



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

यूनिट Unit U2CS सी.आर. नं. C.R. No. 2094

नाम Name : Ashu

आयु Age : 16y लिंग Sex : male

पता Address : Paya Marg, Aligarh, UP

भर्ती की तारीख :  
Date of Admission 1/2/17

छुट्टी की तारीख :  
Date of Discharge 2/2/17

विवरण

Final Diagnosis : Myelo pernu aplastic anaemia &  
Scabies

**Anthropometry**

Wt. at Admission \_\_\_\_\_

Wt. at Discharge 60 Kg

Height/Length \_\_\_\_\_

Head Circumference \_\_\_\_\_

Nutritional Status \_\_\_\_\_

**Immunisation**

BCG

Penta/DPT/OPV 0 1 2 3 B1 B2

Hep. B 0 1 2 3

Measles/MMR/Typhoid

9/E

आर. पी. सी. वि. - 55  
KSCM-55

दैनिक शीट/DAILY SHEET

रोगी का नाम/Patient's Name आयु/Age लिंग/Sex (शरीरवर्णन):  
 In-Pat Reg. No. 7715  
 एकाई/Unit 1  
 पता/Address  
 डॉ. का नाम/Doctor's Name  
 व्यवसाय/  
 Occupation  
 दिनांक/Date and Time of Adm.  
 प्रारंभ/Initials

तारीख Date	दिनचर्य Daily	इलाज का आदेश Treatment Orders
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9/2/03 Dr. Neelam  
 In v/s. Home health care / and also

1) 1000 Im Ampicillin - B 30 mg / in 100 ml 10% D  
 iv over 1hr / ~~1000~~ 012

2) Fampal 92 / Blood / urine.

3) SS / Sr u monitoring

4) Im vit u 5mg / iv / OD D2/03

wt = 60 kg

Adm

- ① IVF N/2 in SD 2 7.5ml KCl ②  
750 ml q8h
- ② Omit Im. Claf / Im Amikacin
- ③ A22 Im Piptaz 4.5gm / w / q8h
- ④ A22 Im Vancomycin 500gm / w / q6h
- ⑤ Im. Pantac 60 mg 1w / BID
- ⑥ Vital signs
- ⑦ off any BUIZ
- ⑧ Amphotericin 1000 / candida panel

⑨ Acetaminophen 2 tablets  
Plan 40 PRN over 1hr

- ① VSq ABs taken
- ② CXR
- ③ PT / INR
- ④ Vital signs
- ⑤ urine dipstick

*Return sample kindly 40 pleocyt*

कलावती सरन बाल चिकित्सालय  
**KALAWATI SARAN CHILDREN'S HOSPITAL**

बंगला साहिब मार्ग, नई दिल्ली - 110001, Bangla Sahib Marg, New

क्लीनिकल हिमेटोलॉजी लैब  
**CLINICAL HAEMATOLOGY LAB**

226  
 Name Rahu  
 C.R. No. 2915  
 Ward/OPD V2CG  
 Date/Time 24/2  
 Nature of Anticoagulant  
 Diagnosis/History abc

आयु/Age  
 Consultant  
 Unit/Bed No.  
 EDTA/Citrate/Heparin/Nil

Signature of

Time of Rec

Today's Lab. Ref. No

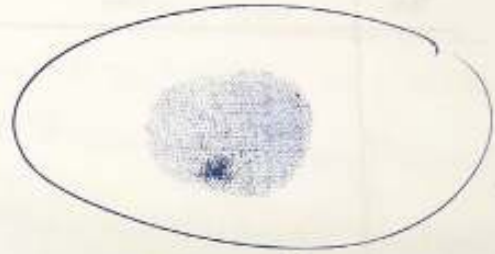
No.	134
Date	24/02/17 07:29
Mode	WB
WBC	- 1.2 × 10 <sup>9</sup> / μL
RBC	2.86 × 10 <sup>6</sup> / μL
HGB	8.6 g/dL
HCT	- 23.1%
MCV	- 80.8 fL
MCH	30.1 pg
MCHC	37.2 g/dL
PLT	+ 13 × 10 <sup>9</sup> / μL
LYM%	+ 89.4%
MXD%	T2 --- -%
NEUT%	T2 --- -%
LYM#	1.1 × 10 <sup>9</sup> / μL
MXD#	T2 --- - × 10 <sup>9</sup> / μL
NEUT#	T2 --- - × 10 <sup>9</sup> / μL
RDW	37.0 fL
PDW	MP --- - fL
MPV	MP --- - fL
P-LCR	MP --- -%

INCOMPLETE FORM IS NOT ACCEPTABLE

Agar  
17/02/17

## Bronchoscopy Consent

मैंने कहा दिया है कि बच्चे की दुखीत से हमारी की  
जांच करनी है यह जांच बंदोशी में होगी इसमें जान  
का भी खतरा है इसके फायदे सुझान मैंने कहा किसे  
है कि ये जांच करवाई को लेकर है



Ashua's father

History / Brief Clinical History & Examination:

FLU/CPD SAA

now c/o itching & Proliferated Rashes on body

↓  
Dermatophytosis like

A: scabies.

↓  
R/C → 1000, Hb: 5.5

↓  
Rashes transferred  
& PRBC transfused

↓  
Post-BST → R/C = 14000  
Hb = 7 gm/dl

↓  
Discharged

Investigation:

4/2/14

Hb: 6-7

R/C: 10

WBC: 2000

WBC: 141/4.4

R/C: 37/0.7

Urea: 3.9

ESR: 0-5/0.2

DT/17: 22/43

CA(7): 8.7

History / Treatment Given:

PRC b/g Platelet transfused

Drugs / Advise on Discharge:

- Cap CeA (1000mg) R.D X 1M
- Tab Vit D3 (2000 IU) 1 T.D.S X 3M

↓  
Folic Acid 5mg 1 T.D.S X 3M

↓  
Calamine lotion LA.

