MISSION HOPP
An Effort Towards Changing

H.No.-203 , Gali No. -11
Geeta Colony , East Delhi
New Delhi - 110031

Date -

Reg. No -

Registration Form

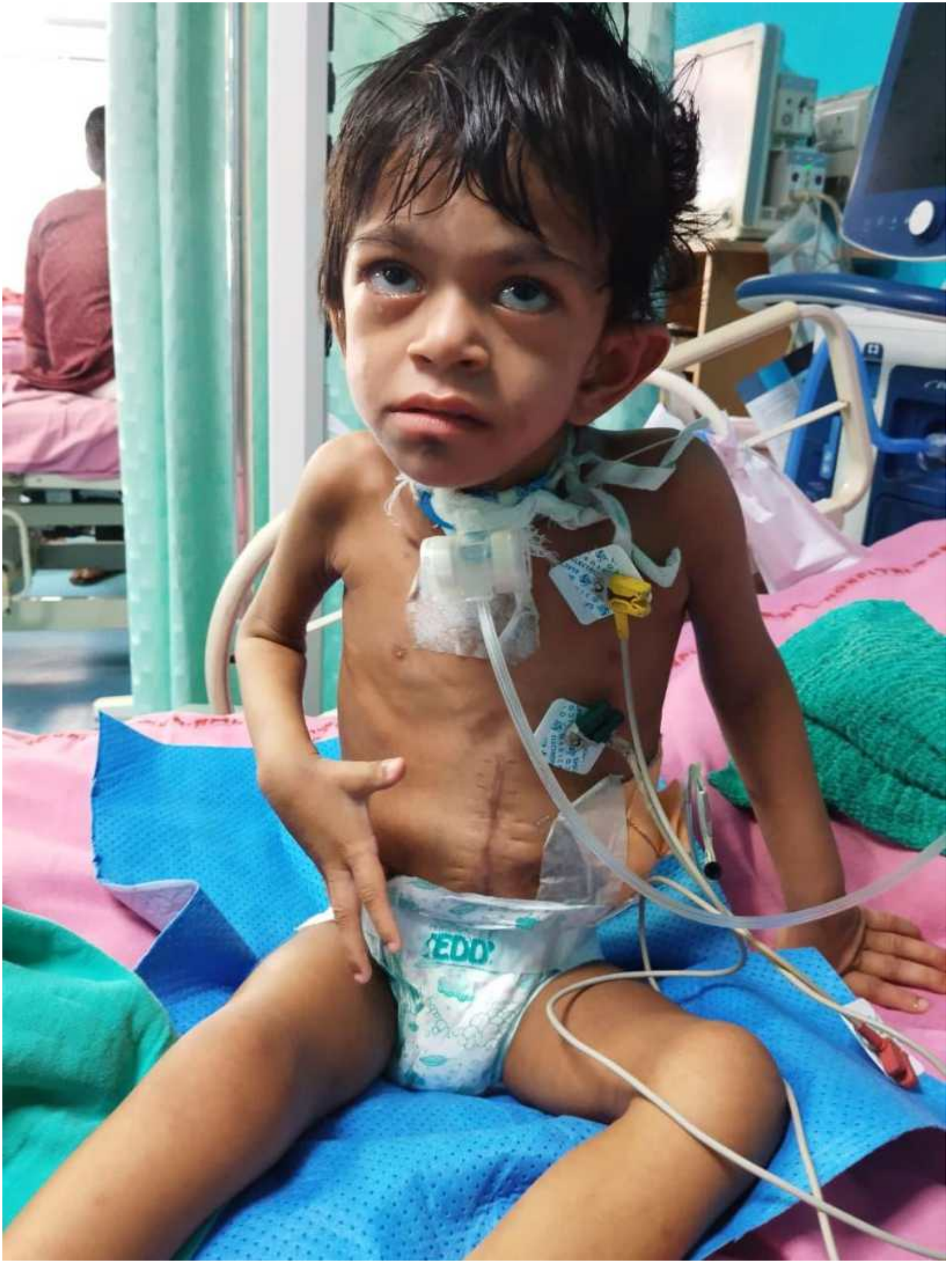
* Patient Full Name ....Alok / Baby of Lupa....
* Patient's Date of Birth ..08../..08../....2022.... Age ....3..... Yrs.
* Patient's Gender .....Male.....
* Patient's Guardian Name ....Sumit Kumar Sharma....
* Relation With Child .....Father.....
* Parmanent Address ..Plot no-33, Adarsh Vihar Near.....
.....Shyama Sadan Guest House.....
Dist. Kanpur Nagar.....Pin Code ..208015..... State .....U.P.....
* Contact Number +91- ..XXXX 1499..... ; +91 - .....
* Patient's Family Background .....Electrition Mag.....
* Parent / Guardian Proof ....UIDAI..... Id No. [redacted] 2588
* Hospital Name (where patient admitted) .....RML- HOSPITAL.....
* Name of Department .....P-ICU.....
* Disease (patient suffering from) ...Terminal esophagostomy.....
* Doctor's Name (who treated the patient) Dr. .....Deepak Kumar.....
* OPD Reg. No. ..2025.02.08.245..... Date ..15../..10../..2025.....
* Approximate Treatment Cost ..... Approx 6K .....

