



Date -

Registration Form

Reg. No -

* Patient Full Name RAJA / RAJKUMAR

* Patient's Date of Birth 01/01/2007 Age 17 Yrs.

* Patient's Gender MALE

* Patient's Guardian Name RINA DEVI

* Relation With Child MOTHER

* Parmanent Address WARD NO. 1, NAYA NAGAR
SAMASTIPUR

Dist. SAMASTIPUR Pin Code 848208 State BIHAR

* Contact Number +91- [REDACTED] ; +91 -

* Patient's Family Background Daily WAGE LABOUR

* Parent / Guardian Proof AADHAAR Id No. [REDACTED]

* Hospital Name (where patient admitted) RML HOSPITAL DELHI

* Name of Department DOP ICU / HDU

* Disease (patient suffering from) RESPIRATORY FAILURE - HEPATITIS-C

* Doctor's Name (who treated the patient) Dr. MANGU NIMESH

* OPD Reg. No. CR No. 14777 Date 29 FEB 2024

* Approximate Treatment Cost 19000/-

(Parent / Guardian signature OR IIT)

* Registration No. (records in NGO) MHO/20/2024 (Only Office Use)


Deciding officer's signature


Trustee's signature with seal

05/06/24
12pm

Reference for Medical welfare officer

To
The
Medical welfare officer
Dr RMLH Delhi

Raja
17yr/male
14777
↓ HDU-Bed 06
ECS (3rd floor)

Respected Sir/Maam

The above mentioned patient is a clo cervical spine extensive infarct (2° to Buprenorphine) = Quadriplegia with Respiratory failure = Hepatitis-C infection = pneumonia with right sided lung collapse patient's father is an alcohol addict and mother is a home-maker the family does not have any stable source of income for affording a BiPAP machine costing Rs 30,000. patient can be sent home on home mechanical ventilation in the form of BiPAP machine support. we request you to provide full monetary support for BiPAP machine so that patient can be discharged on home ventilation with BiPAP machine support.

Thanking You

Dr.

Dr. MANJU NIMESH
SPECIALIST II (PEDIATRICS)
ABVIMS, DR. RML HOSPITAL
NEW DELHI-01

Refer to Mission Hopp
for BiPAP machine

Mission Hopp
Medical Social Welfare Officer
ABVIMS & Dr. RML Hospital
New Delhi

Raja 17 yrs/M s/o Rajjeet
M - Reena
H.No. 3, Gali No. 3,
Sukhram Park,
Najafpura

Government of India
ABVIMS, DR. RAM MANOHAR LOHIA HOSPITAL, NEW DELHI
CT Center, Department of Radiology
Telephones: 23404533, 23404534

NAME: Raja

AGE: 17Y/M

BY: Dr.

CT NO-1336

DATE: 06/03/2024

Chronic cannabis abuser, smoking +, H/o buprenorphine abuse +, Prev MRI shows diffusespinal infarct from C1-T1.

CT Brain Angiography

Bilateral common carotid, external carotid, internal carotid arteries are normal in course, calibre with clear lumen. No evidence of thrombosis seen.

Bilateral proximal sub-clavian and bilateral vertebral arteries are normal. No evidence of thrombosis seen.

Bilateral anterior, middle and posterior cerebral arteries, anterior and posterior communicating arteries normal in course, calibre with clear lumen. No evidence of thrombosis seen.

CT Angiography from C1-D1

The main pulmonary artery measures 25 mm, aorta measures 22 mm, MPA : aorta ratio > 1. RPA measures 17 mm and the LPA measures 16.5 mm.

The right interlobar artery and its segmental branches are prominent with collapse-consolidation of right lower lobe. There is associated trachea-mediastinal shift towards the right side. There is also collapse-consolidation of the posterior segment of right upper lobe.

Ryle's tube and endo-tracheal tube in situ.

Ascending aorta, arch and its branches, descending aorta are normal in course, calibre with clear lumen. No evidence of thrombosis seen.

No stenosis or contrast extravasation noted.

Rest of the bilateral lung fields are normal in attenuation.

Trachea is normal in course & caliber.

No evidence of pericardial effusion/calcification seen.

No significant lymphadenopathy seen.

Visualized bones show no significant abnormality.

