



**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 SAILESH
- * Patient's Date of Birth 31 / 05 / 2013 Age 12.5 Yrs.
- * Patient's Gender MALE
- * Patient's Guardian Name SHIVA
- * Relation With Child FATHER
- * Parmanent Address A-16, INDERPURI, J.J. COLONY,
INDRAPURI, CENTRAL DELHI
- Dist. INDERPURI Pin Code 110012 State DELHI
- * Contact Number +91- 96 [REDACTED] ; +91 - [REDACTED]
- * Patient's Family Background PAINTER
- * Parent / Guardian Proof AADHAAR Id No. 7 [REDACTED]
- * Hospital Name (where patient admitted) RML HOSPITAL - DELHI
- * Name of Department PW, ICU, EGS BUILDING
- * Disease (patient suffering from) DOWN SYNDROME ABDOMINAL + CNS
- * Doctor's Name (who treated the patient) Dr. ROHIT
- * OPD Reg. No. 20262086472 Date 16 / 04 / 2026
- * Approximate Treatment Cost 35000/-

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(Parent / Guardian signature OR LTI)

- * Registration No. (records in NGO) MH0140/2026 (Only Office Use)



011-45006398 support@missionhopp.org

<https://missionhopp.org>

8/5/26
9am

Medical Social services officer

To,
The medical social services officer
Dr. RMLH, Delhi

- Sailesh
- 12y/m
- ↓ P3A
- + ECSM
20262006492
260025067

Respected Sir/mam,

The patient is K/O of Down's syndrome + disseminated Koch's (abdominal + CNS) + disseminated TB + on ATT + anaemia + acquired subglottic stenosis ? grade 3 + post tracheostomy DS.

Patient is on permanent tracheostomy & needs suctioning continuously.

Patient's family is not able to afford.

Kindly provide financial support (₹ 4000-5000/- approx) for suction machine.

Thanking you,

Dr. Anuj Sharma
PG Resident
Department of Paediatrics
ABVIMS AND DR. RML Hospital
New Delhi-110001

Dr. MORSHERA
MBBS, MD
Assistant Professor
Dept. of Pediatrics
ABVIMS and Dr. RML Hospital
New Delhi-110001

Refer to 'Mission Hopp'
for Suction machine.

हॉप/पुष्पला 8/5/26
Dr. Sailesh / Medical Social Service Officer
ABVIMS & Dr. RML Hospital
New Delhi-110001

8/5/26

Sailesh, 12 y M, ↓ P₃A

Klinefelter's syndrome & DM. TB (CNS + Abd.)
On ATT & anemia & acquired subglottic stenosis
grade 3 & post-tracheostomy D7

A/I - fever ⊕ - Day before yesterday

Afebrile : 24 hrs.

- On vancomycin D3
- Monocel D7
- Nitrofurantoin D11

- Tracheostomy site redness & swelling ⊕
→ s/c edema
No collection
- Oral intake ⊕

8/5/26 11.2 > 2.3490 < 2.54 fac
P₂₀ D₁₅

Urine E/M → 10 WBC / HPF
BAC - 2+
Pro - 1+
ketone - 1+
Bil - 2+

CRP - 18.75 mg/dL

U/CF - 28.3 / 0.32

T.Bil / D.Bil - 0.69 / 0.3

OT / PT - 32.2 / 13.8

T.P / alb - 5.9 / 3

Na/K - 134 / 3.8

vitals - stable

CVS - S₁, S₂ ⊕

A/S - B/LAC ⊕, E/E conducted
sounds ⊕

P/A - soft, NT, KB
½ > NP

Adv (14 kgs)

- suction col -
- Deflate cuff every 2hly
- Continue ATT (3P+2E) + T. pyridoxine 10 mg OD
- Inj. Isoniazid 150 mg IV BD
- D11 - Syp. Nitrofurantoin (25/5) 5ml TDS
- D12 - Inj. Moxifloxacin 400mg IV BD.
- D3 - Inj. Vancomycin 225 mg IV QID.
- IVF Dext 5:100 Kcl @ 30ml/hr
- Neb. e Adh 0.1mg/3ml U1 q 4hly
- Inj. Pantop 20mg IV OD
- VIM

