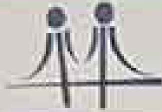


MISSION HOPP
An Effort Towards Changing

H.No.-203 , Gali No. -11
Geeta Colony , East Delhi
New Delhi - 110031

Date -
Reg. No -

Registration Form

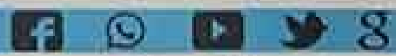
* Patient Full Name: BABY SOFIYA
* Patient's Date of Birth: 23 / 09 / 2024 Age: 3 Months
* Patient's Gender: FEMALE
* Patient's Guardian Name: RUKSHAR
* Relation With Child: MOTHER
* Parmanent Address: H NO 25, NEAR ANGEL PUBLIC SCHOOL, GHAROLI, EAST DELHI
Dist. DELHI Pin Code 110096 State DELHI
* Contact Number +91- [redacted] ; +91 -
* Patient's Family Background: Electrician in Local shop
* Parent / Guardian Proof: AADHAAR CARD Id No. [redacted]
* Hospital Name (where patient admitted): RML HOSPITAL DELHI
* Name of Department: PICU/ECS 4th Floor, PAEDIATRIC DEPART.
* Disease (patient suffering from): TYPE 2 RESPIRATORY FAILURE
* Doctor's Name (who treated the patient) Dr. B. PATRA
* OPD Reg. No. 202476278 Date 09 / JAN / 2025
* Approximate Treatment Cost: 70000/-

(Parent / Guardian signature OR LTI)

* Registration No. (records in NGO): MH0128/2025 (Only Office Use)

Doctor signature

Trustee signature with seal



011-45006398 support@missionhopp.org https://missionhopp.org

Reference call to MISSION HOPP

TO
The MISSION HOPP incharge

Subject: Regarding Donation of CPAP machine

Respected Sir/Madam
Above mentioned pt. is case of Left diaphragmatic eventeration with left diaphragmatic palsy with type 2 respiratory failure

Kindly provide BIPAP Machine for the below patient

Patients Details
SOFIYA
7 MONTH
FEMALE/3.5kg
CR NO 202476278
DR RMLH NEW DELHI
PICU/ecs 4th Floor
Paediatric department

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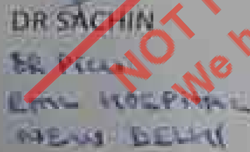
We have cross this Document to
prevent from misuse

THANKING YOU



DR SACHIN
DR RML
HOSPITAL
NEW DELHI

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GOVERNMENT OF INDIA
स्नातकोत्तर- चिकित्सा शिक्षण अनुसंधान संस्थान
डॉ राम मनोहर लोहिया अस्पताल, नई दिल्ली-110001
POST GRADUATE INSTITUTE OF MEDICAL EDUCATION AND RESEARCH
DR. RAM MANOHAR LOHIA HOSPITAL, NEW DELHI-110001
DEPARTMENT OF PAEDIATRICS/बाल रोग विभाग

DOPR (Discharge on Patient Request)

……………………………………………………………………………………………………

NAME: Sofia	UNIT: **P3B**
AGE/SEX 2m / female	UNIT IN-CHARGE: **DR. ALOK HEMAL**
CR NO: 202476278	DOA 16/11/2024 to. /1/2025
PHONE NO:	ADDRESS:

FINAL DIAGNOSIS : Post OP case of L diaphragmatic Eventration with RF with Sepsis(BSI-Kendall's) with VAP (Acinetobactor)

CLINICAL HISTORY
Came with complaints of.
Fast breathing x 2 days
Decreased oral acceptance x 2 days
H/O SRS/ Feeding diaphoresis ++

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Birth H/O S/T/AGA/NVD/DNCIB /H/O NICU stay /Bt wt - 2.9 kg —> Child didn't not cry - Recievdf PPV and shifted to NICU in Lal Bahadur Shasthri from 23/9/24 to 6/10/24 and was put on mechanical ventilator and was given IV antibiotics
Antenatal history - Uneventful
Immunization h/o: Birth dose given
Family h/o: WNL.
Developmental h/o: WNL
Allergy h/o: None

