RELIANCE GENERAL INSURANCE
A RELIANCE CAPITAL COMPANY

reliancegeneral.co.in
(Toll Free) 1800 3009
(022) 4890 3009 (Paid)

PRE-AUTHORIZATION REQUEST FORM

Please use Reliance Provider Portal to communicate with us - https://provider.reliancegeneral.co.in/

Insured Name |
Mobile No. | Policy No.: 120132328430000058 | Claim No |
E-mail Id |
If Group Policy, Company Name: Selfi Reliance | Employee id | 604
PAN No.
Source of Funds ☐ Business ☐ Profession ☑ Salary ☐ Agricultural Income ☐ Savings ☐ Others
Monthly Income ☐ Upto ₹ 20,000 ☐ ₹ 20,001 to ₹ 50,000 ☐ ₹ 50,001 to ₹ 1,00,000 ☐ ₹ 1,00,001 and above
Agent/Sub Agent Name |
Agent Mobile No. | Agent Email ID |

Patient Name: MAST. JASWIN.P
Patient UHID | RFTNE2300000013E4 | Age: 1 1/2 yrs DOB: | Gender: ✓Male Female
Patient Mobile No: 9445398034 | Patient Email id: |
Relation with insured: Self Spouse Mother Father ✓Son Daughter Others |
Address: enclosed
City: | Pin Code |
Attendant Name: Mr. Bhuvaneswari
Attendant Mobile no.: | Attendant email id |

Hospital Name: Meduway ISP Hospitals
Hospital Address: Chengalpattu
City: Chengalpattu | Pin Code: 603002 | Hospital Code:

Contact Details (Hospital Employee)
Name: Mr. Began
Telephone no./Mobile no. |
Fax No. |
E-mail Id |

Treating Doctor Detail
Name: Dr. Aravindha Rajha
Qualification: MD DCH
Registration No.: |
Mobile No.: |

Presenting Complaint: 4o fever x 3 days, H/o 1 episode of febrile seizure
Duration | Date of first onset/Consult |
H/O of past illness related to present complaint |
Relevant Clinical findings |
Investigation findings |
Provisional Diagnosis: AFI/ K/c/o febrile seizure
Treatment Plan: ✓Medical Surgical

In case of Maternity
Obstetric History G___ P___ L___ A___
LMP___ EDD.___

In case to Injury-RTA/Self Injury
Under Influence of Alcohol/Drug abuse Yes ✓No
Attached Copy of MLC FIR PI
MLC/FIR Number: | Place: |

Past Medical History		Duration/Details
HTN	Y N	
IHD/CAD	Y N	
Diabetes	Y N	
Asthma/COPD/TB	Y N	
Paralysis/CVA/Epilepsy	Y N	
Arthritis	Y N	
Cancer/Tumor/Cyst	Y N	
STD/HIV	Y N	
Alcohol/Drug abuse	Y N	
Psychiatric condition	Y N	
Others	Y N	

Part-C Billing details (filled by hospital)

Room Type: ✓Single AC _ Single NON AC _ Twin Sharing AC Twin Sharing NON AC Multi-bed Others	If Package not applicable,
Hospital Room Name:	Room Rent + Nursing Charges
Type of Admission: Planned ✓Emergency	Surgeon/Assistant Surgeon Charges
Expected DOA: 02/01/24 Length of Stay: 03 Days	Anesthesia/Anesthetist Charges
Package Rate: Yes ✓No	Operation theatre Charges
If Yes Package Charges	Doctor's Visit Charges
Implant Charges	Investigation Charges
Remarks (if Any)	Pharmacy Charges
	Implant Cost(if any)
	Total Cost of Hospitalization 25000/-

Please note: In case the Health Gain Policy under which the cashless claim is being lodged has been taken on installment basis then in the event of cashless claim being admissible the company will deduct the balance installments due if any, from the claim approved amount and pay the balance due to the Policyholder. In the event of the claim amount being lower than the Balance installment due then the Policyholder is liable to pay the balance premium installments due immediately by cheque or DD, failing which the Claim would be treated as inadmissible and the Policy shall stand cancelled immediately and no liability shall be admissible under the Policy for any Claims liability in respect of the period.

