

सरकारी अस्पताल
कलावती सारन चिल्ड्रन्स हॉस्पिटल, नई दिल्ली
प्रिमा डायली शीट

प्रिमा डायली शीट
KCH-55

प्रिमा डायली/Patient's Name	उमेर/Age	लिंग/Sex
	30 महीने	महिला/Female
	In/Pat Reg.	
	09899910000	
प्रिमा डायली/Address	प्रिमा डायली/Doctor's Name	
प्राक्षण/ Occupation	Date and Time of Admit. आवाहन/Admission	
प्रिमा डायली/ Date	प्रिमा डायली/ Daily	प्राक्षण का अधिकारी Social Worker <i>(Signature)</i>
31/1/23		
<p>To social worker KCH</p> <p>Respected Sir/Ms and HOPP</p> <p>As per your request, we are enclosing the details of our patient, Manjhi, 17y/F admitted on 31/1/23 due to Intubation requirement (27th Jan 2023 post COVID infection). The child requires home O₂ due to poor lung condition but due to financial constraints and social issues, family is unable to arrange for the same.</p> <p>Kindly consider for providing home O₂ support.</p> <p>Thanking you,</p> <p>Dr. Aashika Nitish Makwana <i>(Signature)</i> Neonatal & Paediatrician</p> <p>Forwarded by : <i>(Signature)</i> Virender Singh 31/1/23</p>		

गोपनीय गवर्नर के लिए, दिल्ली सरकार, भारत
Govt. of National Capital Territory of Delhi, India
जल्दी फॉर्म नं. नियम
North Delhi Municipal Corporation

मृत प्रमाण वन
Death Certificate

Issued under section 12/17 of the Registration of Births and Deaths Act, 1969 and Rules 8/13 of the Delhi Registration of Births and Deaths Rules, 1999.

This is to certify that the following information has been taken from the original record of death which is the Register for Karol Bagh Zone Zone of North Delhi Municipal Corporation.

Deceased's Name : RAMESH
Sex / Gender : Male
Date of Death / Date of Death : 11/02/2019
Place of Death : 4823 RAM GALI PAHAR GANJ NEW DELHI-55
Name of Spouse : —
Name of Mother : —
Name of Father : TUKA
Last Known Address / Address of deceased at the time of death : 4823 RAM GALI PAHAR GANJ NEW DELHI-55
Date of Registration / Date of Issue : 02/03/2019
Registration No. : NCPD/R-3215-02003512
QR Code : 
Date of Issue : 28/03/2019 12:15:35

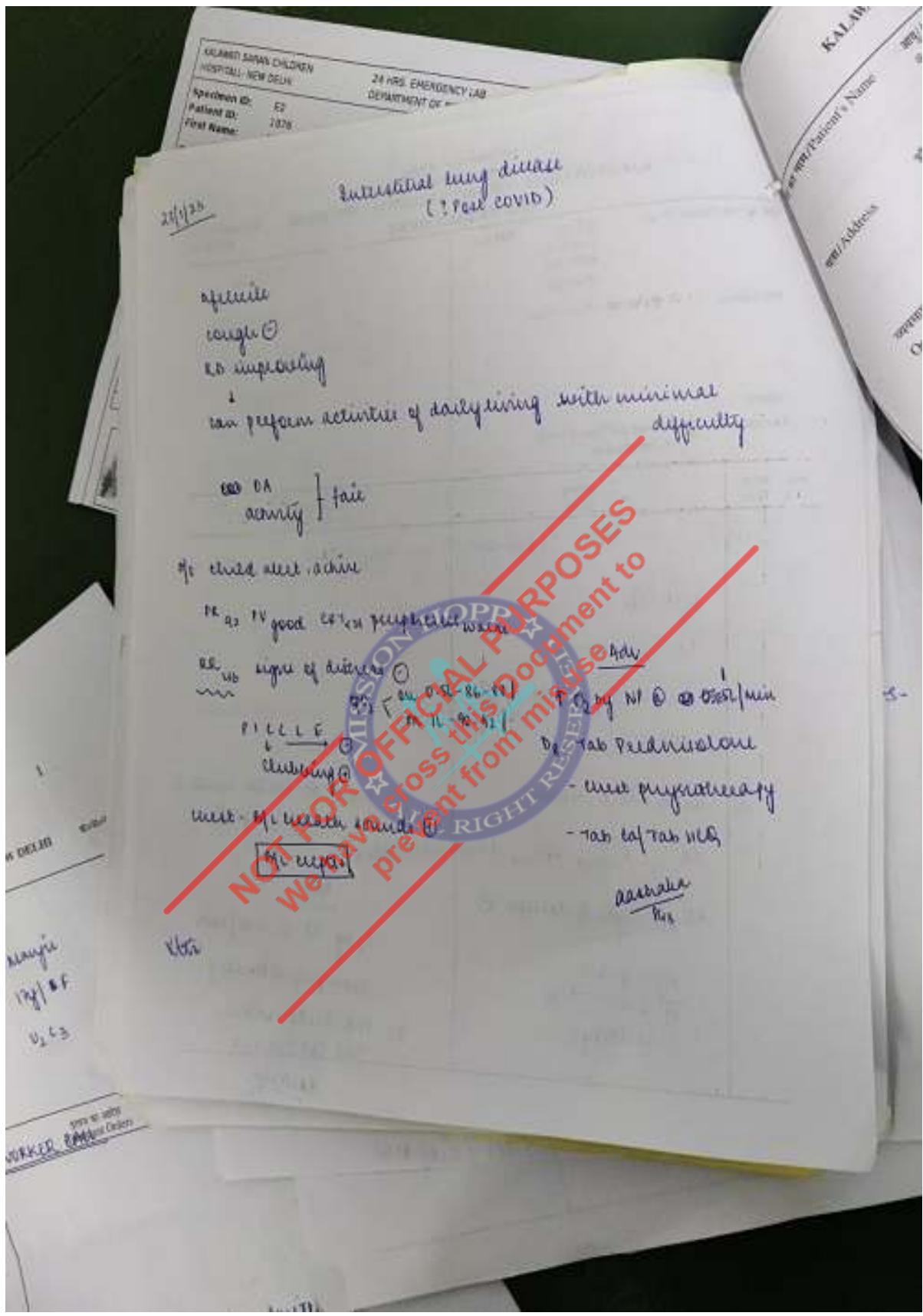
This certificate is computer generated and does not require any seal/signature in original. The registration no. is unique to each event. The Authority can be verified at : http://modonline.gov.in/nidmc_mdcportalonline/

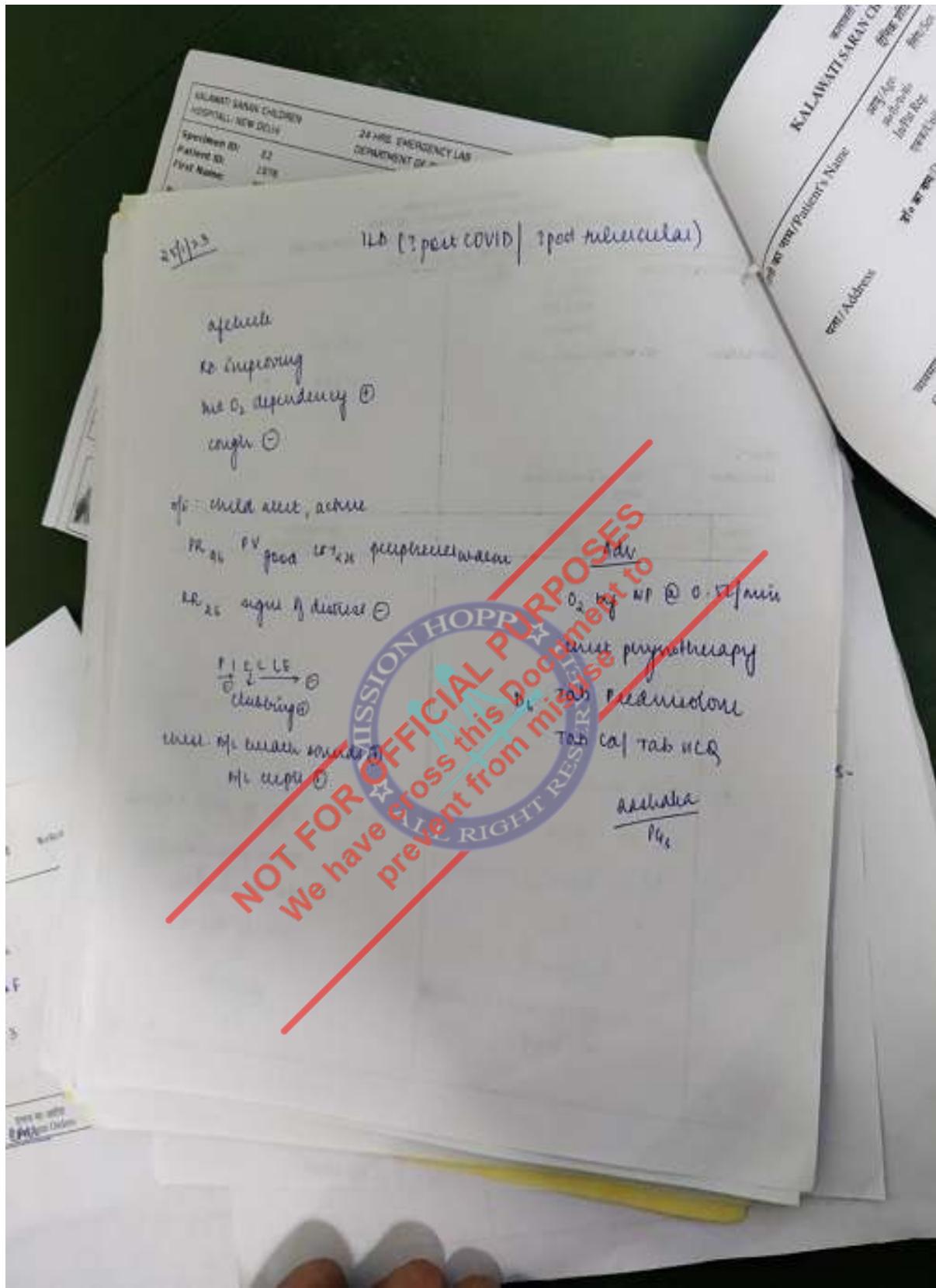
प्रत्येक जन एवं मृत का नियोग सुनियोग करें ENSURE REGISTRATION OF EVERY BIRTH & DEATH

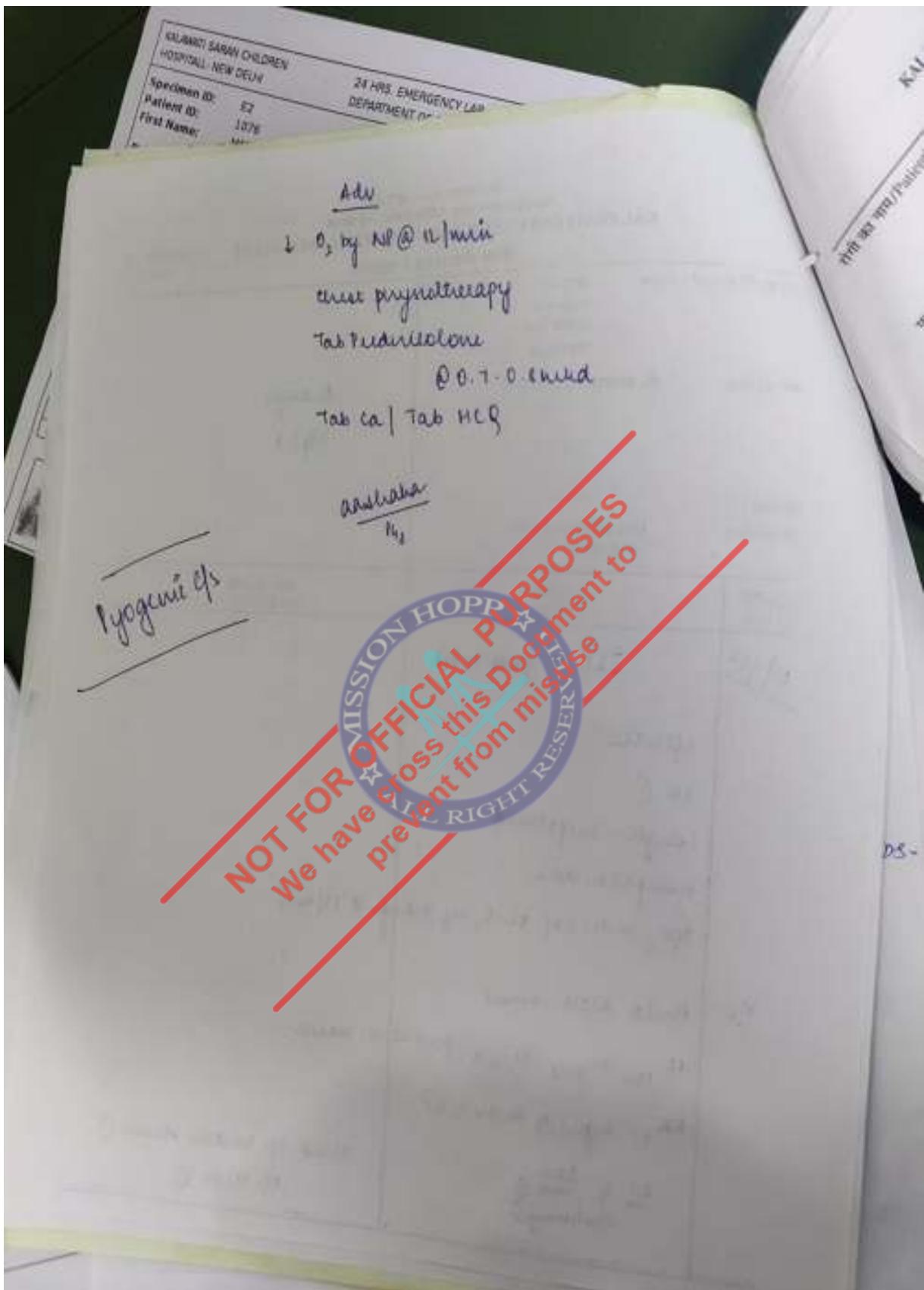
*NOT FOR OFFICIAL PURPOSES
We have cross this Document to prevent from misuse*