(Parent / Guardian signature OR LTI)

* Registration No. (records in NGO) ..MHO/37/2025.....(Only Office Use)

Deciding officers signature

Trustee signature with seal



www.missionhopp.org

To The MSSO,

Subject :- Regarding providing suction machine for a patient admitted in PICU of RML HOSPITAL.

Sir/madam.

Patient - B/O Roopa, CR-NO 47600

age - 3 years/M, PICU (408), above mentioned pt admitted in PICU of our hospital. Pt requires suction machine for TT suction. The approx cost of such tube would be 3000/piece. kindly provide appropriate help, for arranging the required suction machine as attendant cant afford the price of machine

Thank you

Dr Deepak Kumar.
JR - PICU
Depart of pediatrics (RML, New Delhi)
9414419068

Refer to Mission Hopp for Suction Machine
13/10/25
पुष्प लता / Pushp Lata
चिकित्सा समाज कल्याण अधिकारी
Medical Social Welfare Officer
Dr. Nisha Swami MBBS, MD.
DR. SUDHA CHANDELIA

Add :- Plot no. 33, Adarsh Vihar Delhi Daheli, Sujanpur, Kanpur.
Ph no. :- 8564821499 - Sumit Sharma (father)

1932 से स्वास्थ्य सेवा में
IN HEALTH CARE SERVICES SINCE 1932
भारत सरकार
Government of India

ए.बी.वी.आई.एम.एस. एवं डा. राम मनोहर लोहिया अस्पताल, नई दिल्ली
ABVIMS & Dr. Ram Manohar Lohia Hospital, New Delhi

जिन्दगी चुनें : तम्बाकू नहीं
CHOOSE LIFE : Not Tobacco

20250208245

केस शीट / CASE SHEET

(क) भर्ती संबंधी आंकड़े/Admission Data — AADHAR No.

के.प. संख्या/CR No.	202547600 PS1	वार्ड/Ward	Ward - 4
यूनिट सं./Unit No.		क्या चिकित्सा विधि रिपोर्ट है/Is MLC	(नहीं/No) हां/Yes
यूनिट अध्यक्ष के तहत भर्ती Unit Head/Admitted under	Dr. Pinaki R Debnath - Doctor	भेजने वाले का नाम Referred from	
भर्ती की तारीख एवं समय/ Date & Time of Admission	2025-07-28 9:30 am	स्थानांतरण Transfer/To	

(ख) रोगी के संबंध में आंकड़े/Patient Data

नाम/Name	Master. BABY OF RUPA	आयु एवं लिंग/Age & Sex	3 Years /Male
माता/पिता/पति का नाम Mother/Father/ Husband's Name	SUMIT KUMAR SHARMA	दूरभाष/Phone Nos.	******1499 8564821499
पता/Address	PLOT NO 33 ADARSH VIHAR,NEW PAC LINE KANPUR,NAGAR,DELHI,New Delhi,INDIA,	ब.गे.वि./आपातकालीन विभाग संख्या/OPD/ Emergency No.	
		के.स.स्वा.यो. टोकन सं. CGHS Token No.	

(ग) नैदानिक आंकड़े/Clinical Data :

निदान/ Final Diagnosis	follow up case of TGA on Closed esophagus	आईसीडी कोड/ ICD Code	
अपनाई गई शल्यक्रिया/ Operative Procedure	Rt c Gastric pullup c Esophagogastric prostanomosis c PJ	शल्यक्रिया की तारीख/ Date of Operation	8/8/25

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

छुट्टी की योजना की तिथि/ Date of Plan of Discharge		छुट्टी की योजना का समय/ Time of Plan of Discharge	
छुट्टी/भेजे जाने/लामा/फरार मृत्यु होने की तारीख एवं समय Date & Time of Discharge/ Referral/LAMA/Abse/Death		अस्पताल में भर्ती रहने की अवधि/ Hospital Stay	
		मृत्यु का कारण/ Cause of Death	

