



MISSION HOPP  
GEETA COLONY, DELHI



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GEETA COLONY, DELHI



**Registration Form**

Date -

Reg. No -

- \* Patient Full Name ..... ANIT KASHYAP .....
- \* Patient's Date of Birth 01.07.1991 ..... Age 30 Yrs.
- \* Patient's Gender ..... MALE .....
- \* Patient's Guardian Name ..... RAM GOPAL KASHYAP .....
- \* Relation With Child ..... FATHER .....
- \* Permanent Address ..... 15, KAHARAN, MUZZAFFAR  
NAGAR, MUZZAFFARNAGAR CITY, .....
- Dist. MUZZAFFARNAGAR Pin Code 251002 State U.P.
- \* Contact Number +91- [REDACTED] ; +91 - .....
- \* Patient's Family Background ..... FARMER .....
- \* Parent / Guardian Proof RADHAKR. NO. Id No. [REDACTED]
- \* Hospital Name (where patient admitted) ..... R.M.L. HOSPITAL, Delhi .....
- \* Name of Department ..... ORTHO. U.I. SURGICAL, EMERGENCY .....
- \* Disease (patient suffering from) ..... Trans humeral Trans tibial guillotine .....
- \* Doctor's Name (who treated the patient) Dr. ATAY SHUKLA .....
- \* OPD Reg. No. 202230309 ..... Date 26.05.2022 .....
- \* Approximate Treatment Cost 1,00,000/- .....

[Signature]  
(Parent / Guardian signature OR LIT)

\* Registration No. (records in NGO) MH0085/2022 For (Only Office Use) MISSION HOPP

[Signature]  
Deciding officer's signature

[Signature]  
Trustee  
Trustee signature with seal

26/06/22

Social Worker Call

To

DOD Anchoya  
Social Worker Cell  
Army Hospital  
New Delhi

Amit Kumar  
Eo 22 30309  
Dyho unit  
SE-12

Sir/Madam

Above mentioned pt. is post op case of transhumeral trans tibial guinea amputation. It needs wheel chair and cant afford that. Kindly attend the pt and provide your valuable help.

Thanking you

Approx Cost - 5,000/-

Dr. Sheetal Sharma

PG Resident  
Department of Orthopedics  
ABVIMS & Dr. RML Hospital  
New Delhi-110001

9897464960

9/2 9/24/22

Ref to At-home M. Lopez A-no.

Received by MISSION HOPP

दिनांक

9/2 9/24/22

MSS

03/06/2022



डिस्चार्ज/मृत्यु की रिपोर्ट Discharge/Death-Summary Ph. 911-2100000/2100012

आदेशित डॉक्टर का नाम CR No. 15741	विभाग/दफ्तार डॉक्टर का नाम- Depo-Name of HOC- Dr. Ajay Shukla	बार्ड/रूम का क्र. नं. Ward No. 14
नाम Name AMIT	आयु/लिंग Age/Sex 30yrs/M	एन.ए.ए. नं. N.C.No. —
बी.बी.एन. नं. CCID No. —	आदि की तारीख Date of Admission 25/3/22	डिस्चार्ज/मृत्यु की तारीख एवं समय- Date & Time of Discharge/Death 12/5/2022

डिस्चार्ज का कारण-  
Diagnosis on Discharge of Case History  
Dxk: • Degloving Injury & segmental ulna # RT  
• Degloving Injury & comminuted # Tibia x fibula  
RT (Middle 1/3rd) Dx: 24/3/22

बrevé का संक्षिप्त सारांश-  
Brief Summary of Case History  
• RT wrist traumatic amputation MxZ: All H/O Trauma  
• Rt Below Ankle Amputation  
(Gustilo Anderson III) Accident

• Patient apparently asymptomatic before 24/3/22 at around 7 pm then he alleged to slip-fall on railway track while getting into moving train near Ghaziabad and strucked in b/w train and platform and sustained injury to right lower limb and right upper limb followed by he was unable to move and walk. then he was taken to local hospital and referred to RML Hospital for further management.

जांच का विवरण-  
Details of Investigation  
- H/O head injury, H/O LOC (5 mins)  
- No H/O vomiting/seizures/ENT bleed/chest/Abd inju  
- No H/O HTN, DM, Asthma, TG, any previous #.

