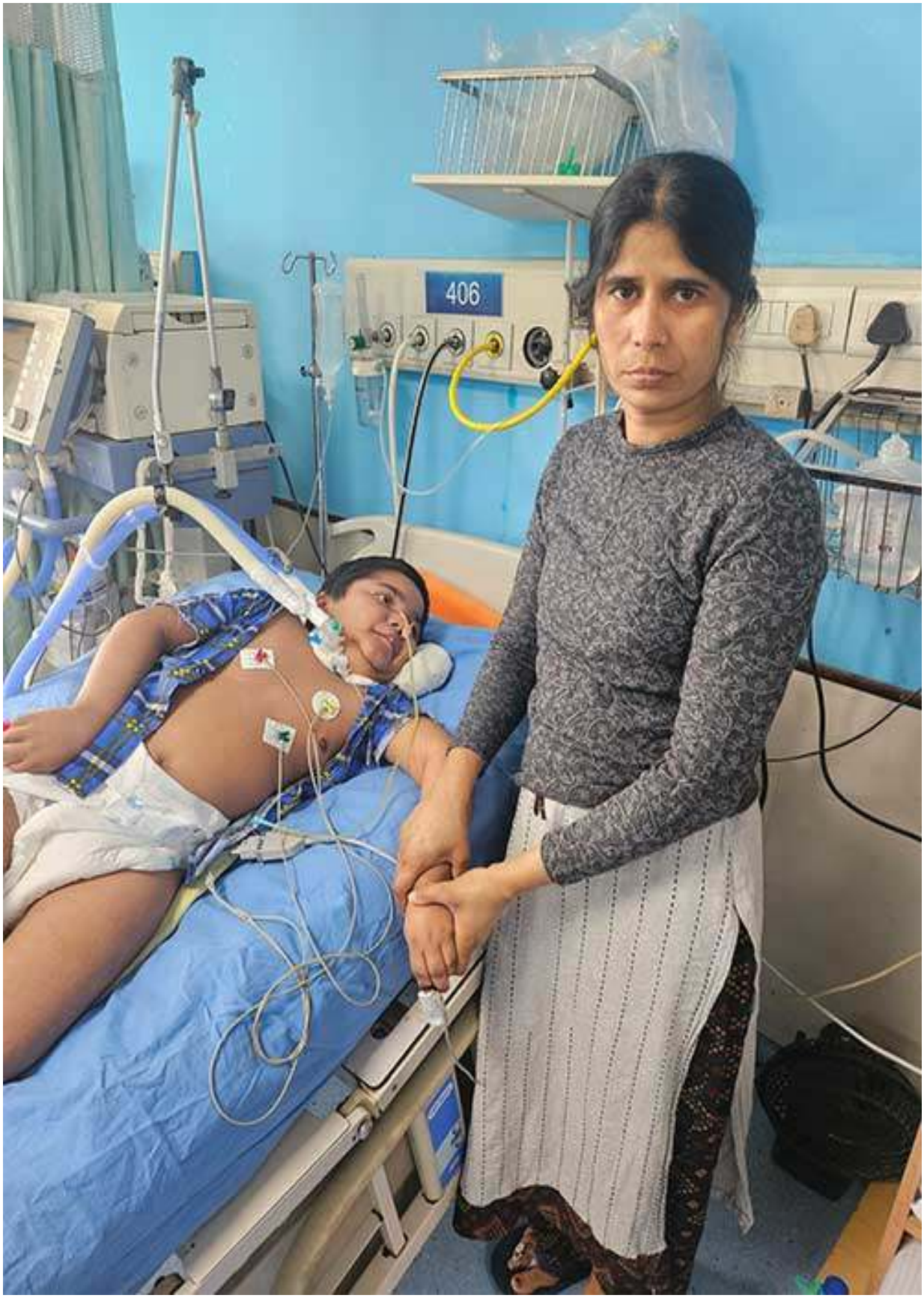
406

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 ..... MASTER PIYUSH .....
- Patient's Date of Birth ... 12 / 01 / 2017 ... Age ... 7 ... Yrs.
- Patient's Gender ... MALE .....
- Patient's Guardian Name ... GITA .....
- Relation With Child ... MOTHER .....
- Parmanent Address ... BAIRAM NAGAR, NEHTAUR ..... BIJNOR .....