	कनिष्ठ रेजिडेंट Junior Resident	वरिष्ठ रेजिडेंट Senior Resident	चि. अधिकारी/संकाय/यूनिट अध्यक्ष Med. Officer/Faculty/Unit Head
नाम/Name	Dr Tarak	Dr Sahana	Dr Pinaki R Debnath
हस्ताक्षर/Signature			

RMLH/OF/FM25, Vol.01, w.e.f.01.04.25, Rev.00

ABVIMS & Dr RML Hospital

New Delhi - 110001

PICU DAYCARE SHEET

DEPARTMENT OF PEDIATRICS

Name	B/O RUPA	Date / Time-	14/10/25	DOA-	08/07/25
Age/Gender	3Y/MALE	CR. No. -	47830	DOPICU-	68
Weight	9.5kgs	Bed number	408	DOMV-	47
Diagnosis	P/O/C/O TEF Type C (Gastric pull up + FJ - 8/8/25) ē hypoxic seizure (R) ē Type II RF ē Extubation failure ē TT in situ (27/09/25) (2nd attempt) ē (R) UL collapse ē VAP (R)				

Current issues

Issue	Intervention	Current status
1) Afebrile	: off antibiotics	
2) Type II Resp failure	on SPONT mode - maintaining SpO2 >95%	
3) Feeding: Accepting RT feeds well (Orally allowed after consent) (food)	Chest - comfortable	
	RR - 25/min no retractions	
	Chest - B/L AE (+)	
4) Passing urine adequately	conducted sounds (+)	
5) H.D stable		

Respiratory system (SPONT)

Support	SIMV/PSV/CPAP/HFNC Morning	Evening	ABG/VBG	Time- Morning	Evening
PIP / PS	/8		PH		
Delta P / PEEP	/5		PCO2		
RR (T/V)	21/		HCO3		
FiO2	25%		BE		
MAP	7.8		Po2		
VTe	97		OI / OSI		
COMPLIANCE			ICa		
P/P Peak	/15		P/F ratio		
Min. Vent	2.00				
CXR	(R) sided UL Collapse (+)				
USG					

ET size	TT in situ
Fixed at	4mm Cuffed
Changed on	27/09/25

VAP---

ICDT---- (drain volume)

other drains

(R) sided LL Collapse
no infiltrates

RMLH/PED/FM/06/, VER-01,w.e.f.-01.04.24,REV-00

Shifted to TRACHEOLITE @ 1:30 PM

Atal Bihari Vajpayee Institute of Medical Sciences and

Atal Bihari Vajpayee Institute of Medical Sciences &
Dr. Ram Manohar Lohia Hospital,
New Delhi – 110001

POST REFERRAL ADVICE

Reference Seen by ______ **at** ______ **(date and time)** 09/10/25 11:40pm C/S/B SR Peds Sr C/D/w Dr. Bhanu Mann (AP)

History and Examination:

B/o Rupa
4081 PICU

PoD62 Gastric Pull up.

Vitally stable
Afebrile
HR=158/min
SpO_2 = 99% on spont mode (FiO_2-21, Peep=5)
c̄ T-piece Alternatively.

Diagnosis:

P/A - soft ND NT
feed via FJ @ 85 ml/2 hrly
Oral feed c̄ liquid diet @ 10ml/2 hrly
Passing stool

Advice:

L/E - Scar + wound healthy

Adhi

Signature:

Name/Stamp:

, Continue feed via FJ &
↑ oral feed gradually
Rest as per your protocol

To follow up on ______ (Date) with Rest as per your protocol (Name,

Unit) Repeat referrals to be sent to ______ (Details of the unit)

Atal Bihari Vajpayee Institute of Medical Sciences and
Dr. Ram Manohar Lohia Hospital
Baba Kharak Singh Marg, New Delhi-110001

Doctor's Daily Assessment Sheet

NAME:

BED NO./WARD: CR NO./UHID

MLC NO.(IF ANY)

DATE & TIME	DAILY NOTES AND TREATMENT	DOCTOR'S SIGN.
6/10/25	4/8/B Paed Surg	
	B/o Rajni POD of Gastric ...	
	Pine	
	Afebrile	
	u/o ... ... stable	
	... ... -soft, ND, NT	
	...	
	...	
	P/R- ... Adv	
	Feed = ... Continue FJ feed as per your protocol	
	30/9 · PRBC transfusion (Hb 7.8)	
	CBC 7.8/8710/71 · Start oral sips	
	KFT - 20/0.L if tolerated to liquids	
	LFT 0.24/0.08 · Chest Physiotherapy	
	Sele - 131/5.4 · Chest X Ray.	
	Alb- 3.3 Rev 48°	

Atal Bihari Vajpayee Institute of Medical Sciences &
Dr. Ram Manohar Lohia Hospital,
New Delhi – 110001

