





**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 KANAK
* Patient's Date of Birth 03/08/2021 Age 5 Yrs.
* Patient's Gender FEMALE
* Patient's Guardian Name SHRI KAPIL
* Relation With Child FATHER
* Permanent Address House No. C-1/54, Sakcon E
SEELAMPUR, PHASE-III, NORTH EAST, DELHI
Dist. NORTH-EAST Pin Code 110053 State DELHI
* Contact Number +91- ; +91 -
* Patient's Family Background SECURITY GUARD
* Parent / Guardian Proof AADHAAR Id No.
* Hospital Name (where patient admitted) RML HOSPITAL DELHI
* Name of Department PICU, ECCS BUILDING
* Disease (patient suffering from) HYPER HOMOCYST EINEMIA
* Doctor's Name (who treated the patient) Dr. SANGEETA VERMA
* OPD Reg. No. 2026.2314032 Date 25/08/2026
* Approximate Treatment Cost 40,000/-

Kapil

(Parent / Guardian signature OR LIT)

* Registration No. (records in NGO) MHA/50/2026 (Only Office Use)

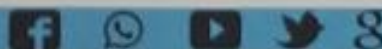


Incident officer's signature



Trustee signature with seal

011-45006398 support@missionhopp.org



<https://missionhopp.org>

To
The Medical Social Service Officer
Dr RMLH
New Delhi

Karek
Syrif
PICU
20262314032
Date: 22/8/26.

Respected Sir/Mam
the patient is K/C/O Neuroregression + evaluation
+ Hyperhomocystheremia + diaphragmatic palsy +
B/L LLVT. + Tracheostomy (T-tube site)
kindly arrange for Bipap machine (approx 30,000)
+ suction machine (approx 8,000) for patient as
they can't afford.

Thanking you

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

Bipap machine
~ ₹30,000/-
Dr. Swati Saxena
Senior Registrar
Department of Pediatrics
ABVIMS & Dr. RML Hospital
New Delhi-110001

Dr. SANGEETA VERMA
MBBS, MD (PEDIATRICS)
Medical Officer (CHS)
Dept. of Pediatrics
ABVIMS & Dr. RML Hospital
New Delhi-110001

Referred to 'Mission Hopp'
for Bipap & Suction Machine

Pushplate
25/8/26
SANGHVI / PUNHPLATA
Medical Social Service Officer
ABVIMS & Dr. RML Hospital
New Delhi-110001



ATAL BIHARI VAJPAYEE INSTITUTE OF MEDICAL SCIENCES
& DR. RAM MANOHAR LOHIA HOSPITAL
PICU DAY CARE SHEET
DEPARTMENT OF PEDIATRICS



Name	Kanak	Date / Time-	24/8/26	DOA-	15/08/26
Age/Gender	3y1f	CR. No. -	49775	DOPICU--	38
Weight	17kg	Bed number	407	DOMV--	38
Diagnosis	Neurophysiologic deceleration & hyperreflexia hyperextension of neck & diaphragmatic palsy & B/L ILVET & Caudal UTI (6/3/26) & PNEUMONIA (17/8/26) & B/L ILVET collapse & B/L ILVET pneumonia				

Current issues

Issue	Intervention	Current status
Respi.	High flow oxygen requirement pending last CXR (24/8/26) collapse chest PT / pulmonary embolism B/L ILVET collapse	B/L ILVET collapse (24/8/26)
CNS	Seizure activity on anti-epileptic from spine last USG (18/8/26) - B/L ILVET collapse	B/L ILVET collapse - 1/2 WTS report - available old contusion

Respiratory system

Support	SIMV/PSV/CPAP/HENG Morning	Evening	ABG/VBG	Time-Morning	Evening	ET size	Fixed at	Changed on
PIP / PS	14/15/16	15/16/17	PH	normal		7.5 mm	7.5 mm	20/8/26
Delta P / PEEP	14/15/16	15/16/17	PCO2					
RR (T/V)	30/40	30/40	HCO3					
FIO2	50%	60-50%	BE					
MAP	7.3	11	Po2					
VTe	109	119	OI / OSI					
COMPLIANCE	7.3	7.5	ICa					
R/P Peak	24/21	22/22	P/F ratio					
Min. Vent.								
CXR	B/L ILVET collapse							
USG								