Dist. ... BIJNOR ... Pin Code 246733 ... State ... U.P. .....

- Contact Number +91- ... [redacted] ; +91 - .....
- Patient's Family Background ... SINGLE MOTHER .....
- Parent / Guardian Proof ... AADHAAR ... Id No. [redacted]
- Hospital Name (where patient admitted) ... RML HOSPITAL DELHI
- Name of Department ... DEPARTMENT of PEDIATRICS .....
- Disease (patient suffering from) ... PARALYTIC RABIES ENCEPHALITIS
- Doctor's Name (who treated the patient) Dr. ... VISHAL .....
- OPD Reg. No. PICO/1406 ... Date 28 / 02 / 2024
- Approximate Treatment Cost ... 75000/- .....

गीता

(Parent / Guardian signature OR LTI)

- Registration No. (records in NGO) ... MH.0119/2024 ... (Only Office Use)

28/02/24

Deciding officers signature

Seal

आ.म.वै.सं.-11
R.M.L.H.-11

लगातार चार्ट / CONTINUATION CHART

नाम/Name ..... कमरा/बेड नं./Room/Bed No. .....

नाम/Date	प्रतिदिन विवरण और चिकित्सा/Daily Notes and Treatment	आहार/Diet
19/2/24	PIYUSH 6yM PICU-406 / 4th F To, The Social Workers. Dr. RML Hospital Respected Sir/Maam, Piyush, 6yM, admitted to PICU-406, ↓Dr. B Patra, is a case of paralytic rabies c autoimmune dysfunction c CPR (Type II) c TT insitu c post CPR status and is ventilator dependent and bed bound. Patient attenders are not financially affordable for a home ventilator setup. Kindly evaluate this child and consider for your support for procurements home BiPAP machine. Estimated cost of the machine is about 32,000 Rs. Thankyou PG-Paediatrics department Forwarded to Mission Hopp. on. 28/02/2024 MSW	

Atal Bihari Vajpayee Institute of Medical Sciences and
Dr Ram Manohar Lohia Hospital
Baba Kharak Singh Marg, New Delhi-110001

Doctor's Daily Assessment Sheet (Bed No. 406)

NAME: Piyush **BED NO./WARD:** (406) PICU **CR NO./UHID** 35325

MLC NO.(IF ANY)

DATE & TIME	~~DAILY NOTES AND TREATMENT~~ CASE SUMMARY	DOCTOR'S SIGN.
30/5/23 2PM	Pt. Piyush is c/o Neurological Illness (? Paralytic Polio) with Respiratory failure.	
	⇒ Pt's & his mother are very poor	
	⇒ Pt is on ventilator for more than 1 year	
	⇒ Pt needs to be discharged on home ventilation	
	⇒ for this Ayushmen card of Pt. is required for financial help.	
	⇒ Since pt is cussently on Ventilator in PICU of RML Hospital, New Delhi Kindly consider making his Aadhar card in RML Hospital on compassionate ground (for his Ayushmen Card) as pt. can not be transfered to Adhar centre Thanks	
	Dr VISHAL	

लगातार चार्ट / CONTINUATION CHART

नाम/Name ..... कमरा/बेड नं/Room/Bed No. .....

तारीख/Date	प्रतिदिन विवरण और चिकित्सा/Daily Notes and Treatment	आहार/Diet

PIYUSH
6yr/M
PICU/406
26/8/2024

To,
Doctor on duty
ENT Dept.
Dr RML HOSPITAL

Sir/Mam, ~~I~~ Above pt is case of paralytic Rabies c Autoimmune dysfunction c Resp. failure (Type-I) c TT in situ c post CPR State. ~~Dr~~ pt is on MV by TT. Last 24

Kindly Consider pt for Change # of Tracheostomy Tube

Noted

Thankyou
Dr Yaishnu
PG1

लगातार चार्ट / CONTINUATION CHART

कमरासंख्या सं/Room/Bed No. ...

