
Galaxy S23

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 ..... BABY ISHMITA .....
* Patient's Date of Birth ..... 10 / 10 / 2018 ..... Age ..... 7 ..... Yrs.
* Patient's Gender ..... FEMALE .....
* Patient's Guardian Name ..... AVADH BIHARI .....
* Relation With Child ..... FATHER .....
* Parmanent Address ..... H4, GALI NO. 1, FARIDABAD .....
S.G.M NAGAR .....
Dist. ..... FARIDABAD ..... Pin Code ..... 121001 ..... State ..... HARYANA .....
* Contact Number +91- ..... 6 ; +91 - .....
* Patient's Family Background ..... LABOUR in factory .....
* Parent / Guardian Proof ..... AADHAAR ..... Id No. 2900 5996 8475
* Hospital Name (where patient admitted) ..... RML HOSPITAL DELHI .....
* Name of Department ..... E.C.S. 3rd floor, PAED. DEPARTMENT .....
* Disease (patient suffering from) ..... HEPATITUS-C & PARALYTIC .....
* Doctor's Name (who treated the patient) Dr. ..... ALOK HEMAL .....
* OPD Reg. No. ..... 2025249414 ..... Date ..... 02 / 06 / 2025 .....
* Approximate Treatment Cost ..... 50,000/- .....

(Parent / Guardian signature OR LTI)

* Registration No. (records in NGO) ..... MH0134/2025 ..... (Only Office Use)

Trustee signature with seal

011-45006398 support@missionhopp.org
https://missionhopp.org

CVS: child stopped recognising the father and mother 8 days back

P/A:

CNS: No h/o trauma

→ ENT bleed

→ breathing difficulty / cyanosis

animal bite / insect bite (arboviru[s])

h/o recent travel history (JE, west nile)

Ingestion of unpasteurised milk (brucel[la])

CHEST: any recurrent infx (immunosuppression)

SURGICAL EXAMINATION: recent vaccination, (?H influenza)

Past history

No significant past history

Treatment history,

GYNECOLOGICAL EXAMINATION: child was taken to private practitioner, child was given ? iv ceftriaxone

↓

child was reffered i/v/o poor GCS

child was taken to DOON hospital where child was given Inj Piplaon, vancomycin, amylacin c̄ iv Dexa c̄ hemia for ab(R) body

↓

abs upgraded to Meropenem and reffered to higher centre

G/C - Sick.
HR = 145/min
RR = 24/min
PP/PV = +/N
Ext = warm

N ASSESSMENT :

Figures: Tools Commonly used to Rate Pain
Visual Analogue Scale

Choose a Number from 0 to 10 That Best Describes Your Pain

No Pain | Distressing Pain | Unbearable Pain

0 1 2 3 4 5 6 7 8 9 10

ASK PATIENTS ABOUT THEIR PAIN
INTENSITY - LOCATION - ONSET - DURATION - VARIATION - QULAITY

"Faces" Pain Rating Scale

0	1	2	3	4	5
NO HURT ✓	HURTS LITTLE BIT	HURTS LITTLE MORE	HURTS EVEN MORE	HURTS WHOLE LOT	HURTS WORST

UG ALLERGY:

CNS - GCS - E2V1M4
No cranial nerve deficit

VESTIGATIONS DONE OUTSIDE, IF ANY:

Tone = (N) in all 4 limbs
Power could not be assessed
DTR - 1+/1+ B/L Plantar ↑/?
Sensory deficit could not be assessed
Terminal neck rigidity (+)
CVS - S1S2 (+) No murmur

ESTIGATIONS ADVISED:

P/A = soft NT, ND
liver 2cm BR cm
No splenomegaly
R/S = B/L AE (+) chest clear

UTRITIONAL SCREENING : OBESE/NORMAL/MALNOURSISHED:

ROVISIONAL DIAGNOSIS: Disseminated Koch's (CNS TB - Tuberculoma + TB Meningitis) ± (Miliary Koch's) c raised ICP c type II RF

CARE PLAN

Admit.