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Sepsis

Fever	⊕ 1 spike of 101.8 F	Date	11/8/24	Trend	
Focus		Hb (g/dL)	10.8		
12/8 Blood C/s	MESA (2 Vials) [uncultured] [Tetralogy]	TLC/N	12690-10/20		
Urine C/s		Platelets	65L		
Urine		CRP	8.5		
Ungal	Negative	PCT			
ET C/s		PT/INR			
Other C/s	12/8 fluids - E. coli (in Amies) [uncultured] [Tetralogy]	D-Dimer			
12/8 fluids	sterile	Fibrinogen			
HCAI (specify)		QT/PT	34/31		
Antimicrobials-		TSP/Albumin	2.1/5.86		
1. Piptin Day		CSF (Date)		Sugar/Protein	Culture
2. Vanco Day		EEG			Other Investigation
3. Day		MRI			
4. Day					
5. Day					
6. Day					
		TIME	INTAKE	OUTPUT	BALANCE
		8 AM - 2 PM			
		2 AM - 8 PM			
		8 PM - 8 AM			

F	Assess if they are required further	INVESTIGATION SENT TODAY	CONSULTANT DECISION
A	Central line days	See Antibiogram -	12/8 Dr. Sanyal
S		③ vials - uncultured	→ Ask Piptin
T	Urinary Catheter days	low vials - C/S	Print upfindings -
H		2) small hyp	→ cost chest PT
U	Thrombophlebitis	12/8 vials - uncultured	→ letter for suction machine
G		organisms -	→ Ask for lab report
B	Bed sores		held - 12/8/24
I			
D	Other drains		
S			

PLAN-

- Head end elevation 2' in mudline VAP under vent.
position change 2 hourly.

- chest/limb P₇ 2 hourly.

- Omit 24 CEF750+IME

- 24 P1702 17g in 15ml NS IV 2 hourly. (45)

- low iron supplements Therasol 1000 mg 1x daily
levothyroxine [Bethor] as advised

- 74 Rifampin (200mg) 1 tab po BID

- 24 Vit B₁₂ 1000 mcg po 1x daily

- low vit C 24 500mg po BID
Transition diet + 2ml NS 2 hourly

- 24 Vitamin K 20mg + 50mg NS over 1hr 2 hourly. (200)

- 24 Mielol (2ml = 5mg) 10-4ml/hr (10)

- vit feds 110ml 2 hourly as advised

- 74 Pantop (40mg) 1/2 tab H₂ OD PRN

Weight	17 kg
TF	
R	94% 80% → 8.57
(%)	(1700) 11.55
Drugs	2.55 ml
Fluids	
Feed	
Na	meq/kg/day
K	meq/kg/day

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PANAT, SyfA, 12kg, 407, 42757

Δ: Neuroregression & evaluation = Hyperhomocysteinemia
diaphragmatic palsy = R/L lower limb DVT = candida UTI
100% (6/8/26) = NSA sepsis

i) Feeds → on EST. TFR - no feed; tolerating well
passing urine & stools

ii) Resp: 2.51 MV ($P_a + P_i$) - maintaining saturation $\geq 94\%$
R/L AS ⊕, R/L crepts ⊕

iii) Infection: Fever ⊖ - Piptaz (S) - 0.1
vanco (V) - 0.1
10.8 12.690 6.551ae
N75 L50 CRP = 0.5

iv) CVS: HR = 130/min
Hemodynamically stable, off lamproges

v) Metabolic: 10.8 Na/K = 136/4.63 urea/creat = 10/0.16
OT/AT = 52/100 TPIA = 6.15/2.56

