

FIGURE 1 Flowchart of chemotherapy for acute myeloid leukemia in a level 2 setting

Note: See the text for details.

Abbreviation: TIT, triple intrathecal chemotherapy

*If an invasive fungal infection is diagnosed, the use of prednisolone is limited to 1 week

#Remission is defined as bone marrow with $\leq 5\%$ blasts and with signs of normal regeneration; be aware of the possibility of normal blasts mimicking leukemic blasts

दिनांक
Date

Adw.

- ① Tab. Vancanazole (200mg) 1/2 tab. BD
- ② syp. Septran (40:200) 5mL BD
on Sat.
Sun.

③ Candid MP

④ chlorhexidine

⑤ n/v → 14/6/20

NOT FOR OFFICIAL PURPOSES
We have cross this document to prevent from misuse

Manu
(PG2)

ओ. पी. डी. पर्ची / OUT PATIENT TICKET

क.स.बा.अ.-13 (संशोधित)
KSCH-13 (Improved)

कलावती सरन बाल अस्पताल, नई दिल्ली

KALAWATI

Kalawati Saran Children Hospital New Delhi


Mr. ANANT / Male / 1 years 6 months 11 days 0 hours 0 mins

Casualty / Room-26 Taken-82

Mobile No. *****376

DAYS: MON. TUE. WED. THU. FRI. SAT

UHID: 20230064849



07-06-2023 17:55:14 J M

दिनांक / Date.....

ओ. पी. डी. पंजी. सं. / C

नाम / Name

टीकाकरण विवरण / Immunization

ay

Sex

Height

हेपेटाईटिस-बी, पोलियो Hep-B, OPV at Birth	
बी.सी.जी. BCG	
डी.पी.टी., पोलियो, हेपेटाईटिस-बी DTP, Polio, Hep-B 1 st	
डी.पी.टी., पोलियो, हेपेटाईटिस-बी DTP, Polio, Hep-B 2 nd	
डी.पी.टी., पोलियो, हेपेटाईटिस-बी DTP, Polio, Hep-B 3 rd	
खसरा एवं विटामिन ए Measles Vitamin-A	
एमएमआर MMR	
डी.पी.टी. पोलियो (1 बूस्टर खुराक) DTP, Polio (1 Booster)	
टाईफाइड का टीका Typhoid	
डी.पी.टी./ ओ.पी.वी-(2 बूस्टर) DTP, Polio (2 Booster)	
अन्य Others	

AML-M 4

Completed course 2

cbc (7/6/23)

11-0 31890

100

512L

Alberville

Sto/w Dr Mukesh sh

① continue < voriconazole
Septtran

② cannot give high dose
cytarabine il/lo ↓ANC=180

क्र / Date.....

डॉक्टर के हस्ताक्षर / Signature of Doctor

③ R/V after 1week

ओ.पी.डी. पंजीकरण सं.

O. Reg. No.

प्रारम्भिक निदान पर्चा

Provisional Diagnosis Slip

केवल अस्पताल के प्रयोग के लिए

For Hospital Use Only

रोगी का नाम/Patient's Name

24/11/2018

To,
Social Worker
KSCV & LHMIC

Sir / Madam,

This is regarding Covid Anant (10 Months)
myeloid leukemia undergoing chemotherapy in
Kalawati Saran Children Hospital Uwt II.
Covid requires minimal hospital assessment
as part of treatment guidelines. His parents
are non attending and one accepted for
the patient.

Name - Anant Saran Anand Kumar

UID - 20130101010101010101010101010101

Test Requested - TMRD Assessment

Approx. cost - 9500 INR.

Thanking You,

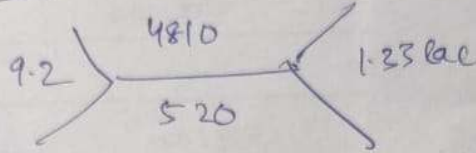
डॉ. पियाली मंडल/Dr. PIALI MANDAL
M.D., D.M. Pediatric Oncology
आचार्य / Professor
बाय चैन विद्विषा विभाग/Department of
ले. ए. मे. ए. एवं कलावाली सरन बाल
L.H.M.C. & Kalawati Saran Children
नई दिल्ली-110001 /New Delhi

Yours Sincerely

Dr. Milind R Shinde
Senior Resident
Department of Pediatrics
Kalawati Saran Children Hospital
Lady Hardinge Medical College
New Delhi - 110001