FORM-6
GOD-6

		भारत सरकार/Govt. of India कलावती सारन बाल विकासालय : नई दिल्ली	
		KALAWATI SARAN CHILDREN'S HOSPITAL : NEW DELHI	
		दैनिक शेट/DAILY SHEET	
			क्रमांक/Serial No.-55 KSCB-55
Patient's Name	आयु/Age अवधि=५० महे In/Pat Reg. प्रकार/Unit	लिंग/Sex M/F Male / F	
Doctor's Name	Mayu 11y / F		
Occupation			
Date	Date and Time of Admn. अधिनियमी/Initials	दिनांक/ Daily	
		इनाम का आदेश Treatment Orders	
28/1 MF	<p>Uncontrolled lung disease (? post COVID)</p> <ul style="list-style-type: none"> - sputum - cough () - RD improving - OA activity] face - could eat, active <p>PR 92 PV good CT_{1/2} in peripheries warm</p> <p>RR 32 signs of distress ()</p> <p>P 1 C L E clubbing ()</p> <p>Chest - RFL unclear sounds cough improving</p>	 <p>NOT FOR OFFICIAL PURPOSES We have crossed this Document to prevent from misuse</p> <p>Adv</p> <p>O₂ by NP @ 0.5L/min</p> <p>Dq - Tab Prednisolone</p> <p>- chest physiotherapy</p> <p>- Tab Caf Tab NO₂ NCP</p> <p>aashata PG₅</p>	





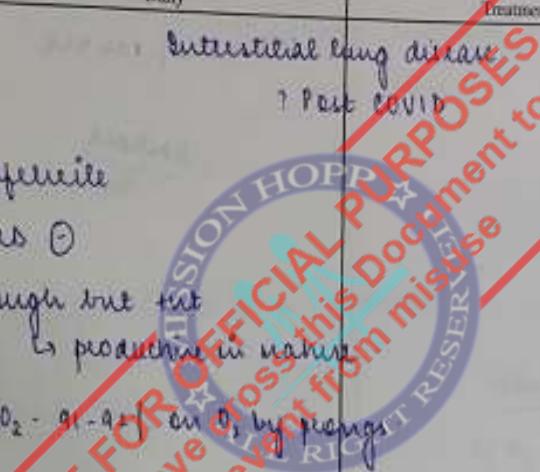


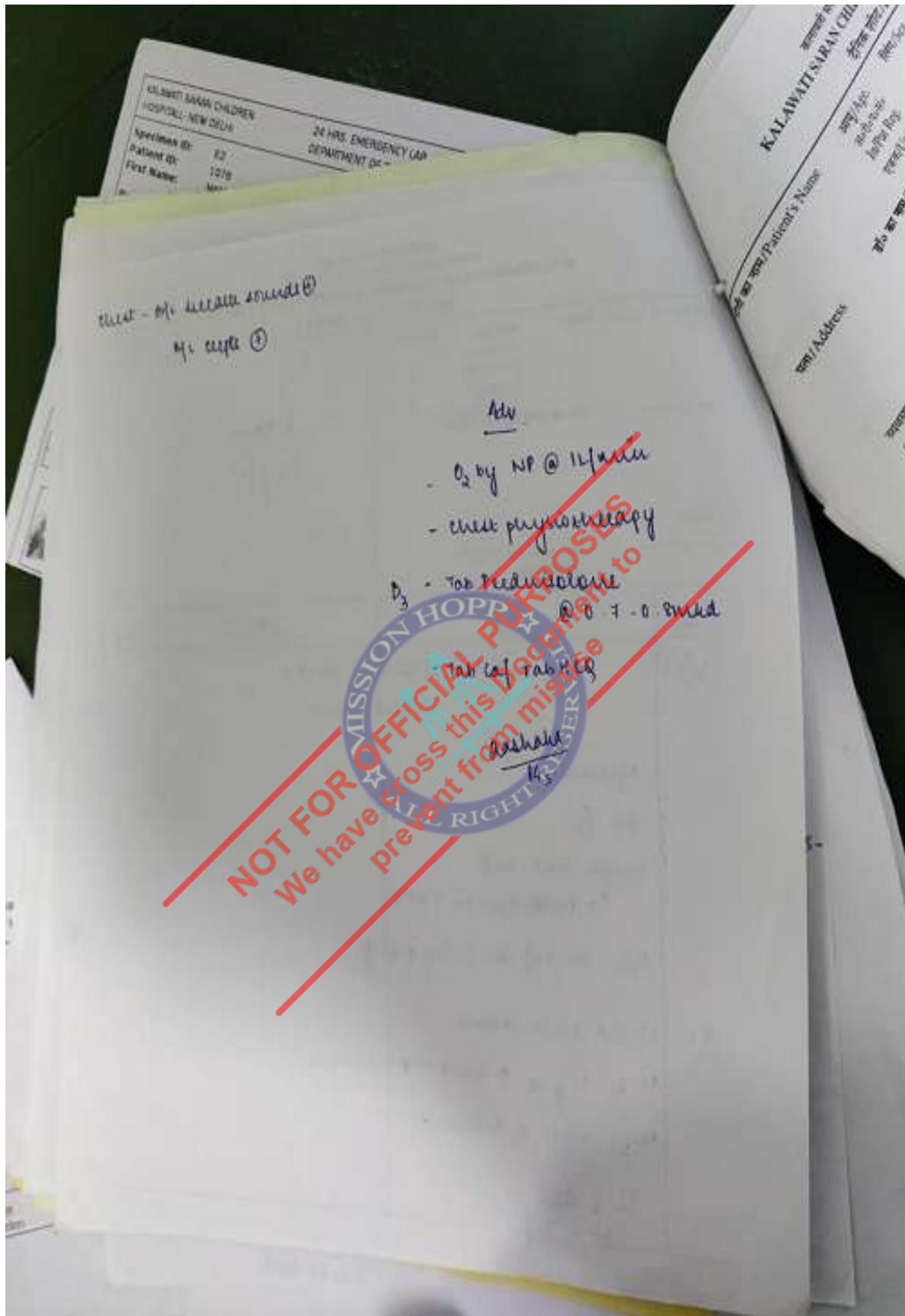
राज सरकार/Govt. of India
कलावती सारन बच्चे चिकित्सालय : नई दिल्ली
KALAWATI SARAN CHILDREN'S HOSPITAL : NEW DELHI

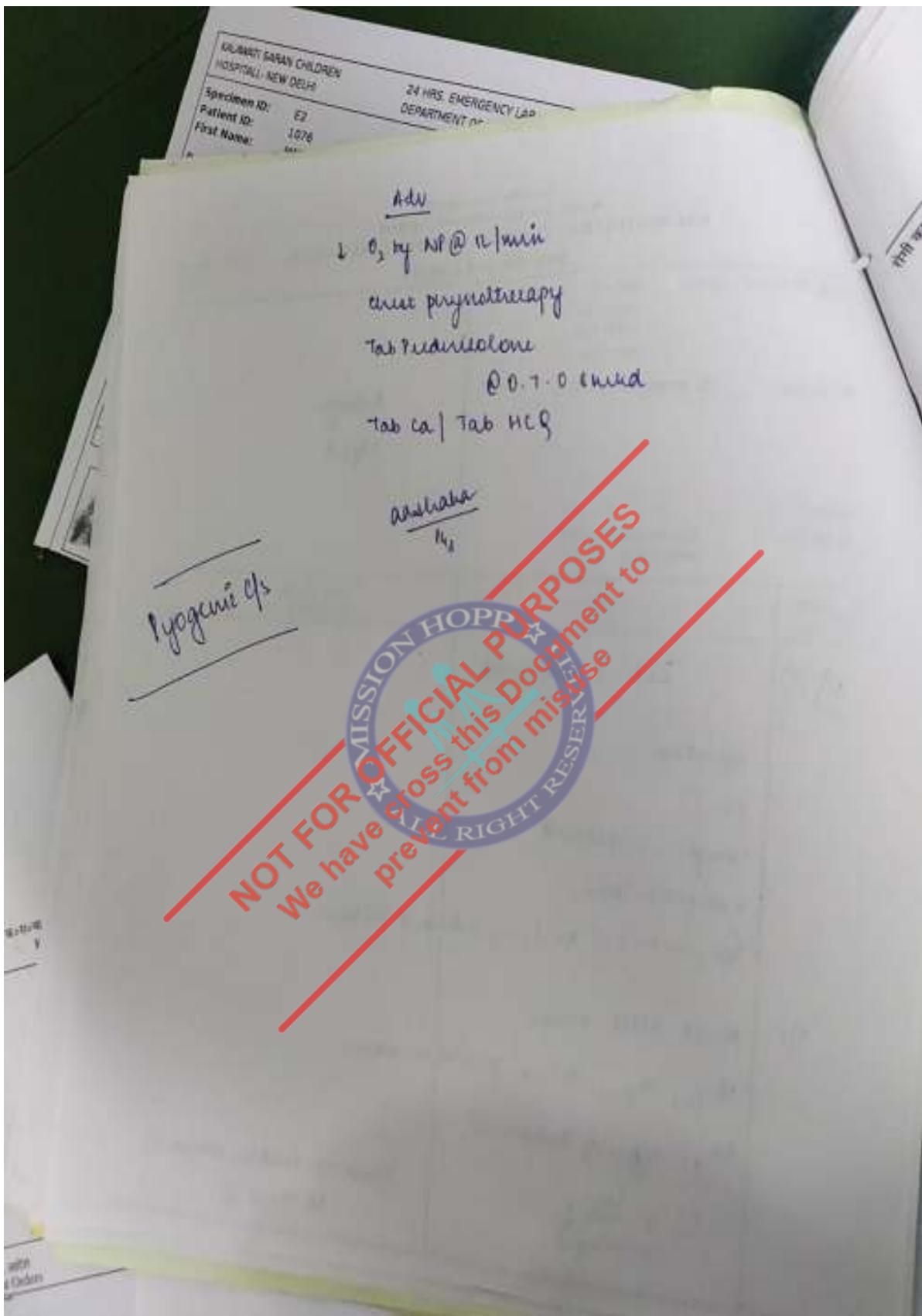
दैनिक शीट/DAILY SHEET

क्रमांक/Reg. No.-53
KSCH-53

Patient's Name प्राची का नाम/ Patient's Name	आयु/Age. अवधि/Age In/Pat Reg. प्राची/Unit	लिंग/Sex लिंग/Sex	
Hospital Address प्राची का नाम/Doctor's Name	Margie 17y F		
प्राची का उपचार/ Occupation	Date and Time of Adm. मिनट/Initials		
जारी करने की तिथि/ Date	दिनांक/ Daily	प्राची का अवेदन/ Treatment Orders	
22/1/22		Intestinal lung disease ↑ Past COVID specific RS O cough but not → productive in nature SpO ₂ - 91-92 cm Hg, by pulse oximeter P.O. child alert, active PR 96 IV good colour peripheral warm RR 28 signs of distress O PI f CLE O clubbing O	







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कलावती सरण अस्पताल नियन्त्रणमय : नई दिल्ली
KALAWATI SARAN CHILDREN'S HOSPITAL : NEW DELHI

दैनिक शीट / DAILY SHEET

कोड/क्रमांक-55
KSCH-55

Patient's Name

आयु/Age:
मासौःप्रयत्न
In/Pat Reg.
एकाइ/Unit

लिंग/Sex

Mangoo

W/F

D = ILD (↑ post covid).

