



**Atal Bihari Vajpayee Institute of Medical Sciences and
Dr Ram Manohar Lohia Hospital
Baba Kharak Singh Marg, New Delhi-110001**

NURSES DAILY ASSESSMENT WITH NURSING NOTES

PATIENT'S NAME: Mr. MD Fauzal Rehman AGE/SEX: 6yr/m
 CR NO: 28232 DIAGNOSIS: H/O Burn
 UNIT & CONSULTANT: 84
 MLC NO: 8/76913/24 DATE AND TIME OF ADMISSION: 22/4/2024 @ 9:30pm

VITAL ASSESSMENT

Temp(°F)	Pulse/Minute	Respiration/Minute	Blood Pressure	SpO ₂ (if advised)	Weight (Kg.)
98.4	98/-	22/-			

VULNERABILITY ASSESSMENT

Vulnerable Category	Assessment (If "Yes" provide Assistance in Meeting needs as listed)		Needs & Action
	Yes	No	
Infectious/Communicable Disease		<input checked="" type="checkbox"/>	▶ Initiate Isolation/Reverse Barrier Nursing (as applicable)
Chronic/Intense Pain Pain Score: Mild/Moderate/Severe	<input checked="" type="checkbox"/>		▶ Refer to Physician ▶ Pain Medication ▶ Provide comfort
Cannot Perform ADL (Activity of Daily Living)	<input checked="" type="checkbox"/>		Provide assistance based on further functional assessment

PRESSURE ULCER ASSESSMENT

Consider Patient as having risk of pressure ulcer in case any of the following if yes:				
Pressure Ulcer	Incontinence	Yes	<input checked="" type="checkbox"/>	Document details :
	Impaired sensory perception	Yes	<input checked="" type="checkbox"/>	
	Inability to changed position oneself	Yes	<input checked="" type="checkbox"/>	
	Presence of ulcer currently	Yes	<input checked="" type="checkbox"/>	
Presently at risk pressure ulcer		Yes	<input checked="" type="checkbox"/>	If yes, Action taken

23/11

Atal Bihari Vajpayee Institute of Medical Sciences and Dr Ram Manohar Lohia Hospital Baba Kharak Singh Marg, New Delhi-110001

NURSES INITIAL ASSESSMENT SHEET

Patient's Name: Mr. Faizul Rehman Age/Sex: Gydm CR NO/UHID: 2832
 WARD/UNIT: 2 Dr Sreeek Bed No: 05 DIAGNOSIS: 15% TBSA
 Date & Time of Receiving the Patient: 23/11/24 @ 10:40 Am
 MLC: E/74913/24 Yes No MLC No: E/74913/24

BASIC INFORMATION:

How admitted: Walking / Wheelchair/ Stretcher
 Attendant Present: Yes / No
 Allergies : Medication / Blood transfusion / Food Yes No
 Specify if any Others:

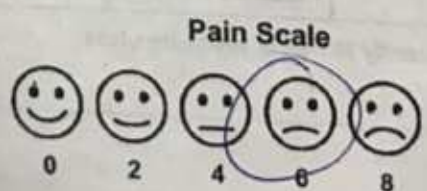
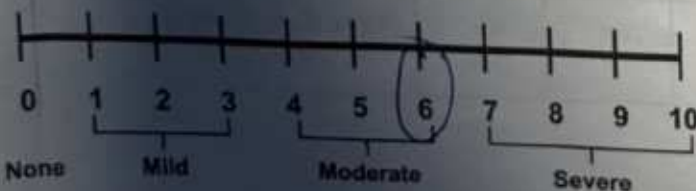
Temp(°F)	Pulse/Minute	Respiration/Minute	Blood Pressure (mmhg)	SpO ₂ (if advised)	Weight
<u>98.2</u>	<u>80</u>	<u>24</u>	<u>100/70</u>	<u>100</u>	

ORIENTATION TO ENVIRONMENT (Please explain to the patient/ attendant):