↓  
A. Ultracyan 500mg 2 Tabs B.B.D 2 days

↓  
RN after 1 week on Monday, Hematocrit (Hct)

Drugs

Drugs / Advise on Discharge: ... पर सुबह 8.00 बजे कमरा नं. ... में आएं

Drugs / Advise on Discharge: ... स्थान विलम्बित में 2.00 बजे कमरा नं. ... में आएं

Signature of Senior Resident

Signature of Junior Resident

Signature of Senior Resident

Signature of Junior Resident

9/2/17

क०स० बा०बि०-55  
KSCH-55

दैनिक शीट/DAILY SHEET

रोगी का नाम/Patient's Name आयु/Age लिंग/Sex अंश/Part/In-Pat Reg. No. 2715	एकक/Unit II	Δ: SAA & Febrile Neutropenic & Hematemesis & Thrombocytopenia & long. hyperbil. /transaminitis ? CSA related
पता/Address	डॉ० का नाम/Doctor's Name Ibarr / m	
व्यवसाय/ Occupation	Date and Time of Adm. आद्यक्षर/Initials	

तारीख Date	दिनचर्या Daily	? Viral Hepatitis इलाज का आदेश Treatment Orders	wt = 60 kg
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F/U/c of SAA - on CSA x 8 days (100-50)  
 ↓  
 @ 25mg/kg  
 % Fever x 2 days up to 101°F / a/w urine / n50s  
 & jaundice x 1 day  
 vomiting x 1 day - 9 episodes,  
 non-bilious,  
 a/w Blood - mod amt's  
 Malena 1 episode today  
 High coloured urine x 1 day  
 ↓  
 At admission Patient ⊕ I ⊕ No HSM  
 In v/s tachycardia / poor pulses ⊕ BO2s → improves  
 Not requiring inotropes

Tc = 1800  
 Pft = 4000  
 ↑ O2/PT = 169/148  
 Hg = 420  
 TSB/D / LD = 5.7 / 3.7 / 1.8



9/2

क० प्र० बा० वि०-55  
KSCH-55

दैनिक शीट/DAILY SHEET

रोगी का नाम/Patient's Name Ashu	आयु/Age In-Pat Reg. No. 2725	लिंग/Sex अशु/पुंस/le
पता/Address	एकक/Unit 4	डॉ० का नाम/Doctor's Name 1042 / M
व्यवसाय/ Occupation	Date and Time of Adm. आवृत्ति/Initials	

तारीख Date	दिनचर्चा Daily	इलाज का आदेश Treatment Orders
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②  
 conjugate Jaundice / Transaminis  
 ? Sepsis related  
 ? Viral Hepatitis  
 ? CSA induced  
 No HSM  
 T. P/T INR  
 Plan  
 ① Viral markers  
 ② DLI <sup>⑤ USG</sup>  
 ③ Pylt LFT  
 ④ omitter csa.

③  
 Sepsis / Stroke (D) / Febrile Neutropenia  
 ④  
 Left Amputation → In % febrile Neutropenia  
 c/Mw Dr Nupur - TO upgrade to Pipth3 / vancomycin

दैनिक शीट/DAILY SHEET

रोगी का नाम/Patient's Name आयु/Age लिंग/Sex अस्पताल/In-Pat Reg. No.	13/2/11
एकक/Unit	
पता/Address	डा० का नाम/Doctor's Name
व्यवसाय/Occupation	Date and Time of Adm. आरम्भ/Initials

LSM  
13/2/11  
S.A. = febrile neutrophilia  
hematocrit = 30%  
transaminite

तारीख Date	दिनचर्या Daily	इलाज का आदेश Treatment Orders
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Issues - fever spikes persisting - 3 spikes - out  
- Nausea - out  
no vomiting  
- no bleeding from any site  
- cough - out - non productive, non purulent  
no compa.

Plan  
CL Galactomannan  
O/E PWS / C/W / A/B/D  
CL B/D  
U/W / U/D - 1/10/11  
CL WNL

ME LC TAU  
PR - 961M  
PR 221M  
PP Palpable firm nodule  
O/E Mucosa - ulceration healing  
no hyponatremia

CNS - WNL  
CL AS  
CHEL - BUNDF

PIA of ventricles  
L 1/11  
S 1/11

दैनिक शीट/DAILY SHEET

रोगी का नाम/Patient's Name - श्याम/Agar (M/F) / Sex (M/F) / In-Pat Reg. No.  
 एकाई/Unit  
 डॉ. का नाम/Doctor's Name  
12/2/11  
 व्यवसाय/  
 Occupation  
 Date and Time of Adm.  
 आरम्भ/Initials

De V Singh  
De Prakash  
De Vandra  
 Bronchoscopy

तारीख Date	दैनिक Daily	पुनराज्ञापन का आदेश Treatment Orders
	<p>Pre-prov vitals &amp; RR 30 SpO<sub>2</sub> 96%                      Sedm - 3mg by intrav. 3mg by Phenergen                      f.o.s. - A whitish submucosal lesion seen on the adenoid area (?abscess) which bleeds easily on slight manipulation - managed by instillation of 2% adrenaline soln                      - vocal cord, trachea, carina (N)                      - scanty secretions seen in (R) upper lobe                      - there is slight bronchial dilatation in (L) upper lobe                      (R) of the airway seems to be normal</p>	