दिनांक
Date

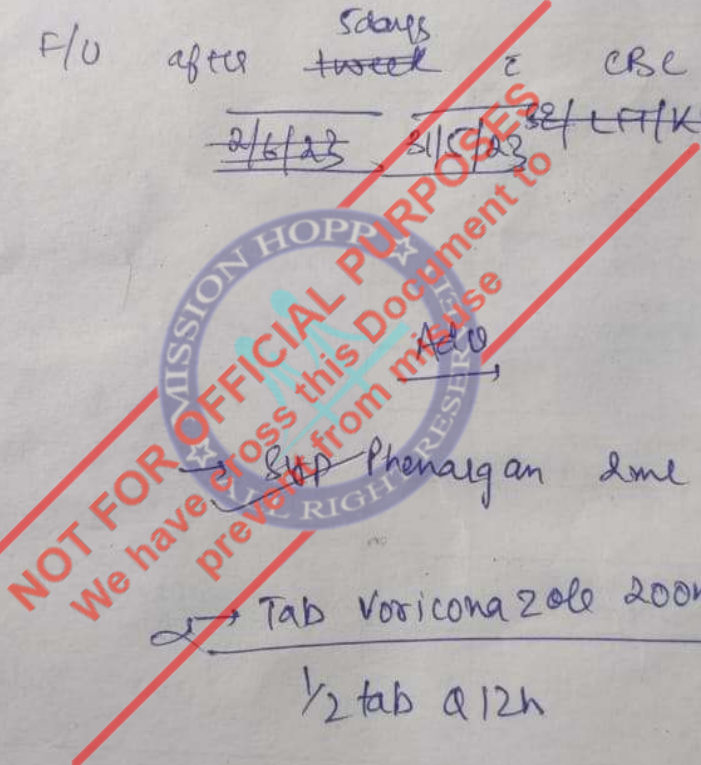
26/5/23



To F/U after ~~three~~ ^{5 days} & CBE

~~2/6/23~~ ~~21/5/23~~ ~~28/5/23~~ ~~LFT/KFT~~

o/o
AS: S2m.
chest: B/LAEEF
No acute BS



ADU
→ S/P Phenalgan 2ml TDS

→ Tab Voriconazole 200mg
1/2 tab @ 12h

- Candidal MP
- Chlorhexidine MW } LA QID
- S/P Septham (40/5) 5ml BD - Sat
- RW on Wed - Sun

Dr. Parth Ravi

किया गया उपचार / Treatment Given :

Received chemo as per protocol

छुट्टी के समय परामर्श / Advise on Discharge :

- 1) danger signs explained / NIVS
- X 2) Tab. voriconazole 200mg 1/2 tab O12H. ^{2 capsules}
- 3) candid MP
- 4) chlorhexidine mw / L1010
- 5) Spp Septan (Yongtao / Shu) SW ^{BD}
- 6) Next visit - Friday - 26/5/23. - E.CBC / UT/KFT. ^{to discuss with Dr. Mukesh Sin with report}

छुट्टी के बाद ओ.पी.डी. में पर सुबह 9.00 बजे कमरा नं. में आएँ।

छुट्टी के बाद स्पेशल क्लिनिक में 2.00 बजे कमरा नं. में आएँ।

अगला टीकाकरण तारीख

वरिष्ठ रेजिडेंट चिकित्सक के हस्ताक्षर
Signature of Senior Resident

Dr. Divya Bawle
PG Junior Resident
Department of Pathology
Kalawati Sarabhai Cancer Hospital
Anandapur, New Delhi-110011
कनिष्ठ रेजिडेंट चिकित्सक के हस्ताक्षर
Signature of Junior Resident

दिनांक

Date

31/5/23

AML-M4 on standard dose
induction phase ~~is~~
completed course 2

↓

Clow Dr. Mukesh sir

To admit for high dose
cytarabine if ANC > 1,000
and plt > 1L

CBC (31/5/23):-

9.6 5,180 4.9L
 370

↳ Afebrile

Adv.

① Tab. Voriconazole (200mg) 1/2 tab. BD

② Syp. Septran (40:200) 5ML BD

an < sat
 sum

③ Candid MP

④ Chlorhexidine MW } LA QID

⑤ n/v → 7/6/23 E CBC

Mamun
(P.G.S)

रोग का संक्षिप्त विवरण / Brief Clinical History & Examination :

H/o ~~acute~~ ALL M4 (IP)

- low dose induction course 1 given 6/4 - 16/4/23.
- 8/1/23 - 3 mo. & mds - oncognd.
 ↳ L123456789
 ↳ no atypical cells seen

↓
admitted for course 2 low dose induction course 2023

↓
chemotherapy received as per protocol
D1 of chemo - triple IT done.