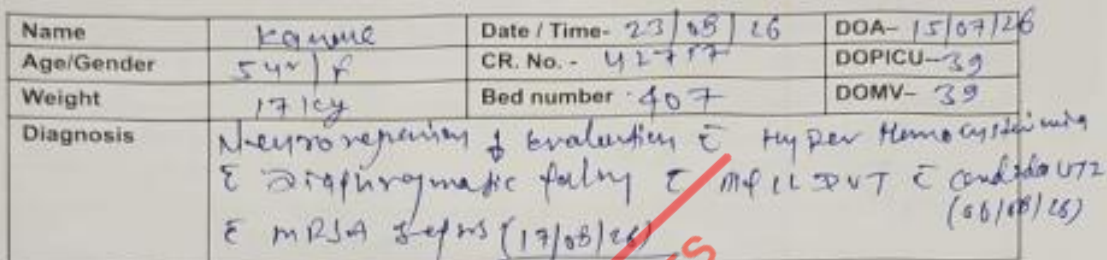
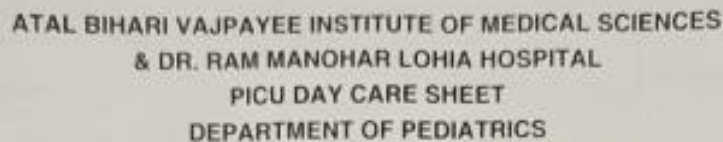
vi) Abdomen: soft, no tenderness, no HBM, BS ⊕

vii) Neurology: GCS = E4 V4 M5 (off sedation)
midazol @ 4 µg/kg/h - sedation

Plan

- chest and limb RT
- position change
- arrange suction & bpap machine
- (4) W&S report

Swati
FR



Issue	Intervention	Current status
1) Ref -	on psmu / 12/12/2019	for - 12/12/2019
2) CMS -	1 body of my evidence 12/12/2019	for - 12/12/2019
my fence	1 body of my evidence 12/12/2019	for - 12/12/2019
12/12/2019	1 body of my evidence 12/12/2019	for - 12/12/2019

Support	SIMV/PSV/CPAP/HFNC Morning	Evening	ABG/VBG	Time-Morning	Evening	ET size	TT Test Log
PIP / PS	14/5	14	14/5/10	PH		Fixed at	5 cm / cuff
Delta P / PEEP	1/1	6	12/6	PCO2		Changed on	20/05/06
RR (T/V)	30	30	30	HCO3		VAP---	
F _{IO2}	40	40	30	BE		ICDT---	
MAP	10		9/10	Po2		(drain volume)	
VTe	120		119	OI / OSI		other drains	
COMPLIANCE	7.5		11	ICa			
R/P Peak	25/21		24/19	P/F ratio			
Min. Vent.							
CXR	Bilateral pneumonia						
USG							

PLAN- Head and slender / 50' neck

- cont / Lungs PT / per-9 @ 1/2

- 1/2 Pipitax 1.7g for 15ml NS 1/2 @ 1/2

- cont. 2.0m Sufentanil / micro / coal / vitc /
Pyridoxine / R / Ilex / Con / no / testene / as sched

- Tab Ribo flavin (2 con) - 1 test new 1000

- 1/2 vit + B12 / 1000 mg 1/2 @ 1/2

- cont 1/2 @ 3.9. NS 1/2

Astralin 2.5 mg + 2.5 mg NS 1/2

5/1/17 vancomycin 16 mg + 16 mg for over 100 (1/2)

1/2 mides / 1/2 @ 1/2 0.4 ml / 1/2

- 1/2 fails / 1/2 @ 1/2 as sched

- 1/2 failed (1/2) 1/2 test new 1000

Weight	7.1g
TF	80-85%
R (%)	(100) (1100)
Drugs	2.5g
Fluids	
Feed	
Na	meq/kg/day
K	meq/kg/day

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From

to

[illegible]



ATAL BIHARI VAJPAYEE INSTITUTE OF MEDICAL SCIENCES
& DR. RAM MANOHAR LOHIA HOSPITAL
PICU DAY CARE SHEET
DEPARTMENT OF PEDIATRICS



Name	Pregnant	Date / Time -	24/1/26	DOA -	14/2/26
Age/Gender	54/Female	CR. No. -	14-32	DOPICU -	16/2/26
Weight	18 kg	Bed number	407	DOMV -	D40
Diagnosis	Newborn in & Evaluation of hyper-homocysteinemia Disphagmatic patient & Bile Duct & Candida UTI (G11/25) & mero septi (G11/22) 98 mero septi (G11/22) 98 mero septi (G11/22)				

Current issues

Issue	Intervention	Current status
(1) Defecation		
(2) Hemo +	Flap	
(3) CNG +	Logarithmic	
	- Erythrocyte	
	- Pseudo-Bleeding	
DIG +	Hyperbilirubinemia of newborn	
	98 mero septi (G11/22)	
	98 mero septi (G11/22)	