प्रतिदिन विवरण और चिकित्सा/Daily Notes and Treatment

27/2/24

Dx - Paralytic rabies c autoimmune dysfunction c RF (type 2) c TT in situ c post CPR state

A/I - Afebrile
- Quadriparesis - Static
- RF - TT in situ
- Accepting orally
- H.D. Stable

O/E - Pallor +
SpO2 - 98% on RA
RR - 20
CRT 2 sec
Ext - warm

CNS - E4V5M6
Pupils - B/L NSNR
Tone - ↓ all limbs
Plantars - B/L extensor

Adv
- CST

लगातार चार्ट / CONTINUATION CHART

Piyush (6yr/Male) कमरा/बेड नं./Room/Bed No.

दिनांक/Date	प्रतिदिन विवरण और चिकित्सा/Daily Notes and Treatment	आहार/Diet
23/2/24	D - Paralytic rabies c autoimmune dysfunction with RF (type-1) CTT in situ c post CPR state A/I · ① Afebrile ② Quadriparesis ③ RF-TT in situ ④ accepting orally well ⑤ hemodynamically stable. O/E - HR - 133/min RR - 30/min SpO2 - 95% on RA O/E - anaem PP/RV - ⊕/⊕ CRT <3sec CNS - E4V5M6 pupils · B/L NSNR Tone ↓/↓ ↓/↓ power 5/5 5/5 5/5 5/5	

R M L H.-1

लगातार चार्ट / CONTINUATION CHART

नाम/Name piyush (6yr/Male) कमरा/बेड नं/Room/Bed No.

दिनांक/Date	प्रतिदिन विवरण और चिकित्सा/Daily Notes and Treatment	आहार/Diet

22/2/24
10AM

Dx - paralysis Rabies ? autoimmune dysfunction with RF (type - II) ? TT in situ ? post ICH state.

A/I.

1. afebrile
2. Quadriparesis
3. RF - TT in situ.
4. accepting orally well
5. hemodynamically stable

O/E. HR - 130/min CVS - S_1S_2 M5
RR - 25/min Pupil - B/L NSNR
SpO_2 - 97% on RA Tone $\frac{\downarrow | \downarrow}{\downarrow | \downarrow}$
ent - warm
PP/PV - ⊕/⊕ power $\frac{V5 | V5}{V5 | V5}$
CRT < 3sec

आर.एम.एल.एच.-11
R.M.L.H.-11

लगातार चार्ट / CONTINUATION CHART

रोगी का नाम/Name PIYUSH 64 y/M कमरा संख्या/Room/Bed No.

दिनांक/Date	प्रतिदिन विवरण और चिकित्सा/Daily Notes and Treatment	आदेश/Order
21/2/2024 2:00 PM	Δ paralytic rabies c Autoimmune dysfunct c RF [Type-II] c TT in SITU c Post CPR State	

A/S

① Afebrile
② Quadriparesis s/p
③ RF - TT in SITU
④ Accepting Orally well
⑤ Haemodynamically stable

O/E → HR- 131/min
RR 25/min
SpO2- 98% on MV
Ext → warm
PP/PV → +/N
CRT - <3sec.

CN'S
E4VTTM5
Pupil +B/L NSNR
Tone → ↓ | ↓ / ↓ | ↓
Power 1/5 | 1/5 / 1/5 | 1/5

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R.M.L.H.-11

लगातार चार्ट / CONTINUATION CHART

नाम/Name Piyush 6y/M कमरा/शय्या सं/Room/Bed No.

दिनांक/Date	प्रतिदिन विवरण और चिकित्सा/Daily Notes and Treatment	आहार/Diet
20/2/24 11.30PM	Dx:- Paralytic rabies c autoimmune dysfunction c RF (type 2) c TT in situ c post CPR state	
	A/I - 1) Afebrile 2) RF - TT in situ 3) Quadripareis - static 4) HD stable, accepting orally	
	O/E - HR - 120/min SpO2 - 92% @ RA RR - 22/min CRT < 3sec Ext warm BP - 120/72	
	Adv:- - BT CST Dr. Piyush PGT	