पता/Address

दॉ का नाम/Doctor's Name

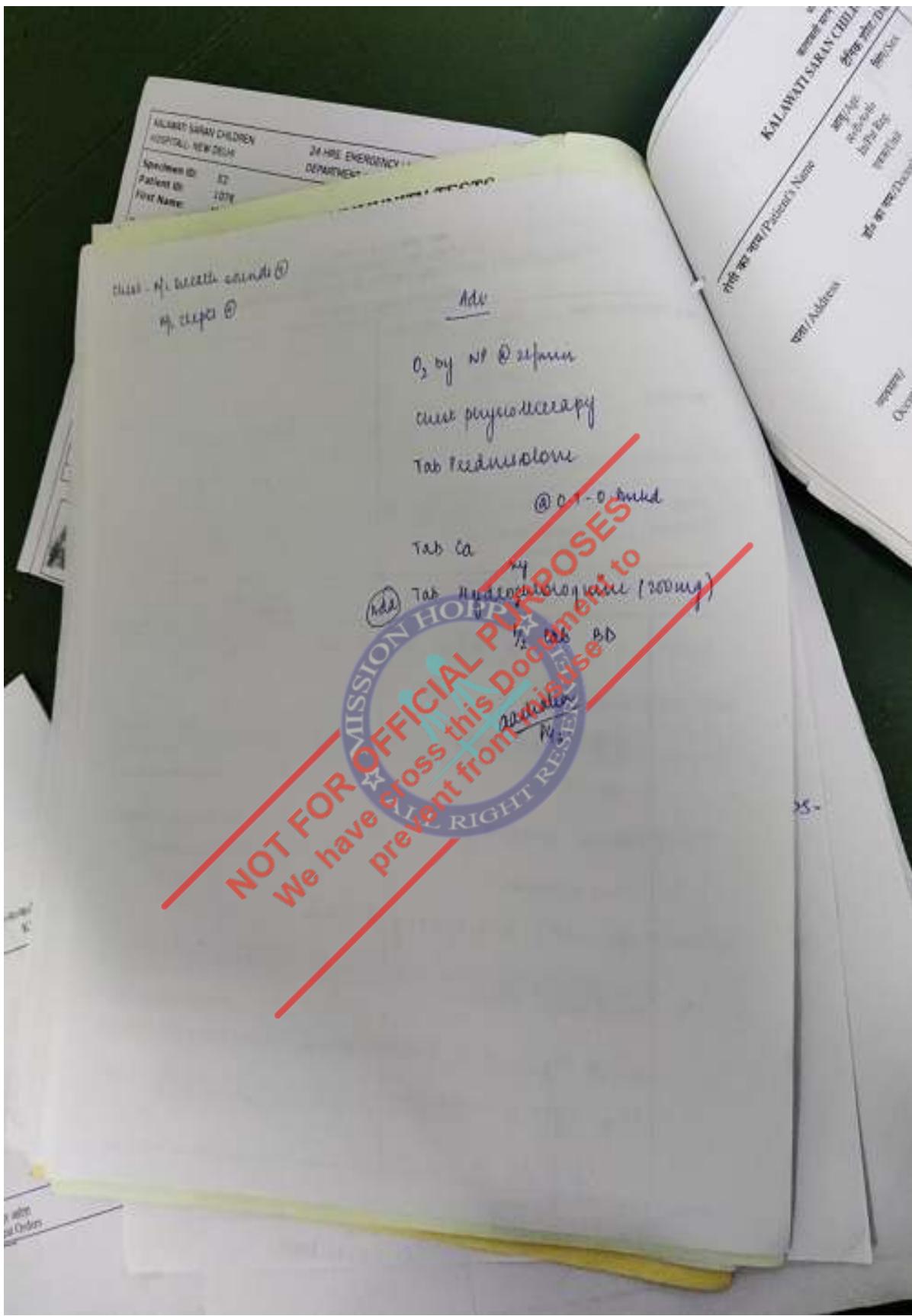
29/11/23

अवस्था/
Occupation

Date and Time of Admin.
अवधारणा/Initials

तारीख/ Date	दिनांक/ Daily	देश का जलवा/ Treatment Orders
	<p>1) Afebrile</p> <p>2) Cough O</p> <p>3) R/O Impression</p> <p>OB - 400 ml</p> <p>VO = Adq</p> <p>O2R</p> <p>Hb = 92 gm</p> <p>RR = 30/lm</p> <p>CP = 3/3</p> <p>PVS good</p>	<p>ADV</p> <p>① Oz by NP @ 0.5 ltr.</p> <p>② T. Prednisolone</p> <p>③ Chat PT</p> <p>④ Gab G Tab 1/2</p> <p><i>Lapiga 11/11/23</i></p>





<p style="text-align: center;">भारत सरकार / Govt. of India कलावती सारन बच्चा अस्पताल / KSCB दिल्ली</p> <p style="text-align: center;">KALAWATI SARAN CHILDREN'S HOSPITAL : NEW DELHI</p> <p style="text-align: center;">दैनिक शीट / DAILY SHEET</p>		रोमांचक नं. - 55 KSCB-55
प्राप्ति नाम / Patient's Name	आयु / Age	लिंग / Sex
	महीना महीना In/Pat Reg. एकादशी/Unit	
पता/Address	दैनिक शीट / Doctor's Name	
	मुमुक्षु 17y / F	
प्राप्ति Occupation	दैनिक Date and Time of Adm.	
	अधिकारी/Initials	
दैनिक Date	दैनिक Daily	दैनिक उपचार Treatment Orders
20/1/13	<p>bilateral lung disease</p> <p>spontaneous</p> <p>RD O</p> <p>cough - improving</p> <p>neopertussion</p> <p>$\text{SpO}_2 \sim 91\%$ on 6L/min prongs @ 2L/min</p> <p>HR 100/min good Lungs peripheral warm</p> <p>RR 30 signs of distress O</p> <p>Pulse 66/min</p> <p>dubbing O</p>	<p>NOT FOR OFFICIAL PURPOSES We have crossed this Document to prevent from misuse</p>

कलावती सरन बाल चिकित्सालय, KALAWATI SARAN CHILDREN HOSPITAL
बंगला साहिब मार्ग, नई दिल्ली, BANGLA SAHIB MARG, NEW DELHI-110091

MICROBIOLOGY LABORATORY
Room No. 232, 2nd Floor, JICA Building

232

C-29

SPECIAL INVESTIGATIONS FORM
(PCT, Complement, Immunoglobulin Profile, Autoimmunity)

Name of Patient: Manju Age _____ (yrs) / _____ (mths) Sex: M / Not known

Sample Date: / / CR. No. 1076 Ward/OPD Unit: U2C2

Doctor I/C Dr. Veet Singh Contact No. of Patient _____

Provisional Diagnosis: CO

Test Required COVID serology

Indication For Test (Mandatory)

Covid-19 IgG Antibody ELISA result:

REACTIVE/NON REACTIVE Signature & Stamp of Consultant

Please note : Only consultant signatures and stamped requisition with proper test including will be accepted otherwise they will not be received by the laboratory. = 147 NO 10

ONLY FOR LABORATORY USE

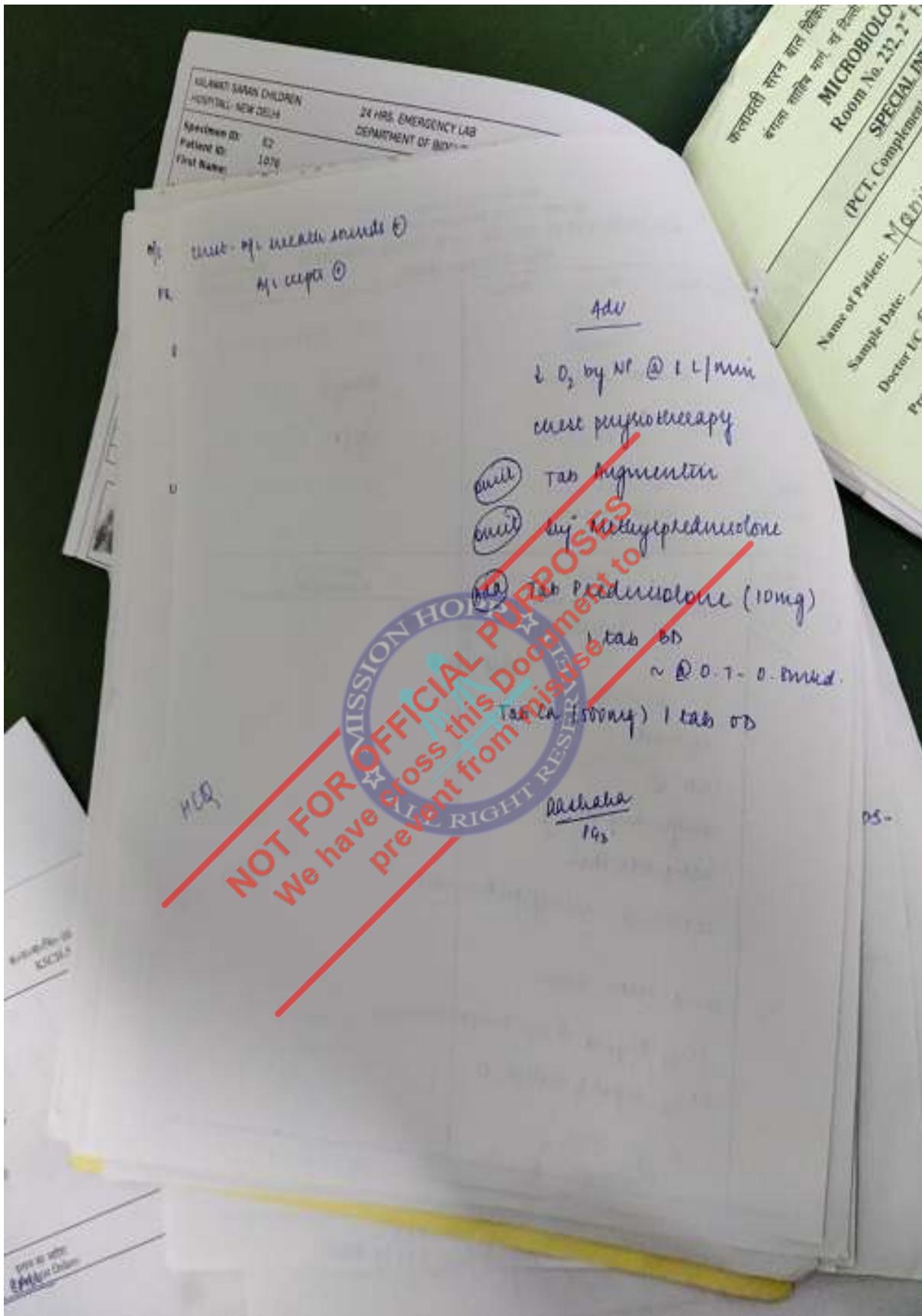
PCT, COMPLEMENT IMMUNOGLOBULIN PROFILE				
S. No.	Investigation Required	Method of testing	Result	Ref. Range
1.	Serum Procalcitonin Level	E.R.A. I.M.S PCT CLIA		P1 see below
2.	Complement Level C3	Immunoassay		75-135 mg/dl
3.	Complement Level C4	Immunoassay		9-36 mg/dl
4.	Immunoglobulin A (IgA)	Immunoassay		70-374 mg/dl (F) 83-406 mg/dl (M)
5.	Immunoglobulin M (IgM)	Immunoassay		40-250 mg/dl (F) 34-214 mg/dl (M)
6.	Immunoglobulin G (IgG)	Immunoassay		680-1445 mg/dl
7.	Immunoglobulin E (IgE)	Immunoassay		P1 See below

Reference Range :

IgE : NB: < 1.5IU/ml, infant: < 15IU/ml, 1-5yr: < 60IU/ml, 6-9yr: < 90IU/ml, 10-15yr: < 200IU/ml, Adult: < 1000IU/ml

PCT Result	Test Interpretation	Risk for progression to severe sepsis
PCT < 0.5 ng/ml	Local bacterial infection is possible, sepsis unlikely	Report Verified by <u>Dr. Meenakshi Arora</u> 10/132
PCT ≥ 0.5 and < 2 ng/ml	Systemic infection (sepsis) is possible	Report Pending
PCT ≥ 2 and < 10 ng/ml	Systemic infection (sepsis) is likely	Report Pending
PCT ≥ 10 ng/ml	Systemic inflammatory response exclusively due to severe bacterial sepsis or septic shock	Kalawati Saran Children Hospital

Consultant (Microbiology)