I, the Patient/Insured Beneficiary: I/We understand that Cashless facility is not automatically guaranteed by RGICL. I/We have no objection to RGICL RCare Health visiting the Hospital/Nursing Home to check the details of treatment and are authorized to collect documents pertaining to my treatment from the Hospital/Nursing Home.

I/We have given necessary information accurately to the best of my/our knowledge. I/We agree to pay the cost of the hospitalization, if authorization given by RGICL RCare Health is declared void due to wrong and incorrect information.

Insured Signature: [signature]

Date & Time: 03 01 2024

Treating Doctor's Signature:

Stamp of Hospital: Medway JSP Hospitals No: 70, Kanchipuram High Road

Declaration

I hereby agree, affirm and declare that, the statements information given/stated by me/us in this claim form is true, correct and complete. No material information which is relevant to the processing of the claim or which in any manner has a bearing on the claim has been with held or not disclosed. If I have given/made any false or fraudulent statement/information, or suppressed or concealed or in any manner failed to disclose material information, the policy shall be void & that I shall not be entitled to all/any rights to recover there under in respect of any or all claims, past, present or future. The receipt of this claim form/other supporting/related documents does not constitute or be deemed to constitute an agreement by the Company of the claim and the Company reserves the right to process or reject or require further/additional information in respect of the claim.

I hereby provide my consent and authorize Reliance General Insurance Company Ltd to seek any medical information from any hospital/Medical Practitioner who has at any time attended on the insured person.

Place: Chengalpattu

Date: 03 01 2024

(Signature of Claimant)

IMPORTANT INFORMATION FOR HOSPITALS:

1. The Pre-authorisation Request Form should be filled with due care including the unique number received by the Insured/member/beneficiary. All columns are required to be filled in block letters.
2. Completed Pre-authorization Request Form should be faxed to RCare-Health on 1800 3010 3001, or emailed at rgicl.rcarehealth@relianceada.com by the provider hospital. It should reach us at least 4 days prior to likely date of admission. In case of emergency admission Pre-Authorisation Request Form should be sent within 4 hours of admission.
3. Authorisation may be denied if complete information is not provided or queries are not replied to.
4. Discrepancy in the information provided by the hospital records found at the time of claim may render the authorisation given null and void and the amount claimed by the hospital would have to be settled by the Insured to the hospital.
5. Any changes in Diagnosis/Treatment plan should be intimated before discharge of the patient.
6. All queries raised by us need to be replied at the earliest & maximum within 24hrs.
7. Request for authorisation/enhancement will not be entertained after discharges of the patient.
8. We shall share the authorization denial letter to the concerned hospital within 24 hours of complete and correct information being provided.
9. If clinical details provided are insufficient, there may be a delay in the authorisation or denial for cashless.
10. As per IRDAI any claimed amount above 1lac, copy of PAN card/form 60 of the insured/Policy holder/Proposer is mandatory and for below 1lac, Photo identity proof (For eg- Aadhar card, Driving license, Election card, Passport etc) is mandatory.

Email: rgicl.rcarehealth@relianceada.com, Help line: 1800 3009 (Toll free) (022) 4890 3009 (Paid) 022 - 39893282 (Charges Apply)
Fax No.: 180030103001 (Toll free)

IRDAI Registration No. 103. UIN of Reliance HealthGain Policy: UIN: RELHLIP13001V011213
UIN of Reliance HealthWise Policy : UIN: RELHLIP06001V010506
UIN of Group Mediclaim: UIN: RELHLGP02001V010102

RELIANCE GENERAL INSURANCE

POLICY NO.	:	120132328430000058
NAME	:	PJASWIN
EMPLOYEE ID	:	604
AGE	:	2
GENDER	:	M
UHID	:	RFTNE230000013E1
VALID UPTO	:	26-Nov-24

Reliance Selfi
Download | Our Smart - APP for all your needs.