R.M.L.H.-11

लगातार चार्ट / CONTINUATION CHART

नाम/Name: Piyush 5y/male   कमरा/शय्या सं/Room/Bed No. 406

तिथि/Date	प्रतिदिन विवरण और चिकित्सा/Daily Notes and Treatment	आहार/Diet
3/1/22 11am	Paralytic rabies c̄ Encephalitis c̄ quadriparesis c̄ VAP (Pseudomonas) c̄ Hypertensive encephalopathy c̄ Autonomic dysfunction c̄ UTI (E. coli)	DOA 16/6, PICU 16/6, MV 16/6
(1/1/21) Hb 9.1, TLC 8500, DLC 56/40/1, Plt 7.2 lac, PCV 28.9, Ur/Cr 17/0.1, Na/K 145/4.5, OT/PT 17/13, TSB/DSB 0.1/0.2, TSP/DSP, Ca/P 9.4/5.8, ALP 237	Present issues :- (1) Respiratory failure - controlled (Type II) On SIMV + PS maintaining saturation >95% (2) Quadriparesis - static (No improvement). (3) Autonomic instability (4) Tolerating NG feeds (5) Afebrile	Vent settings PCV + PS, f(Ti) 20(0.8), FiO2 25%, PEEP 5, PIP 10+5, PS 8+5, VT [illegible]
	o/E GC sick, RR = on MV, HR = 152/m, SpO2 = 15% [illegible], Extremities warm, P1/PV + [illegible]	R/S B/L AE + [illegible], B/L conducted sounds (+), P/A soft, mild distended, non-tender, BS + [illegible], CVS S1 S2 (+) No murmur, CNS E4 VT M1, B/L Pupils NSNR, Tone ↓ in all 4 limbs, Power 1/5 in all 4 limbs, Plantar ↓↓	

GMG/PMRND—1557RML—24-07-2019—12000 x 100 LEAVES

Adv wt = 11kg

1. Head end elevation (30°) in middline
2. Vent. care / T.T care
3. NG feeds 130 ml q 3 hrly
4. Tab Amantadine (100 mg) 1/4th tab B.D
5. Tab Paracetamol (10 mg) 1/4 tab OD
6. Tab Lonzal Je. (5 mg) 1 tab OD
7. Syp Calcium 5 ml OD
8. Syp. Eptan 6 ml B.D
9. Tab FA (5 mg) 1 tab OD
10. Cap Evion (200 IU) 1 cap OD
11. Tab Vit C (500 mg) 1 tab OD
12. Syp. Lactulose 10 ml B.D
13. Syp. A-Z 5 ml OD
14. Syp Vit D3 1.5 ml OD
15. Inj. Meropenem 40 mg + 10 ml NS IV TDS
16. Syp PCM 6 ml SOS
17. Vital monitoring

Dr. Nandan
SR PICU

रा.म.लो.अ.-11
R.M.L.H.-11

लगातार चार्ट / CONTINUATION CHART

नाम/Name: Piyush 5ys / Male   कमरा/शय्या सं./Room/Bed No. 403

तिथि/Date	दैनिक विवरण और चिकित्सा/Daily Notes and Treatment	आहार/Diet
4/1/2022 2AM. 1/1/22 9.1 / 8500 / P86% / 7.1 lac U/cr 17/0.1 UA 1.4 Bil (T)(D) 0.1/0.2 PT/PT 12/13 ALP 237 Na/K 145/4.5 Ca/P 9.4/5.8	Paralytic Rabies ē encephalitis ē Quadriparesis ē VAP (presumed) ē hypertensive encephalopathy ē autonomic dysfunction ē UTI (E.coli) ē IDA issues - 1) Resp failure - Type II ? - on SIMV + PS SpO2 > 95%. 2) Quadriparesis → Dictated power 1/5 3) autonomic instability → better / improved. 4) Tolerating RT feeds well. 5) Afebrile	DOA 16T PICU 15T MV 14T. Vent PS FiO2 25% Peep 5 Pip 10+5 R 8+5 VT 65ml Ti (0.5s)
1/1/22 Dose 12 TIBC 589.4 % sat 2. UIBC 577 ↑	O/E GC Stable. Pt on MV. HR → 150/min. SpO2 → 95%. P-warm. PD + nt / PV ⓝ. B/L AE ↑ Gnt. B/L undulated crackles ⊕. P/A soft ø non tender. BS ⊕. CNS: E4 VT M1. B/L pupils NRR. Tone ↓ in all limbs. power 1/5 in	