Impression:

- Collapse-consolidation of right lower lobe, posterior segment of right upper lobe with prominent right interlobar arteries and its segmental branches.

clp/w Dr. Sonam (AP)

Vijayanthi

TO THE DAD (F)
Defence of Pediatric Gastro
D.R. Rani Hospital
RESPECTED Sir/Mam,
WE HAVE THIS PATIENT ADMITTED IN
PEDIATRIC HDU @ SRI SRI SRI DISTRICT (3 2nd to
BUPRENORPHINE SUBJ.) @ (R) LOW CALIBRE @ VAP
[WESSEALD] @ HCV @ 2 1/2
L size - 1.3 x 1.5 SU
KINDLY ASSESS THE PATIENT bedside & GIVE
YOUR VALUABLE OPINION ON FURTHER MANAGEMENT
Thanking you
Dr. Jyoti
PEDIATRIC HDU (JK)
Notes

ABVIMS and Dr RML Hospital

New Delhi - 110001

ECS PICU / HDU DAYCARE SHEET

DEPARTMENT OF PEDIATRICS

Name	Raja	Date / Time- 05/06/24	DOA-
Age/Gender	17 yr M	CR. No. - 14777	DOICU / HDU
Weight	60 kg	Bed number ②	DOMV-
Diagnosis	Cervical Spinal Infarct & Quadriplegia & RF & HCV infection & Polyuria & Rt. Side lung collapse & UTI		

Current issues

Issue	Intervention	Current status
① Quadriplegia	Static	
② RF	spont mtdc	
③ fever	⊕	
④ Polyuria	on Tab. Fluoxetine improved	
⑤ HTN	on Tab. Amlodipine controlled	

Respiratory system

Support	SIMV/PSV/CPAP/HFNC		ABG/VBG	Time-		ET size
	Morning	Evening		Morning	Evening	
Delta P/PS		SpO ₂ = 15 → 91	PH			Fixed at
PEEP		5	PCO ₂			Changed on
MAP			HCO ₃			
RR (T/Vent)		25/min	BE			VAP—
VT _e /VT _i		352	PO ₂			ICDT— (drain volume)
Min Vent			OI			other drains
FI _{O2} / SPO ₂		21 / 100+	ICa			
C/R			P/F ratio			
CXR/USG			Anion Gap			
Examination + Other issues with Mx	④-⑤ ⊕ ↓ on dependent areas					

PLAN-

- ① Propped up position, TT care, Vent care
- ② Inj. Piptoz 4gm / 20ml NS IV TDS
- ③ Inj. Enoxaparin 40mg SC OD
- ④ Tab. Fludrocort 0.1mg 2Tab — 1.5Tab
- ⑤ Tab. Aprepitam 0.25mg 1Tab HS
- ⑥ Inj. Ciprofloxacin 400mg IV BD
- ⑦ Tab. Amlodipine 5mg 1/2 Tab SOS
- ⑧ Tab. Peme 500mg 1Tab SOS
- ⑨ Tab. Safesbuvir / Valpataxvir 1Tab OD
- ⑩ Syrup Paktlor 15ml BD
- ⑪ Syrup Lactulose 20ml HS
- ⑫ Neb. c 3% NaCl q 6hrly 4/5 CPT
- ⑬ Vital Monitoring BP monitoring -

Weight	
TF	
R (%)	
Drugs	
Fluids	
Feed	
Na	me
K	me

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PG/JR Signature & Dr. Nazim
Name in Capital / Stamp

Dr. Achhandan SR Signature
& Name in Capital / Stamp

PLAN-

- ① Propped up position, TT care, vent care
- ② inj piptaz 4gm / 20ml NS i-v TDS
- ③ inj enoxaparin 40mg s-c OD
- ④ Tab fludrocort 0.1mg 2tab — 1.5 tab.
- ⑤ Tab Rifaximin 0.75mg 1tab HS
- ⑥ inj ciprofloxacin 400mg i-v BD.
- ⑦ Tab amlodipine 5mg 1/2 tab SOS
- ⑧ syp prochlor 15ml BD
- ⑨ Tab Pcm 50mg 1tab SOS
- ⑩ syp lactase 20ml HS
- ⑪ Tab Septra / paracetamol 1 tab OD.
- ⑫ Nebⁿ 2 ST mod of chly 1/2 cap.
- ⑬ v/m : ST monitoring