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2/4

022 4890 3009 (Paid)
reliancegeneral.co.in
74004 22200 (WhatsApp)
rgicl.rcarehealth@relianceada.com

आयकर विभाग भारत सरकार
INCOME TAX DEPARTMENT GOVT. OF INDIA

स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
EUYPP7784Q

नाम / Name
PARTHIBAN V

पिता का नाम / Father's Name
VELAYUTHAM

जन्म की तारीख / Date of Birth
20/06/1989

हस्ताक्षर / Signature

தமிழ்நாடு அரசு
GOVERNMENT OF TAMIL NADU

பொது சுகாதாரம் மற்றும் நோய்த் தடுப்பு மருந்துத் துறை
DEPARTMENT OF PUBLIC HEALTH AND PREVENTIVE MEDICINE

அரசு மருத்துவக் கல்லூரி மருத்துவமனை, செங்கல்பட்டு
GOVERNMENT MEDICAL COLLEGE HOSPITAL, CHENGALPATTU

பிறப்பு சான்றிதழ் / BIRTH CERTIFICATE

பிறப்பு மற்றும் இறப்பு பதிவு சட்டம், 1969 பிரிவு 12(1) மற்றும் தமிழ்நாடு பிறப்பு இறப்பு பதிவு விதிகள் 2000 விதி எண். 8(1) துணை விதி வழங்கப்படுகிறது.)

ISSUED UNDER SECTION 12(1) OF THE REGISTRATION OF BIRTHS & DEATHS ACT, 1969 AND RULE 8(1) OF THE TAMIL NADU REGISTRATION OF BIRTH AND DEATH RULES 2000.)

நேகன்ட தலைவர் இன்பா, தமிழ்நாடு மாவட்டம், செங்கல்பட்டு மாவட்டம், செங்கல்பட்டு வட்டம், செங்கல்பட்டு மருத்துவம் கல்லூரி சேர்ந்த அரசு பிறப்பு பதிவேட்டிலிருந்து எடுக்கப்பட்டவை என சான்று தரப்பட்டுள்ளது.

THIS IS TO CERTIFY THAT THE FOLLOWING INFORMATION HAS BEEN TAKEN FROM THE ORIGINAL RECORD OF BIRTH WHICH IS THE REGISTER FOR CHENGALPATTU MEDICAL COLLEGE OF CHENGALPATTU TALUK OF CHENGALPATTU DISTRICT OF TAMIL NADU STATE, INDIA.

NAME / பெயர் :

SEX / பாலினம் : MALE / ஆண்

DATE OF BIRTH / பிறந்த தேதி : 14/07/2022
FOURTEEN - JULY - TWO THOUSAND TWENTY TWO

PLACE OF BIRTH / பிறந்த இடம் :
CHENGALPATTU MEDICAL COLLEGE, CHENGALPATTU
செங்கல்பட்டு மருத்துவக் கல்லூரி, செங்கல்பட்டு

NAME OF MOTHER / தாயின் பெயர் :

NAME OF FATHER / தந்தையின் பெயர் :

MOTHERS UID NUMBER / தாயின் ஆதார் எண் :

FATHERS UID NUMBER / தகப்பனின் ஆதார் எண் :

ADDRESS OF PARENTS AT THE TIME OF BIRTH OF THE CHILD / பிறக்கும் பிள்ளையின் போது பெற்றோரின் முகவரி :
ANNAI INDHIRA NAGAR, NATARAJAPURAM, PUKKATHURAI, MADURANTHAGAM, CHENGALPATTU, TAMIL NADU - 603308

PERMANENT ADDRESS OF PARENTS / பெற்றோரின் நிரந்தர முகவரி :
ANNAI INDHIRA NAGAR, NATARAJAPURAM, PUKKATHURAI, MADURANTHAGAM, CHENGALPATTU, TAMIL NADU - 603308

REGISTRATION NUMBER / பதிவு எண் :
D-2022-33-5750-469119

DATE OF REGISTRATION / பதிவு செய்த தேதி : 14/07/2022

REMARKS (IF ANY) / குறிப்பு :

