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 PRIYANSHU
* Patient's Date of Birth 1/09/2024 Age 1.5 Yrs.
* Patient's Gender MALE
* Patient's Guardian Name RAJ KUMAR
* Relation With Child FATHER
* Parmanent Address H.NO.-145 NIJAMABAD

Dist. BULAND SHAHR Pin Code 203131 State U.P.

* Contact Number +91- ; +91 -
* Patient's Family Background VEGITABLE VENDOR
* Parent / Guardian Proof AADHAAR Id No. 6282 0789 6364
* Hospital Name (where patient admitted) RML HOSPITAL DELHI
* Name of Department PAEDIATRICS PICU, ECG BUILDING
* Disease (patient suffering from) SCALD BURN (30% TBSA) SEPTIC SHOCK
* Doctor's Name (who treated the patient) Dr. GEETA VERMA
* OPD Reg. No. 260039609 Date 18/07/2026
* Approximate Treatment Cost 50000/-

PTG 9312

(Parent / Guardian signature OR LTI)

* Registration No. (records in NGO) MH0146/2026 (Only Office Use)

Doctor's affixes signature

Treating Hospital signature with seal


SAM-LIFE

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

Name	Priyanshu	Date / Time-	15/07/2026	DOA- 29/06/2026	
Age/Gender	3year/ female	CR No. -	39609	DOPICU-	16
Weight	9kg	Bed number	404	DOMV-	
Diagnosis	A/H/o Scald Burns (30% BSA) c̄ Diversion Colostomy RF(R) / TT Status / Depost(R) / Acinetobacter VAP (5/7/2026) c̄ (R) [illegible]				

Current issues

Issue	Intervention	Current status
(i) Afebrile	×	
(ii) hemodynamically stable		
(iii) Tolerating feeds well		
(iv) Respiratory - tachypnea ↓		
Burn site - healthy [illegible] epithelisation (+) / - new onset blister		

Respiratory system

Support	SIMV/PSV/CPAP/HFNC Morning	Evening	ABG/VBG	Time- Morning	Evening
PIP / PS	↓RA	↓RA.	PH	2019	
Delta P / PEEP			PCO2	186,660	not
RR (T/V)			HCO3		done
FIO2	RR - 28/min		BE		
MAP			Po2 not		
VTe			OI / OSI done		
COMPLIANCE			ICa		
R/P Peak			P/F ratio		
Min. Vent.					
CXR	Minimal perihilar infiltrate (+)				
USG					

ET size	TT [illegible]
Fixed at	
Changed on	

VAP---

ICDT----
(drain volume)
other drains

RMLH/PED/FM/06/, VER-01,w.e.f.-01.12.25,REV-00

R/S = B/L AE ⊕ NVBS
Spo2 99%.

14/7/26

8pm.

Priyanshu
1.6 yr/male
Wt-9 kg
39609

① AHLD scald burn (30% TBSA)
↳ wound healing ⊕.
minimal raw area ⊕
Dressing done / No slough.

② No fever spikes ⊕ → on Tigecycline [Day] → Plan to stop (4/7)
Counts awaited.

③ Resp – Tr insitu → ↓ RA/V, BL AE ⊕ conducted sounds ⊕
maintaining RA/V (spo2)

④ orally accepting well, tolerating well; passing stool via colostomy

⑤ Diversion colostomy → plan for stoma closure after plastic Sx clearance

⑥ Hemodynamically stable; off Inotropes

⑦ Sensorium Eq V PMG BL Tone ↑ UL ↑↑ LL
off sedation;
BL pupils NSRR
Contractures ⊕ around (BL knee joint)

Plan
Plastic Sx review.

