Department: GD(S)

M.O. I/c: UNIT-1 → Dr Puneet Bhardwaj (Mch)

O.P.D./ Registration No. 38703

M.R.D. No. :

Patient's Name : Abhi

Age : 6Y

Sex : Mch

S/D/W : Vinod Singh

Ward : GMS

Bed No. :

Address : R/o Chaurayahaan P.S Bah Agra

Date of Admission : 10/11/25 at 11:40pm

Provisional Diagnosis : Scald burn injury

D.O.A. : 10/11/25 at 11:40 Pm

Final Diagnosis :

Marital Statues :

Date of Transfer :

Educational Stuatues :

Date of Discharge :

Occupation :

Aadhar No.

Result : Discharge/LAMA/Abscond/Death

Mobile No.

B.B → Vinod Yadav (Father)

Sign. of

NOTES

HIV
HCV
HBsAg
] NR.

Name of Residents : 1st Year Dr Priyanshu ... 2nd Year ... 3rd Year Dr ...

Dr Shruti

बिनोद

Dr

Clinical History

CHIEF COMPLAINTS :

Alleaged history of scald burn due to spillage of hot liquid on 10/11/25 at 08:00pm

HISTORY OF PRESENT ILLNESS :

The history was given by patient attendent which seems to be reliable. According to them the patient was apperently asymptomatic till alleaged history of scald burn injury due to spillage of hot liquid on 10/11/25 at 08:00pm associated with pain which is acute in onset and progressive in nature.

patient is now admitted our side for further management.

e: Master Abh-

/Sex: G/M

O. Vinod Singh.

/o.

/o

Address

Bah. Agra.

D.O.A.

T.O.A.

Diagnosis

History of Present illness (HOPI)

M.O.I./C →

CMO →

RSO →

Adv. →

} Normal.

ged history of Scald burn due to spillage of hot liquid on 10/4/22 at 08:00 Pm.

On Examination :

GC Poor SPO2 : 98% RA

PR = 102/min

RR = 92/m

BP

Chest BE clear

PA Soft, Non distended, Non tender

Temp Normal

IP

OP

GCS E4V5M6

Pupil BE NSNR

TBSA = 20-25 %

Investigation

~~HB TLC DLC~~

Blood Urea, S. Creatinine

S — Na^+

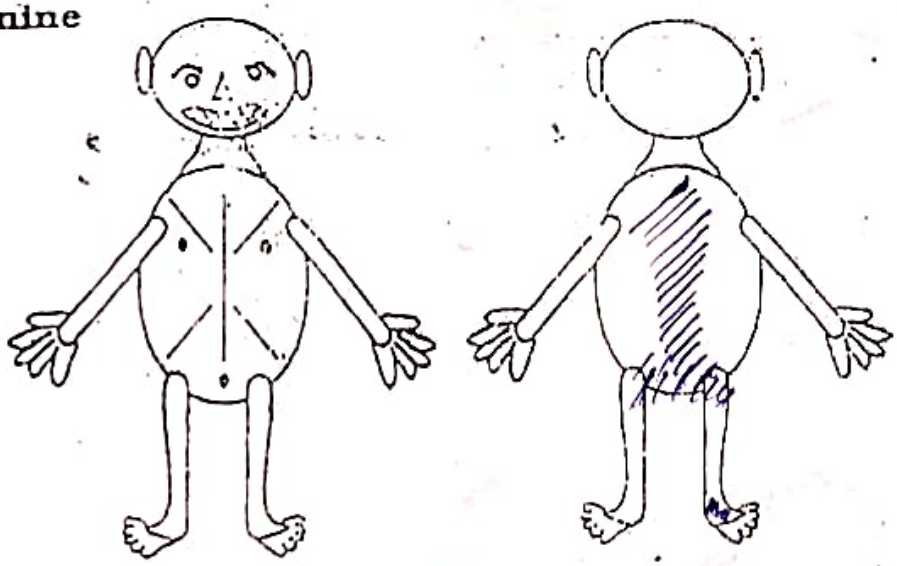
S — K^+

X-Ray — Chest - AP

Abd - AP/Lat

USG

NCCT Head



Physical Examination

eneral Examination :

Pallor
Icterus
Cyanosis
Clubbing
Edema
Lymphadenopathy

} ⊖ N

System Examination :

CNS → GCS → E4V5M6
pupil – B/L PERRL

CVS → S1 S2 (+)

chest → B/L clear air entry (+)N

P/A → soft / non-tender / non-distended

Local Examination :

TBSA → 20-25%

Date	Progress / Vitals	Treatment
11/10/25		C/S/B unit - 1
	GC → poor	Advice → poor prognosis explain NPO
	SpO2 - 98% RA	
	P/R - 102/min	Rx
	RR - 20/min	Inj. Ceftriaxone 1 vial IV BD
	GCS - E4V5M6	Inj. ~~panto~~ acilo ~~40~~ mg IV BD
	pupil - B/L NSNR	Inj. Emset 4 mg IV TDS
	T - A'f	Inj. pcm 500 ml IV TDS
	IP } started OP }	Inj. F. ~~RL~~ RL IV ~~TDS~~ DO... B... FO... 16 hr...
	P/A - soft / non-distended / non-tender	~~TT~~

PAST HISTORY → No H/O documentation of ATT INTAKE | HTN | DM

FAMILY HISTORY → Not significant

PERSONAL HISTORY → Not significant

TREATMENT HISTORY/
ANY OTHER RELEVANT HISTORY/
ALLERGY HISTORY → Referred from CHC Saha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