DATE OF ISSUE / வழங்கிய நாள் : 02/08/2022

ISSUING AUTHORITY / சான்றிதழ் அளிப்பவர்
REGISTRAR (BIRTH & DEATH)
பதிவாளர் (பிறப்பு & இறப்பு)
CHENGALPATTU MEDICAL COLLEGE
செங்கல்பட்டு மருத்துவக் கல்லூரி

பதிவேட்டு எண்/ Enrolment No.: 0654/11237/45071

To
பார்த்திபன் வே
Parthiban V
S/O Velayudham
Annai Indira Gandhi Street
Natarajapuram
Bukkathurai
Bukkathurai
Kanchipuram Tamil Nadu - 603308
6381526080

Date of Issue : 02/08/2022

Generation Date : 02/08/2022

Signature valid

உங்கள் ஆதார் எண் / Your Aadhaar No. :
9980 8395 7076
VID : 9155 1771 1238 7051

எனது ஆதார், எனது அடையாளம்

Government of India

பார்த்திபன் வே
Parthiban V
பிறந்த நாள்/DOB: 01/12/1989
ஆண்/ MALE

KFL
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Kanchipuram Dist - 603 308
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PARTHIBAN

Medway JSP Hospitals®
The way to better health

Baby JASWIN
1/Male/MHC202400284
02/01/2024/IPC202400011
Dr ARAVINDH RAJHA P.S(PAEDITRIC

CASH SHEET

NAME Baby. Jaswin AGE 1 1/2 y SEX M

OCCUPATION : - BED NO. 59 6g

ADDRESS : No.1, Annai Indira Gandhi St., Nalayapuram, Pukaduvai, Chengalpattu, PHONE/MOBILE : 6381526080

I.P. NO. : D061/23

D.O.A. : 2/1/2024 TIME 8.00pm

D.O.D. : TIME

REF. Dr. Dr. Aravindh Raja (Ped)

ADVANCE		DUES	
DATE	AMOUNT	DATE	AMOUNT
TOTAL			

CONSULTANTS

Dr. Aravindh Raja (Ped)

INVESTIGATIONS

ANY SPECIAL PROCEDURES

1. Hb: 10.5 g
2.
3.

SL. NO.	BED ALLOTMENT	PLACE & NUMBER	TRANSFER IN	DATE & TIME	TRANSFER OUT	DATE & TIME
1.						
2.						
3.						

CLINICAL EXAMINATION NOTES

A 1 1/4 yr male child was brought by his Parents c/o fever x 3 days.

No c/o Cold, Cough

No c/o dysuria - Cry on Urination

H/o 1 episode of febrile seizure on 8/11/23 at 9pm

No other comorbidities.

No Surgical history

Immunised as per schedule

Adm: Adm → (D3) / 4 days febrile seizure

No episodes

O/E

Alert

Active

Febrile

Hydration fair

7-103°F

Sp 98 x 1 RA

S/E

CVS / RS / PA

CNS - moves all 4 limbs actively accepts feeds

Rx:

IVF - 1 DNS - 30 ml/hr

(D1) Inj Taxim 500mg IV BD (Adm)

Syp Calpol 1.5ml QID

↳ Frisium 5mg 1/2 BD

Supp Pcm 1/2 SOS (Adm)

Vitals monitoring

Inform SR

Baby.JASWIN
1/Male/MHC202400284
02/01/2024/IPC202400011
Dr.ARAVINDH RAJHA P.S(PAEDITRIC ...engalpattu - 2.
...3851

...itals
...th
...Ltd)

D.O.A. : 2/1/23
D.O.D. :

NAME : Jaswin
I.P. No. : 0101/23 Age : 1 / 1 Sex : M

Consultants(s) : Dr. Aravindh Raj (Ped)