ET care / vent care / head end elevation

Inf DNS + KCl (1:100) @40ml/hr

Inj 3% NaCl @ 18 ml/hr

PREVENTIVE CARE:

Inj Meropenem 120mg iv tds

Inj Vancomycin 270mg iv qid

☐ VACCINATION/IMMUNIZATION ☐ DIET MODIFICATION

☐ SMOKING CESSATION ☐ EXERCISE

☐ CONTRACEPTIVES ☐ BED SORE PROPHYLAXIS

☐ ALCOHOL/SUBSTANCE ABUSE ☐ DVT PROPHYLAXIS ☐ YES ☐ NO

Inj Pantop 20 mg iv od

Wells Clinical Prediction Rule for Deep Venous Thrombosis (DVT)

Clinical feature	Points
Active cancer (treatment within 6 months, or palliation)	1
Paralysis, paresis, or immobilization of lower extremity	1
Bedridden for more than 3 days because of surgery (within 4 weeks)	1
Localized tenderness along distribution of deep veins	1
Entire leg swollen	1
Unilateral calf swelling of greater than 3 cm (below tibial tuberosity)	1
Unilateral pitting edema	1
Collateral superficial veins	1
Alternative diagnosis as likely as or more likely than DVT	−2
Total points	

DVT = deep venous thrombosis.
Risk score interpretation (probability of DVT):
- >/=3 points: high risk (75%);
- 1 to 2 points: moderate risk (17%);
- <1 point: low risk (3%);

Restraint Required ☐ Yes ☐ No

☐ ANY OTHERS: (PREVENTIVE CARE:)

Inj Meropenem 120mg iv tds
Inj Vancomycin 270mg iv qid
Inj Pantop 20 mg iv od
Inj Fentanyl 440ug + 24 NS @ 1ml/hr (@ 1ug/kg/hr)
Inj Mannitol 90ml iv over 30 min
Inj Mannitol 45ml iv qid
Inj Levipil 180 mg iv bd

Plan
BC+RS
LP
ESR
Utx
fundus
CSF → sugar → AFB → C/S → CBNAAT

9A for AFB CBNAAT
NCET

Pragati Sahu
SR Resident
Dept. of Paediatrics
ABVIMS & Dr. RML Hospital
New Delhi-110001

SR. RESIDENT:

NAME: Dr Suchismita Nanda DATE/TIME 21/04/24; 06:30pm SIGNATURE

Suchismita Nanda
MBBS, DNB
Senior Resident
Department of Paediatrics
ABVIMS & Dr. RML Hospital
New Delhi-110001

FACULTY:

NAME: _____ DATE/TIME _____ SIGNATURE _____

ABVIMS & DR. RAM MANOHAR LOHIA HOSPITAL
NEW DELHI-110001
लगातार चार्ट / CONTINUATION CHART

UHID :- 20K0349843.

नाम/Name Isnuia Kumari, 7yr, male कमरा/शय्या सं/Room/Bed No.

दिनांक/Date	प्रतिदिन विवरण और चिकित्सा/Daily Notes and Treatment	आहार/Diet
19/04/2 6:00pm	Disseminated kochi (CNS TB - Tuberculoma + TB Meningitis) ± Miliary kochi) ī Raised ICP ī Type II RF	
	Issues :- fever x 25days	
	Vomiting x 10days	
	1 c/o abnormal body movement x 8days	
	↓sed oral acceptance x 10days	
	Altered sensorium x 8days	
CEMRI Brain (10/04/2)	Sister has past h/o pulmonary kochi and completed 6month of	ATT
Patchy T_2/FLAIR Hyperintensity lesion in subcortical white matter of left fronto-parietal-occipital region s/o focal perilesional oedema / ? granuloma	h/o fact	
	O/E - GC - Sick.	
	HR - 144/min	
	RR - 22/min	
	CFT - <3s.	
	PP/PV - ⊕ / Normal volume	
	ext warm.	
8.6 \ 9600 / 3.84L. N79 L18	S/E. CVS. S1 S2 heard, no murmur.	
	CNS GCS - $E_2 V_1 M_2$	
	No cranial n/v deficit.	
	Tone - Ⓝ in all 4 limbs.	
	Power. could not be assessed	
	DTR - 1+/1+; B/L Plantar -	↑/↑
	Sensory deficit could not be assessed.	