Weight	60
TF	
R (%)	
Drugs	
Fluids	
Feed	
Na	meq/kg/day
K	meq/kg/day

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DR ASHWINI

SR Signature
& Name in Capital / Stamp

PLAN-

- ① TT care / vent care / right side up / propped up position
- ② Inj enoxaparin 40mg s.c HS.
- ③ Inj piptaz 4gm + 20ml NS 2x TDS.
- ④ Inj ciprofloxacin 400mg IV BD
- ⑤ Tab prednisolone (100mg) 2 tabs - 1.5 tabs.
- ⑥ Tab Alprazolam 0.25mg 1 tab sos.
- ⑦ Tab amlodipine 5mg 1/2 tab sos.
- ⑧ syp potklor 15ml BD.
- ⑨ syp lactulose 80ml HS.
- ⑩ ~~big~~ tab pcm 500mg 1 tab po sos.
- ⑪ continue vit B₁₂ / calcium supplementation
- ⑫ Neb with 3% NaCl q 6 hourly.
 ↳ chest physiotherapy → TT suctioning
 Hb Hb
- ⑬ Tab cefepime + valproic [4 tabs OD]
 (400 + 100mg)
- ⑭ vital monitoring / to chalking / BP monitoring.

Weight	60 kg
TF	
R (%)	
Drugs	
Fluids	
Feed	
Na	meq/kg/day
K	meq/kg/day

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SR Signature
& Name in Capital / Stamp

ABVIMS and Dr RML Hospital

New Delhi - 110001

ECS PICU / HDU DAYCARE SHEET

DEPARTMENT OF PEDIATRICS

Name	Reya	Date / Time-	4/6/24	DOA-
Age/Gender	12y/1m	CR. No. -	4277	DOPICU / HDU
Weight	60 kg	Bed number	6	DOMV-
Diagnosis	Cervical spinal infarct (C2 to Biparaventricular) c Quadriplegia c R.F c ICU infection c pneumonia (XSW) c Pt swallow lung collapse c Sepsis (HAI)			

Current issues

Issue	Intervention	Current status
	1) Quadriplegia - static except shoulder 1/5	
	2) RR → Titration CRT changed) + SIMV + Spont.	
	3) Pt coded collapse → CRT positioning	
	4) ? HAI → fever spike x2 chills → fever workup	
	5) Pneumonia - T. fluoroquinolone	
	6) HTN - on Antihypertensive	

Respiratory system

Support	SIMV/PSV/CPAP/HFNC		ABG/VBG	Time		ET size
	Morning	Evening		Morning	Evening	
Delta P/PS	Control - 10 mg		PH			Fixed at
PEEP	6 mg		PCO2			Changed on
MAP			HCO3			VAP---
RR (T/Vent)			BE			
VTi/VTi	120		PO2			ICDT---- (drain volume) other drains
Min Vent			OI			
FiO2 / SPO2		99%	ICa			
C/R			P/F ratio			
CXR/USG			Anion Gap			
Examination + Other issues with Mx	BIL AS @ LAS ORT - DMA - 1/10 scapula over					

4/6/24

ENT Report

Papa

1745/m

DOB - 14/7/77

HOU Bed No - 4

The pt mentioned Papa is a case of cervical spine infarct (2° to
 Buprenorphine & Quadriplegia & R-F & ICU infection &
 polyuria (? CRW) & Rt sided lung collapse & Sepsis (HAI)
 has tracheostomy tube in situ since 3 months

Please review the pt & consider for change in tracheostomy tube

For this pt.

4/6/24

4/6/24 DOD ENT

3 Thank you

Dr. Nishant
(PG)

OTF

child alert, active
vital stable

SpO₂ 100% on
mechanical
ventilation

Air blast out
 from cuffed (inflated)
 T-tube in situ
 Air blast out

CLV cervical spine infarct
 ref sent rules T-tube ch

T-tube changed to
 from cuffed (inflated)

Advice

- Regular suctioning
- Daily dressing
- Deflate cuff every
 2 hrs for skin
- Rlv ENT sas

Dr. Sarfraz
 8/4/2024

ABVIMS and Dr RML Hospital

New Delhi - 110001

ECS PICU / HDU DAYCARE SHEET

DEPARTMENT OF PEDIATRICS

Name	Raja	Date / Time-	02/06/24; 12:30 PM	DOA-
Age/Gender	1242, male	CR. No. -	14222	DOICU / HDU
Weight	60kg	Bed number	06	DOMV-
Diagnosis	Cervical Spinal Intervertebral disc (2 nd to 3 rd thoracic) with Quadriplegia with RF & HCV infection & polyuria (?CSW) & Rt-sided lung collapse.			