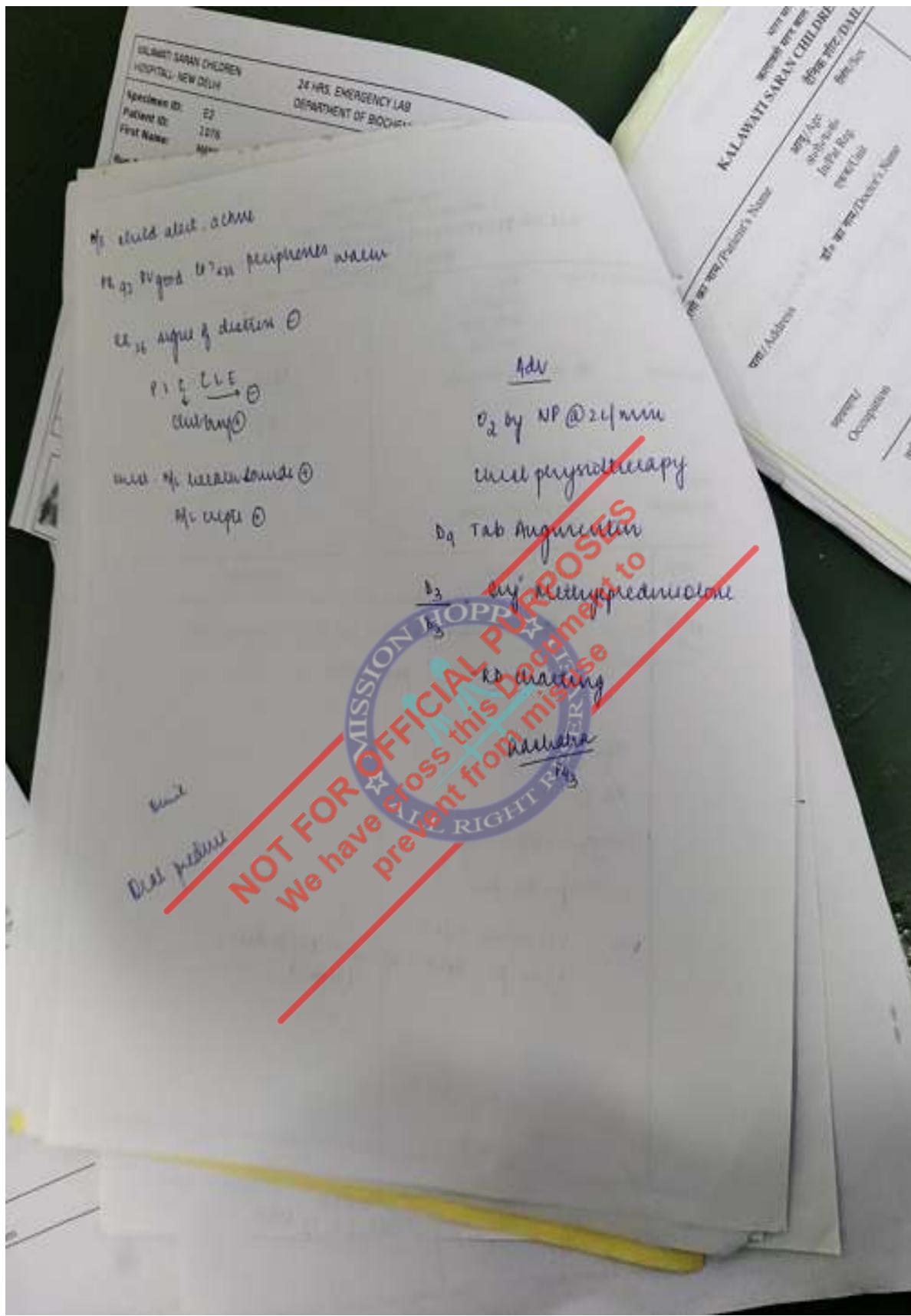
भारत सरकार/Govt. of India
कलावती सारन चालन चिकित्सालय : नई दिल्ली

KALAWATI SARAN CHILDREN'S HOSPITAL : NEW DELHI

क्रमांक/No.-55
KSCH-55

दैनिक शीट/DAILY SHEET

पेटी का नाम/Patient's Name	आयु/Age महीनोंमें In/Pat Reg. एकाक/Unit	लिंग/Sex	
पता/Address	डॉ. का. नाम/Doctor's Name		
जनकार्य/ Occupation	Date and Time of Admn. अवधार/Initials		
तिथि/ Date	दिनांक Daily	पेटी का आवेदन Treatment Orders	
10/11/23	10-11-23 COVID-19	Reckless behaviour during disease प्रतिक्रिया विवाहित दौरे के दौरान afternoon R & O cough improving nonproductive	
		Wt/v : variable w/v sent Plan for Avian specific Antibodies (AHMS)	

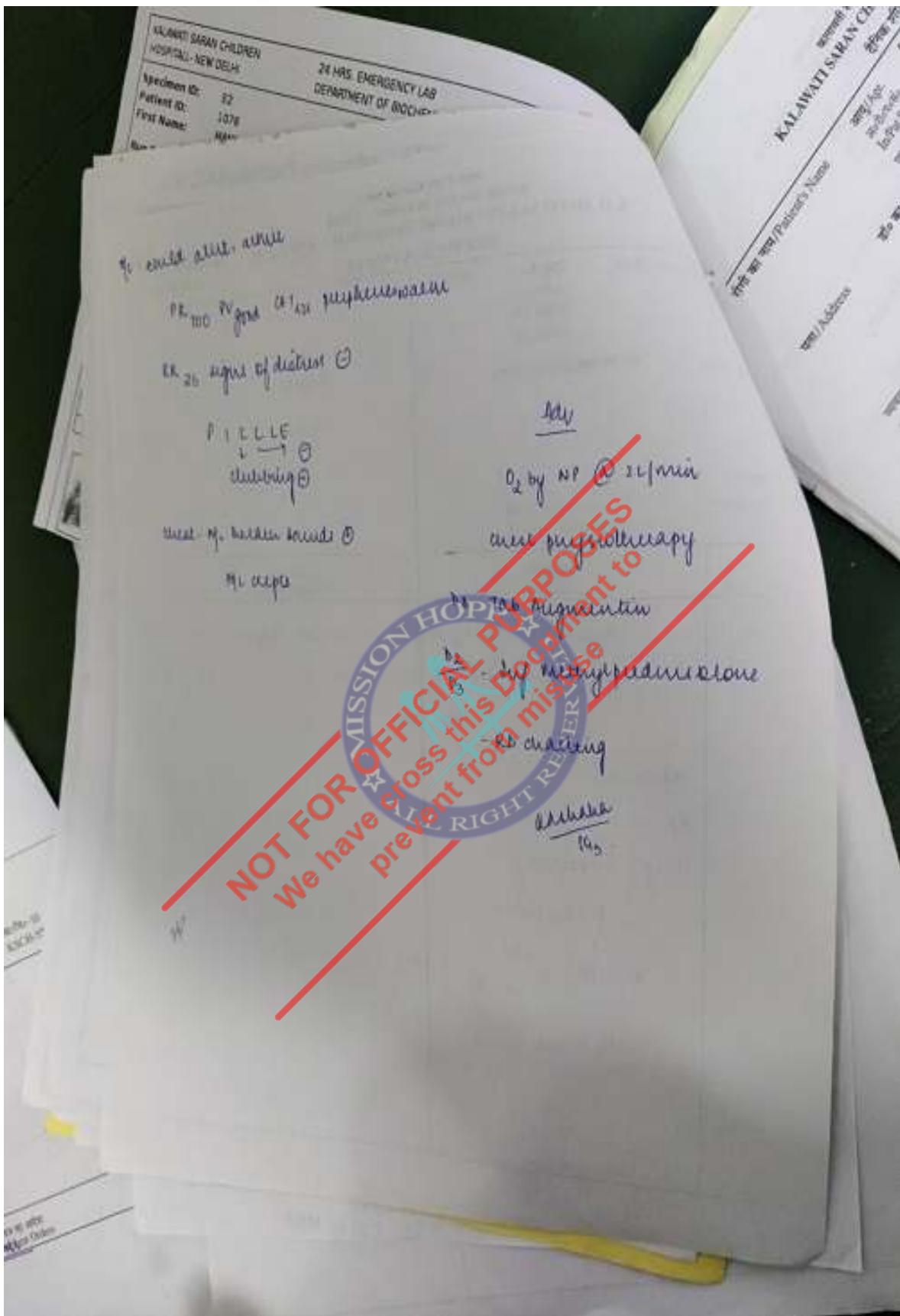


भारत सरकार/Govt. of India
कलावती सरण बाल चिकित्सालय : नई दिल्ली
KALAWATI SARAN CHILDREN'S HOSPITAL : NEW DELHI

क्रमांक/Serial No.-55
KSCH-55

दैनिक शीट/DAILY SHEET

प्राप्ति का नाम/Patient's Name	आयु/Age अवधि/Years In/Pat Reg. एकाई/Unit	लिंग/Sex
पता/Address	दॉको का नाम/Doctor's Name	Maryu 13y/f
प्राप्ति का जन्मायात्रा/ Occupation	Date and Time of Adm. आमदा/Initials	
तिथि/ Date	दिनार्थी/ Daily	इलाज का आदेश/ Treatment Orders
19/11/23	<p>Interstitial lung disease ? post covid</p> <p>afebrile</p> <p>RD -</p> <p>cough - improving</p> <p>nonproductive</p> <p>recently nonproductive</p> <p>ME - mild alect. asthm</p> <p>PR abd PV good of 2nd requirement warm</p> <p>re so signs of distress -</p> <p>P1 f CLE clubbing(+) -</p>	<p style="color: red; transform: rotate(-45deg);">NOT FOR OFFICIAL PURPOSES We have crossed this Document to prevent from misuse</p>



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कलावती सारन चाल विकासालय : नई दिल्ली
KALAWATI SARAN CHILDREN'S HOSPITAL : NEW DELHI

दैनिक शीट/DAILY SHEET

फॉर्म नं. 55
KSCH-55

प्राप्ति का नाम/Patient's Name

आयु/Age
मोड़ोपोस्ट
In/Pat Reg.
एक्स/Unit

पता/Address

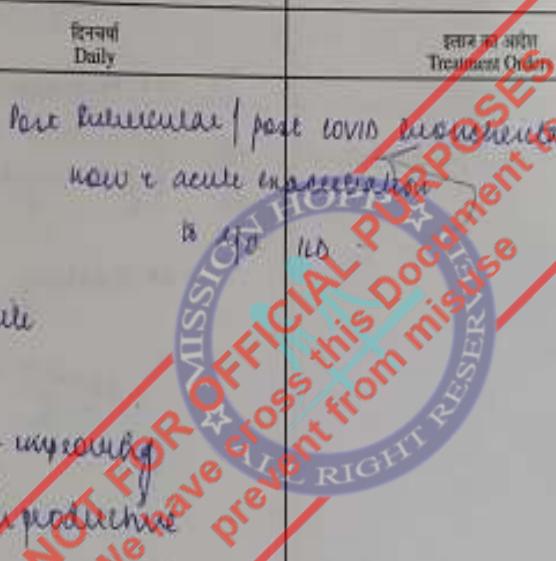
दॉ/ का नाम/Doctor's Name

Mary
P/F

पेशकारी/
Occupation

दिनांक/
Date and Time of Adm.
अधिकारी/Initials

दिनांक/ Date	दिनांक/ Daily	इसार नं. अधिकारी/ Treatment Order
12/1/23	Pre tubercular / post COVID presentation now r acute exacerbation B 40 160 afebrile RS O cough - increasing + now productive sputum (AFB small } wq MGT test	



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कलावती सरन बाल विकासनालय : नई दिल्ली
KALAWATI SARAN CHILDREN'S HOSPITAL : NEW DELHI

क्रमांक/No. 55
KSCH-55

दैनिक शीट/DAILY SHEET

प्राचीन नाम/Patient's Name

आयु/Age,
महीने/Months
In/Pat Reg.
इकाई/Unit

लिंग/Sex

पता/Address

दॉक्टर का नाम/Doctor's Name

Mayu
13yrs

अवस्था/
Occupation

Date and Time of Adm.
नामांकन/Initials

दिनांक
Date

दिनांक
Daily

दैनिक अधोग्रह
Treatment Orders

2/1/23

ILD ? post COVID

afebrile

BS -

cough - improved

non productive

SpO₂ → 91-92% on O₂ by prongs @ 1L/min

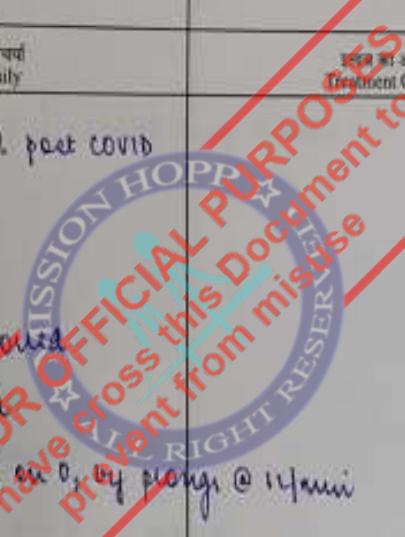
V/S - child alert, active

HR 102 B/P good BP & peripheral warm

RR 32 signs of distress -

P1 C E C E
clarity -

chest - R. breath sounds (+)
Abd - soft (-)