Dr. Hanika
(PA-2)

4/5/26

An's - K/Clo Doherty's Syndrome E Divs TB (Cns + Abd)
on ATT E anemia E acquired subglottic stenosis
gd (3) E post tracheostomy (D6)

ATI

① fever spikes @ - doc upto 101°F

↓ freq + intensity

Vancomycin added on 05/05/26

O/E

CC = faint

vitals = stable

R/S - B/line @

Conducted

Sounds @

Cvs

Cvs

P/A

WBC

② Redness/ Swelling @ tracheostomy site

use local A/E →

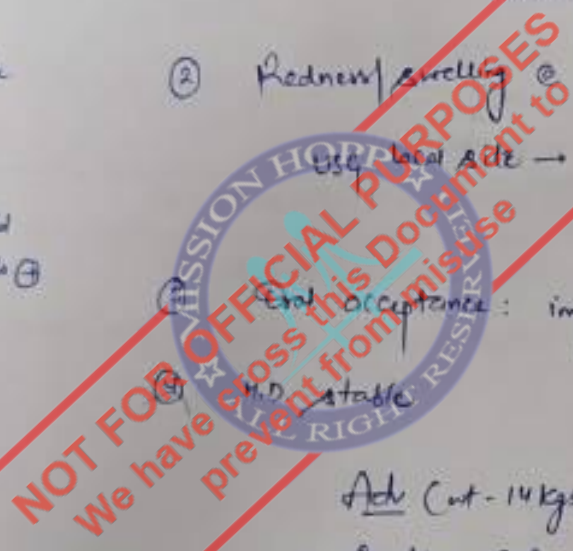
subcutaneous edema

no eff any

collection

oral acceptance: improving

③ H/D stable



6/5

urinalysis →

10 WBC/HF

Bact - 2+

Protein - 1+

Ketone - 1+

Bil - 2+

CrP → 18.75mg/dL

Adv (wt - 14kgs)

- Suction SOS

- Deflate cuff every 2 hourly

- Cont ATT (3P+3E) + T. Pyridoxine 10mg OD

- Inj LEVGRA 150mg IV BD

D₀ - Syp NITROFURANTOIN (25/5) SW TDS

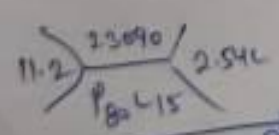
D₁₆ - Inj meropenem 700mg IV BD

- NCB E Adv 0.5mg/3ml NS q 4 hrly

- Inj AMTOP 20mg IV OD

D₂ - Inj VANCOMYCIN 225mg IV BID

Change IVF DNS E 1:100 KCl @ 30ml/hr



D. Rohit
Dept. of Paediatrics
All Saints and St. Ferial Hospital
New Delhi-110001

Dr. RML Hospital, New Delhi.

U179-06-05 M

Collection date : 06/05/2026 10:50:26 Reception number : 800180
 Collection time : 06/05/2026 10:50:17 Sample type : UNKNOWN
 Collection name : Medical unit name :
 Doctor name : Analysis Mode :
 Sample comment :

Patient ID :
 Sex : Unknown Patient Name :
 Patient comment : Birth :

Urine R/M

--- Measurement ---

| Chemistry | | UF | | Ref. | Range |
|---------------|---------------------|---------------|---------------------|------|-------|
| Analyzer name | UC-3500 | Analyzer name | UF-5000 | | |
| Analysis time | 06/05/2026 10:22:03 | Analysis time | 06/05/2026 13:57:13 | | |
| RackNo(Pos) | 0022(09) | RackNo(Pos) | 0018(09) | | |
| URO | normal | RBC | 0.3 | /HPF | 0-2 |
| BLD | - | NL RBC | 0.1 | /HPF | |
| BIL | 2+ | WBC | 10.7 | /HPF | 0-2 |
| KET | 1+ | WBC Clumps | 0.2 | /HPF | |
| GLU | - | EC | 5.1 | /HPF | Nil |
| PRO | 1+ | Squa.EC | 1.6 | /HPF | |
| pH | 6.0 | Non SEC | 3.5 | /HPF | |
| NIT | - | Tran.EC | 0.0 | /HPF | |
| LEU | - | RTEC | 3.4 | /HPF | |
| COLOR | YELLOW | CAST | 0.00 | /LPF | Nil |
| CLOUD | 2+ | Hy.CAST | 0.00 | /LPF | |
| S.G | 1.033 | Path.CAST | 0.00 | /LPF | |
| | | BACT | 2+ | | |
| | | X'TAL | 12.5 | /HPF | Nil |
| | | YLC | 0.8 | /HPF | Nil |
| | | SPERM | 0.0 | /HPF | Nil |
| | | MUCUS | 0.00 | /HPF | Nil |