Current issues

Issue	Intervention	Current status
(1) Quadriplegia	Stati, not improving	
(2) RF	Respiratory muscle paralysis (TT in situ) on spontaneous mode	
(3) Hypertension	On tab Amlodipine 2.5mg hs	
(4) Polyuria	on tab Hydrochlorothiazide (100µg) 2 tab - 1-5 tabs	

Respiratory system

Support	SIMV/PSV/CPAP/HFNC		ABG/VBG	Time		ET size
	Morning	Evening		Morning	Evening	
Spontaneous						Fixed at
Delta P (PS) →	C		PH	7.45		Changed on
PEEP	C		PCO2	34.0		VAP---
MAP			HCO3	24.2		ICDT---- (drain volume)
RR (T/Vent)			BE	0.1		other drains
VT _e /VT _i			PO2	146.6		
Min Vent			OI			
FiO ₂ / SPO ₂	25% / 99%		ICa			
C/R			P/F ratio			
CXR/USG			Anion Gap			
Examination + Other issues with Mx						

PLAN-

- (i) Right side up
- (ii) Check PT + Poulton change
- (iii) TT care / W/A bed sore
- (iv) 2x Enoxaparin 40mg SC HS
- (v) Tab Risedronate (100 µg) 2 tabs - 1 tab
- (vi) Tab Alprazolam (0.25mg) 1 tab SQ
- (vii) Tab Sofosbuvir / Valparacin 1 tab SQ
(400 / 100)
- (viii) Tab Amlodipine (5mg) $\frac{1}{2}$ tab SQ
- (ix) Egg Pektol 2.5ml QID
- (x) continue Vitamin D₃ / Calcium supplementation
- (xi) Net = 31. Nacc $\frac{1}{2}$ chest $\frac{1}{2}$ chest $\frac{1}{2}$ chest $\frac{1}{2}$ chest
11 suctioning
- (xii) Vital monitoring
- (xiii) Egg lactulose 20ml (HS)
- (xiv) orally allowed

Weight	60kg
TF	
R (%)	
Drugs	
Fluids	
Feed	
Na	meq/kg/d
K	meq/kg/d

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[Signature]
Dr. Suchismita
SR Signature
& Name in Capital / Stamp

**GOVERNMENT OF INDIA
AM MANOHAR LOHIA HOSPITAL, NEW DELHI
BIOCHEMISTRY - LAB REPORT**

Sample Profile
 Date: 02/06/24 08:57:14 AM
 Sample ID: 123456789
 Patient ID: 14777
 Patient Name: [Redacted]
 Age/Sex: 77 / Male
 Date: 02/06/24
 CGHS No.: [Redacted]
 OPD/Wd: H DU
 Signature: [Redacted]

Test	Value	Units	Flag
pH	7.457		
pCO2	24.0	mmHg	
pO2	148.6	mmHg	
Hct	21	%	
Hgb	137.0	mmol/L	
K+	3.80	mmol/L	
Ca++	1.21	mmol/L	
TG	25.3	mmol/L	
LDL-C	99.4	mg/dl	
HbA1c	7.2	%	
BE-act	0.1	mmol/L	
BE-s	1.1	mmol/L	
SBC	25.5	mmol/L	
HCO3-	24.2	mmol/L	
PO2/FiO2	701.6	mmHg	
A-a	101.9	mmHg	
SGPT	1.4	U/L	(15-50)
Alk. Phos		U/L	(15-50)
GGT		U/L	(8-61M; 5-36F)

Age/Sex : 77 / male	Date : 02/06/24
CGHS No. :	OPD/Wd : H DU
Signature : [Redacted]	

Test	Value	Units	Flag
T Prot		gm/dl	(6.0-8.0)
Albumin		gm/dl	(3.5-5.5)
Globulin		gm/dl	(1.5-3.5)

Test	Value	Units	Flag
T. Cholesterol		mg/dl	(130-230)
HDL Chol		mg/dl	(30-65)
LDL Chol		mg/dl	(50-150)
VLDL Chol		mg/dl	(upto 40)
Triglyceride		mg/dl	(50-200)

Test	Value	Units	Flag
Sodium		mmol/L	(130-150)
Potassium		mmol/L	(3.5-5.5)
Chloride		mmol/L	(95-110)
Calcium		mg/dl	(8.5-10.5)
Phosphorus		mg/dl	(2.5-5.5)

Test	Value	Units	Flag
CPK		U/L	(50-200)
CK-MB		U/L	(upto 25)
LDH		U/L	(110-240)
SGOT		U/L	(15-50)