भारत सरकार / Govt. of India
कलावती सरन चाहा, विकासनगर, नई दिल्ली

Manju
12/11/20

KALAWATI SARAN CHILDREN'S HOSPITAL : NEW DELHI

क्रमांक/Reg.-55
KSCH-55

दैनिक शीट/DAILY SHEET

संसी का नाम/Patient's Name	आयु/Age: इनपाटेड/ In/Pat Reg. एकाई/Unit	लिंग/Sex	lost tubercular/pot covid bronchitis
पता/Address	दॉ० का नाम/Doctor's Name		New T sputum examination

प्रवासी/
Occupation

Date and Time of Admn.
अधिकारी/Inmate

तिथि Date	दिनपत्ति Daily	प्राप्त का संदर्भ Treatment Orders
13/11/23 10 AM	Afebrile RD @ Persistent expectoration HR 102/min Pulse good CRT L 35 BP 26/mn Pus mm	HOPP X to add steroid 2mls.
01/11/23	ABG WNL DL 15.0 O2 95% CVS CNS WM PIR	(A) - T. prednisolone (10mg) 3-21/2+3 - Or by NP @ 2L/m - Urgent physiotherapy. (B) - T. Augmentin - RD morning

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KALAWATI SARAN CHILDREN'S HOSPITAL : NEW DELHI		
दैनिक शीट/DAILY SHEET		
प्राचीन नाम/Patient's Name	आयु/Age महीने/पाँचवां In/Pat Reg. ग्राहक/Unit	लिंग/Sex महिला/Female Manju 17y / F
संरक्षण/Address	दॉ का नाम/Doctor's Name	
प्रारूप/ Occupation	Date and Time of Admin. लापता/Initials	
तिथि/ Date	दिनांक/ Daily	प्राप्ति का नाम/ Treatment Orders
16/11/27	<p>Post tubercular / post COVID bronchiectasis now w/ acute exacerbation</p> <p>to A/O ILD</p> <p>afibrile</p> <p>RD (-)</p> <p>cough (+)</p> <p>o/o r/b to 4 Singhale</p> <ul style="list-style-type: none"> • Wt/fever [ACE levels, ca 5.1 U/L ALP] • Methyl prednisolone 	

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Laboratory Report at HCTS Confirmatory Facilities (SA-ICTC)
DELHI STATE AIDS CONTROL SOCIETY

Laboratory Test Report form for HCTS Confirmatory Facility

Name & Address of the SA-ICTC:

Name: Surname _____ Middle Name _____ First Name mujy

Gender: Male Female Transgender Age: 13 (Years)

PID No.: DCSAICTCOLNEW0082309595 Lab ID No.: 01SRS

Date & Time of Blood Drawn: 16/01/2023 (DD/MM/YY) 9:40 A (HH:MM)

Test Details:

- Specimen type used for testing (tick one): Serum/Plasma/Whole Blood
- Date & Time of Specimen tested: 16-1-23 (DD/MM/YY) 10:30 A (HH:MM)

Note:

- Column 2 and 3 to be filled only when HIV 1&2 antibody discriminatory test(s) used
- No. cell has to be left blank: indicate as NA wherever not applicable.

Column 1	Column 2	Column 3	Column 4
Name of the HIV kit	Reactive/Nonreactive (R/NR) for HIV-1 antibodies	Reactive/Nonreactive (R/NR) for HIV-2 antibodies	Reactive/Nonreactive (R/NR) for HIV antibodies
Test I: Comb. AIDS	NA	NA	Non-reactive
Test II:			
Test III:			

Interpretation of the result: Tick (✓) relevant

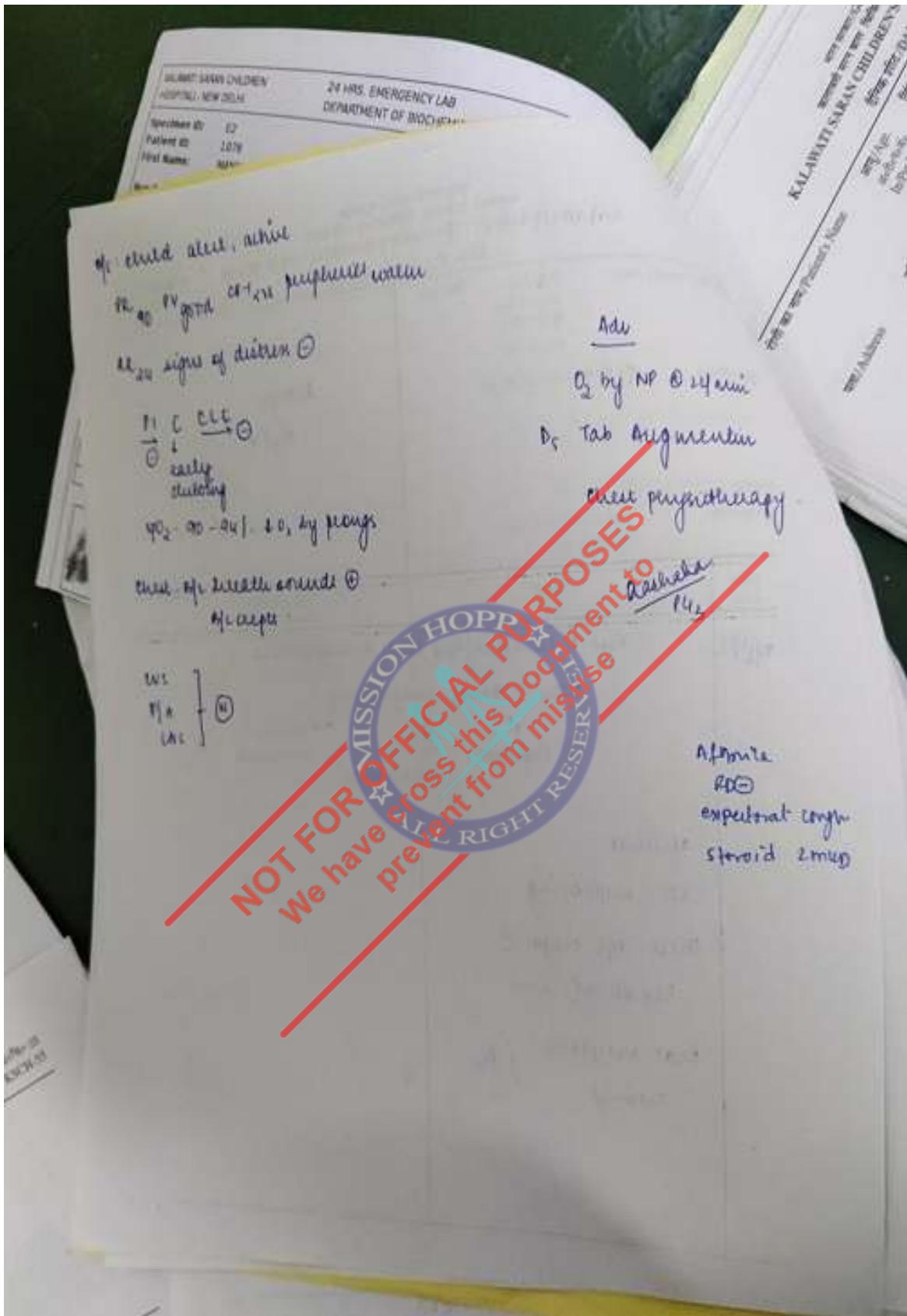
- Specimen is negative for HIV antibodies
- Specimen is Positive for HIV-1 antibodies
- Specimen is positive for HIV antibodies (HIV-1 and HIV-2; or HIV-2 alone)
- Specimen is indeterminate for HIV antibodies. Collect fresh sample in 2 weeks

* Confirmation of HIV-2 sero-status at identified referral laboratory through ART Centers

Sandhya
16/01/23

Name & Signature
Laboratory technician

Amit
Name & Signature
Laboratory In-charge



भारत सरकार/Govt. of India
कलावती सरन बाल विकासालय : नई दिल्ली

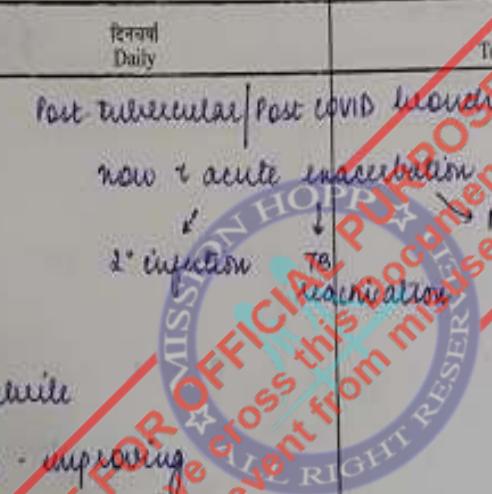
KALAWATI SARAN CHILDREN'S HOSPITAL : NEW DELHI

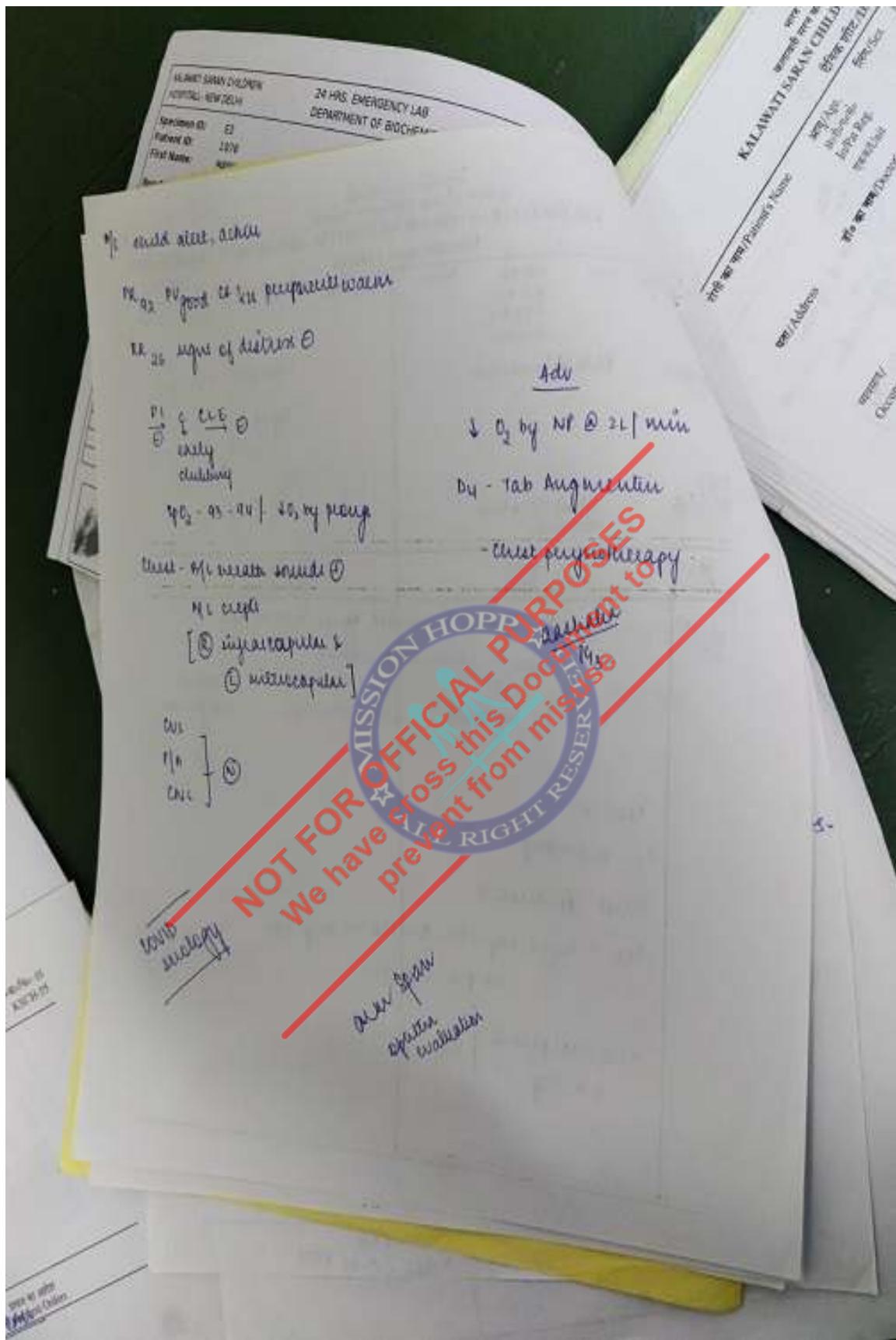
क्रमांक/No.-55

दैनिक शीट/DAILY SHEET

KSCH-55

रोगी का नाम/Patient's Name	आयु/Age: वर्षों/वर्ष In/Pat Reg. एकाई/Unit	लिंग/Sex	
पता/Address	दॉ० का नाम/Doctor's Name		Maryam By/F
पात्रता/ Occupation	Date and Time of Admin. आरोग्य/Initials		
तिथि/ Date	दिनांक/ Daily	लिंग का नाम/ Treatment Orders	
14/17/23	Post tubercular Post covid bronchiectasis now + acute exacerbation 1° infection TB 2° infection TB afebrile RS - improving Chest - PFT report O Repeat W/L test oral acceptance activity	1° disease progression TB reactivation	