NOT FOR OFFICIAL USES
 We have cross-checked this document
 prevent any misdiagnosis

15126

Kidney Down's Sp + Diss. TB (CNS + abd)
on ATT + anemia + Acquired subglottic
stenosis grade 3 + post
tracheostomy D5

Sailesh
12y/M
↓ P3A

Af - fever - 1-2 spikes/day

On TT tube - SpO2 - 99%

UTI - E. coli - (8) to nitrofurantoin

On D9 Nitrofurantoin

D5 - Monocet

af - vitals
Stable

CXR
Hx
P/R
CNS
Euvolemia

Swelling/redness (+)
at tracheostomy
site → SST call
↓ advised USG
CXR
↓ today
USG dated 6/1/26
↓ (6/1/26)

Add Inj. Vancomycin 225mg
IV BID
(slow infusion over 1hr)



Adv (14kg)
- Suction Sol.
- Debride cuff every 2hly
- Continue ATT (3P+5G)
via NG + T. pyridoxine
10mg OD
- Inj. Leucora 150mg
IV BD

D9 - Syp. Nitrofurantoin
(25/5) 5ml TDS

D5 - Inj. Monocet 700mg IV BD
- Neb. + Adv 0.5mg/3ml
NS q 4hly.
- Inj. Pantop 20mg IV OD
- IVC N/2 + D5 + 1:100 Kcl
@ 50ml/hr

Dr. Harish

5/26

Sailesh
12yl M
↓ P3A

K1C10 Down's Syndrome (abd + CNS) ±
Dise. Koch's (abd. + CNS) - DS TB on ATT ±
anemia ± acquired subglottic stenosis
grade III ± post tracheostomy D4

A/1 - fever spikes (+) - new onset upto 101.000° F
On TT tube - SpO₂ - 99%
UTI - E. coli - Nitrofurantoin

g/e - vitals - stable
CVS - S₂ (+)
R/C - BLAD (+)
CNS - EMT (+)
Tone - W/N
Bowel - 7/15 in all 4 limbs
no mening. signs
DTR - 2+/3+

swelling
Redness (+) at
Tracheostomy
site → ENT call
done
↓
advised US4 local
site - CR.

Plan → fever w/o.

Weight (14 kg)
Function SOC.
- Deflate cuff every 2hly.
- Continue ATT (3P + 3E) via
NG + T-pyridoxine 10mg
- Iuj. Ienera 150 mg IV BD.
D2 - Symp Nitrofurantoin (25/5)
5ml TDS.
D4 - Iuj. Monocef 400 mg IV BD.
- Neb. ± adr 0.5mg/3ml NS
q 4hly.
- Iuj. Pantop 20 mg IV OD.
- IVF N/3 + D5 + 1:100 Kcl @
5 ml/hr.

Dr. Harika
(PG-2).

1/26

Reminder
case

ENT call

- Vailesh
- 12/M
- ECSS^{1/2}
- P3A

To
The SR/DO
Dept of ENT
Dr. RMLH

Respected Sir/ma'am
A/M/pt w/ k/c/o Down Syn & Dis. Koch's on ATT &
Anemia & acquired subglottic stenosis go-III &
post tracheostomy → (D3) → (02/05/26)