Test	Value	Units	Flag
T. Iron		µg/dl	(60-150)
TIBC		µg/dl	(250-400)
UIBC		µg/dl	(150-250)
Saturation		%	(20-35)

Test	Value	Units	Flag
S. Amylase		U/L	(30-110)
S. Lipase		U/L	(23-300)
S. Magnesium		mg/dl	(1.6-2.3)
Ammonia (NH3)		µmol/L	(9-30)
Lactate		mmol/L	(0.7-2.1)

PLAN-

- right side up
- chest physiotherapy + position change
- TT scale 1 w/lt bed cone
- sup acromioclavicular (AC) HS (100)
- Tab hydrocodone (100 µg) - 2 tabs - 1.5 tabs
- Tab alprazolam (0.25mg) 1 tab 20
- Tab sefuroxime / valparacetamol 1 tab OD (100/100)
- Tab amlodipine (5mg) 1/2 tab 80
- syp potassium citrate (15ml)
- continue vit amin D3 / calcium supplementation
- Neb 2.5% NaCl q 6hly \xrightarrow{Hb} chest \xrightarrow{Hb} TT suction
- vital monitoring
- syp lactulose 20 ml 80 (HS)
- orally allowed

Weight	60kg
TF R (%)	
Drugs	
Fluids	
Feed	
Na	meq/kg/day
K	meq/kg/day

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SR Signature & Name in Capital / Stamp

GOVERNMENT OF INDIA
AIIMS, DR. RAM MANOHAR LOHIA HOSPITAL, NEW DELHI
MRI CENTER, DEPARTMENT OF RADIOLOGY
TELEPHONES: 23404533, 23404534

Name:- Raja
Ref By:-Dr.

UHID -
MRI No-866

Age: 17y/M
Date: 29/02/24

Clinical details: C/O acute onset flaccid paralysis with history of IV drug abuse

CE MRI OF CERVICAL SPINE WITH WHOLE SPINE SCREENING

Cervical spine was studied with 3 mm thin contiguous slices in axial and sagittal planes.

Sequences:

Axial - T1, medic, T1FS, T1 post contrast
Sagittal - T1, T2, T1 post contrast.

reveals:-

There is loss of cervical lordosis.

There is long segment diffuse T2/TIRM/T1FS hyperintensity involving the cervico-dorsal cord from C1 to D1 vertebral levels with diffusion restriction on DWI and focal patchy areas of blooming on MEDIC images seen within the cord at C4-C5, C5-C6 and C6-C7 IVD levels - likely infarct with focal hemorrhagic areas.

- There are few prominent posterior epidural vascular channels showing post contrast enhancement corresponding to C4 to C7 vertebral levels.
- T2/TIRM hyperintensity with post contrast heterogeneous enhancement noted involving C1 semispinalis cervicis, semispinalis capitis and splenius capitis muscles.
- The cervical vertebrae reveal normal signal intensity and alignment.
- The intervertebral disc spaces are normal.
- The craniovertebral junction is unremarkable.
- No pre- or para-vertebral soft tissue mass is identified.
- Disc morphology normal with preservation of the disc height seen at all levels. No disc bulge or protrusion noted. Facet joints appear normal. Normal B/L intervertebral neural foramina. Normal central canal and lateral recess. Ligamentum flavum hypertrophy seen.

Whole spine screening

- The rest of dorsal and lumbar spinal cord shows normal signal intensity and bulk.
- Dorsal and lumbar vertebrae show normal marrow signal intensity.
- Disc morphology normal with preserved disc heights at all levels.

DISPRESSION:

- Long segment T2/TIRM/T1FS hyperintensity involving the cervico-dorsal spinal cord from C1 to D1 vertebral levels, with diffusion restriction on DWI and focal patchy areas of hemorrhage within the cord at C4-C5, C5-C6 and C6-C7 IVD levels - likely infarct.
- Heterogeneously enhancing C1 semispinalis cervicis, semispinalis capitis and splenius capitis muscles of the neck.

Advised CT angiography correlation to rule out aortic/vertebral-carotid vascular patho

Soni
Asst. Prof.