GMGIPMRND—1957RML—24-07-2019—12000 x 100 LEAVES

लगातार चार्ट / CONTINUATION CHART

नाम/Name Piyush Sy/M कमरा/शय्या के/Room/Bed No

तिथि/Date	प्रतिदिन विवरण और चिकित्सा/Daily Notes and Treatment	आहार/Diet
31/1/2021 3 AM	Paralytic rabies ē encephalitis ē quadriparesis ē VAP (Pseudomonas) ē Hypertensive encephalopathy ē autonomic dysfunction ē UTI (E.coli)	
1/1/2021	Present issues	Vent setting
8.500 / P56L40	① Resp failure - Neurogenic cause on SIMV + PS maintaining saturation >95%	FiO2 - 21% PEEP - 5 PIP - 10+5 PS - 0+5
Urea/Cr - 17/0.1	② Quadriparesis - Static No improvement	
U.A - 1.4		
Bil - T/D - 0.1/0.2		
OT/PT - 19/13	③ Autonomic instability	
ALP - 237		
Na/K - 145/4.5	④ Tolerating NG feed well	
Ca/P - 9.4/3.8	⑤ No fever spikes.	
O/E HR - 130/min RR - 32/min SpO2 - 96% Peri - warm PP - Palpable.	Chest - B/L AE ⊕ B/L conducting sound ⊕ P/A - soft, non distended CNS - Eu V+ M5 Tone ↓ / ↓ (2 / 2) Power 1/5 in all 4 limbs B/L Pupil NS NR	

रामलीला-11
R.M.L.H.-11

लगातार चार्ट / CONTINUATION CHART

नाम/Name Piyush Sy/m कमरा/शय्या सं/Room/Bed No.

तिथि/Date	प्रतिदिन विवरण और चिकित्सा/Daily Notes and Treatment	आहार/Diet
31/1/20 3 AM	Paralytic rabies ē encephalitis ē quadriparesis ē VAP (Pseudomonas) ē hypertensive encephalopathy ē autonomic dysfunction ē UTI (E.coli)	
1/1/20 9-1 8,500 / P56L40	Present issues ① Resp failure - Neurogenic cause On SIMV + PS maintaining saturation >95% ② Quadriparesis - static No improvement ③ Autonomic instability ④ Tolerating NG feed well ⑤ No seizure spikes.	Vent setting FiO_2 - 21% PEEP - 5 PIP - 10+5 P_3 - 9+5
Urea/Cr - 17/0.1 U-A - 1.4 Bil - T/D - 0.1/0.2 OT/PT - 17/13 ALP - 237 Na/K - 145/4.5 Ca/P - 9.4/3.8		
O/E HR - 130/min RR - 32/min SpO_2 - 96% Peri - warm PP - Palpable.	Chest - B/L AE ⊕ B/L conducted sound ⊕ P/A - soft, non distended CNS - E4 V4 M5 Tone ↓ / ↓ ↓ Power 3/5 small 4/5 B/L Pupil NS NR.	

एमएलएच-11
R.M.L.H.-11

लगातार चार्ट / CONTINUATION CHART

नाम/Name: Piyush 3/M   कमरा/शय्या सं/Room/Bed No.: 406

तिथि/Date	प्रतिदिन विवरण और चिकित्सा/Daily Notes and Treatment	आहार/Diet
2/1/2022 3PM	Paralytic rabies c̄ encephalitis c̄ Quadriparesis c̄ VAP (Pseudomonas) c̄ Hypertensive encephalopathy c̄ autonomic dysfunction c̄ UTI (E.coli)	
	Current Issues	
	• Respiratory failure - neurogenic cause on SIMV+PS maintaining SpO2 > 95%	vent settings FiO2 - 21% PEEP - 5 Pip - 10+5 Ps - 9+5 f - 20 Vt - 31-
	• Quadriparesis - static no improvement in power	
	• Autonomic instability	
	• Tolerating RT feeds well	
	• no fever > 72 hrs.	
	O/E HR - 135/min RR - 36/min SpO2 - 96% peripheries warm PP - palpable Chest - B/L AEE conducted sounds	
	CVS - S1S2 (+) P/A - soft, nondistended CNS - E4 V1 M1 Tone ↓/↓ Power 1/5 in all limbs B/L pupils NSNR	

Adv (not - 11mg)