TREATMENT CHART

S.No.	Drug Name	Strength Mg.	Frequency Route	02/01 M	02/01 A	02/01 N	03/01 M	03/01 A	03/01 N	Any Special Instruction
1.	INJ: TAXIM (ATD)	~~500MG~~ IV	BD	DU		10am	10pm	P2		
2.	CALPOL DROPS	1.5ML	P/O	QID		9am	9pm			
3.	PROCOF LS DROPS	1ML	P/O	BD		9am	9pm			
4.	REINSTALL DROPS	1ML	P/O	1ML-0-0			9pm			
5.	TAB: FELSIUM	½	P/O	1day BD		9am	9pm	← STOP →		
6.	PARA SUPPOSITORY	125MG	P/R	SOS		9am				

CamScanner

(1)

Medway JSP Hospitals

The way to better health

(A Unit of United Alliance Healthcare Pvt Ltd)

GRAPHIC

Baby JASWIN
1/Male/MHC202400284
02/01/2024/IPC202400011
Dr ARAVINDH RAJHA P.S(PAEDITRIC

Name Jasmin Age 1/m

DATE			2/1/24	3/1/24				
No. of DAYS			(1)	(2)				
DAYS POST OP.								
TIME			6.10.a	4(02.24)				
PULSE	°C	°F						
210	340	41.1	106						
200	320	40.6	105						
190	300	40.0	104						
180	280	39.4	103						
170	260	38.9	102						
160	240	38.3	101						
150	220	37.8	100						
140	200	37.2	99						
130	180	36.7	98						
120	160	36.1	97						
110	140	35.6	96						
100	120	35.0	95						
90	100	RESP	60						
80	80		50						
70	60		40						
60	40		30						
50	20		20						
40	B.R.O		10						
STOOLS									
URINE			voided	Void					
SPUTUM			-	-					
WEIGHT			10kg 8	-					
BATH			given						

Pulse

Resp

Laboratory Test Result

Patient Name	: **Baby.JASWIN**	Patient Id	: MHC202400284
Visit No	: IPC2024000011	Sample ID	: CMWho14762
Age	: 1	Order Date	: 02/01/2024
Gender	: Male	Collection Date & Time	: 02/01/2024 11:20:58PM
Visit Type	: IP	Receiving Date & Time	: 02/01/2024 11:21:28PM
Patient Ph No	:	Report Date & Time	: 02/01/2024 11:23:17PM
Ward/Bed	: CHILDREN WARD / 60-A	Doctor Name	: Dr.ARAVINDH RAJHA P.S(PAE

Investigation	Value	Unit	Biological Reference Value
HAEMATOLOGY			
CBC			
TWBC	11600	Cells/cu mm	0-2 days : 10000-26000 3-6 days : 7000- 23000 7-13 days : 6000- 22000 14-30 days: 6000- 2200
(Method : *Flow cytometry by laser)* (Specimen : *Whole blood)* **NEUTROPHILS**	55	%	40 - 80
(Method : *Flow cytometry by laser)* (Specimen : *Whole blood)* **LYMPHOCYTES**	40	%	20 - 40
(Method : *Flow cytometry by laser)* (Specimen : *Whole blood)* **EOSINOPHILS**	05	%	01 - 06
(Method : *Flow cytometry by laser)* (Specimen : *Whole blood)* **MONOCYTES**	-	%	02 - 10
(Method : *Flow cytometry by laser)* (Specimen : *Whole blood)* **BASOPHILS**	-	%	0 - 2
(Method : *Flow cytometry by laser)* (Specimen : *Whole blood)*			

Dr.Monica Kumbhat.,

LAB DIRECTOR

PRAKASH

Result Entered By

Tests marked with NABL symbol are accredited by NABL vide Certificate no MC- 5409

Patient Name	: **Baby.JASWIN**	Patient Id	: MHC202400284
Visit No	: IPC2024000011	Sample ID	: CMWho14762
Age	: 1	Order Date	: 02/01/2024
Gender	: Male	Collection Date & Time	: 02/01/2024 11:20:58PM
Visit Type	: IP	Receiving Date & Time	: 02/01/2024 11:21:28PM
Patient Ph No	:	Report Date & Time	: 02/01/2024 11:23:17PM
Ward/Bed	: CHILDREN WARD / 60-A	Doctor Name	: Dr.ARAVINDH RAJHA P.S(PAE