	Pre op	Post op	GPE	LEx (Right lower l)
Hb	10.1	13.1	G.S. G.V.M.	Swelling +
Tlc	8300	7000	Afebrile	• degloving injury of
Plt	1.06Lk	23	consciousness	• Traumatic amputat
Creat	0.5	0.5	Oriented	• of right midfoot
Wra	15.7	15	BP= 118/76 mmHg	• Popliteal pulse ⊕
Na	140	142	PR= 90/min	(Right upper limb)
K	4.4	4.3		• Degloving injury of
				• Traumatic amputation

H/W I and II - Neg  
HBs Ag - N/R  
Anti HCV - N/R  
Patient received in ECGA & Attended in LIS & initially managed w/ IV Antibiotics, wound wash & (1000) & 200ml. plastic ex. epithel. injury. advised for Amputation & Am Abdominal amput

Procedure

RT side Transhumeral and LT transhumeral guilebone amputation done & GA on 27/7/22

सर्वोपरोक्त का प्रमाण  
Treatment/Operation notes

Surgeons

- Dr. Nandan (SR)
- Dr. Devender (SR)
- Dr. Sawthoshi (PG2)
- Dr. Sanchit (PG2)
- Dr. Sahil (PG1)

Anaesthetist

- Dr. Durgant (SR)
- Dr. Manu (PG)

Condition on discharge  
Sci-fur, R/L Wpn, R/L feet  
RFF=80

Local Rehabilitation

- Right upper limb - Transhumeral amputation complete to above elbow on Sunday
- Right lower limb - Transhumeral amputation complete to above knee on Sunday
- Prosthetic guilebone computer - PDS with hyperbaric oxygen
- Wound dressing - ASD done with hyperbaric oxygen

सर्वोपरोक्त का प्रमाण  
Advice on Discharge & Follow up visits

- Continue V slab in Right lower limb.
- Limb elevation
- Continue exercises
- Tab. PCM 500mg BID
- Tab Panty 40mg BID
- Tab vitc 1000mg OD x 4 weeks
- Tab vitD, 50k IU once weekly x 4 weeks
- Alternate day dressing at nearby hospital
- R/L in ortho OPD in Room No. 36A @ 9:00 am on Monday & Thursday.

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RESERVE

सर्वोपरोक्त का प्रमाण  
Sign & Stamp of Service Resident

*[Handwritten signatures]*  
Dr. Sahil  
Dr. Sanchit  
Dr. Sawthoshi

सर्वोपरोक्त का प्रमाण  
Sign & Stamp of Head of Unit



**KRISHNA MEDISURG**SPL IN ORTHO IMPLANTSSTALL NO.22 BEHIND DR. RML HOSPITAL GATE NO.6  
OLD R.K. ASHRAM MARG  
NEW DELHI-110001  
Phone : 9810192073

DL.No. :DL NO.-113727,113728

GST : 07AFJPG3617D1ZT

PT. AMIT KUMAR  
C/O MISSION HOPP.Invoice No: A001914  
Date : 03-06-2022**GST INVOICE**

S.	Description	Packing	Lot	Qty.	RATE	GST%	Amount
1	a WHEEL CHAIR MAGPREM DIS.BLAC	1NOS	01	1	10000.00	5.00	7500.00

HSN-&gt;8713 GST@19%48\*2.5+2.5%+154.75%GST+154.75%GST, "NO RETURN NO EXCHANGE"

SUB TOTAL 7452.38

DISCOUNT 1000.00

GRAND TOTAL 6500.00

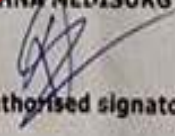
Rs. Six Thousand Five Hundred Only

**Terms & Conditions**Goods once sold will not be taken back or exchanged.  
All disputes subject to DELHI Jurisdiction only.  
REVERSE CHARGE NO.

User Name : 004

Time : 11:28

For KRISHNA MEDISURG

  
 Authorised signatory

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1/10/22

# CSIB SE UROLOGY

limit  
week - 14  
bed - 4

Patient admitted to AMU  
- 2yo dist leg disarticulation  
at knee - E stage

urology referral sought for hematuria  
during CAT time today

PE Patient conscious

HE - EUM - (A)  
Pnis - (A)

PIA - soft, non tender

## Investigations

5/8/22

TLC - 8,500

Platelet - 1,80,000

OSS ~~not done~~ (ASIS)

(+) schistosomiasis  
No calcification

10/11, urine/culture - 6.5 / 0.6

ESR (2915)

1.5

URM (18/5/22)

RBC - 60-70/HFA

WBC - 14

cell - 14  
reaction - 0.6

## Adx

- Urine for cytology
- Urine for AFB
- morning samples x 5 days.
- Urine for TB PCR
- CT urography.

Review urology  
cell 10.5 / 2 reports

Pump  
see urology

10/05/2022

C/S/S SR Urology

Habit  
30/Male  
HT/PCW  
Med - 5

C/o Transurethral and right  
testis sized amputation  
on 11/1/2022.

urology cell script for complaints  
of bleeding per urethra following  
attempted catheterisation.

