
Child Care
Foundation


Child Care
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Start Date/ Time	Drug Name	Date / Day / Time						DATE OF STOP
			Sign	Sign	Sign	Sign	Sign	Dr. Name
Date	Drug PCM							
Time	Dose 650MG Route IV							Date
	Frequency STAT							
	Prescriber Name/Sign							
Special Instruction								Dr. Name
Date	Drug ISOLYTE-P							
Time	Dose 500ML Route IV							Date
	Frequency STAT							
	Prescriber Name/Sign							
Special Instruction								Dr. Name
Date	Drug MONOCEF							
Time	Dose 500MG Route IV							Date
	Frequency BD							
	Prescriber Name/Sign							
Special Instruction								Dr. Name
Date	Drug AMIKACIN							
Time	Dose 500MG Route IV							Date
	Frequency OD							
	Prescriber Name/Sign							
Special Instruction								Dr. Name
Date	Drug PANTOP							
Time	Dose 40MG Route IV							Date
	Frequency OD							
	Prescriber Name/Sign							
Special Instruction								Dr. Name
Date	Drug METROGYL							
Time	Dose 200ML Route IV							Date
	Frequency TDS							
	Prescriber Name/Sign							
Special Instruction								

Child Care Foundation

CIMS
City Institute of Medical Sciences
(Multi Super Speciality 200 Bedded Hospital)

CASUALTY PRESCRIPTION

Name Master Krishna Age/Sex 9yr/1m Date 22/4/24 Time 10:05am

Presenting Complaint :
Acute Abdominal pain & fever, urine incontinency & constipation

Past History :- Diabetes, Hyper tension, Heart, Respiratory
Neurological, Gastric, Ailment, Any Surgery

History of Drug Allergy :-
Personal History - Alcohol in take/Toaceo/any other
on examination:- Level of Consciousness Conscio — Temp 99.°F PR 107
BP 119/77 RR 18 SPO2 100% CVS S1S2 (+) CNS Conscious Pupil Reactive
ABD Soft Color :- Pink/Cynosis/Jaundice/Pallor
Level of Consciousness E4V5M6 History given by father

Local Examination

case informed to Dr. Riten Goyal

Instigation Advised :

Child Care Foundation

Treatment Advised : Inj PCM 40mg iv stat
IVF isolyte @ 50ml/hr
Rest as per Doctor progress sheet

यह आपातकाल में दिया गया उपचार है । कृपया अतिशीघ्र विशेषज्ञ डाक्टर Dr. Riten Goyal को इस परचे के साथ मिलें समय .....

Course of Action : This treatment is given in emergency only - Kindly contact the specialist
Dr. ..... at ..... on ..... with this prescription.
Adv. Admission/Refer to higher Centre

Name & Sign of Doctor

CIMS

City Institute of Medical Sciences
NH-19, New Radha Valley
Mathura Uttar Pradesh
India - 281004
Phone: 9258113570,8258113571
Email: contact@cimsmathura.com
Website: cimsmathura.com

FACESHEET

Name	Master Krishna Kamal	UHID	CIMS-170001
Age/Gender	9 Y,7 M,21 D/Male	Admission No.	IP-10598
Mobile Number		Nationality	Indian
Marital Status	Single	Father/Husband name	GEETAM SINGH
Patient with special needs	NO	Admission Purpose	OPD
Address	VILLAGE - SON , POST - SON , TEHSIL - MATHURA , , Mathura , Uttar Pradesh , India 281123	Bed No. / Ward	GW2-02/General Ward
Payer Type	govt_healthscheme		

Next of Kin name	MR GEETAM SINGH
Relationship :	Father
Address :	VILLAGE - SON , POST - SON , TEHSIL - MATHURA , , Mathura , Uttar Pradesh , India 281123
Phones :	[redacted]5

DOA :	22-04-2025 10:17 AM
Treating Doctor :	Dr Rizza Goyal
Admitting Doctor :	Dr Rizza Goyal
Referring Doctor :	
DOD :	
Status :	

Provisional Diagnosis :	
Final Diagnosis :	
MLC - Y/N :	
MLC No: if Yes :	
Date of Operation/Surgery (if applicable) :	