Investigation	Value	Unit	Biological Reference Value
HAEMOGLOBIN	10.2	g/dL	11.1 - 14.1
(Method : *Colorimetric*) (Specimen : *Whole blood*) **HAEMATOCRIT**	32.6	%	0-2 days : 58.5-61.5 3-6 days : 55.89-56.11 7-13 days : 52.8-55.2 14-30 days: 50
(Method : *Calculated*) (Specimen : *Whole blood*) **TRBC**	4.3	Millions/cu mm	0-2 days : 5.0-7.0 3-6 days : 4.0-6.6 7-13 days : 3.9-6.3 14-30 days: 3.6-6.2
(Method : *Electrical Impedence*) (Specimen : *Whole blood*) **MCV**	74.4	fL	0-2 days : 100-120 3-6 days : 92-118 7-13 days : 88-126 14-30 days: 86-124
(Method : *Calculated*) (Specimen : *Whole blood*) **MCH**	22.8	pg	25 - 27
(Method : *Calculated*) (Specimen : *Whole blood*) **MCHC**	30.7	g/dL	0-2 days : 30-36 3-6 days : 29-37 7-13 days : 28-38 14-30 d
(Method : *Calculated*)			

Dr.Monica Kumbhat.,

LAB DIRECTOR

PRAKASH

Result Entered By

Tests marked with NABL symbol are accredited by NABL vide Certificate no MC- 5409

Patient Name	: **Baby.JASWIN**	Patient Id	: MHC202400284
Visit No	: IPC2024000011	Sample ID	: CMWho14762
Age	: 1	Order Date	: 02/01/2024
Gender	: Male	Collection Date & Time	: 02/01/2024 11:20:58PM
Visit Type	: IP	Receiving Date & Time	: 02/01/2024 11:21:28PM
Patient Ph No	:	Report Date & Time	: 02/01/2024 11:23:17PM
Ward/Bed	: CHILDREN WARD / 60-A	Doctor Name	: Dr.ARAVINDH RAJHA P S(PAE

Investigation	Value	Unit	Biological Reference Value
(Specimen : *Whole blood*)			
PLATELET	2.53	Cells/cu mm	0-2 days : 10000-45000 3-6 days : 21000-50000 7-13 days : 16000-50000 14-30 days: 17000-50000
(Method : *Electrical Impedence*)			
(Specimen : *Whole blood*)			
SEROLOGY			
C.R.P. (C-Reactive Protein)	POSITIVE 48	mg/L	< 5.0
(Method : *Particle enhanced immunoturbidimetric assay*)			
(Specimen : *Serum*)			

----- End of the Report -----

Dr.Monica Kumbhat.,
LAB DIRECTOR

PRAKASH
Result Entered By

Tests marked with NABL symbol are accredited by NABL vide Certificate no MC- 5409

Medway JSP Hospitals®
The way to better health
(A Unit of United Alliance Healthcare Pvt Ltd)
No.70, Kanchipuram High Road, Chengalpattu - 603 002. (TN)
Phone : 2742 6829, 2742 8851

Dr. P.S. Aravindh Rajha, M.B.B.S., M.D.
(Pediatrics)
CHILD HEALTH CONSULTANT
Reg No : 91569

Name : Jaswin Age 1 1/2 yrs Sex M Date : 02.01.24

Ref. Dr. :
DOB : 14.7.22
B.Wt. : 2.6 kg
Weight : 10.5 kg
Temp : 100 F

To ent

Taxim –o dsp

2ml –o– 2ml x 2days.

PCT Suppotum
170mg/stat

Calpol dsp 1.5ml/po/1-1-1-1x2days.
K/c/o febrile fits.

Nintall dsp 1ml –o x 10days.

Rosuj-CL dsp ——→ (1).

1ml –o– 1ml x 3-5days.