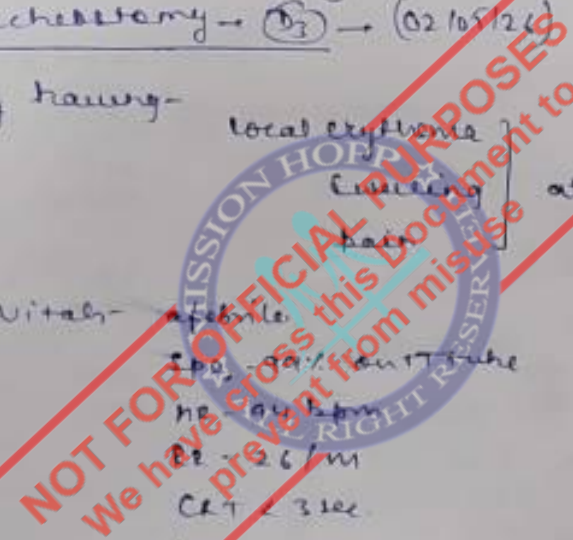
currently having-

Local erythema }
Elevating } at tracheostomy
hair } site.

o/c - Vitals - afebrile
SpO₂ - 94% on 2L O₂
HR - 94 bpm
RR - 26 /m
CtT - 3 sec
Chest - clear

Kindly review the pt i/v/o local tracheostomy site
collection & Ather.

Thank you
Dr. Pradeep Yadav
PG Resident
Dept. of Pulmonology
Savitribai Phule
Mumbai
1000210000





Department of Empowerment of Persons with Disabilities,
Ministry of Social Justice and Empowerment, Government of India

Disability Certificate

Atal Bihari Vajpayee Institute Of Medical Sciences And Dr. Ram Manohar Lohia Hospital
Baba Kharak Singh Rd, Connaught Place
New Delhi, Delhi, 110001



Certificate/UID No. DL8560820130005818

Date of issue: 12/03/2026

This is to certify that We have carefully examined **Saishesh Son of Shree. Daljeet Singh** 11/03/2011, Gender **Male**, Registration No. 0788/00000/2384/0083899, Resident of **A-18, J J Colony, Indrapuri, Kharak Garden, West, Delhi - 110012** whose **impairment is listed above, and findings are satisfied that:**

(A) He is a case of: **Intellectual Disability.**

(B) Name of affected body part: **Brain.**

(C) The diagnosis in his case is **Intellectual Disability.**

(D) He has **50%** (in figure) **fifty percent** (in words) disability and the nature of certificate is **Temporary and valid till 13/05/2031** as per the guidelines for the purpose of assessing the extent of specified disability in a person included under the Rights of Persons with Disabilities Act, 2016 notified by Government of India vide S.O.1338(E) dated 12/03/2024.

Signature / Thumb Impression of the Person with Disability:

[Handwritten signature and thumb impression]

Atal Bihari Vajpayee Institute Of Medical Sciences And
Dr. Ram Manohar Lohia Hospital
Baba Kharak Singh Rd, Connaught Place
New Delhi, Delhi, 110001

Signature of notified Medical Authority Members:



This Certificate is issued to certify the disability of the person and is not an instrument for ID/Address Proof for any purpose.

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



Sailesh 4/5/26
12/M
↓ Pul ICU

KLO Downlyn i Dies kiths (DSTA)
i (abd+ens) on ATT o anemia
o acquired subglotic stenosis qd III
i post-tracheostomy - D3

afetivile

ONTT tube - sps 99%

VTE accl⁺ to Nitrofurantoin

Ey VT M6

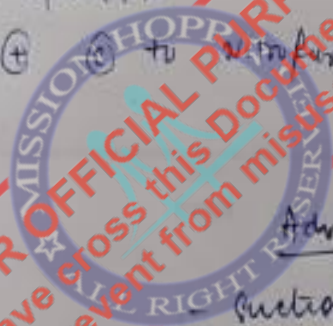
HR 90/w

SpO₂ 96%

RR 24/w

RTc 520

chricleas



Adw
Suction sos

- Reflate cuff every 2 hourly.
- ENT call
- cont ATT sp + 3E VDN G + 7 Pyridoxine 10mg.
- 2y Lence 150mg iv BD
- sup Nitrofurantoin 25/5 5ml/400
- 2y Monocyp 700mg iv BD
- Neb n o ads 0.5mg/2ml/400 44
- 2y parastup 2ung on
- 1VE N_{1/2} + 50 1:100KCl @ 50ml/hr parala