Adv (Wt-9 kg)
→ Cont Tigecycline → Stop 4/7
→ High protein diet oral adlib.
Rest CST

Dr. Arun Gurav, MD
Senior Resident
Department of Pediatrics
ABVIMS & Dr. RML Hospital
New Delhi 110001

PLAN-

Weight	9 kg
TF R (%)	0/A
Drugs	
Fluids	
Feed	
Na	meq/kg/day
K	meq/kg/day

(i) Head end elevation | 30° midline | VAP Bundle care | CAUTI care

(ii) Inj Tigecycline 8mg + 8mL NS iv BD

(iii) Syrup Zinc (20mg/5mL) OD

(iv) Continue B12 | FA | Vitamin C | Calcium | Beron) as advised

(v) Syrup Pcm (250mg/5mL) 4.5mL PO SOS

(vi) Syrup Domstal (1mg/1mL) 1mL PO SOS

(vii) Tab Lanzol JR 15mg ½ tab OD

(viii) Oral feeds adlib / high protein diet.

(ix) Neb ē Asthalin 1.25mg + 2mL NS q 8hly (↓)
3% NS 3mL

(x) Mupirocin ointment LA over stoma site BD

(xi) Chest PT | Limb PT | position change q2hly

JR Signature

RMLH/PED/FM/06/, VER-01,w.e.f-01.12.25,REV-00

SR Signature

Dr. ... Senior ... Department ... Pediatrics ABVIMS & ... RML Hospital New Delhi

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

Name	Priyanshu	Date / Time- 14/07/2026	DOA 29/06/2026
Age/Gender	2 year / 6 mth / male	CR. No. - 39609	DOPICU- 25
Weight	9 kg	Bed number 404	DOMV-
Diagnosis	AH/OP scald Burns (30% BSA) c Diversion Colostomy RF(R) / TT Suction / Sepsis (R) / Acinetobacter VAP (5/7/2026) c (R) Hemiparesis		

Current issues

Issue	Intervention	Current status
(i) No fever spikes		
(ii) hemodynamically stable		
(iii) tolerating feeds well		
(iv) Respiration - tachypnea ↓		
(v) Burn site - RE epithelisation (+), healthy		

Respiratory system

Support	SIMV/PSV/CPAP/HFNC Morning	Evening	ABG/VBG	Time- Morning	Evening
PIP / PS			PH		
Delta P / PEEP			PCO2		
RR (T/V)			HCO3		
F10$_2$			BE		
MAP			Po2		
VTe			OI / OSI		
COMPLIANCE			ICa		
R/P Peak			P/F ratio		
Min. Vent.					
CXR	(N) Minimal peribilar infiltrates (+)				
USG					

ET size	TT Suction
Fixed at	
Changed on	/

VAP—
ICDT—
(drain volume)
other drains

NVBS
Spo$_2$ = 96%

Atal Bihari Vajpayee Institute of Medical Sciences &
Dr. Ram Manohar Lohia Hospital,
New Delhi – 110001

REFERRAL FORM FOR INTERDEPARTMENTAL REFERRAL

Department: Paediatrics   Location of patient: PICU

Name of the patient: Priyanshu   Age and gender: 1y/m   UHID: 202622272678

Referral from: Paediatrics   Unit: PICU

Date of admission: 29/6/26   Date and time of referral: 15/7/26 @ 8:30pm

Type of Reference: Immediate/Urgent/ Routine   Bedside- Yes/No   Medico-legal- Yes/No

Consultation required from:

Faculty/ Senior resident   Unit-   Department of Paediatric Surgery

Admission diagnosis and procedure (if any)

Ath/o ... burns (30% BSA) c̄ multiple extubation failure ... c̄ Sepsis (?)

Indication for Reference & Expected Outcome

Kindly give your opinion regarding the diversion colostomy ... to the patient regarding further management as the patient is planned for discharge

Consultation required for: Fresh Opinion/ Follow-up opinion/ **Transfer**

Sent by: Dr. TEJA, Resident, Dept. of Paediatrics, ABVIMS and Dr. RML Hospital, New Delhi-110001 (Faculty / Senior resident)

Signature/Name/Date/Time/Stamp

Reference noted by: ____________ Sign, Name and Stamp

(Faculty/Senior resident)

Unit: Date and time:

Reminder sent on (Date and time):

Noted by: Name, date and time:

PLAN-

Head end elevation | 30° midline | TT care | CAUTI care.