REFERRAL FORM FOR INTERDEPARTMENTAL REFERRAL

Department Pediatrics Location of patient PICU 1405

Name of the patient: Bla Rupa Age and gender: 3y 1M UHID: 47600

Referral from: Unit:

Date of admission: Date and time of referral: 12/10/25. @ 11:00 AM

Type of Reference: **Immediate**/Urgent/ Routine Bedside- Yes/No Medico-legal- Yes/No

Consultation required from:

Faculty/ Senior resident, Unit-____, Department of ENT

Admission diagnosis and procedure (if any)

c/o TEF
c Post OP gastric pull up c hypoxic seizure
c Type III c/f Tracheostomy done 27/09/25.

Indication for Reference & Expected Outcome:

c/o Patient has persistent tachypnea on mechanical ventilator
? tube displacement

Consultation required for: Fresh Opinion/ Follow-up opinion/**Transfer**

Sent by: Dr Sachin (PGI) (Faculty/ Senior resident)

Signature/Name/Date/Time/Stamp

Reference noted by: Sign, Name and Stamp

(Faculty/Senior resident)

Unit: Date and time:

Reminder sent on (date and time):

Noted by: Name, date and time

ी वाजपेयी आयुर्विज्ञान संस्थान
yee Institute of Medical Sciences
हर लोहिया अस्पताल, नई दिल्ली
har Lohia Hospital, New Delhi

PH.: 011-23404040,

PATIENT SAFETY & NAB

UHID:20250208245

TOKEN NO : 2

DATE:28-07-2025 09:04:44 AM Days:MON,TUE,WED,THU,FRI,SAT

B/O RUPA

Age : 3Y 22D (Male)

PAED. SURGERY/PS1/325

KANPUR UP, Central Delhi, DELHI, INDIA

NON MLC
Re-visit

a case central esophagostor
an : hastin pullup.

Admit ↓ Ward-4

XN series lab
WB

Atal Bihari Vajpayee Institute of Medical Sciences & Dr. Ram Manohar Lohia Hospital, New Delhi – 110001

PATIENT MOVEMENT FORM

Name B/o Rupa Age/Sex 3y/m

Date & Time of Admission 28-7-25 CR NO. 47600 MLC NO. .....

Diagnosis cervical esophagotomy

Unit & Consultant ..... Ward/Bed No. .....

Date	Patient Location	Transfer To	Date & Time of (Transfer out)	Transferred By (Doctor's Name & Signature	Transfer in (Date & Time) (Transfer in)	Received By (Nsg. Officer signature and employee code)
8/08/25	Ward 4	Ward 07	8/08/25 8:00 AM	Dr. PALAK PALIWAL Senior Resident Department of Paediatric Surgery ABVIMS & Dr. RML Hospital New Delhi-01	08/8/25 @ 05:??	N/o Treasa.

PH.: 011-23404040, 23365525

अटल बिहारी वाजपेयी आयुर्विज्ञान संस्थान

Atal Bihari Vajpayee Institute of Medical Sciences

डॉ० राम मनोहर लोहिया अस्पताल, नई दिल्ली

Dr. Ram Manohar Lohia Hospital, New Delhi

ओपीडी फ़ॉलो अप कार्ड

OPD Follow Up Card

Final Diagnosis

U/d/w Dr. Tanmay

Vitals & GPE: wt-10kg

Observation: pt. is a case cervical esophagostomy plan: gastric pullup.

Systemic examination: 2DECHO - (N) PAC - fit. Blood donation - not done yet.

Care plan & advice: Admit ↓ Ward-4 ↓ Prof. Pinaki R Debnath ↓ Paed. Surgery | Gate-4 Counter-2

Investigation:

Rx/Medication Advice:(Please circle the frequency)

Name of Medicines / दवा का नाम	Dose / खुराक	Frequency / कितनी बार
		(Once a day/Twice a day/Thrice a day/Four Times a day)/As and when required) (दिन में एक बार/दिन में दो बार/दिन में तीन बार/दिन में चार बार)/ जब जरूरत हो)
		(Once a day/Twice a day/Thrice a day/Four Times a day)/As and when required) (दिन में एक बार/दिन में दो बार/दिन में तीन बार/दिन में चार बार)/ जब जरूरत हो)
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Dr. RAHUL ... AMATLA Senior Resident Dept. of Paediatric Surgery ABVIMS & Dr. RML Hospital New Delhi-110001

FOLLOW UP VISIT WITH DATE:

EMERGENCY ADVICE:

SIGNATURE WITH STAMP

DATE & TIME

RMLH/OPD/FM/01/.VER-01, w.e.f-01.08.24, REV-00