Bed No. <u>05</u>	Side Rails <input checked="" type="checkbox"/>	Visitation Policy <input checked="" type="checkbox"/>	Outside Medication Policy <input checked="" type="checkbox"/>	Light <input checked="" type="checkbox"/>
Bathroom <input checked="" type="checkbox"/>	Call Bell <input checked="" type="checkbox"/>	Religious <input checked="" type="checkbox"/>	No smoking Policy <input checked="" type="checkbox"/>	Telephone <input checked="" type="checkbox"/>

<u>Normal</u>	Liquid	Renal	Cardiac	Light
Soft	NPO	Salt Free	Diabetic	Hepatic
				Chemo
				Others

0-10 Numeric Pain Rating Scale



↓ Su ↓ Dr Meeti Kapur

लगातार चार्ट / CONTINUATION CHART

Md Fazel Rehman

कमरा/शय्या सं/Room/Bed No.

MLC:

E/24913/24

Pt Name

आम/उ

प्रतिदिन विवरण और चिकित्सा/Daily Notes and Treatment

आहार/Diet

28 333

4 | 24

C/S/B SR/PA + S₄

9:30 PM

A/W/O Burn by hot liquid (Dal) on 22/4/24 at 9:05 PM at home as told by Brought by

wt-19kg

No h/o ENT Bleed, LOC, seizure, vomiting

1^o Assessment

O/E

P/A - Non Distended, soft
NO guarding/Rigidity
⊕ Bowel sound ⊕
R/S B/L Air Entry ⊕
CVS S₁ S₂ ⊕
CNS No focal Defect

- Pt able to vocalize
- Central Trachea
- B/L Air Entry ⊕
No added sound
- Central pulses palpable
- PR - 108/min, good volume
- GCS - E4 V5 M6
- B/L Pupae NSNR

(1)



front

Back

TBSA ~ 15% Grade II

Adm

IVFNS 0000 @ 7ml/hr
- Inj. Augmentin 760mg IV
Inj. Augmentin 1.2g in TBS
Inj. Vot - R12 = AB4
- Inj. PCM 300mg IV
Plastic surgery open
Burn Dressing
in Room 10E1
Pediatrics Opener for
dosage of IV antibiotic
and fluid replacement

4/2024
11:15pm

भारत सरकार GOVERNMENT OF INDIA
अटल बिहारी वाजपेयी आयुर्विज्ञान संस्थान,
डा. राम मनोहर लोहिया अस्पताल, नई दिल्ली
ATAL BIHARI VAJPAYEE INSTITUTE OF MEDICAL SCIENCES
DR. RAM MANOHAR LOHIA HOSPITAL, NEW DELHI

GM
nd-19 kg

HISTORY AND EXAMINATION

Patient Particulars

Name: Md. FATZUL REHMAN.

Date & Time of Incident: 22/4/2024 7:00pm

Age/Sex: 6/m.

Date & Time of arrival at Dr RMLH:

CR No.: 28323.

Name of Informant:

Contact No.:

History of Present Illness

The patient's relatives give a h/o scald burns (hot dal spillage) while playing near kitchen on 22/4/2024 @ 7:00pm @ home.

no h/o LOC / ENT bleed / vomiting / seizure / chest pain

no h/o breathlessness

Immunization history — Adequate for age upto 4 yrs.

Developmental history — Adequate for age.

The patient was brought to RMLH hospital for management of burn wounds
No known comorbidities

de conscious / oriented to TPK

Amie

PR - 110/ - get on the present ① complete mlt formalities

BP - 100/60 mmHg.

U/S - 15/15

safe

CVS - S1 S2 ⊕

CNS - no focal deficit

R/S - bil. coin entry ⊕ w/r ②

P/A - soft

② catheterize the patient

③ iv RL 100ml/hour x 4 hours
flb 30ml/hour x 16 hours

④ iv morph 50mg q 15 hourly

⑤ iv paracet 40mg q 4 hourly

⑥ iv pcom 50mg q 8 hourly

⑦ get done ECG / CXR / CBC / SERPT
ABG / Serology / UUU / PT-UR.