(16) - Inj Tigecycline 8mg in 8ml NS iv BD

(30) Inj Meropenem - 360mg in 10ml NS iv TDS

- Syp Zinc (2015) - 5ml OD
- cont. vit B12 | FA | vit C | Ca | Revon as adv.
- Syp PCM (250/5) - 1.5ml ~~BD~~ ~~SOS~~
- Syp Ranitat (1/1) ~~1ml~~ ~~IVC~~ ~~BD~~
- Tab Lanzol IR (15mg) - 1/2 tab OD
- NG feed - 180ml 3 hrly as advised
- Neb ☐ Asthalin | - 4 hrly
  ☐ 3% NS |
- Chest & Limb PT
- ~~Position~~ Change - 2 hrly
- LA - Mupirocin around stoma - BD

Weight	7.5kg
IF	
R	
(%)	
Drugs	
Fluids	
Feed	
Na	meq/kg/day
K	meq/kg/day

JR Signature

RMLH/PED/FM/06/ VER-01,w.e.f.-01.12.25,REV-00

ECS 4th F

17/7/24
9:00 am

Medical Social Service Dept Call

Priyanshu
1.5 y/m
26003 9609
JPICU
Bed 404

To

Medical Social Service Officer
Medical Social Service Dept
RML H
Delhi

Respected sir / Mam

c/o/h/p is a 40 [illegible] (30 [illegible] TBSA) c̄ sepsis c̄ septic [illegible] (R) c̄ [illegible] colostomy c̄ TT in situ (29) [illegible] [illegible] airway obstruc^n

Patient can't afford suction machine.

Kindly give financial assistance for the same (around Rs 4000 - 6000)

Thanking You

Refer to 'Mission Hopp' NGO for Suction Machine

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

PUSHPLATA
Medical Social Service Officer
ABVIMS & Dr. RML Hospital
New Delhi-110001

Father :- Raj Kumar :- 8130445210

PLAN.

Head end elevation | 30° midline | TT care | CAUTI care.

Weight	7.5kg
TP R (%)	
Drugs	
Fluids	
Feed	
Na	meq/kg/day
K	meq/kg/day

(16) - Inj Tigecycline 8mg + 8ml NS iv BD

(30) Inj Meropenem - 360mg + 10ml NS iv TDS

- Syp Zinc (2015) - 5ml - OD
- Cont. vit B12 | FA | vit C | Ca | Bevon as adv.
- Syp PCM (250/5) - 1.5ml - SOS
- Syp Domstal (1/5) 2ml NA BD
- Tab Lanzol JR (15) - ½ tab OD
- NG feed - 100ml - 3 hrly as advised
- Neb - Asthalin + 3% NS - 4 hrly
- Chest & Limb PT
- Position change - 2 hrly
- LA - Mupirocin around stoma - BD

JR Signature

Weight	7.5kg
TF R (%)	
Drugs	
Fluids	
Feed	
Na	meq/kg/day
K	meq/kg/day

PLAN-

- Head end elevation | 30° midline | TT care | CAUTI care.

(16) - Inj Tigecycline 8mg + 8mL NS IV BD

(30) - Inj Meropenem 360mg + 10mL NS IV TDS

- Syp. Zinc (20mg | 5mL) 5mL PO OD
- continue Vit B12 | FA | Vit E | Ca | Bevon
- Syp PCM (250 mg | 5mL) 1.5mL PO SOS
- Syp. Domstal (1mg | 1mL) 1mL NG BD
- Tab. Lanzol Jr 15mg ½ tab OD
- NG feed 120 mL q3H as advised
- Neb c̄ Asthalin | 3% NS | q 4H
- Chest & limb PT
- Position change q2h
- LA mupirocin around stoma BD

JR Signature

SR Signature

PLAN-

Weight	7.5kg
TF R (%)	
Drugs	
Fluids	
Feed	
Na	meq/kg/day
K	meq/kg/day

- Head end elevation 30° midline | TT care | CAUTI care

(16) - Inj Tigecycline 8mg + 8ml NS IV BD

(30) - Inj Meropenem 360mg + 10mL NS IV TDS

- Syp Zinc (20mg | 5ml) 5ml PO OD
- Continue Vit B12 | FA | Vit C | Ca | Becosules
- Syp PCM (250mg | 5ml) 1.5ml PO SOS
- Syp. Domstal (1mg | 1ml) 1ml NG BD
- Tab. Lonazep 15mg ¼ tab OD
- NG feed 120mL q3hourly as advised
- MDC 3% NS q6h

c Antibiotic q6h → q4hourly

7/02/2016 2:00pm

- LA mupirocin - area around ... → BD.