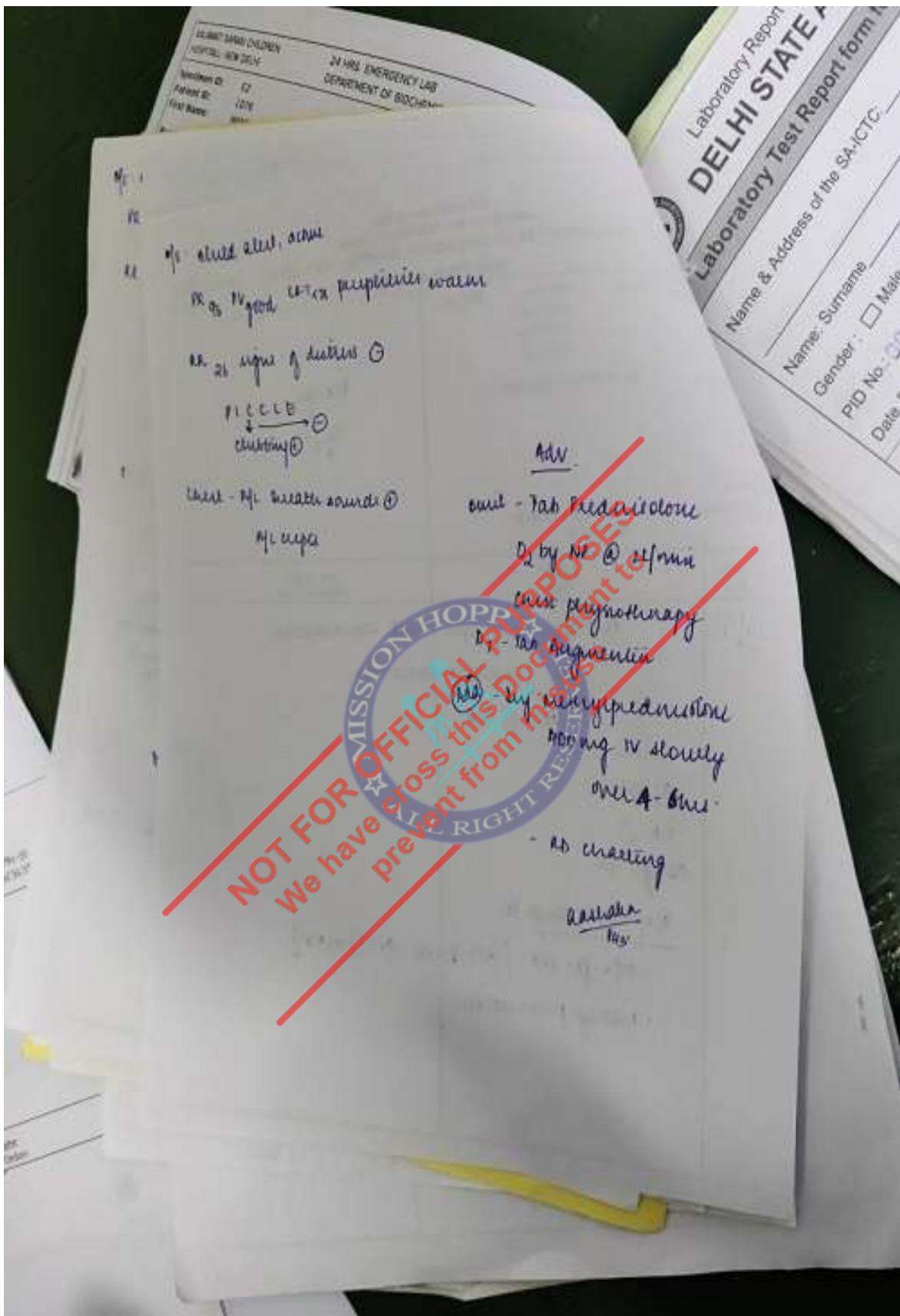


भारत सरकार / Govt. of India
 कलावती सारन बाल चिकित्सालय : नई दिल्ली
KALAWATI SARAN CHILDREN'S HOSPITAL : NEW DELHI

कालावती-55
 KSCH-55

दैनिक शीट / DAILY SHEET

रोगी का नाम / Patient's Name	आयु / Age	लिंग / Sex	
	वर्षों में		
	In/Pat Reg.		
	फलक / Unit		
पता / Address	दॉ. का नाम / Doctor's Name		Mangru F/F
अवसाय / Occupation	Date and Time of Admin. अवधारणा की तारीख / Initials		
तिथि / Date	दिनांक Daily	इनाम का अदेता Treatment Orders	
12/1/23	पृष्ठ पृष्ठ पृष्ठ new + acute exacerbation ? 2 nd week infection apical RD - improving new patch seen CXR → hyperinflated dilated airways seen no new patch seen oral acceptance of activity	 Treatment Orders To be read by the patient	



भारत सरकार/Govt. of India कलावती सरण बाल चिकित्सालय : नई दिल्ली KALAWATI SARAN CHILDREN'S HOSPITAL : NEW DELHI दैनिक शीट/DAILY SHEET		
नं. ५८०४०५०-५५ KSCH-55		
प्राची का नाम/Patient's Name आयु/Age: महीनों In/Pat Reg एकाक/Unit पता/Address डॉ. का नाम/Doctor's Name	लिंग/Sex महिला/Female वयस्ता/Occupation Date and Time of Adm. मात्रा/Initials	
१०/१/२३ 	दिनमर्यादा/Daily १०/१/२३ Ptu/90 Per-tubercular leucocytosis now & anti-Pt tubercular infection afecile Rd - improving chest - R/L dec crept no wheez oral acceptance } fair acidity	ट्रेटमेंट का अंदरा/Treatment Orders १०/१/२३
O/E	child alert, active PR 96 P/B good LR XN peripheries warm	

Kalawati Saran Children's Hospital, New
Department of Biochemistry

Specimen ID: 12
Patient ID: 12345
Patient Name: Rakesh

24 HRS. EMERGENCY LAB
DEPARTMENT OF BIOCHEMISTRY

Ref. No.: 159 Date: 10-01-2023 13:11:30

Test Name	Result	Units	Normal Range	Low/High
Urea	25	mg/dL	15 - 45	Normal
Creatinine	0.75	mg/dL	0.59 - 1.45	Normal
Bilirubin Total	0.51	mg/dL	0.30 - 1.20	Normal
Bilirubin Direct	0.31	mg/dL	0.00 - 0.40	Normal
AST/GOT	37	U/L	5 - 40	Normal
ALT/GPT	21	U/L	5 - 35	Normal
Alkaline Phos	78	U/L	25 - 125	Normal
Total Protein	8.3	g/dL	6.2 - 8.5	Normal
Albumin	4.3	g/dL	3.5 - 5.2	Normal
Calcium	9.3	mg/dL	8.4 - 10.4	Normal
Phosphorus	4.4	mg/dL	2.6 - 4.5	Normal
CRP	2.06	mg/L	(0 - 1)	Normal
<i>Na⁺</i>	<i>135</i>	<i>mEq/L</i>		
<i>K⁺</i>	<i>5.3</i>	<i>mg/dL</i>		
<i>Cl⁻</i>	<i>98</i>	<i>mg/dL</i>		
<i>Ca²⁺</i>	<i>10.1</i>	<i>mg/dL</i>		
<i>Glucose</i>	<i>100</i>	<i>mg/dL</i>		
<i>Urea Nitrogen</i>	<i>15</i>	<i>mg/dL</i>		
<i>Bilirubin Total</i>	<i>0.51</i>	<i>mg/dL</i>		
<i>Bilirubin Direct</i>	<i>0.31</i>	<i>mg/dL</i>		
<i>AST/GOT</i>	<i>37</i>	<i>U/L</i>		
<i>ALT/GPT</i>	<i>21</i>	<i>U/L</i>		
<i>Alkaline Phos</i>	<i>78</i>	<i>U/L</i>		
<i>Total Protein</i>	<i>8.3</i>	<i>g/dL</i>		
<i>Albumin</i>	<i>4.3</i>	<i>g/dL</i>		
<i>Calcium</i>	<i>9.3</i>	<i>mg/dL</i>		
<i>Phosphorus</i>	<i>4.4</i>	<i>mg/dL</i>		
<i>CRP</i>	<i>2.06</i>	<i>mg/L</i>		

Chandan Jha

Performed By: _____

Verified By: _____

A

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कलावती सरन बाल चिकित्सालय

KALAWATI SARAN CHILDREN'S HOSPITAL, NEW DELHI

बंगला साहिब मार्ग, नई दिल्ली - 110001 / BANGLA SAHIB MARG, NEW DELHI-110001

24 घण्टे जलालकर्तीन प्रदोगात्मा विभाग / DEPARTMENT OF 24 HOURS EMERGENCY LAB SERVICES

CLINICAL BIOCHEMISTRY REPORT

159

Name	Mansi	Age/Sex	
C.R. No.	1076	Consultant	Dr. Virender
Ward/OPD	R.R	Unit/Bed No.	
Date/Time	10/11/23	Lab Reference No.	
Diagnosis/History:		Signature of the Doctor	
Se/UF/ETT/CKK/ CAC/ IP ALP / T-170 / C. A/b.		Lalwani	
<ul style="list-style-type: none"> > Please note that incomplete test requisition form will not be accepted. > Samples of patient registered in KSCH will only be accepted in Lab. > Sample of all admitted patients and OPD patient of KSCH will be received from wards/ units and reports of same will also be dispatched in respective section by the lab auxiliary staff. > Duplicate reports of admitted patients, required if any, will have to be collected by the doctors of respective units/Wards. 			
<ul style="list-style-type: none"> ✓ Please tick marks the required investigation in the box. Please don't write anything on back side of requisition form. Lab Reports is to be printed there. 			

	Reported Value	Unit	Normal Range
Glucose (Fasting)		Mg/dl	80-120
Glucose (PP)		Mg/dl	65-140
Glucose/PO		Mg/dl	60-100
Sodium		MmEq/l	130-140
Potassium		MmEq/l	3.5-5.5
Chloride		MmEq/l	95-108
Bicarb		MmEq/l	18-24
Creatinine		Mg/dl	0.5-1.0
Uric Acid		Mg/dl	3.0-6.0
Serum Bilirubin- Total		Mg/dl	0.2-1.0
Serum Bilirubin- Conjugated		Mg/dl	0.0-0.2
Serum Bilirubin- Unconjugated		Mg/dl	Up to 1.2
GOT (AST)		U/L	10-40
GPT (ALT)		U/L	10-45
Alkaline Phosphatase (ALP)		U/L	Up to 350
Total Protein		gm/dl	6.5-8.0
Albumin		gm/dl	3.5-5.0
Globulin		gm/dl	1.8-2.5
Blood Calcium		Mg/dl	9-11
Bone Calcium		Mg/dl	4.0-5.5
- Unbound Calcium		Mg/dl	4.5-5.5
Inorganic Phosphorus		Mg/dl	2.5-5.0
Total Cholesterol		Mg/dl	150-250
HDL		Mg/dl	40-60
LDL		Mg/dl	120-190
Tri甘油酯		Mg/dl	50-150
CPK Total		U/L	20-190
CPK MB		U/L	0-24
CSF Protein		Mg/dl	15-40
CSF Sugar		Mg/dl	40-70
Other Body Fluids. (Please Mention the type of body fluid)		Mg/dl	

Signature of The Doctor

		वित्त विभाग (Govt. of India) कलावती सारन बच्चे अस्पताल : नई दिल्ली KALAWATI SARAN CHILDREN'S HOSPITAL : NEW DELHI	
		दैनिक शीट/DAILY SHEET	
रोगी का नाम/Patient's Name पता/Address	वय/Age: मुख्य विवर/ In/Pat Reg पाइप/Unit	लिंग/Sex	क्रमांक/Serial No.: 55 KSCH-55
	दॉ. का नाम/Doctor's Name		
पेशी/Occupation	Date and Time of Adm. अवधि/Initials:		
दिनांक/ Date	दिनांक/ Daily	शाहर का आदेश/ Treatment Orders	
		<p>NOT FOR OFFICIAL PURPOSES We have crossed this document to prevent from misuse</p>	
		<p>R.H. - 40/min CFT - 13 sec Peri - warm BP - 104/68 mmHg.</p> <p><u>PFT CL LE</u> signs of RD → NP → Refraction (R)</p> <p>SpO2 - 98% L.R.A. 98% LO2 by Mask</p>	

दिनांक और समय
Date & Time

Date & Time

Again admitted from 13/12/22 - 1/1/23

clu cough Fast Breathing] x 2-3 months.
pain in C side of chest. - 10 days.