Terminal Neck rigidity (+), No kernig / brudzinski sign +ve.

P/A - Soft, NT, ND, liver 2cm palpable BCM, no splenomegaly

Resp. B/L AEE (+); no added sounds.

Rx (Hospital Notes).

Rx

~~Start~~ Pt intubated c ET of size 5.0 fr (cuffed) and fixed at 15cm.

~~Start~~ Put on MV - PIP/PEEP - 15/6
FiO2 - 50%.

Rx (Wt - 18kg).

- ET care / Vent care / head end elevation / minimal stimulation (30-45°)

head in midline

- IVF DNS + KCl (20 / L) @ 40ml/hr.

- 3% NaCl @ 18ml/hr

- Inj Meropenem 720mg iv TDS.

- Inj Vancomycin 270 mg iv QID.

- Stop Inj Acyclovir.

- Start ATT → SP + 4E

8 mg - Inj Dexa 2.7mg iv QID.

- Inj Pantop 20mg IV OD

- Inj PCM 180mg IV SOS

- Inj Fentanyl 440µg + 24ml NS @ 1 ml/hr.
(@ 1µg/kg/hr).

8 pm - Inj Mannitol 90ml IV over 30min
↓
Inj Mannitol 40ml iv q 6hrly.

- Inj Levera ~~360~~ 180mg iv BD.

Sent
CBC + PS
CRP
ECG
Mantoux
Fundus
CSF - Cyto
- Bio
- C/S
- CBNAAT
GA for GBW CBNAAT
NCCT head

Dr. Suchismita Nanda
MBBS, DNB
Senior Resident
Department of Paediatrics
ABVIMS & Dr. RML Hospital
New Delhi-110001

ABVIMS & DR. RAM MANOHAR LOHIA HOSPITAL
NEW DELHI-110001

लगातार चार्ट / CONTINUATION CHART

1/4/25

नाम/Name: Tunnita 7yr/F   कमरा/शय्या सं/Room/Bed No. 2025034784 3

दिनांक/Date	प्रतिदिन विवरण और चिकित्सा/Daily Notes and Treatment	आहार/Diet
	→ fever × 25 days → vomiting × 10 days → poor feeding × 5 days O/E GC - sick HR = 126/min RR = On Bag and mask ventilation CRT < 3 sec SpO_2 = 88% on bag and mask ventilation GCS = ... CNS = Cannot be assessed (child is under sedation) R/S = B/L AE (+) chest clear CVS = S_1S_2 (+) M (-) P/A = soft NT, ND → NP Admit (18 kg) → ivf DNS (1:100) KCl @ 58 ml/hr. → Inj Meropenem 720 mg tds → Inj Vancomycin 270 mg tds → Inj Acyclovir 180 mg tds → Inj PCM 270 mg SOS → Vital Monitoring → Input / output monitoring. → Inj Pantop 40 mg O d. → Inj Levera 180 mg bd (@ 20 Inj Emset 4 mg SOS Dr. Pr... (stamp)	

1/5/25
2:30 pm

Rx Ishmita | 7y | F

Diag Koch's (TBM stage 3 + pneum) c̄ tuberculoma
TT in situ — 10/4/25 c̄ VAP (klebsiella)

CSF CBNAAT (+) Rif sens
on ATT → 19/4/25

Plan → d/s
Pt NA/SE
LFT

Adv (18 kg)

1. ATT — 4FT 4EO
2. Tab pyridoxine 10 mg OD
3. Stop inj Dexa
4. Tab prednisolone 20 mg BD
5. Tab PCM 500 mg 1/2 SOS
6. Tab pantop 40 mg 1/2 OD
7. Tab levera 500 mg 1/2 BD
8. Tab valium 500 mg OD
9. Syp MV 5 ml OD
— NG feed as advised

OPD/co Dr Hema
c/w ATT + steroid
c/o on TT
f/u in TB clinic

Dr. KRITIKA GOEL
MD, DNB, PAEDIATRICS
Senior Resident
Department of Pediatrics
ABVIMS & Dr. RML Hospital
New Delhi-110001

ABVIMS & DR. RAM MANOHAR LOHIA HOSPITAL
NEW DELHI-110001
लगातार चार्ट / CONTINUATION CHART

नाम/Name: Ishmita. 7y/M/F — कमरा/शय्या सं/Room/Bed No. ......