Respiratory system

Support	SIMV/PSV/CPAP/HFNC	ABG/VBG	Time	ET size
	Morning		Morning	7.7mm
	Evening		Evening	
PIP / PS	12/6/10	PH		Fixed at
Delta P / PEEP	12/6	PCO2		Same
RR (TV)	30	HCO3		Changed on
FIO2	35+	BE		20/1/26
MAP	10	Po2		VAP ---
VT	119	OI / OSI		ICDT ---
COMPLIANCE	12	ICa		(drain volume)
R/P Peak	19/10	P/F ratio		other drains
Min. Vent.	3.6			
CXR				
USG				

PLAN-

- ① Head End Elevation / 3 in m.d.s.
- ② Position Change 191
- ③ Inj pipdri 1-2 gm in 20ml TDS (6.)
- ④ Inj Vancomycin 260mg in 40ml D5W (2-2)
- ⑤ Continue Discharge / 18 mg Supp / Levamisole / as advised
- ⑥ Inj B12 1000mc IV stat weekly
- ⑦ Inj midazolam (1mg/5mg) 0.5mg IV (18-)
- ⑧ Metformin 1100mg @ 3 times a day as advised
- ⑨ Vitamins
- ⑩ Inj Enalapril 12.5 mg IV

Weight	126
TF	451
R (%)	1150
Drugs	222
Fluids	
Feed	
Na	meq/kg/day
K	meq/kg/day

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Konvul | 541 | F | 24/08/26 | 15/07/26
17103 | 9pm | DUTCH

DUTCH
T7 clonon - 20/08/26

4.3.7 : Neurogenics & Evaluation

hyperkinesia : diaphragmatic palsy

Bif 11 DUT Candela UTI (08/08/26)

MSA Sep 57 (17/08/26)

A11) 1) Infection / fever | fever 11/08/26 - 1) Episodic / 20/08/26

12/08/26 - Blood test - MSA - 1) 11/08/26 - 1) 11/08/26

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PICU DAY CARE SHEET
DEPARTMENT OF PEDIATRICS**



Name	banak	Date / Time-	25/8/26	DOA-	14/8/26
Age/Gender	5y / F	CR. No. -	14032	DOPICU-	16/8/26
Weight	12.89	Bed number	407	DOMV-	8-41
Diagnosis	Neuroregression & Evaluation of hyperhomocysteinemia - idiopathic palsy - 4/10/26 Candida UTI - 5/8/26 - NSA sepsis (MISAP)				

Current issues

Issue	Intervention	Current status
i) Afebrile	on vancomycin 250mg IV q12h	no fever
ii) Hemodynamically stable		
iii) Resp. & SIMV	maintaining saturation	
iv) homocysteine levels	→ 95 umol/L	
v) neurological	→ pupils - 4/6 norm	
vi) tolerating feeds	passing urine & stools	

Respiratory system

Support	SIMV/PSV/CPAP/HFNC	ABG/VBG	Time-Morning	Evening	ET size	TT in cm
	Morning Evening				Fixed at	5mm
PIP / PS	12/6/10	PH	7.388		Changed on	25/8/26
Delta P / PEEP	10/6	PCO2	43.8			
RR (T/V)	30/36	HCO3	26.6			
FIO2	40/1	BE	1.9		VAP---	
MAP	10	Po2	103.5		ICDT---	
VTe	132	OI / OSI			(drain volume)	
COMPLIANCE	11	ICa	1.04		other drains	
R/P Peak	12/13	P/F ratio				
Min. Vent.	4.4					
CXR						
USG						

PLAN-

- Head end elevation / 30° midline / position change / chest PT / TT - care

① - inj. vancomycin 260mg + 50ml D₅ over 1 hour QID

Weight	17kg
TF	
R (%)	85%
Fluids	1150ml
Drugs	
Feed	
Na	meq/kg/day
K	meq/kg/day

- omit Piptaz

- cont. Riboflavin / B12 supplement / become as advised

1 - inj. vit B₂ 1000 µg i.v. once / wk.

② - inj. nitro (1ml = 5mg) @ 20mg/kg

- NG feeds 100ml 2 hourly (now)

- vitals maintained

- inj. Enoxaparin 7mg qd

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