[Signature]

ABVIMS and Dr RML Hospital

New Delhi - 110001

ECS PICU / HDU DAYCARE SHEET

DEPARTMENT OF PEDIATRICS

12 AM

Name	Raja	Date / Time -	24/05/24	DOA-
Age/Gender	17y / male	CR. No. -	11777	DOPICU / HDU
Weight	60kg	Bed number	⑥	DOMV-
Diagnosis	Spinal injury - Quadriplegia + Resp failure + HIV infection + B/L lower lobe collapse (R) + Pseudomonas UTI + polyuria + hypertension			

Current issues

Issue	Intervention	Current status
① Afebrile	hemodynamically stable	
② lung collapse	AE ↓ on ② side ③ up positioning + CRT ongoing	! collapse
③ HTN	on OD Amlong 2mg BP - in range of elevated BP	
④ Polyuria	on hold on hydrocortisone	

Respiratory system

Support	SIMV/PSV/CPAP/HFNC		ABG/VBG	Time-		ET size
	Morning	Evening		Morning	Evening	
Delta P/PS	Room		PH			Fixed at
PEEP	with full 10pm		PCO2			Changed on
MAP	↓		HCO3			VAP---
RR (T/Vent)	slight to PS		BE			ICDT---
VTeVTi	+ PS - 6		PO2			(drain volume)
Min Vent	PEEP - 5		OI			other drains
FIO2 / SPO2	FiO2 - 21%		ICa			
C/R			P/F ratio			
CXR/USG			Anion Gap			
Examination + Other issues with Mx	② side Acc entry +					

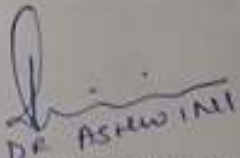
PLAN-

- ① TT. can, nenticare.
- ② inj ptylog ligni i.v TDS → STOP.
- ③ ~~Tab~~ Tab fludrocort - 0.1mg 2tab — 1.5 tab
- ④ Tab Domperidone 10mg 1tab BD
- ⑤ Tab amlodipine 5mg 1/2 tab HS
- ⑥ Tab Lofexamine / valparacetamol 1tab BD
- ⑦ Tab Pantop 40mg
- ⑧ ~~Tab~~ inj Emxapain 40mg SC OD
- ⑨ Tab calcium 200mg 1tab BD
- ⑩ Sachet vit D₃ 60,000 IU / 1 sachet q 14 days x 5 dos
- ⑪ Syrup lactulose 15ml BD
- ⑫ Nebⁿ 3/1 Nacl 5ml q 6hly
- ⑬ Cup - supine - Cup supine q 4hly
afw CPT.

Weight	kg
TF	
R (%)	
Drugs	
Fluids	
Feed	
Na	meq/l
K	meq/l

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DR. ASHWINI
SR Signature
& Name in Capital / Stamp

PLAN-

- ① propped up position
- ② inj enoxaparin 40mg s.c OD
- ③ Tab fludocort 0.1mg 2tab — 1.5 tab
- ④ Tab Amoxicillin 5mg 1/2 tab BD
- ⑤ Tab Domperidone 10mg 1 tab BD
- ⑥ Tab Pantop 40mg 1 tab OD
- ⑦ High protein diet
- ⑧ Symp Pottalen → STOP
- ⑨ Symp laculase 15ml TDS
- ⑩ v/m
- ⑪ Tab alprazolam 0.25mg 1 tab HS
- ⑫ Neb* 3/Nacl 5ml q 6hly
- ⑬ position change 8 CPT
- ⑭ Tab Amoxicillin 5mg 1 tab BD
- ⑮ Saline vit D₃ 60,000 IU 1 salmt q 15 days — total 5
- ⑯ Tab Sofosbuvir / Velpatasvir 1 tab OD
- ⑰ inj Piptaz 2gm / 20ml HS i.v TDS

Weight	
TF	
R (%)	
Drugs	
Fluids	
Feed	
Na	
K	

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Name in Capital / Stamp


DR. ASHWINI
SR Signatur
& Name in Capital / Stamp

GOVERNMENT OF INDIA
DR AM MANOHAR LOHIA HOSPITAL, NEW DELHI
BIOCHEMISTRY - LAB REPORT

(PICU)