- Head end elevation 30°
- Vent care / 7.7 care
- NG Feeds 130 ml x 3 feed.
- Tab Amantadine 100mg 1/4 tab BD
- Tab Propondol 10mg 1/4 tab OD
- Tab Lanzol JR 15mg 1 tab OD
- Syp Calcium 5ml OD
- Syp Eptain 6ml BD
- Tab FA 5mg 1 tab OD
- Cap Evion 200 IU 1 cap OD
- Tab Vit C 500mg 1 tab OD
- Syp Lactulose 10ml BD
- Syp A-Z 5ml OD
- Syp Vit D3 1.5ml OD
- Temp charting / Vital sign

आरएमएल-अ-11
R.M.L.H.-11

लगातार चार्ट / CONTINUATION CHART

Name: PIYUSH, 5YR/M कमरा/बेड संख्या/Room/Bed No. 406

दिनांक/Date	प्रतिदिन विवरण और चिकित्सा/Daily Notes and Treatment	आहार/Diet
1/1/22 2:30 AM	Paralytic Rabies ? Encephalitis ? Quadriparesis ? VAP ? HTN Encephalopathy ? Autonomic dysfunction ? UTI.	DOR: 16.4 PI: 0.16.4 MV: 16.3
	Fresh issues	
	① hyperkalemia: K^+ - 6.7 ECG call sent HR - 165/min	NO Previous records
	② hypophosphatemia - PO_4 - 0.9	SIMV
	③ IDA: S. Iron Profile consistent ? Iron deficiency Anemia Iron supplement @ 3mg/kg/d	PEEP: 6 PSP: 10+5 FiO2: 21% Ti: 0.8
	④ Sepsis - Improving CRP - 0.5 mg/dl NO other active issues	HR: 150
	O/E:- GC: HR: RR: CP/PP: CFT NO Edema / Periorbital Puffiness	

9.4 mg/dl
L: 145 mg/dl
145/4.60
R/CR: 1.4/0.1
Hb: 9.1
TLC: 8500
DLC: 56/40/01

GMGIPMRND—1967RML—24-07-2019—12000 × 100 LEAVES

लगातार चार्ट / CONTINUATION CHART

नाम/Name Piyush / 6yrs/m कमरासंख्या व.Room/Bed No

नाम/Date	प्रतिदिन विवरण और चिकित्सा/Daily Notes and Treatment	आहार/Diet
13/2/24 @ 8:30PM	△Sis - Paralytic rabies c autonomic dysfunction c type II RF c TT in situ c Post CPR state	
A/I	i) Afebrile ii) Type II RF - TT in situ - on MV - SpO_2 > 97% iii) Quadriparesis - static iv) Awaiting NG feeds	
O/E	PR - 137/m CNS $E_4V_1M_5$ RR - 34/m Tone ↓/↓ ↓/↓ Ext - warm PP/PV ++/N Pupils - B/L NSNR CRT - <2sec Plantars - ↓/↓ SpO_2 - 97% CVS P/A } WNL R	

लगातार चार्ट / CONTINUATION CHART

नाम/Name Piyush 6y/M कमरा/बेड नं/Room/Bed No.

दिनांक/Date	प्रतिदिन विवरण और चिकित्सा/Daily Notes and Treatment	आहार/Diet
12/2/24 10.30PM	Dx/s - Paralytic rabies c⁻ autonomic dysfunc c⁻ type 2 RF c⁻ TT in situ c⁻ post CPR stat	

1) Afebrile
2) Type 2 RF - TT insitu on MV
SpO2 >95%
3) Quadriparesis static
4) Accepting NG feeds. H.D. stable

O/E:
HR - 126/min
SpO2 - 95% @2L
CRT < 3 sec
PP/PV: +/(N)

CVS
RS
P/A
} WNL

CNS - E4 VT M5
Tone - ↓ all limbs
B/L NSNR
Plantars ↓/↓

Adv
- CXT

Dr. Priya
PG 2

लगातार चार्ट / CONTINUATION CHART

नाम/Name Piyush 6yr/M कमरा/बेड नं/Room/Bed No

नाम/Date	प्रतिदिन विवरण और चिकित्सा/Daily Notes and Treatment	आहार/Diet
11/2/24 11:00am	Δsis → Paralytic rabies c autonomus dysfunction c type 2 RF c TT in situ c Post CPR status.	