⑧ EUT opnia ⑨ paedo opnia if to int

⑨ To be shifted to ward ⑩ immobilize

Lund & Browder Chart
www.TheLundBrowder.com

1. Mark the areas of the body.
2. Calculate area using the appropriate device.
3. Do not include superficial burns.

Age	H	T	S	10	11	Adult
Front or back half	13%	13%	13%	13%	13%	13%
A (Head)	9%	8%	8%	8%	8%	8%
B (Trunk)	21%	21%	21%	21%	21%	21%
C (Leg)	21%	21%	21%	21%	21%	21%

Δ: 15% TBSA of superficial burns one face / upper back / chest

B/L knee

Amendais
SR - BNP

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Doctor's Daily Assessment Sheet

NAME: Md Faizul Rehman BED NO./WARD: 4E12 CR NO./UHID: CR. 28322
 LC NO.(IF ANY) ↓ Sr ↓ Dr. Neeti Kapur E/74913/23

DATE & TIME	DAILY NOTES AND TREATMENT	DOCTOR'S SIGN.
10/03 3:30pm	<p style="text-align: center;"><u>Plastic Surgery Reference</u></p> <p>To, DDD/SR, Department of Plastic Surgery, B. RML Hospital</p>	
	<p>Respected Sir/Maam,</p> <p>PT Faizul Rehman (64y/male) is a case of 2nd degree burn injury → TBSA - 13-15% involving chest and (R) upper arm, Neck and back. Kindly evaluate the patient and give your expert opinion.</p>	<p style="text-align: right;">@ +.ml/ ne</p>
	<p>Thanking you</p>	
	<p>Tammar P. Sengupta</p>	

23/4/24

Paediatric Reference

Faizul
Gys/M

JSy
Dr. Neel Kapsy

TO

The DODSOZ

Paediatric Department

RMLH

Respected Sir/maam

above mentioned patient admitted in
Emergency department in A/H/O buens (scab)
involuntary pain.

Kindly assess this patient i/v/o incomplete
immunization history & give your
expert advice

Thanking you

Neel Kapsy
P.G.M

23/4/24
02:41 hrs

- Kindly send
New Emergency
References to OPD
B/w 9am-12pm for
complete evaluation.

- can be given by TT at
present

23/4/24

ENT Reference

Fairly
6/11

↳ Sy
↳ Dr. Neeti Kapur

TO

The DO/DR

ENT department

RMLH

Respected sir/mam

above mentioned patient admitted in
Emergency department & H/O busy (not dal willax)

Kindly assess this patient i/v/o Burns
involving right side of face kindly
assess this patient + give expert opinion

Thanking you

Naseh
PT/163

45/13 ENT DOB

A/H/O burns & hot drink @ home (Nabilhain)

@ 7:30 pm on 22/4/24

no H/O difficulty breathing
no H/O LOC / vomiting / seizure
no H/O ear / nose / oral bleed

23/4/24

20

121
Years

Fauzes Rahman

23/1/20 @ 12:28 AM



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NURSES INITIAL ASSESSMENT SHEET

Patient's Name: Mr. Md. Faizul Rehman Age/Sex: 64/M CR NO/UHID: 28323
 WARD/UNIT: SE 12 S4 Bed No: _____ DIAGNOSIS: A/Y/O Burn by hot lig
 Date & Time of Receiving the Patient: 8/4/2024 @ 9:23 pm.
 MLC: _____ Yes No MLC No: E/74913/24.

BASIC INFORMATION:

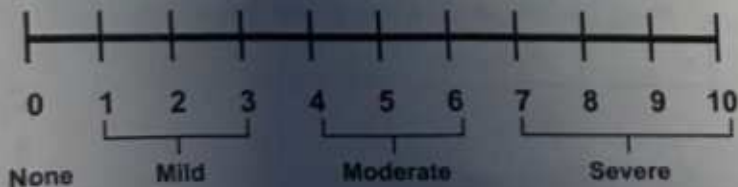
How admitted		Walking / Wheelchair/ <u>Stretcher</u>			
Attendant Present		<input checked="" type="checkbox"/> Yes / No			
Allergies : Medication / Blood transfusion / Food		Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Specify if any Others:					
Temp(°F)	Pulse/Minute	Respiration/Minute	Blood Pressure (mmhg)	SpO ₂ (if advised)	Weight (Kg.)
<u>98.4</u>	<u>98</u>	<u>22</u>			