	Age/Sex : 17yr 1m	Date : 17/03/24
117	CGHS No. :	OPD/Wd : ECS III Floor HOJ

Signature : *[Signature]*

VB9

<p>5. Lipid Profile :</p> <p>T. Cholesterol : mg/dl (130-230)</p> <p>HDL Chol. : mg/dl (30-65)</p> <p>LDL Chol. : mg/dl (50-150)</p> <p>VLDL Chol. : mg/dl (upto 40)</p> <p>Triglyceride : mg/dl (50-200)</p>	<p>6. S. Electrolytes :</p> <p>Sodium : mmol/L (130-150)</p> <p>Potassium : mmol/L (3.5-5.5)</p> <p>Chloride : mmol/L (95-110)</p> <p>Calcium : mg/dl (8.5-10.5)</p> <p>Phosphorus : mg/dl (2.5-5.5)</p> <p>7. Cardiac Profile :</p> <p>CPK : U/L (50-200)</p> <p>CK-MB : U/L (upto 25)</p> <p>LDH : U/L (110-240)</p> <p>SGOT : U/L (15-50)</p> <p>8. Iron Profile :</p> <p>T. Iron : µg/dl (50-150)</p> <p>TIBC : µg/dl (250-400)</p> <p>UIBC : µg/dl (150-250)</p> <p>Saturation : % (20-35)</p> <p>9. Others :</p> <p>S. Amylase : U/L (30-110)</p> <p>S. Lipase : U/L (23-300)</p> <p>S. Magnesium : mg/dl (1.6-2.3)</p> <p>Ammonia (NH₄) : µmol/L (9-30)</p> <p>Lactate : mmol/L (0.7-2.1)</p>
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BIOCHEMIST

Fundus call

Ward - 13, R.M.L.H.-11

लगातार चार्ट / CONTINUATION CHART

Name: 04/03/24 Room/Bed No.:

Date	प्रतिदिन विवरण और चिकित्सा (Daily Notes and Treatment)	अन्न/दिएट
17/03/24	<p>To Do/ISR</p> <p>Dept. of Ophthalmology</p> <p>Dr RML Hospital</p> <p>Respected Sir/Mam,</p> <p>Above mentioned pt is a case of AFP & extensive spinal cord infarct (C5-T1) & keto substance abuse.</p> <p>Kindly do a bedside fundus exam for this pt.</p> <p>Thanking You.</p> <p><i>[Signature]</i></p>	<p>B/E post prand NNL</p> <p>NO signs of ICT</p> <p>Disc pellor at (+)</p>

PLAN-

① ET care / vent care / bed care

② strictly change of positioning.

(Rt semiprone → supine → left
Semiprone)

③ Prpped up position

④ Inj Aiptaz 4.5 gm + 20ml $\frac{1}{2}$ W TDS - (60)

⑤ Inj Amikacin 900mg + 20ml $\frac{1}{2}$ W OD = 30

⑥ Inj Pantop 40mg W OD

⑦ Inj methylprednisolone 40mg W BD (7Am - 4P)

⑧ Inj midazolam (1=5mg) 2.5ml / hour = (60)

⑨ Inj ketamine (1ml=50mg) 1ml / hour = (60)

⑩ PC enema start

⑪ ~~start~~ feed NA inside & open end.

⑫ Euf on 1:1000 @ 0.08ml/hour

⑬ Inj fcm 65mg W TDS

⑭ ~~inj~~ tab domperidone 10mg Po BD

⑮ No chesting strictly

Weight	60 kg
TF R (%)	1800 ml
Drugs	180 ml
Fluids	1620
Feed	
Na	meq/kg/day
K	meq/kg/day

JR Signature

SR Signature
DKP

NOT passing stools → 1st Enema start given

ABVIMS and Dr RML Hospital
New Delhi - 110001
3rd Floor ECS HDU DAYCARE SHEET
DEPARTMENT OF PEDIATRICS

0 11:45 Am

Name	Raja	Date / Time-	5/3/24	DOA-	5/3/24
Age/Gender	17y / male	CR. No. -	14777	DOPICU--	
Weight	60 kg	Bed number	(6)	DOMV-	
Diagnosis	AFP = Extensive spinal cord infarct (C2-T1) = MHO substance abuse [cannabis + nicotine + 1 time buprenorphine]				

Current issues

Issue	Intervention	Current status
① AFP	→ deng induced (2 to 10 buprenorphine) → MRI spine → extensive spinal cord infarct (C2-T1) bladder, bowel involv ^o Paresis → Hem → CT Angio + MRI exam on Wednesday	ortho absent (C2-T1) bladder → msk comint
② fever	→ Paracetamol 9900	→ miconazole
③ resp failure	→ Paracetamol + non-Inv mode	change position 4 hourly
④ bed sores	→ on feet → dressings (1 deep fluid filled)	

Respiratory system

Support	SIMV/PSV/CPAP/BFNC		ABG/VBG	Time		ET size	7.0 mm
	Morning	Evening		Morning	Evening		
PIP	12	5	PH	74.3		Fixed at	(21)
Delta P	1.5		PCO2	37.9		Changed on	5/3/24
PS	10		HCO3	25.6		VAP	(A) 7.0mm
PEEP	5.5		BE	1.2		ICDT	(drain volume)
VR	80	16	PO2	81.5		other drains	
FIO2 / SPO2			Oi				
VTe	10		ICa				
CXR			P/F ratio				
Examination + Other issues with Mx	R/L A/P (C) Conducted (C)						