दिनांक/Date	प्रतिदिन विवरण और चिकित्सा/Daily Notes and Treatment	आहार/Diet
17/5/25 9am	Diss. Kochs [Stage III TBM + Pulm] c̄ (L) occipital tuberculoma c̄ (R) hemiparesis c̄ TT in situ on 10/5/25 c̄ VAP → Klebsiella	
	APE	
BSC 16830; 10.5 / 4.13L / 62/30 / 77 / 15; Na/K+: 134/4; OT/PT: 39/16	(1) Afebrile on ATT / Meuro (2) RF → On TT O2 @ 2L/min. No RD (3) Diss Kochs — On ATT c̄ steroids since (4) VAP ETA c̄ Klebsiella — (S) to colistin (5) Encephalopathy (+) E4 V2T M5 → cognition poor (6) (R) Hemiparesis L R 2/5 >4/5 4/5 >4/5 (7) Restlessness (+) → Konzter withdrawal. Syp. Pedicloryl 4ml SOS	16/5 13.7/60 / 9 / 05/44 Na/K: 134/ TB/DB: 0.3/0. OT/PT: 40/2 TP/Alb: 7.2/ CRP: 0.6

R.M.L.H.-11

लगातार चार्ट / CONTINUATION CHART

Name ..... कमरा/शय्या सं/Room/Bed No. .....

तिथि/Date	प्रतिदिन विवरण और चिकित्सा/Daily Notes and Treatment	आहार/Diet
25 30 Pm	PICU → P3B. A - Disseminated RIF sensitive TB (stage I TBM + Pulm.) / left occipital tuberculoma / left Hemiparesis / Extubation failure / Tracheostomy on 10/5/25 Vitals at receiving – HR - 130 BPM BP - 110/70 mm Hg SPO2 - 98% on RA CRT - < 3 sec PP/PV - +/-	ISMITA 7y/m 24944 ↓ P3B.

Dr. Sheetal
Resident
Dept. of Paediatrics
ABVIMS and Dr. RML Hospital
New Delhi-110001

DECREASED ORAL ACCEPTANCE X 10 DAYS

Transfer Summary

DEPARTMENT OF PEDIATRICS

DR. RAM MANOHAR LOHIA HOSPITAL NEW DELHI

NAME: ISMITA KUMARI	UNIT: PGB
AGE/SEX : 7 YEARS /MALE	**DR ALOK HEMAL**
CR NO: 202524944	DOA 19/04/2025
PHONE NO:	ADDRESS: BUXAR ,BIHAR, INDIA

DATE OF TRANSFER INTO PICU - 19/04/2025

DATE OF TRANSFER OUT TO WARD- 15/5/2025

FINAL DIAGNOSIS: DISSEMINATED RIF SENSITIVE TB (STAGE 3 TBM + PULMONARY)/ LEFT OCCIPITAL TUBERCULOMA / LEFT HEMIPARESIS /EXTUBATION FAILURE/ TRACHEOSTOMY ON 10/05/2025