जांच / Investigation :

Cbc 8/1/23
 9.9 > $\frac{9280}{2480}$ < 5.26

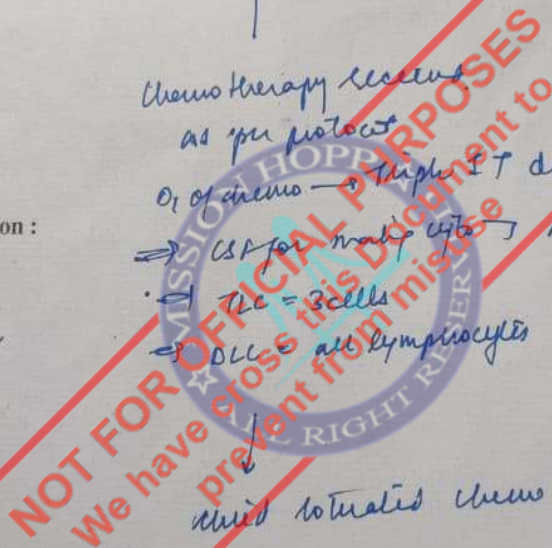
→ CBA for malign cells } no atypical cells
 → PC = 3 cells
 → DCC = all lymphocytes

PC line in skin

↓
child tolerated chemo well

↓
child stable

↓
all



Govt. of India

छुट्टी की पर्ची Discharge-Slip
कलावती सरन बाल अस्पताल
Kalawati Saran Children's Hospital

बंगला साहिब मार्ग, नई दिल्ली-110001
Bangla Sahib Marg, New Delhi-110001
दूरभाष / Tel. No. : 23344160, 23344162-65

युनिट Unit Urtemar सी.आर. नं. C.R. No. 13229

नाम Name : Anant

आयु Age : 1y 7m लिंग Sex: M

पता Address : Saranti, Kural, Bihar, 804402

भर्ती की तारीख : 12/5/23 छुट्टी की तारीख : 23/5/23
Date of Admission Date of Discharge

निदान
Final Diagnosis : AML - M4 S10P - PDC low dose induction course
2AG course 2. (13/5/23 to 22/5/23)

Anthropometry

Wt. at Admission 10.5 kg Wt. at Discharge

Height/Length Head Circumference

Nutritional Status

Immunisation

BCG

Pentga/DPT/OPV 0 1 2 3 B1 B2

Hep. B 0 1 2 3

Measles / MMR / Typhoid

ओ. पी. डी. पर्ची / OUT PATIENT TICKET

क.स.बा.अ.-13 (संशोधित)
KSCH-13 (Improved)

कलावती सरन बाल अस्पताल, नई दिल्ली
KALAWATI SARAN CHILDREN'S HOSPITAL, NEW DELHI

दिनांक / Date.....

ओ. पी. डी. पंजी. सं. / O.P.D. Reg. No.

नाम / Name

टीकाकरण विवरण / Immunization Sta

Kalawati Saran Children Hospital New Delhi

Mr. ANANT / Male - 1 years 6 months 0 days 0 hours 0 mins

Casualty / Room-26 / Token-62

Mobile No.*****376

DAYS: MON, TUE, WED, THU, FRI, SAT

UHID: 20230064849



16-05-2023 03:10:04 PM

हेपेटाइटिस-बी, पोलियो Hep-B, OPV at Birth	
बी.सी.जी. BCG	
डी.पी.टी., पोलियो, हेपेटाइटिस-बी DTP, Polio, Hep-B 1 st	
डी.पी.टी., पोलियो, हेपेटाइटिस-बी DTP, Polio, Hep-B 2 nd	
डी.पी.टी., पोलियो, हेपेटाइटिस-बी DTP, Polio, Hep-B 3 rd	
खसरा एवं विटामिन ए Measles Vitamin-A	
एमएमआर MMR	
डी.पी.टी. पोलियो (1 बूस्टर खुराक) DTP, Polio (1 Booster)	
टाइफाइड का टीका Typhoid	
डी.पी.टी./ ओ.पी.बी. (2 बूस्टर) DTP, Polio (2 Booster)	
अन्य Others	

R/c/o ANL-M4 on Standard Dose

Induction: Course 2 (DA)



Patient came today to R/W for

Starting Course 3 & 4

DR. MURSH DHANRAJ

Sir deferred to start chemo r/c/o

low counts

दिनांक / Date.....

डॉक्टर के हस्ताक्षर / Signature of Doctor

ओ.पी.डी. पंजीकरण सं.
O.P.D. Reg. No.

प्रारम्भिक निदान पर्चा
Provisional Diagnosis Slip

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