~~Og by mask | 3y: Augmentin | Nie ist salbol.~~

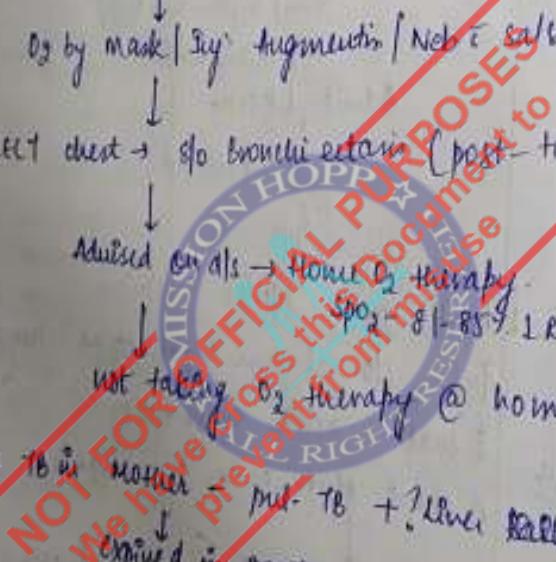
CCT chest → sign bronchi ectasis (post-tubercular).

Advised on a/s → Home to himself -

~~Not taking B2 therapy RE~~ @ home

~~NOT FOR PUBLIC RELEASE~~
We have a prevent
MOTHER ↓
expired in 2007.
MF-78 + ? User Release Damage.

4/10 → Father → Alcoholic → ? Liver Damage.
↓
expired in 2019.



9

दैनिक शीट
DAILY SHEET

पर्सनल पार्सनल पार्सनल	दैनिक शीट Daily Notes	इनकार के लिए Treatment Orders
	3pm - bark asympt. Mopul-TB ↓ Took tilt for Eustachian.	3pm - bark asympt. Treatment Orders Bark daily cough today Difficulty of Breathing not also fever/chest pain/swelling over body/ limbs ↓ urine output Admit LKCH. ↓ Symp. Relieved D/S.
Admitted	1. LKCH. from 11/11/22 - 14/11/22 ilv/o clostridial suppurative lung dls level c acute exacerbation c low thinner c short stature c dysmorphism. ↓ Ig: Augmentin / Neb-T 3% NS / Neb c salol. ↓ Symp - improved. ↓ D/S.	19

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②
627 LRA
ABT LOBY

Informant - Mr.

वीर रामानन्द विजयेन्द्र
BIOCHEMICAL ANALYSIS Flufo post-infectious

Bronchiectasis

Date:

Child difficulty of breathing & cough
7 days.

Perfor.
Date:

ROPI ⇒ Child was apparently well

Difficulty of Breathing → in form of fast Breathing

insidious onset,
gradually not alw chest indractions

X-RAY REPORT progressive. Bob even in sitting position

Date: Cough → cough & sputum production, non-spasmodic

non-paroxysmal, more in night,

sputum - not blood stained,

chest pain only on coughing.

not alw fever / recent weight loss.

not alw chills sweating over the body / urine output
not a/w Abdo. distension / constipation / loose stool.

SPECIAL INVESTIGATION

Date:

• PTH ↑ child never has WO pul. TB 3 yrs. back
ages ↓ Took medication for 6 months

No PTH ↓ repeated nebulisation.

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 KALAWATI SARAN CHILDREN'S HOSPITAL : NEW DELHI

दैनिक शीट/DAILY SHEET

केन्द्र. क्रमांक-55
 KSCH-55

प्राप्ति का नाम/Patient's Name

आयु/Age

लिंग/Sex

अस्पेक्ट्स

In/Pat Reg

एक्स/Unit

पता/Address

�ॉ. का नाम/Doctor's Name

Manju

17y / F

जनसाधा/
Occupation

Date and Time of Admn.

अवधारणा/Initials

तिथि/
Date

दिनांक
Daily

देख व का अदेश
Treatment Orders

13/1/23

11/1/23 → Post-tubercular co-suppression
 now + acute exacerbation
 ↗
 ? 2nd infection ↑
 to calcification → 1st disease
 progression

afecult

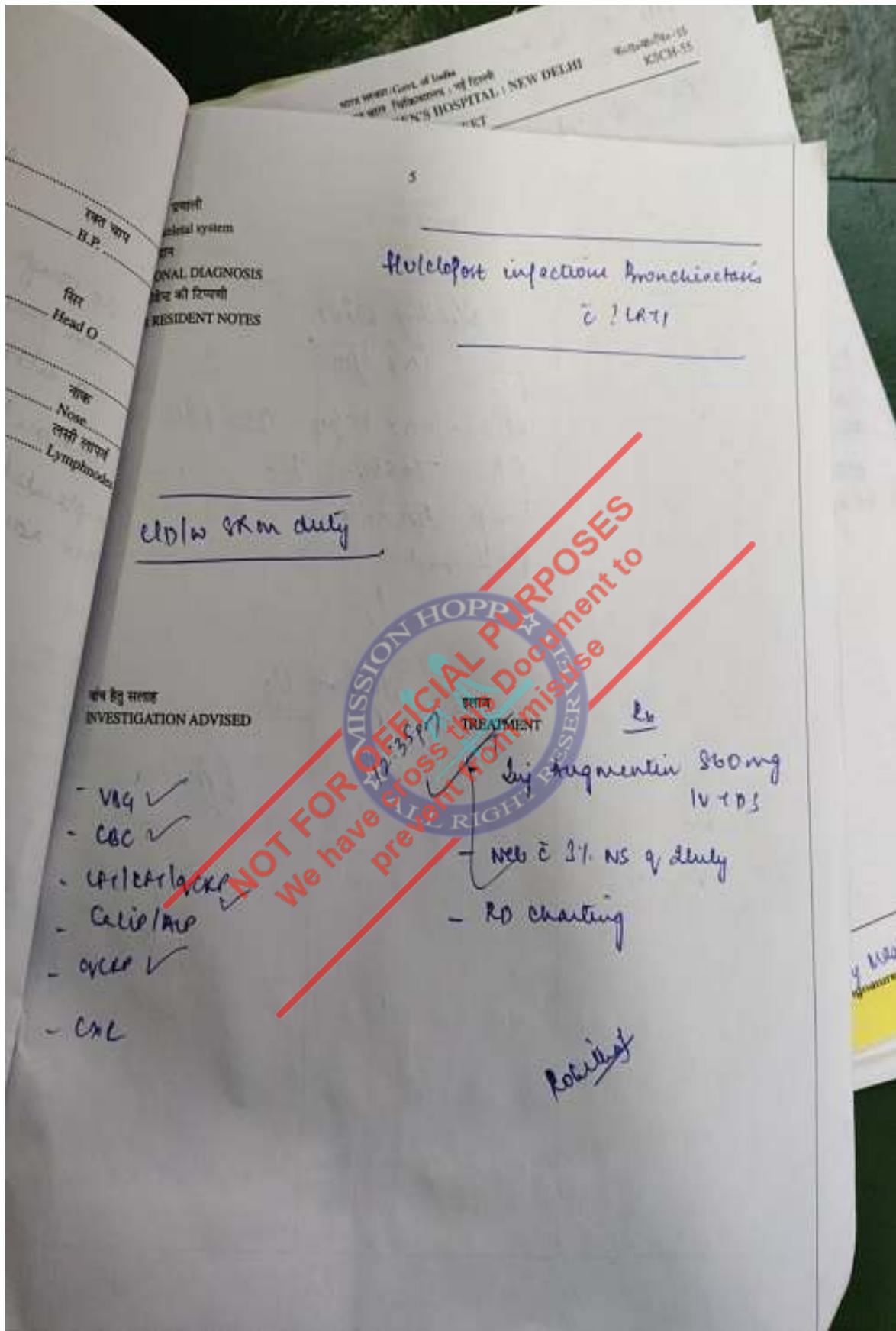
Rd - improving

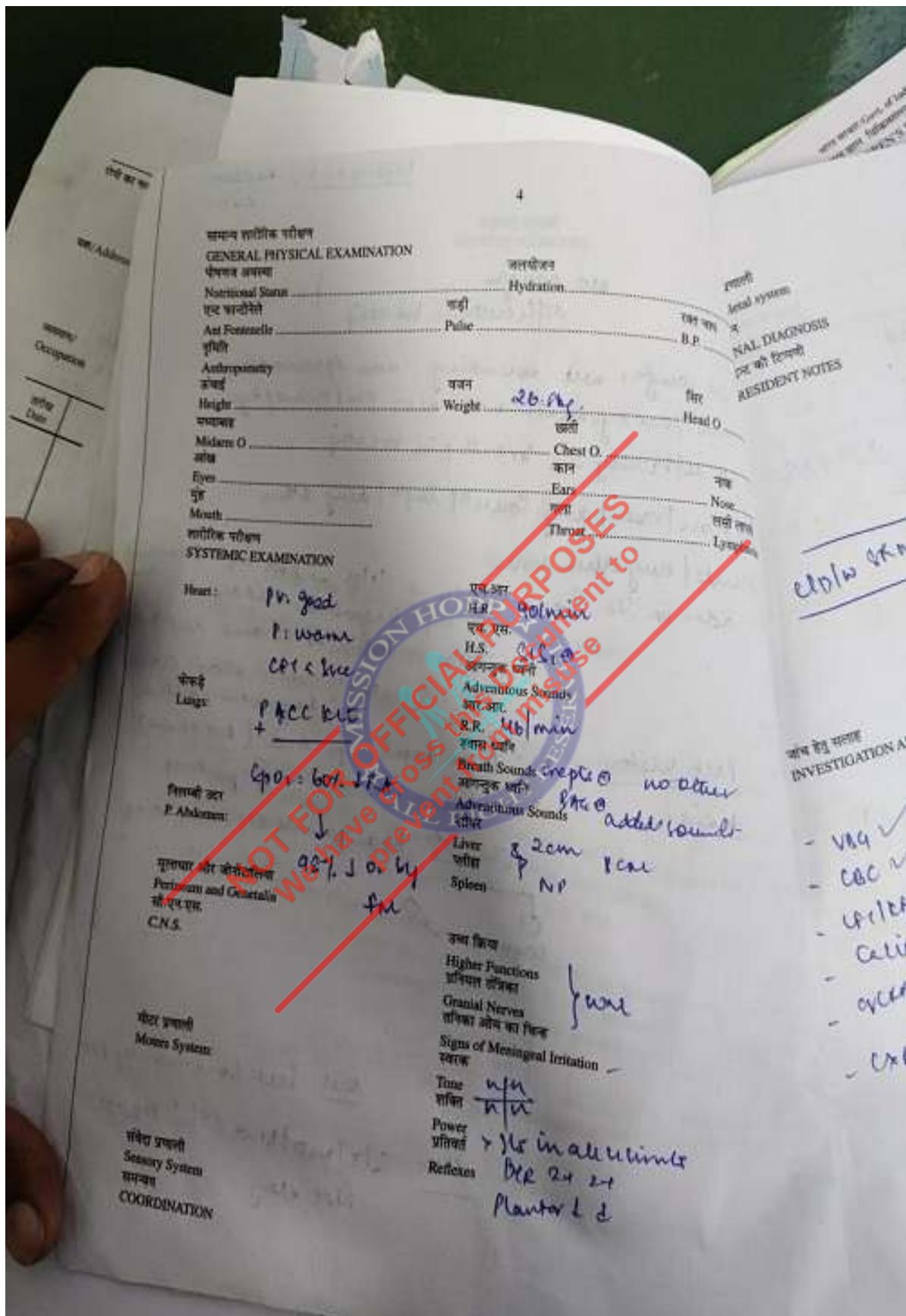
Chest - P/F crept 0

LHR → hyperpigmented, dilated always seen
 no new patch

oral acceptance
 ability } fair







Delhi
KSCB-35

Informant: Brother
Wife

Family History
Detailed History

do cough }
difficulty in breathing } x twice

do cough, wet sounding, non spasmodic,
non paroxysmal, not new ph/nemoptysis

do difficulty in breathing in breathy

no do fever/rash/any form of infn/any other
complaints/any other issue

prev. adm in U2 from 18/12/01 → 11/1/02 → got infn bronchitis
on day 1 augmentin + Uday. area

11/1/02 → 14/1/02 → chronic dry cough
+ Excrete intestinal short chain
dai augmentin 3 days

new form local lbs back (Att & bone)
seen earlier in mother, 14 yrs back

both parents exp. age 10 yr

Past history: Family

Immunisation Status

B.C.G.

Mumps

Measles

OPV

DPT

Socio-Economic Status: Income per capita Rs. _____ p.m.

Total Income of Family in Rs. _____ p.m.

Total number of family members: _____ p.m.