T. Trimm 5mg
1/2 –o– 1/2 x 2days

Timings : 10.00 am - 1.00 pm : SUMYKTHA POLYCLINIC : Ground Floor, No.22/6, Devarajan Street, Vedachalam Nagar, Chengalpattu - 603 002, Ph : 9894136363, 8056936363
Monday to Saturday
4.00 pm - 5.00 pm : MEDWAY JSP HOSPITAL : No.70, Kanchipuram High Road, Chengalpattu - 603 002. (TN) Phone : 2742 6829, 2742 8851
7.30 pm - 8.30 pm : JEEVAN HOSPITALS : Plot No.14/3, 2nd Avenue, Domestic Tariff Area, Mahindra World City, Chengalpattu Taluk, Kanchipuram Dist.-603004 Ph. 044-27460044 / 50 / 9445538851

Baby.JASWIN
2/Male/MHC202400061
Date of Reg : 01/01/2024 04:57 PM

DISCHARGE SUMMARY

PATIENT NAME	: BABY.JASWIN	IPNO : 2877/23 UHID NO: 2360516
AGE	:1¼ YEARS	SEX : MALE
S/O	: MR. PARTHIPAN	WEIGHT: 9.7 KG
ADDRESS	: ANNAI INDHIRAGANDHI STREET, NATARAJAPURAM, CHENGALPATTU DT.,	
	MOBILE NO: 9445398034	

DATE OF ADMISSION: 8/11/23@2.26PM DATE OF DISCHARGE: 10/11/23@4.00PM

CONSULTANT ATTENDED:
DR.ARAVIND RAJHA .,MD.,(PAED)

DIAGNOSIS:
SIMPLE FEBRILE SEIZURE

HISTORY :
A 1¼ Years old baby admitted with
C/o One episode of seizure (8/11/23) at around 1.30 pm lasting for 5 minutes
H/o Fever since yesterday
Not a K/C/o BA, Epilepsy

On Examination :
Baby alert active Febrile ,
Vitals : T- 99ºF, PR=110/min, RR=24/min ,
S/E: CVS-S_1S_2 (+),
RS-BAE(+),
P/A- SOFT,
CNS-NFND

COURSE IN HOSPITAL

Baby was admitted with above mentioned complaints. pediatrician opinion was obtained. Baby was evaluated and treated with IV fluids, antibiotics and supportive care. Baby improved symptomatically and discharged in stable condition

TREATMENT GIVEN:

IV Fluids

@ Inj. Taxim 400mg	iv	bd
@ Drops. Calpol 1.5 ml	p/o	qd
@ Drops.Ezeflu 1 ml	p/o	bd
@ Drops.Prokoff 1ml	p/o	bd
@ Sup.Para170mg	p/r	sos
@ Tab.Frisium 5mg ½	p/o	bd
@ Neb. With 3% NS	p/n	tds

INVESTIGATION:

REPORTS ENCLOSED

ON DISCHARGE :

O/E : Baby alert active Afebrile, PR – 110/min, RR=26/min
CVS-S_1S_2 (+), RS-NVBS(+)
P/A- SOFT, CNS-NFND

DISCHARGE ADVICE:

❖ Drops.oxiprod	p/o	2ml-0-2ml
❖ Drops.Calpol	p/o	1.5ml (sos)
❖ Drops.Ezeflu	p/o	1ml-0-1ml x 3 days
❖ Drops.Procof – LS	p/o	1ml-0-1ml x 3 days

When ever febrile seizure

- ❖ TEPID SPONGING
- ❖ SYP.P250 MG
- ❖ TAB.FRISIUM 5MG P/O ½ -0- ½
- ❖ (Consult nearest doctor)

Emergency please Contact: Ph. 044-27426829, 7373122766

IF YOU HAVE ANY OF THE FOLLOWING SYMPTOMS:

WARNING SIGN:1.FEVER 2.COUGH 3.VOMITTING 4. STOMACH PAIN

FOLLOW UP:

REVIEW WITH DR. ARAVINDH RAJHA MD.,(PAED) AFTER 3 DAYS IN JSP AS OP.

MEDICAL OFFICER