



Caution

- Measure to maximize accuracy fluid balance checks. Do not immerse skin open radiant warming coils. Removeable water top.
- Infant should not be left unattended when used in manual mode.
- Do not leave baby unattended in case of data panel are open.
- Do not open any door condition.
- Do not pull or push sensor area, otherwise sensor disconnects.
- Check the power supply is continuous, verified, approved for medical use and monitor when using specifications of the monitor unit.





SKIN MANUAL CONTROLLER



Caution

- 1. Measure to ensure correct fit before using. Do not use if the sensor is not properly attached.
- 2. Do not use on the face or other sensitive areas.
- 3. Do not use on the chest or back of the patient.
- 4. Do not use on the patient's head.
- 5. Do not use on the patient's neck.
- 6. Do not use on the patient's arms.
- 7. Do not use on the patient's legs.
- 8. Do not use on the patient's feet.



43°C
43°F
43°C
43°F
POWER
ON
SKIN MANUAL CONTROLLER

SKIN SENSOR

Caution

- Allowance for maximum allowed fluid balance should be determined. These limits should be determined when used in neonates.
- Infant should not be fully submerged when used in neonates.
- Do not leave fully submerged in use. All side panels are open.
- Do not operate the device in this condition.
- Do not put in hard water with ionized water directly in.
- Always the power supply is disconnected, and the device should be used in a well-ventilated area with regular maintenance of the device.





SWASTIK

MULTISPECIALITY HOSPITAL

Mohna Road, Opp. SBI Bank, Ballabgarh



0129-2303438

E-Mail : swastikhospitalfaridabad@gmail.com

INDOOR FILE

Bed No.	
Regd. No.	
OPD No.	
IPD No.	7164
D.O.A.	7/11/24 at 6
D.O.U.	

Patient's Name Mst. Ramk

US/W/D of Mandir Age 1m Sex Male

Occupation Marital Status

Address Adaugh Nangor, Near Balaji

Mandir BIB Phone No.

Consultant Incharge Dr. Ram Singh Relation father



Patient Name:	Master RONAK	Age / Sex:	1 months / M
Admitted By:	Dr. SWASTIK MULTISPECIALITY HOS.	Date:	08/11/2024
Reg. No.:	71219	Reported on:	08/11/2024 12:23 PM
Collected on:	08/11/2024		

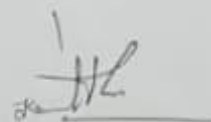


71219

HAEMATOLOGY COMPLETE BLOOD COUNT (CBC)

TEST	VALUE	UNIT	REFERENCE
Hemoglobin	L 10.3	g/dl	11.2 - 16.5
Total Leukocyte Count	H 15,100	cumm	4,000 - 11,000
Differential Leukocyte Count			
Neutrophils	60	%	40 - 80
Lymphocyte	31	%	20 - 40
Eosinophils	04	%	1 - 6
Monocytes	05	%	2 - 10
Basophils		%	< 2
Platelet Count	2.69	lakhs/cumm	1.5 - 4.5
Total RBC Count	L 3.4	million/cumm	4.5 - 5.5
Hematocrit Value, Hct	L 32.2	%	40 - 50
Mean Corpuscular Volume, MCV	94.7	fL	83 - 101
Mean Cell Haemoglobin, MCH	30.3	Pg	27 - 32
Mean Cell Haemoglobin CON, MCHC	32.0	%	31.5 - 34.5
Mean Platelet Volume, MPV	9.8	fL	6.5 - 12
R.D.W. - SD	H 49.1	fL	39 - 46
R.D.W. - CV	H 15.3	%	11.6 - 14

Anil Kumar
M.Sc. Microbiology
Lab Incharge


Dr. Kamal Sathyarthi
M.B.B.S. D.C.P. (Senior Pathologist)
Reg. No. - MCI - 25147



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Referred By:	Dr. SWASTIK MULTISPECIALITY HOS.	Date:	08/11/2024
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Anil Kumar
M.Sc. Microbiology
Lab Incharge

Dr. Kamal Sathiyarathi
M.B.B.S. D.C.P. (Senior Pathologist)
Reg. No. - MC1 - 25147



Hospital Recommendation letter

Date: 29/11/2024

Name of the child:- Master Ronak

Age:- 1 months

Gender: Male

Medical Diagnosis: Congenital Heart defect/RDS /HMD/ sepsis/ ARDS /Shock/Neonatal sepsis/ Apnoea

Suggested treatment:Medical/surgical management with respiratory support

Proposed date of Surgery/Treatment: Upto 4 wks.

Estimated cost of treatment (with break ups): Rs 600000/-

This is to certify that the above referred case is critically ill. The child requires support for medical treatment expense. We here by recommend you this case for financial assistance. The above mentioned estimate is approximation for surgery/treatment and in the event of any complications the expenses may exceed the estimated cost.

From;

Signature:


DR. PAVAN KUMAR SHARMA
M.B.B.S., D.C.H. (N.M.H.)
Reg. No. HN-7303

Name of Medical Practitioner: Dr. Pawan Kumar Sharma

Designation: Consultant Paediatrics

Department: Paediatrics

दिनांक - 29/11/2024
सेवा में,

संस्थापक महोदय

व्यपन केंद्र ऑर्गेनाइजेशन
दिल्ली

श्री मानव्य शैलक का पिता आपसे निवेदन
करता है कि हमारे बच्चे के इलाज में मदद
करें। मेरा परिवार बहुत गरीब है हमारा
परिवार जीवन भर आपका आभारी रहेगा।
कृपया करके आर्थिक रूप से मदद करें।

आपका आभारी

मानव्य

Refer to back card only.

R

Dr. PAWAN KUMAR SHARMA
M.B.B.S., D.C.H. (I.M.U.)
Reg. No. HN-7303