Currently, patient is voiding clear urine  
without catheter.

Investigation: AM - ~~done~~ <sup>done</sup> ~~sent~~ <sup>sent</sup>

Adv  
- urine  $\left\{ \begin{array}{l} \text{pH} \\ \text{ME} \end{array} \right.$

- USG KUB and  
Postell, PKU.
- KFT

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Pro - 19.800  
e/cp - 14.6  
Creatinine - 0.6

Review urology cell  
10/5/22 with reports

Dr  
SR Urology

Urology Reference

To,  
The DOD  
Urology Department  
RMLH.

Amit Kashyap  
30yrs/M.  
30309.  
NTPR/ICU Bed-3.

Respected Sir/Madam,

The above mentioned patient is a case of transurethral & Rt. transfibular amputation. He's currently admitted into NTPR ICU. The patient has frank blood from the penis and suprapubic swelling. Kindly, assess the patient and give your opinion.

BP: 162/103  
HR - 134  
SpO<sub>2</sub> - 99.

Thanking you,

Dr. Arunagiri  
Dept. of Anaesthesia

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75 साल स्वास्थ्य सेवा में - 1933-2008  
75 YEARS OF HEALTH CARE 1933-2008

भारत सरकार  
GOVERNMENT OF INDIA

जी. चि. शि. अनु. सं. - डा. राम मनोहर लोहिया अस्पताल, नई दिल्ली  
PGIMER - DR. RAM MANOHAR LOHIA HOSPITAL, NEW DELHI

जिन्दगी चुनें : तम्बाकू नहीं  
CHOOSE LIFE : Not Tobacco



20220365878

केस शीट / CASE SHEET

(अ) भर्ती संबंधी जानकारी / Admission Data : AADHAR NO. SURGICAL EMERGENCY, 2nd Floor

के. सं. संख्या / CR No.	202230309	बार्ड / Ward	ECS	
यूनिट नं. / Unit No.	Ortho U1	रिफरल नं. / Referral No.	No	ह/नहीं / Yes/No
यूनिट प्रमुख / Unit Head	Dr. Ajay Shukla Ortho	रिफरल डॉ. का नाम / Referred By		
भर्ती की तिथि/समय / Date & Time of Admission				

(ख) रोगी के संबंध में 26/05/2022 11:44 26 AM

नाम / Name	AMIT KASHYAP	आयु / उम्र / Age & Sex	30 years / Male
माता-पिता/पति का नाम / Mother / Father / Husband's Name	RAM GOPAL KASHYAP	आधार नं. / AADHAR No.	20220365878
पता / Address	15, KAHARAN, MUZAFFARNAGAR, UTTAR PRADESH, INDIA	CGHS कार्ड नं. / CGHS Card No.	9897464960

(ग) चिकित्सकीय आंकड़े / Clinical Data

अंतिम निदान / Final Diagnosis	tra humeral r. B/k multifocal osteoporosis	ICD Code	(Non-tubercular osteitis)
उपचार / Procedure	Open debridement for stump closure	कार्यवाही की तिथि / Date of Operation	27/5/22

(घ) छुट्टी/मृत्यु संबंधी आंकड़े / Discharge/Death Details :

छुट्टी/मृत्यु की तिथि/समय / Date & Time of Discharge/Refered/LAMA/Abse/Death	अस्पताल में भर्ती रहने का समय / Hospital Stay
मृत्यु का कारण / Cause of Death	

डॉ. का नाम / Name	जूनियर रेजिडेंट / Junior Resident	सिニアर रेजिडेंट / Senior Resident	चि. अधिकारी/सि. अधिकारी/सुपरिंटेंडेंट अस्पताल / M.O. / Specialist / HOJ
हस्ताक्षर / Signature	<i>Dr. RL</i>		

कार्य चिकित्सा और / अथवा शल्य चिकित्सा द्वारा उपचार के लिए प्राधिकार  
AUTHORISATION FOR MEDICAL AND / OR SURGICAL TREATMENT

इस अस्पताल में दाखिल के दौरान नैदानिक परीक्षा जाँचकृति (बायोप्सी), आधान अथवा शल्य क्रि  
किसी भी प्रकार का संवेदनाहारक का इस्तेमाल करने तथा इलाज, जैसा भी उचित समझा जाए करने की एवम  
प्रदान की जाती है। संबंधित चिकित्सक ने इसके खतरों, परिणामों और पूर्वानुमानों के बारे में मुझे बता दिया है।