JR Signature

SR Sign

PLAN-

(i) head end elevation, 30° midline | TT care
CAUTI care

Weight	7.5 kg
TF R (%)	
Drugs	
Fluids	
Feed	
Na	meq/kg/day
K	meq/kg/day

(ii) Inj Teigecycline 12mg + 12mL NS
↓ 1 hr
8mg as infusion over 30-60 min. + 8mL NS

(iii) Inj meropenem 360mg + 10mL NS IV TDS

(iv) ~~Stop~~ Cefuroxime

(v) Syrup Zinc (2mg/5mL) 5mL PO OD

(vi) Cap MVB 12 | FA | Vit C | Cap Becosym - via NG tube.

(vii) Syrup Pcm (250mg/5mL) 1.5mL PO SOS

(viii) Syrup Duphalac (3.5g/5mL) 1mL NG start down BD

(ix) Tab Zinetac JR (15mg) ½ tab OD

(x)

SR Signature

child is currently under treatment @ ABVIMS DR. RML HOSPITAL. child needs colostomy bag replacement every 2' days and essential things for dressing like paraffin, NS, bandage, Gauze pieces, Gloves, masks, sanitizer and coloplast.

→ Essential drugs including vitamin supplements (Iron Tonic, Bevon, zinc syrup and vit D drops with calcium, folic acid, vit C, vit B12 tablets)

→ physiotherapy & splinting of Bil lower limbs for which splints needed.

→ child need suction tubes for suction of TT

→ child needs another surgery for Bowel anastomosis in future once wound healing ensured

→ child needs Tracheolite every 3' weeks which needs to be changed 2-3 weeks

→ child may need further hospitalization for another 2-6 months till wound is fully healed. - monthly requiring 12,000 to 15,000 /month.

Priyanshu 1½ yr / Male

CR - 39605

Date - 15/7/2024

डा. राम मनोहर लोहिया अस्पताल / Dr. Ram Manohar Lohia Hospital

डा.रा.म.लो.अ.-42/Dr.R.M.L.H-42

अन्तरंग रोगियों का रजिस्टर

Register of in-patients in the Bed-404 (PICU) से From ______ तक to ______

दाखिले की तारीख Date of admission	क्रम सं. Sl. No.	नाम Name	आयु स्त्री/पुरुष Age Sex	निवास Residence	व्यवसाय Occupation	रोग Disease	परिणाम Result डिस्चार्ज Discharged	मृत्यु हो गई Died	कैफियत Remarks
ADV - Alt/o Scald burn (30% TBSA) / Diversion colostomy /									
RF (R) / TT in situ / sepsis (R) / Acinetobacter VAP / c̄ 15/7/24									
Rt hemiparesis									

① Burn wound - healing (+).

dressing done - 15/7/26 → done on 15/7/2024

E- Afebrile ↓ Tigecycline day 11/14

TLC (13240 (N82L9))

Plt - 1.5 lakh

(B) ET c/s - Acinetobacter (S) - Tige / (S) - colistin (11/7/24)

Blood c/s (13/7) - sterile

CRP - 2.14 (14/7)

UFT (5/7) sterile

Urine c/s (11/7) - sterile

PCT (5/7) - Neg.