ORIENTATION TO ENVIRONMENT (Please explain to the patient/ attendant):

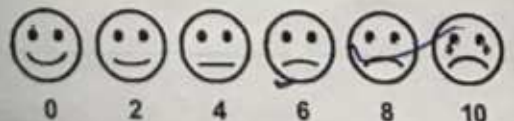
Bed No. <input checked="" type="checkbox"/>	Side Rails <input checked="" type="checkbox"/>	Visitation Policy <input checked="" type="checkbox"/>	Outside Medication Policy <input checked="" type="checkbox"/>	Light <input checked="" type="checkbox"/>
Bathroom <input checked="" type="checkbox"/>	Call Bell <input checked="" type="checkbox"/>	Religious <input checked="" type="checkbox"/>	No smoking Policy <input checked="" type="checkbox"/>	Telephone <input checked="" type="checkbox"/>

Normal	Liquid	Renal	Cardiac	Light
Soft	NPO	Salt Free	Diabetic	Hepatic
				Chemo
				Others

0-10 Numeric Pain Rating Scale



Pain Scale



(Time)

Nursing Notes

Signature &
Emp Code

(N)

Received pt from ems ~~admitted~~ admitted to
Sq. conscious muted on room air,
all prescribed treatment given
vitals checked and noted good
condition of pt upon arrival as
needed

Ull

23/4/24
m

Received the pt from night duty
Staff at 8am
- pt is conscious, oriented.
- orally allowed. self voiding.
- IVF on flow.
- vitals checked and monitored.
- All the medicines are given.
- missing some given as per
pt's need.

Vandana
11957

NAME OF PATIENT: Fazil Rahman AGE: 67 SEX: M CR NO./UHID: 20333 MLC NO: 2/74973/204
 WARD/UNIT/BED NO: _____ NAME OF CONSULTANT: Dr. Semant DIAGNOSIS: 1st I.B.S.A DATE: _____

Sl. No.		MEDICINE (Mention Route, Dosage & Frequency)		ADMINISTRATION RECORD BY NURSE												Verified by Doctor
				DATE: 23/04/23		DATE: 23/04/24		DATE: 23/04/24		DATE: 23/04/24		DATE: 23/04/24		DATE: 23/04/24		
Time	Sign	Time	Sign	Time	Sign	Time	Sign	Time	Sign	Time	Sign	Time	Sign	Time	Sign	
	10:10 PM															
14	Monocel 500mg 1x3x3															
	Sy. Paracetamol OD															

OD= Once in a day/ BD= Twice in a day/ TDS = Thrice in a day / QID = Four times a day / SOS= Taken as required or used as needed

SUSHAKTI CHARITABLE TRUST

OUR RELIGION IS HUMANITY

PAN NO. ABBTS0498N

S. No. 49.....

Date 25/04/2024

सेवा में

Sushakti Charitable Trust
Office no 5, East Sapphire
Sector - 45, Noida

महोदय,
मेरा नाम मुजफ्फ़ पखीन है मेरे बच्चे का नाम जैंगु रहमान है।
वह केवल 6 साल का ही है। 2 रात पहले खाना खाने
वक़्त जैंगु ने उपर पुरे दाल का बर्तन गिर गया।
जिससे उसका पूरा गरीर बहुत बुरी तरह से जल
गया है डॉक्टर ने सलाज किया है और इलाजियां
भी दी है पर फ़ारिया बहुत मंहगी है। और अभी
चतक सलाज में और भी खर्च होंगे। हमारी आर्थिक
स्थिति बहुत खराब है और हम अपने बच्चे को
इलाज करवाने में असमर्थ हैं।
कृपया हमें हमारी मदद मिले।

धन्यवाद

पखीन

SUSHAKTI CHARITABLE TRUST
Regn. No. 38/2021
Office No. 5, EAST SHAPHIRE,
SADARPUR, SECTOR-45
NOIDA-201301 (U.P)



भारत सरकार

Government of India

मुसरत परवीन

Musarrat Parween



जन्म तिथि/DOB: 01/01/1992

महिला / Female



8091 9121 8944

आधार - आम आदमी का अधिकार