CHIEF COMPLAINT -

FEVER X 25 DAYS

VOMITING X 10 DAYS

DECREASED ORAL ACCEPTANCE X 10 DAYS

ALTERED SENSORIUM X 8 DAYS

ABNORMAL BODY MOVEMENT X 8 DAYS

VITALS ON ARRIVAL

HR- 145/BPM

RR- 24/MIN

SP02- 98% ON BAG AND MASK

EXTREMITY- WARM

CRT- <3 SEC

COURSE IN PICU

1. **ENCEPHALOPATHY** - CHILD RECEIVED IN EMERGENCY WITH ALTERED SENSORIUM AND INTUBATED I/VO POOR GCS, LUMBAR PUNCTURE DONE CSF ANALYSIS S/O MENINGITIS ?TBM, OUTSIDE MRI BRAIN S/O LEFT OCCIPITAL TUBERCULOMA, CSF CBNAAT S/O RIF SENSITIVE TB, PT ON ATT WITH STEROIDS SINCE 19/04/2025, STAGE 3 TBM, PT INTUBATED SINCE 19/4/25 HAD 1 EXTUBATION FAILURE ON 29/04/2025 I/V/O POOR SENSORIUM, ON MIN. VENTILATOR SETTINGS SO ELECTIVE TRACHEOSTOMY WAS DONE ON 10/05/2025 IVO PROLONGED MECHANICAL VENTILATION AND FAILURE OF EXTUBATION

4. SEVERE ANEMIA - CHILD HAD HB OF 3.3 WITH MALENA SUSPECTED UGI BLEED DUE TO ?STRESS GASTRIC ULCER -TRANSFUSED PRBC- ANEMIA RESOLVED

5. DYSELECTROLYTEMIA - RESOLVED

7. LEFT HEMIPARESIS- PHYSIOTHERAPY AS ADVISED- NEUROIMAGING PLANNED - CEMRI TO BE DONE SUBSEQUENTLY- DATE TO BE TAKEN

TREATMENT GIVEN

HEAD END ELEVATION / 30 DEGREE MIDLINE

INJ MEROPENEM 720MG WITH 15 ML DNS IV TDS

INJ PCM 180 MG IV SOS

INJ DEXA 1MG IN 2ML NS IV QID TILL 21/5/25

INJ GLYCOPYROLLATE 0.2 MG IV SOS

TAB ORANGE BLISTER 4 TAB NG OD

TAB ETHAMBUTOL 200MG 2 TAB NG OD

TAB PYRIDOXINE 10MG 1 TAB NG OD

TAB LEVERA 500MG 1/2 TAB NG BD

TAB CALCIUM 500 MG 1 TAB NG OD

SYP MV 5ML NG OD

NG FEEDS 145ML + 2 TSP SUGAR + 3ML COCONUT OIL Q3HOURLY

Syr. Pedicloryl 4 ml sos on restlessness (max four doses in 24 hr)

Can consider 0.3 to 0.5 mcg/kg/hr dexmedetomeine infusion also in case of extreme restlessness.

VITALS ON TRANSFER

HR- 148 BPM

BP- 124/84 MMHG

SP02- 98 % ON ROOM AIR

CRT <3 SEC

PP/PV : +/N

Dr. Jeremiah E. Nunes
PG Resident
Department of Pediatric
ABVIMS & Dr. RML Hospital
New Delhi-110001

SIGN OF SR/DOD

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

DOCTOR'S INITIAL ASSESSMENT SHEET

PATIENT'S NAME: Jelmita AGE: 7yr SEX: (F)

S/O,D/O,W/O: CONTACT NO:

CR. NO/UHID: 2025-24944 BED NO./WARD: ECS III F

MLC NO (IF ANY): DATE: 19/4/25 TIME: @ 3:30 pm.

ADDRESS:

ADMITTED WITH COMPLAINT OF:

→ c/o fever × 25 days.
vomiting × 10 days
abd (N) body movement × 8 days
↓ oral acceptance × 10 days.
altered sensorium × 8 days.

HISTORY OF PRESENT ILLNESS:

HISTORY OF PAST ILLNESS:

Patient was apparently asymptomatic 25 days back, then she had sudden in onset undocumented fever, relieved on medication, 2-3 spikes/day of moderate intensity & associated chills
vomiting was ~~h~~ present since 10 days containing food particles, non bilious, non-blood stained, non projectile

RISK FACTORS:

LOCAL EXAMINATION:

GENERAL PHYSICAL EXAMINATION

BP(mmHg): PALLOR:

PULSERATE (PER MINUTE): OEDEMA:

TEMPERATURE: ICTERUS:

SpO_2% CLUBBING:

Child also has ↓ oral acceptance since 10 days

ABVIMS & DR. RAM MANOHAR LOHIA HOSPITAL
NEW DELHI-110001
लगातार चार्ट / CONTINUATION CHART

Bed no 62

नाम/Name Ishmita 7y/F 24944 ECS 3rd floor PSB कमरा/बेड सं./Room/Bed No. Dr Alok Hemal SR

दिनांक/Date	प्रतिदिन विवरण और चिकित्सा/Daily Notes and Treatment	आहार/Diet
9/5/25 @ 2:00 pm	To The MSWO Dr RML Hospital Delhi Respected Sir/madam The above mentioned patient is a K/c/o disseminated Koch's stage III (TBM + spine) c̄ (L) [illegible] (L) hemiparesis c̄ Tracheostomy tube in situ on 10/5/25 c̄ VAP Klebsiella. Kindly [illegible] Suction machine for this patient Thank you 9/5/25 Dr ALOK HEMAL [illegible] Forwarded to Mission Hopp Social Welfare Organisation for Suction Machine & BiPAP Machine F- Avadh Bihari Gali No. 1 Faridabad G.M. Nagar. [illegible]8302 5976 Discussed the matter in Mission Hopp for Suction Machine. They agreed to provide it at the end of May.	

ART

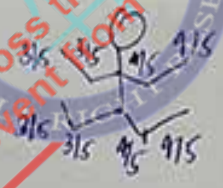
रा०म०ले०अ०-11
R.M.L.H.-11

लगातार चार्ट / CONTINUATION CHART

नाम/Name Jehmila | 7yr/F 24944 | ec13rd Hasr LBB ↓ prof Dr Alok kumar sir
कमरासंख्या s/Room/Bed No

नाम/Date	प्रतिदिन विवरण और चिकित्सा/Daily Notes and Treatment	आहार/Diet
08/06/25 11am	disseminated kochs (stage 3 TBM + pulmonary & tuberculoma) z VAP (Klebsiella) (R) z ① hemiparesis on ATT : (19/4/25)	

A/I ① afebrile
② disseminated kochs on ATT + steroids (19/4/23).
③ left hemiparesis - persisting.



④ TT in situ - Regular suctioning being done
↓
to be d/s with home suction machine

Advl (8kg)

① Head end elevation, TT care

② NG feeds (165ml @ 2 tsp sugar @ 3ml coconut oil 2 3rly).

③ Inj meropenam 720mg IV TDS

④ Tab prednisone 20mg 1 tab BD

⑤ ATT (4FDC) + tab pyridoxine 1 tab OD

⑥ Tab levera 500mg ½ tab PO BD

1

Tab calcium 500mg 1 tab PO OD

⑦ Tab pantop 40mg ½ tab OD

⑧ Syp MVT 5ml PO OD

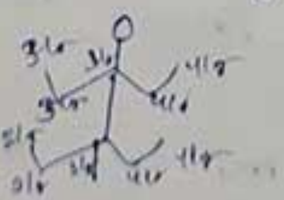
Dr Samiksha Kaul
Post Graduate
Dept. of Pediatrics
ABVIMS & Dr. RML Hospital
New Delhi-110001

INVESTIGATION CHART

DATE	14/05/25	15/05/25	26/05			DATE	
Hemoglobin	10.1	10.5	10.4			Iron	
TLC	10810	16730	9500			TIBC	
DLC	82/10/2/6	77/15/6	70/20/8/2			UIBC	
Platelet count	4.13L	5.43L	4.36L			% SAT	
Reti count						DCT / ICT	
Hematocrit						LDH	
MCV	93.8	90.9	86.4			VIT B12	
CRP						FA	
Urea	16		30			VIT D3	
Creatinine	0.2		0.25			PTH	
TB/DB	0.2/0.1		0.3/0.1			Cholesterol	
SGOT/SGPT	54/19		38/37			HDL	
ALP	138		98			LDL/VLDL	
T.Prot / Albumin	7.5/3.9		7.0/3.4			Triglycerides	
AG Ratio						HIV	
Sodium	144		135			HBSAG	
Potassium	4.6		4.24			ANTI HCV	
Calcium	10.1					MTX	
Phosphorus	6.2					GA AFB	
Uric acid	16		4.5			GA CBNAAT	
Blood C / S						MCT	
Urine C / S						WIDAL	
Amylase / Lipase						TYPHIDOT	
PT / INR						LEPTO	
APTT						SCRUB TYPHUS	
D DIMER						RK- 39 AG	
Fibrinogen						CPK	
Urine R / M						CK MB	

