



Nanhi Smile Trust



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बन्स, प्लास्टिक और मैक्सिलोफेशियल सर्जरी विभाग  
Dept. of Burns Plastic & Maxillofacial Surgery  
29 SEP 2025  
New / Revisit  
वीएमसी एवं सफदरजुंग अस्पताल, नई दिल्ली-29  
VMMC & Safdarjung Hospital, New Delhi-29

Hand lost Burn Row Area 9/1  
scars  
No complaint  
Healed

Age  
shown in BORN

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Syp Hepatoglobulin  
micros 10 drops  
BD

Senior Resident (Plastic)  
Dept. of Burns, Plastic & Maxillofacial Surgery  
VMMC & Safdarjung Hospital  
New Delhi-110029

Preoperative Instructions

Name: Gaurav Age/Sex 10-13 m UHID: 41925

Assessment:

1: Emergency/Elective Elective 2: Risk - Fair / Moderate / High 3: ASA- I II III IV V VI 4: Accepted / Review Accepted

Anaesthetic Concerns: (a) \_\_\_\_\_ (b) \_\_\_\_\_ (c) \_\_\_\_\_ (d) \_\_\_\_\_ (e) \_\_\_\_\_

Anaesthesia Plan: General Epidural Spinal Nerve-Blocks IVRA Local MAC

Preoperative Instructions:

1. Nil Orally For 6 hrs prior to scheduled surgery solid food, 2hrs clear liquid

2.  Written Informed consent from Self/ Parents/ Relatives

3. Medications to Omit: \_\_\_\_\_

4. Continue Medications: \_\_\_\_\_

5. Pre-Induction: \_\_\_\_\_

6. Blood Products to be arranged: PRBC Yes FFP \_\_\_\_\_ PRP \_\_\_\_\_ SDP \_\_\_\_\_ Cryo \_\_\_\_\_

7. Investigations On morning of Surgery: To blood test

8. Deep breathing exercises/ Incentive Spirometry / DVT Prophylaxis

9. Other instructions:   
 (1) ~~Don't~~ do not get provisionally R+ An so   
 (2) No milk one day before so   
 (3) Arrange blood and blood products as per

Date: 19/5/25

Signature of Anaesthesiologist/Resident with Stamp

Dr. Sheraben ...  
Senior Resident  
Dept. of Anaesthesia  
VIAMC & SRI, New De

Pre-Operative Assessment on day prior to surgery: (Floor-in-charge)

Signature of Anaesthesiologist/Resident with Stamp

Pre-induction Assessment (On day of Surgery)

- Patient & Surgical site identified
- Fresh Investigation Reports:
- Any Significant History/Examination
- Pre-op orders confirmed

Date:

Signature of Anaesthesiologist/Resident with Stamp

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&

Safdarjung Hospital  
New Delhi - 110029



AIHIO scald burn with hot Curry 4/9/25  
admitted on 18/9/25 for LAMA on 9/9/25 & again  
admitted on 18/9/25 for LAMA on 20/9/25. now  
came back for wound care

नैदानिक जांच/Clinical examinations: on 23/9/25  
No Hb fever, decr. Appetite

OS UC-fam P=100/min RR=14/min.  
UC- raw area at scalp.



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उच्च/विस्तार/जांच/जांच

एचबी/Hb ..... 8.6 ..... ग्राम/gm पीसीवी/PCV : ..... %  
 बीटी/BT : ..... सीटी/CT : .....  
 टीएलसी/TLC : ..... 11 x 10<sup>5</sup> ..... सीएमएम/cmm  
 घाव सी/एस/Wound C/S : .....  
 रक्ताधान/Blood transfusion : ..... यूनिट/Units  
 अन्य/Other : ..... RT/WR = 9.5/0.8 WET/K<sup>T</sup> = 137/5.1  
 ऑपरेशन का विवरण/Operation Detail BU/WR = 9/0.17

ऑपरेशन के बाद की अवधि एवं परिणाम/Post OP. Period & Result

Respiratory Examination  
 Normal: Breath Sounds  
 Adventitious sounds:  
 Breath Holding  
 Single breath count:

20/12 37°C 100/60

CVS: S<sub>1</sub> (L)/S<sub>2</sub> (L) Murmur:

CNS: HMF/Speech/Cranial nerves/Motor/Sensory  
 Reflexes: bvnllvnl. d.1000  
 muntg all 4 limbs (L)

Spine:

Abdomen

XRay Chest

Arusly 270

ECG

Echocardiography

USG

CT/MR

PFT

ABG

Other

Investigations (with date)	18/9/25				Blood Group
Hb: _____	9.8				HbS Ag
TLC: _____	16,900				HCV
DLC: _____					HIV
Platelet: _____	7.75L				
Urine R/M: _____					
Urea _____	9.4				
S Creat _____	0.26				
S Bilirubin: (D / I) _____	0.31				
AST/ALT/ALP: _____	45/22/11				
T. Proteins A : G : _____					
Sugar F/PP _____					
HbA1C: _____					
S. Na <sup>+</sup> / S. K <sup>+</sup> _____	135 / 4.8				
S. Ca <sup>+</sup> / Po <sub>2</sub> <sup>+</sup> / Mg <sup>+</sup> _____					
PT / INR : _____					
PTTK: _____ / _____					
T <sub>3</sub> /T <sub>4</sub> /TSH: _____					

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Instructions :

Name & Signature

Vardhman Mahavir Medical College  
&  
Safdarjung Hospital  
New Delhi - 110029



Department of Anaesthesia & Intensive Care

VMMC SJH  
Mr. GAURAV Male / 0 years 10 months 0 days 0 hours 0 mins  
Anesthesiology / Room-11 / Token-15  
Mobile No. \_\_\_\_\_  
DAYS MON \_\_\_\_\_ TUE-FRI  
SAT \_\_\_\_\_  
UHID: 20251241925  
15-09-2025 11:09:44 AM

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
UHID No. \_\_\_\_\_

Father's / Husband's Name \_\_\_\_\_

Mobile No. \_\_\_\_\_

Surgical Dept. & Unit I/C \_\_\_\_\_

Diagnosis & Surgery Planned \_\_\_\_\_



Department of Anaesthesia & Intensive Care, VMME & SII  
Pre-Anaesthesia Chart

Name: Arvind Date: 19/5/21

Age: 18 years Sex: M Weight: 55 kg Height: 170 cm Temp: 37.0

Diagnosis: ETT Field Surgery Planned: DRG 1116

Medical History	Current Medication
<input type="checkbox"/> Fever <input type="checkbox"/> Cough/URI <input type="checkbox"/> Asthma/COPD <input type="checkbox"/> COPD <input type="checkbox"/> Renal Disease <input type="checkbox"/> Liver Disease <input type="checkbox"/> Bleeding Disorder <input type="checkbox"/> Blood Transfusion <input type="checkbox"/> Psych Ills <input type="checkbox"/> Epilepsy/Seizure <input type="checkbox"/> Neurological Deficit (CV) <input type="checkbox"/> Radio/Chemotherapy	<input type="checkbox"/> Hypertension <input type="checkbox"/> Diabetes <input type="checkbox"/> Thyroid <input type="checkbox"/> CHF <input type="checkbox"/> HIV <input type="checkbox"/> Rheumatoid <input type="checkbox"/> Gout <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Substance Abuse

Current Medication
<input checked="" type="checkbox"/> Insulin (Glucose 100mg IV 10%)

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Details of Medical History

griho surkany ruld  
 hain va hlalet  
 no hlo hst/recent/working  
 cv blood

elo rcolp hain (D)  
 (D) side of hlo (D)

NVS / LEMS / no AD in day

Surgical/Anaesthesia History:

(D) development  
 eye eye (D)

Allergies: no hlo any allergy  
 General Examination: general condition (V/V/V/V, A/A/A)  
 Nutrition: Pub: 120 /min BP: / many spots (RA)  
 RR: /min Temp: 37.0  
 Pallor/Icterus/yellow/sclera/Edema  
 Dentition: (D) loose/decayed/Edentulous/Buck teeth  
 Venous Access:  
 Any Prosthesis:  
 Exercise tolerance METs:  
 Additional Findings:  
 Airway:  
 Nasal Patency:  
 Mouth Opening:  
 TM Joint:  
 Hyomental distance:  
 Neck Movement:  
 Jaw: Normal/retra/micrognathus  
 Modified Mallampati Class:

} Post-Ases  
 Arise y



Remarks:

Menstrual/Obstetric History: LMP: (D)  
 LCB: G P L A

→ G/O recent episodes (D)



सत्यमेव जयते

भारत सरकार  
GOVERNMENT OF INDIA



आधार

Download Date: 15/02/2022



रविन कुमार दास  
Ravin Kumar Das  
जन्म तिथि/DOB: 01/01/1991  
पुरुष/ MALE

**3900 2502 2864**

VID : 9113 2410 5892 9054

Issue Date: 19/11/2016

मेरा आधार, मेरी पहचान



सत्यमेव जयते

भारतीय विशिष्ट पहचान प्राधिकरण  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA



पता:

आत्मज: महेश दास, उत्तरी धमौन, धामौन, समस्तीपुर,  
बिहार - 848504



Address :

S/O: Mahesh Das, Uttari dhamoun,  
Dhamaun, Samastipur,  
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1947



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