1) Afebrile
2) Type-2 RF
   → Tracheostomy tube ↓ situ
   → on MV
   → Maintaining SpO_2 95%.
3) Quadriparesis - static
4) Accepting NG feeds
5) Haemodynamically stable.

O/E:- HR → 122
RR → 26
SpO_2 → 95%.
Ext. → warm
CRT < 3 sec.

CNS → E4VTTM5

Tone → ↓/↓ ↓/↓

Pupil → B/L NSNR
planter → ↓/↓

CVS
R/S
R/A
} WNL

Adv 1-

1.) TT Care

2.) Tab. pantop 40mg ½ tab Via NG OD

3.) Tab Amantadine 100mg ½ tab OD NG

4.) Syp. Bethadoxime 5ml Via NG OD

5.) NG feeds 100ml 2 hrly

6.) Vitals Monitoring

लगातार चार्ट / CONTINUATION CHART

नाम/Name PIYUSH 64 yr/M कमरा/बेड नं/Room/Bed No.

दिनांक/Date	प्रतिदिन विवरण और चिकित्सा/Daily Notes and Treatment	आहार/Diet
10/2/2024 9:25 PM	Dsis:- Paralytic Rabies c autoimmune dysfunction c Resp failure (Type II) TT in situ c Post CPR state A/I (i) Afebrile (ii) Respiratory failure - TT in situ (iii) c/o Quadriparesis - static (iv) Accepting RG feeds. (v) Haemodynamically stable. O/E - PR- 142/min RR- 30/min Ext - warm CRT- <3 sec Spo2- 96% on MV	

Atal Bihari Vajpayee Institute of Medical Sciences and
Dr Ram Manohar Lohia Hospital
Baba Kharak Singh Marg, New Delhi-110001

Doctor's Daily Assessment Sheet

NAME: Piyush BED NO./WARD: CR NO./UHID

MLC NO.(IF ANY) 6yr/M PICU-406

DATE & TIME	DAILY NOTES AND TREATMENT	DOCTOR'S SIGN.
26/1/24 11:00Am	Dsis – Paralytic Rabies ε autoimmune dysfunction ε Resp. failure (type-I ε TT in situ ε Post CPR state	
A/P:-	1) Afebrile 2) Respiratory failure – TT in situ Currently on MV 3) Quadriparesis static 4) Accepting feeds 5) Hemodynamically stable	
O/E	PR → 136/min RR → 34/min SpO2 → 98% CRT < 3 sec PP/PV → +/N Ext. → warm	
	CNS → E4V4M5 pupil → B/L NSNR Tone → ↓/↓ ↓/↓ Power 1/5 1/5 <1/5 <1/5	

PICU/406

लगातार चार्ट / CONTINUATION CHART

नाम/Name Priyanka/6yr/F कमरा/शय्या सं/Room/Bed No.

नाम/Date	प्रतिदिन विवरण और चिकित्सा/Daily Notes and Treatment	आहार/Diet
25/1/24 @ 11PM	Dx/o - Paralytic rabies c autonomic dysfunction c resp. failure (type II) c TT in situ c Post CP state	
P/S	i) Afebrile	
	(ii) Resp. failure - TT in situ	
	- off Vent	
	(iii) Quadriparesis - Static	
	(iv) Accepting NG feeds	
	(v) Hemody. stable	
O/E	PR - 112/min	CNS - E4V5M5
	RR - 28/m	Pupils - B/L NSNR
	Ext - warm	Tone - +/+ / +/+
	PPIPV ++	Power - 4/5 / 4/5
	SpO2 - 96%	4/5 / 4/5
	CRT - <3sec	Pupils - B/L NSNR.

Atal Bihari Vajpayee Institute of Medical Sciences and
Dr Ram Manohar Lohia Hospital
Baba Kharak Singh Marg, New Delhi-110001

Doctor's Daily Assessment Sheet

NAME: Rajesh / 62yr/M BED NO./WARD: PICU/40C CR NO./UHID

MLC NO.(IF ANY)

DATE & TIME	DAILY NOTES AND TREATMENT	DOCTOR'S SIGN.
	23/1/24 @ 9PM	
☺ Sec	Paralytic rabies c autoimmune dysfunction c resp failure (type II) c TT in situ c Post CPA state	
A/I	i) Afebrile ii) Respiratory failure - TT in situ - Currently off Vent iii) Quadriparesis - static iv) Accepting NG feeds v) Hemodynamically Stable	
O/E	PR - 108/m RNS - $E_4V_{TT}M_5$ RR - 32/m Pupil 3/3 CVS - S1S2+ Ext - warm 3/3 P/A - soft PP/PV ++/Ø Power - 1/5 | 1/5 R/S - CNI <1/5 | <1/5 CRT - <3sec SpO_2 - 100% Reflex - BLNSNR	

R.M.L.H.-11

लगातार चार्ट / CONTINUATION CHART

नाम/Name Piyush 6yrs/M कक्षा/बेड सं/Room/Bed No.