ABVIMS & DR. RAM MANOHAR LOHIA HOSPITAL
NEW DELHI-110001
लगातार चार्ट / CONTINUATION CHART

नाम/Name: Ismita | 24/F/24944 | कमरा/शय्या सं/Room/Bed No: ECS 3rd floor | Dr A Hamid

दिनांक/Date	प्रतिदिन विवरण और चिकित्सा/Daily Notes and Treatment	आहार/Diet
	Diss Koch's [Stage 3 TBM + Pulm + Tuberculoma	
	c̄ VAP (Klebsiella) c̄ ① hemiparesis	
	on ATT [10/4/25]	
	A/P	
16/5	1) Afebrile ... ... vitals ... @	
10:1 1203 ... 22/5	2) Diss Koch's ... on ATT + steroids (19/4/25)	
	3) ① hemiparesis - Persisting	
		
	4) TT on situ → Regular suctioning being done ↓ Plan to buy suction machine + d/s	

Adv - 13 kg

1) Head end elevation, TT care

2) NG feed 165 ml + 2 TSF sugar + 3 ml coconut oil q 2 hrly

Do) 3) Inj Meropenem 220 mg IV TDS

4) Tab Prednisone 20 mg 1 tab BD

5) ATT (4P+4E) c̄ Tab Pyridoxine 1 tab OD

6) Tab Leverac 100 mg 1/2 tab PO BD
+
Tab Calcium 500 mg 1 tab PO OD

7) Tab Pantop 40 mg 1/2 tab OD

8) Syp MV 5 ml OD

9) Syp Paediclonyl 4 ml PO 400 IU ...

Dr. Karan Lamba
JR Resident
Department of Paediatrics
ABVIMS & Dr. RML Hospital
New Delhi-110001

ABVIMS & DR. RAM MANOHAR LOHIA HOSPITAL
NEW DELHI-110001
लगातार चार्ट / CONTINUATION CHART

नाम/Name Jemita Aylf   कमरा/शय्या सं/Room/Bed No

दिनांक/Date	प्रतिदिन विवरण और चिकित्सा/Daily Notes and Treatment	आहार/Diet
17/5/25	Δ: Dissem Kochs (TBM stage 3 + Tuberculoma + Pulm) c TT in situ (16/5/25) c VAP (Klebsiella) c (L) hemiparesis	
	CSF CBNAAT (+) - R sensitive	
	on ATT (19/4/25)	
16/5	AI	
0.17 / 12030 / 4.29 lac	— Afebrile on ATT / Neuro	
33/15	— RR : on TT	
Cr. 30/0.23	No ARD	
Bil/DBil 10.33/0.08	— Diss Kochs on ATT + steroids since 19/4/25	
P/ACB 6.20/3.02	— Encephalopathy : E4 VT M5 Poor cognition	
Ca/K 13/4.4	— (L) hemiparesis (+) : L 3/5, 4/5 R 4/5, 4/5	
	— Reflexes (+) : Withdrawal.	

O/E

Vitals → Stable

CNS: $E_4V_TM_5$

B/L NSNR

Tone ↓/↓ | N/N

Power 2/5 | 4/5

Plantar ↑ | ↓

- Head end elevation
- 1 – TT Care
- NG feed : 16ml + 4 tsp [illegible] + 3ml q 3hrly.
- D_9 – Inj Meropenem 220mg IV TDS
- Tab Prednisolone (20) 1 tab BD
- Tab Pcm (500) 1/2 tab SOS
- Tab Levera (500) 1/2 tab BD
- Tab Pantop (40) 1/2 tab OD
- Tab Calcium (500) 1 tab OD
- Syp MV 5ml OD.
- ATT (4P + 4E)
- T. Pyridoxine (10) 1 tab OD
- Syp Potchlor 4ml TDS