ON EXAMINATION:
HR:148bpm
RR:52/min
SpO2:90 % in RA
PP/PV +/Good
CRT <3sec
Warm periphery

No dehydration
R/S BL AE+, AE decreased in L side
CVS S1S2 +murmur-
P/A soft non tender BS+, Liver 5 cm BCM
CNS Conscious ; Tone -N in all 4 limbs
Power -moves all 4 limbs ,

COURSE IN HOSPITAL: 2 months old child came with above mentioned complaints. Initial assessment child had had respiratory distress with decreased breath sounds on L side . Chest X-ray was done suggestive of ?CDH ? Evebtration . Pediatric surgery opinion was taken and Thoracoscopic repair of eventration of Diaphragm was done on 22/11/24 .Post surgery child was shifted to PICU with left ICD insitu and in intubated state . Child was kept on ventilator support and Cefotaxime and supportive care . Child was attempted for extubation on POD 2 but child was reintubated I/v/o extubation failure with 48 hrs .Child also developed shock which was managed with ionotropes which was gradually weaned off On POD 5 extubation trail was given which failed and was intubated . Chest X-ray was done s/o L lung collapse .USG B/L diaphragm was done which was suggestive of B/L Diaphrgamatic palsy . Pediatric surgery opinion was taken suggested conservative management . Child was kept on MV and was started on chest physiotherapy .Antibiotics were upgraded to piptaz after sending cultures in view of fever spikes and increasing CRP.Blood culture reveled Klbesiella positive which shows intermediate sensitivity to Colistin.Child also Recived component therapy I/v/o anemia . Repeat USG diaphragm was done which showed L sided diaphragmatic palsy (R sided - Normal). Left sided lung collapse Gradully improved with physiotherapy , Nebulistaion and supportive treatment. After 13 days of Colistin child still had persistent fever spikes and antibiotics were upgraded to Tigecycline .ET C/S was suggestive of Acinetobactor sensitive to Tigecycline. Child was Gradully given alternate spontaneous /SMIV trail in MV and was successfuly extubated after D40 of intubation . Post intubation child was kept in NIV(Nasal CPAP) support which was gradually converted to HFNC .Currenly child is in HFNC support , maintaing saturation >97% , tolerating NG feeds well and being discharged on Home Oxygen support (NIV) .

Vitals at discharge
PR-
RR -
PP/PV- +/N
Ext - Warm
SpO2 -
Hydration adequate

TREATMENT GIVEN:

- Inj Cefotaxime x 11 days
- Inj Pipatz x 4 days
- Inj Colistin x 13 days
- Inj Tigecycline x 20 days
- Supportive treatment

Child is hemodynamically stable, accepting orally, passing stool and urine normal and fit for discharge.

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ADVICE AT DISCHARGE:3.4 kg

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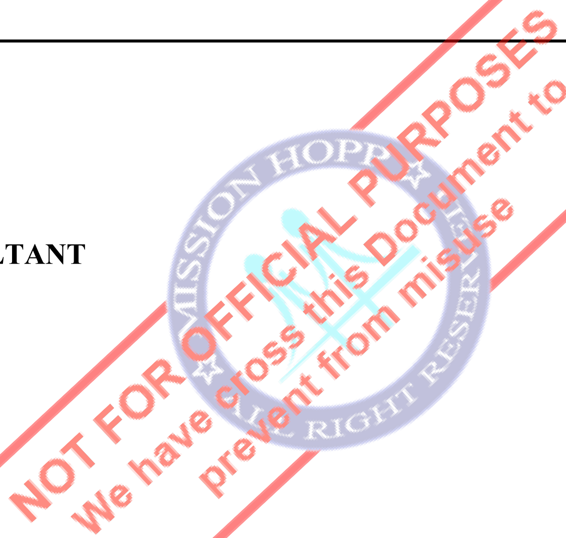
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SIGN OF CONSULTANT **SIGN OF SR**