दिनांक/Date	प्रतिदिन विवरण और चिकित्सा/Daily Notes and Treatment	आहार/Diet
16/2/24 4pm	Paralytic Rabies c autoimmune dysfunction c Resp. failure (type-II) c TT in situ c Post CPR state.	

A/I :-
i) Afebrile
ii) Resp. failure – TT in situ
Currently off. vent.
iii) Quadriparesis – static
iv) Accepting NG feeds
v) Haemodynamically stable

O/E :-

PR → 101/min
RR → 26/min
Ext. → warm
PP/PV → +/N
CRT < 3 sec.
SpO2 → 98%

CNS → Eq VT N/S
Tone → ↓/↓ ↓/↓
Power → ½/½ <½/<½
pupil → B/L NSNR
CVS, P/A, R/S } WNL

लगातार चार्ट / CONTINUATION CHART

नाम/Name Piyush 64y/M कमरा/शय्या सं/Room/Bed No

दिनांक/Date	प्रतिदिन विवरण और चिकित्सा/Daily Notes and Treatment	आहार/Diet
17/2/24 2:30pm	△ dis → Paralytic Rabies ⊂ autoimmune dysfunction ⊂ Rf (type-II) ⊂ TT in situ ⊂ Post CPR state.	
	A/I :- 1.) Afebrile 2.) Rf - TT in situ 3.) Quadriparesis static 4.) Accepting feed well 5.) Haemodynamically stable	
	O/E :- PR → 115/min SpO2 → 95% RR → 28/min Ext. → warm CNS → E4V1T1M5 pupil → B/L NS NR Tone ↓/↓ ↓/↓ Power 1/5/1/5 1/5/1/5	P/A, R/S, CVS ⟩ WNL

GOVERNMENT OF INDIA
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MRI CENTER, DEPARTMENT OF RADIOLOGY
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Name:- Piyush	UHID –	Age: 6Y/M
Ref By:-	MRI NO- 1949	Date: 30/05/2023

M.R.I OF BRAIN

Clinical history: F/u/c of – Rabies encephalitis.
Brain was studied in axial, sagittal and coronal planes with 5mm/3mm slices on **(SIEMENS).**

Sequences:
Axial- T1, T2, FLAIR, DWI/ADC, SWI.
Coronal – T2.
Sagittal - T2.

Study reveals:
T2 hyperintensity is noted in bilateral cerebral cortex showing suppression on FLAIR with effacement of bilateral cerebral sulci s/o cerebral edema.

Cystic encephalomalacic changes are noted in bilateral deep white matter and bilateral inferior cerebellar hemisphere with surrounding gliosis.

Mild dilatation of bilateral lateral ventricle, 3rd ventricle and 4th ventricle noted s/o cerebral atrophy.
Atrophic changes are noted in brainstem, and left cerebellar hemisphere.

Bilateral thalami and deep white matter appears hyperintense on T1/ FLAIR and hypointense on T2WI.

Multiple blooming foci are noted involving right frontal region, bilateral caudate and left temporal region showing bright signal on phase images s/o microbleed.

No e/o restriction of diffusion is seen on DWI.
There is no shift of the midline structures.

IMPRESSION: In a k/c/o- Rabies encephalitis current scan reveals-

- **Cystic encephalomalacic changes are noted in bilateral deep white matter and bilateral inferior cerebellar hemisphere with surrounding gliosis.**
- **Cerebral edema involving bilateral cerebral hemisphere.**
- **Atrophic changes in cerebral and cerebellar hemispheres as described.**
- **Microbleed in right frontal region, bilateral caudate and left temporal region.**

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CMO NF 5G) Dr Seema Rathee