→ off ionotrops - HD stable

HR - 118/min

PP/PV (+), (N) ext warm

Resp - 6 room air

P/A - B/L AE (+), chest clear

SpO₂ - 97%

CNS - U/S E4 VTM4 Power - Rt 4/5 Lt 3/5

Pupil B/L NSTR Reflex

Tone - ↑ R/T

FSS - 1+1+2+2 +3+3 = 12

PLAN-

Weight	9 Kg
TF R (%)	O/A
Drugs	
Fluids	
Feed	
Na	meq/kg/day
K	meq/kg/day

(i) head end elevation | 30° midline | VAP Bundle care | CAUTI care

(ii) Inj Tigecycline 8mg + 8mL NS iv BD

(iii) Syrup Zinc [20mg/5mL] OD

(iv) Continue B12 | FA | Vitamin C | Calcium | Bevon as advised

(v) Syrup Pcm (250mg/5mL) 1.5mL PO SOS.

(vi) Syrup Ondansetron (1mg/1mL) PO SOS

(vii) Tab Lanzol JR 15mg ½ tab OD via RT

(viii) Oral feeds with high protein diet.

(ix) neb c̄ asthalin - Budecort

(x) neb c̄ 3% NS q 8 hourly

(xi) mupirocin ointment LA over stoma site BD

(xii) Chest PT | limb PT | change in position q 2hourly

JR Signature

Dr. Jagriti Yadav
SR Signature

TO
MISSION HOPE NGO

Case summary regarding the patient
priyanshu, 1.5years/male, UHID - 2026 2007201
DOA - 23/3/2026 - child got admitted IP,B & under treatment in PICU since then in ABVIMS DR. RML Hospital, New DELHI.

HOD - Dr. sudha chandella.

priyanshu 1.5years male child admitted with A/H/O scald Burns (30% TBSA) on 10/3/2026

Diagnosis :-

A/H/O scald Burns [30% TBSA] on 10/3/2026 Severe Anemia & CHF (R) / sepsis & septic shock (R) fungal sepsis (R) / Disseminated gram negative sepsis & Vit D deficiency / Diversion colostomy on 4/5/2026 done P/v/o prevent infection [VAP + UTI] → gram -ve sepsis/.

multiple Extubation failure & PEA0 & Tracheostomy tube insitu (:: 29/5/26) & Bil IJV thrombosis & (RT) Hemiparesis.

PLAN-

- Head end elevation | 30° maintain | PT care | CAUTI care.

Weight	7.5kg
TF	
R (%)	
Drugs	
Fluids	
Feed	
Na	meq/kg/day
K	meq/kg/day

(1) - Inj Tigecycline 8mg + 8ml NS IV BD

(2) - Inj Meropenem 360mg + 10ml NS IV TDS

- Syp. Zinc (20mg | 5ml) 5ml PO OD

- continue Vit B12 | FA | Vit C | Ca | Becosules

- Syp PCM (250 mg | 5ml) 5ml PO SOS

- Syp. Domstal (1mg | 1ml) 1ml PO BD

- Tab. Lanzol IV 15mg ½ tab OD

- NG feed 120 ml 4 3H or advised

- Neb with Asthalin 3+ NS } 4H

- Chest & limb PT

- Position change 2H

- Inj Mupirocin around stoma BD

JR Signature

SR Signature

Dr. Divya Talwar
Senior Resident
Dept. of Pediatrics
LHMC & SSK Hospital
New Delhi-110001

Weight	7.5kg
TF R (%)	
Drugs	
Fluids	
Feed	
Na	meq/kg/day
K	meq/kg/day

PLAN-

- Head end elevated 30° midline | TT care | CAUTI care

(16) - Inj Tigecycline 8mg + 8ml NS IV BD

(30) - Inj Meropenem 360mg + 10ml NS IV TDS

- Syp zinc (20mg | 5ml) 5ml PO OD

- Continue Vit B12 | FA | Vit C | Ca | Becosym

- Syp PCM (250mg | 5ml) 1.5 ml PO SOS

- Syp. Domstal (1mg | 1ml) 1ml NG BD

- Tab. Levipil IV 15mg ½ tab OD

- NG feed 120ml 2 hourly as advised

- NEBC 3% NS Q6H

- Ambroxol Q6H → 9 4 Tuesday Sunday

- LA: mupirocin - area around stoma → BD.

JR Signature

SR Sign