Permission is hereby given for the performance of any diagnostic examination, biopsy, tra  
or operation and for the administration of any anaesthetic and treatment as may be deemed ad  
the course of this hospital admission. The risk, consequences and prognosis of which have been e  
to me by the doctor.

h  
चिकित्सक के हस्ताक्षर  
Signature of Doctor  
Dr. MCANAK

ONLHY  
रोगी/संबंधी के  
Signature of Patient/Relative  
Vishu  
सम्बन्ध  
Relationship  
Brother

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दिनांक  
Date: 27/5/2024  
समय  
Time

रुखसत की जिम्मेदारी से मुक्ति  
RELEASE FROM RESPONSIBILITY FOR DISCHARGE

खंड रहा हूँ  
मैं चिकित्सक की सलाह के खिलाफ अस्पताल \_\_\_\_\_ में यह मानता हूँ कि मुझे  
से रोगी को ले जा रहा हूँ  
अप्य खतरा हो सकता है इस वर में मुझे सचता दे दी गई और मैं इस प्रकार की रुखसत से होने वाले कुरभाव को  
जिम्मेदारियों से उपचार से संबंधित चिकित्सक और अस्पताल को मुक्त कर रहा हूँ।

I am \_\_\_\_\_ leaving \_\_\_\_\_ the hospital against the advice of the Attending  
taking away the patient from \_\_\_\_\_ Physician. I acknowledge that I have been informed of the risk involved and hereby release the Attending  
Physician and the hospital from all responsibilities or any ill effect which may result from such discharge

रोगी/संबंधी के हस्ताक्षर  
Signature of Patient/Relative  
सम्बन्ध  
Relationship

Surgery Reference

To  
DOD/SR/JR  
Department of Surgery  
RML Hospital

Amit 30/11  
30309

URGENT

Respected Sir/Madam:

The above mentioned patient is  
case of transverse + transibial amputation.  
on 31/3/22. underwent stump closure on 27/5/22  
Patient was catheterized in post-op in RPR ICU  
and urine from 27/5/22 patient had persistent  
tachycardia. <sup>patient's blood</sup> catheter block was  
checked -> negative. <sup>stony</sup> catheter was attempted.  
upon removal fresh spurt of blood around 15/6/2022  
was seen. kindly give your valuable opinion.

Vital

Bp - 138/48 mmHg  
PR - 132/min  
SpO2 - 96% RA.

? Urinary injury  
Rn to Urology

Yours truly,

Surge  
ARUNGOLOTTI,  
PG-1





सर्वोच्च सरकार / Government of India

एन.टी. रो.म. अ. अ. अ. नवीन राष्ट्रीय अस्पताल, नई दिल्ली-110001

PGIMER-Dr. Ram Manohar Lohia Hospital, New Delhi-110001



उत्सर्ग/मृत्यु का सारांश / Discharge/Death Summary

रोगी का नाम/रोगी का नाम CR No. 2022 307	अस्पताल का नाम/नाम Dept. Name of HOU- Dr. RML	रोगी का नाम/रोगी का नाम Ward No. 19/2nd F
रोगी का नाम/रोगी का नाम Name: Pratik Kachyop	उम्र/वय Age/Sex: 34/M	रोगी का नाम/रोगी का नाम M.C. No. -
रोगी का नाम/रोगी का नाम CGHS No. -	रोगी का नाम/रोगी का नाम Date of Admission: 24/05/2022	रोगी का नाम/रोगी का नाम Date & Time of Discharge/Death: 4/6/22

रोगी का नाम/रोगी का नाम  
Diagnosis on Discharge/Cause of Death:  $\textcircled{R}$  Traumatic & Transhumeral humeral fracture

रोगी का नाम/रोगी का नाम  
Brief Summary of Case History: Patient was asymptomatic before 24/5/22 when he alleged to slip & fall on tarmac road while getting into motor bike near warehouse & struck by the front of platform & sustained injury to right elbow & right upper limb followed by he was unable to move the right elbow & was taken to local hospital & referred to PGIMER, New Delhi, where he was managed with  $\textcircled{R}$  Traumatic & Transhumeral humeral fracture with amputation.

रोगी का नाम/रोगी का नाम  
Details of Investigation:

Hb-13  
 T.Bil-1.0  
 Urea-6.5  
 Creat-0.2  
 T.Protein-5.1  
 S.M-28  
 W.C-142  
 R.C-35

Local examination of  $\textcircled{R}$  upper limb  
 - Traumatic humeral humeral fracture amputation  
 - No active bleeding  
 - Wound margin & base healthy  
 - No pt discharge

Local examination of  $\textcircled{L}$  lower limb  
 - Multifocal qualitative amputation  
 - No active bleeding  
 - No pt discharge  
 - Wound margin appears healthy