Food: feeds from family pot

Blk: C/F/NVD/Swt: ? / ? Nicot:
Not very

Maternal Grade: A B C D

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दिनांक

Date

O/E) -

B/P - Fair.

HR - 98/min.

RR - 40/min.

S/E) -

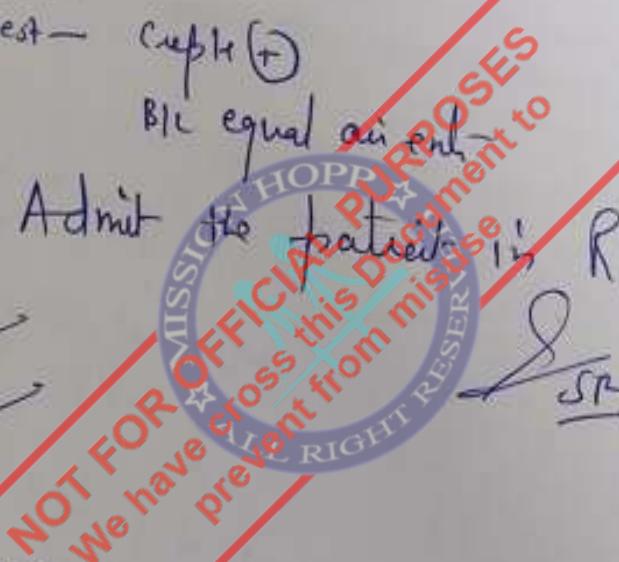
Chest - Cough (+)

B/L equal on RH -

Admit

Admit L/R

SR



RR
SR

C DEL

कलावती सरन बाल चिकित्सालय
KALAWATI SARAN CHILDREN'S HOSPITAL
बंगला साहिय मार्ग, नई दिल्ली-110001, Bangla Sahib Marg, New Delhi-110001

सूक्ष्म जैव विज्ञान विभाग
MICROBIOLOGY DEPARTMENT

Lab. Ref. No. *1369
3482*

नाम/Name <i>Manju</i>	आयु/Age <i>13Y</i>	लिंग/Sex <i>F</i>	Date <i>29/12/12</i>
C.R.No <i>24246</i>	Consultant		
Ward/OPD <i>V2 C2</i>	Unit/Bed No.		
Diagnosis/History			
Investigation Required			
<i>Induced sputum - AFB</i>			
<i>Signature of the Doctor</i>			

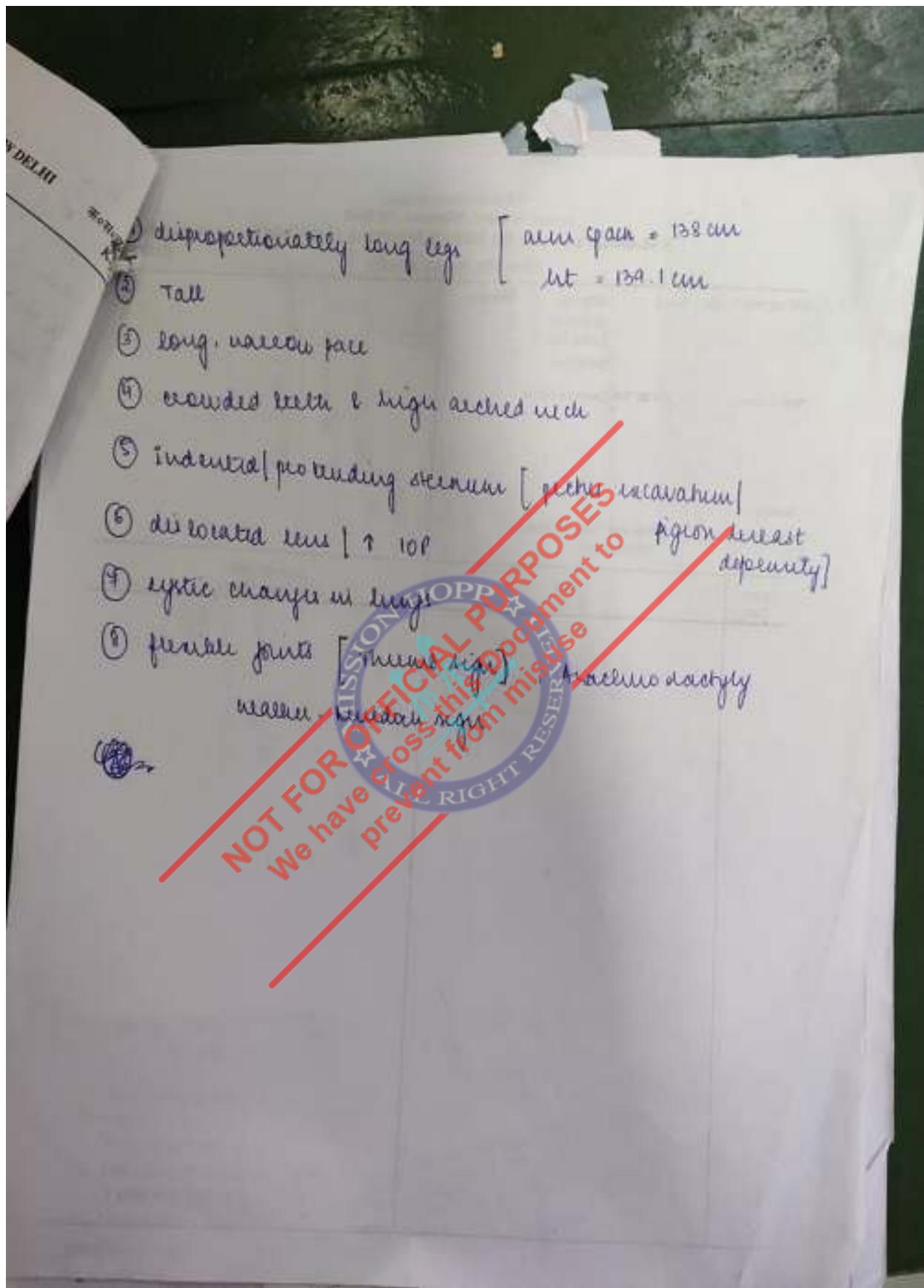
ZN Staining
No Acid Fast Bacilli See

LADY HARDINGE MEDICAL COLLEGE & ASSOCIATED HOSPITALS
DEPARTMENT OF MICROBIOLOGY

PATIENT NAME <i>MANJU</i>	AGE/SEX <i>13 F</i>	WARD/OPD <i>KSCH</i>
REG. NO. <i>3482</i>	LAB NO. <i>3482</i>	SAMPLE <i>INDUCED SPUTUM</i>
DATE OF COLLECTION <i>30/12</i>	DATE OF REPORTING <i>31/12</i>	REQUESTED BY
M TUBERCULOSIS <i>YES</i>	RIFAMPICIN <i>YES</i>	NUERAT/PCR/NAAT RESULT <i>MTB Not Detected</i>
NIKSHAY ID: <i>33614955</i>		

Reported by *Kuirk*
Doctor's Name & Signature
*AK
21/12/12*

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Manju

- shortness of breath \oplus
+ o productive cough \ominus

cough \ominus
jaundice \ominus
urine \ominus
aspiration \ominus

agricultural/ industrial allergen \ominus

(pigeons +)

no smoke exposure \ominus

recurrent infection \ominus

no w/o per BT

HIV - NR

Tg profile

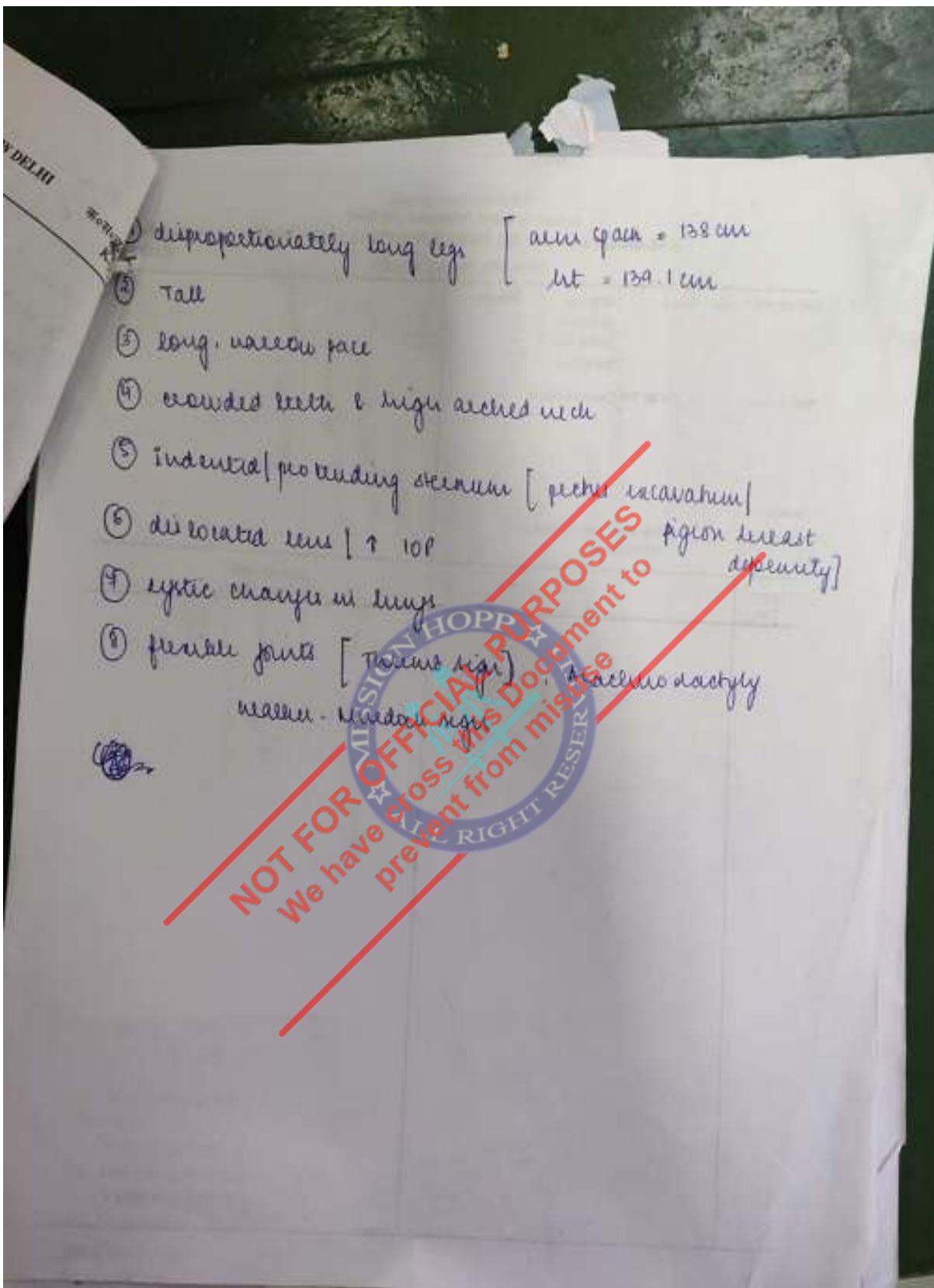
vasculitis w/ x

GB [ANA
Rat [dENA
PANCA / CANC
IgA TTH - negative

RA factor \ominus

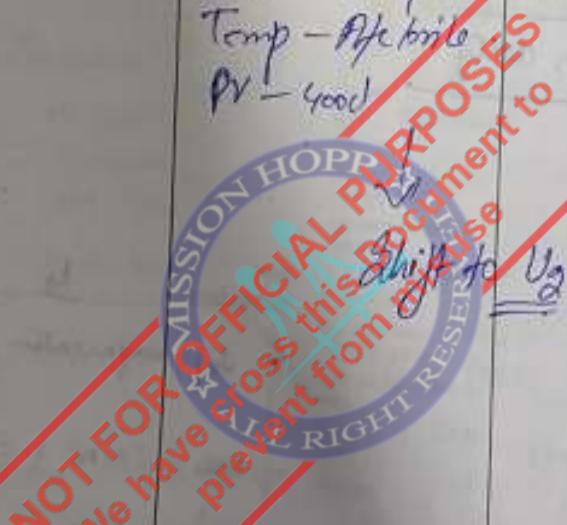
sputum $\begin{cases} \text{AFB} \\ \text{malaria} \end{cases}$ \ominus
MGT - awaited

\rightarrow PFT
 \rightarrow sweat chloride
 \rightarrow 1st urinary asymptomia
 \rightarrow RBC w/v (egd)
 C_3/C_4
CD4 COUNT



दैनिक शीट
DAILY SHEET

दैनिक शीट Daily Notes	त्रीवास वा द्रव्य Treatment Or Drugs
<p><i>Shifting U/Tas</i></p> <p>P/R - 106 bpm.</p> <p>SPO₂ - 100% on O₂ 93% + Pn.</p> <p>RR - 36 cpm 42.</p> <p>Temp - Axillary</p> <p>PR - 4000</p>	



Gm