PLAN-

- ① ET.care. umbil.care, positioning
- ② up nursing
- ③ inj pteptaz 4.5gm + 20me NS. i.v TDS (50)
- ④ inj clindamycin 600mg / 10me NS. i.v TDS (30)
- ⑤ inj Pantop 40mg i.v OD
- ⑥ inj PCM 600mg i.v SOS
- ⑦ inj Methylprednisolone 20mg i.v BD
- ⑧ inj Mvdag (ind-500) 500mg (72)
- ⑨ inj dexmed (290mg / 20me NS) @ 1.5ml/hr (30)
- ⑩ Tab Domperidone 10mg through NG BD
- ⑪ IVF DNS i.v @ 1ml/hr
- ⑫ Demasi wash with cold saline - look for all allured a
- ⑬ Chest physio therapy
- ⑭ Tab Lorazepam 2mg 1 tab (100mcg) q6hly
- ⑮ Tab Aspirin 75mg 1 tab via NG qd

Weight	60 Kg
TF R (%)	1500/ml
Drugs	2000
Fluids	
Feed	
Na	meq/kg/day
K	meq/kg/day

JR Signature

[Signature]
Dr Achmisi
SR Signature

ABVIMS and Dr RML Hospital

New Delhi - 110001

3rd Floor ECS HDU DAYCARE SHEET

DEPARTMENT OF PEDIATRICS

Name	Raj	Date / Time-	6/3/24	DOA-
Age/Gender	12y/male	CR. No. -	14777	DOPICU--
Weight	60kg	Bed number	6	DOMV-
Diagnosis	AFP - extensive spinal cord infarct (C2-T1). Left substance abuse (cocaine + nicotine + i.e. buprenorphine)			

Current issues

Issue	Intervention	Current status
① AFP - d/c	Spinal injury cause CT angiography done today - pronounced septal aneurysm	Arteriovenous shunt drug pellets induced
② New onset	fever steroids - HAI	aspiration
③ Resp failure - on BiPAP	High spinal effects @, paradoxical li. lung collapse @ → @ side up chest physiotherapy	

Respiratory system

Support	SIMV/PSV/CPAP/HFNC		ABG/VBG	Time-		ET size
	Morning	Evening		Morning	Evening	
PIP	12 + 6		PH			Fixed at
Delta P	19	14	PCO2			Changed on
PS	10	12	HCO3			VAP---
PEEP	6		BE			ICDT--- (drain volume)
VR	20		PO2			other drains
FI O2 / SPO2	50 / 95		OI			
VTe	10		ICa			
CXR	→ Right MLH collapse		P/F ratio			
Examination + Other issues with Mx	all breath sounds @ + on @ lung fields					

Tracheostomy notes

Effective tracheostomy under sed by ENT duty team.

steps:

Patient laid supine

Incision marked

2.5 cm. lignocaine 2 large infiltrated & 1 small injection.

Soft tissue dissected & retracted.

Trachea positioned & confirmed.

D shaped tracheostomy given.

Front tube cutted inserted & inflated.

B/L air entry confirmed by auscultation.

T-tube secured.

Postive soaked tube dressing done.

Adv

- Daily T-tube dressing.
- ~~every~~ ~~abnormal~~ T-tube suction for every 2 hrs.
- Repeat cuff for ~~every~~ ~~5~~ mins for every 2 hrs.
- Check CXR
- Perform S.O.S.

(Dr. Sameer K. K. K.)

Paeds Gastro call

The SR/DOD
Dept of Paeds Gastro.
RML Hospital New delhi

Raja
12yrs/male
14777
↓ HDU

Reported Sir/mm,

Above mention is klclo AFP & Extensive spinal cord infarct (C2-T1) & klclo substance Abuse (Cannabis + Proline + IV Bupre norphine) & ELISA Anti HCV Reactive.

Kindly evaluate this pt for ELISA Anti HCV Reactive & give your expert opinion on same.

Thanking you
Dr Dlang
JR.

8/5/18

4/2/18 Ped gastro
SR

- kindly get LFT.
 ↳ HCV-RNA done.
- USG-Abdomen & doppler

→ EUG SOS.

SR (12)