





Date -

Registration Form

Reg. No -

* Patient Full Name MASTER SAURABH Age 10 Yrs.

* Patient's Date of Birth 29/08/2012

* Patient's Gender MALE

* Patient's Guardian Name PHOOLAN DEVI

* Relation With Child MOTHER

* Permanent Address ASHRAMA, FARRUKHABAD

Dist. FARRUKHABAD Pin Code 209621 State U.P.

* Contact Number +91- ; +91 -

* Patient's Family Background CONSTRUCTION, LABOUR

* Parent / Guardian Proof AADHAAR Id No.

* Hospital Name (where patient admitted) AIIMS HOSPITAL DELHI

* Name of Department MEDICAL ONCOLOGY

* Disease (patient suffering from) B-ALL

* Doctor's Name (who treated the patient) Dr. S.K. KABRA

* OPD Reg. No. OHID-105219/69 Date / /

* Approximate Treatment Cost 2,500.00/-

कृति

(Parent / Guardian signature OR LTI)

* Registration No. (records in NGO) MH0098/2022(Only Office Use)



Decided by Director signature



Trusted signature with seal

- IT METHOTREXATE 12 mg (D1)
- by DOXORUBICIN 25 mg is 100 ml no (D1) —
1/9/22
- Next visit → 3/9/22
- TLC SCPTRAV
- TLC Betadine gauzes (2.1) oooo

03-09-2022

Hb - 12.40

PLT - 454 X 10³

TLC - 2440

WBC - 570

LTF
KCS 1/2
CLL Acute

occ. headache

Adv

- 1mg L-asparaginase 10,000 U/m² D1, D7
1/9/2022
- CROCI 500 mg 1 tab SOS

• Next visit - 7/9/2022

CBC

TLC SCPTRAV

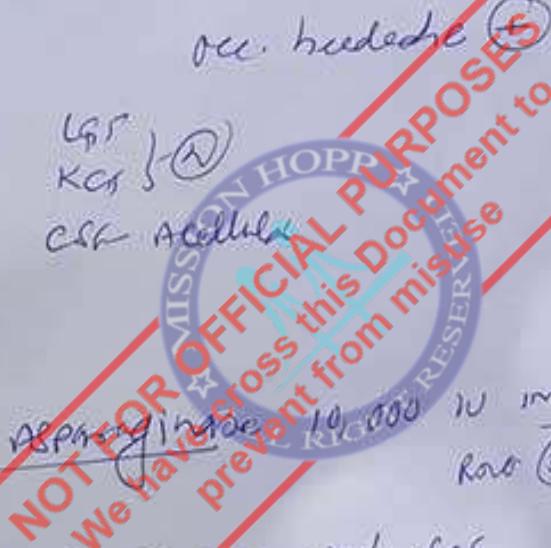
Betadine gauzes (2.1) oooo

| O

Amn.

| O

Amn.



SAURABH

26 kg

135 cm

0.98 m²

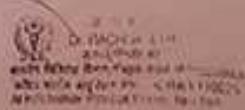
High risk

Delayed intensification HR R2A

Week 23-29 (49 days)

Eligibility: ANC>750/cumm , Platelets> 1,00,000/cumm

Day	Dexa 10mg/s qm 2DD (max 20mg)	VCR 1.5mg/sqm (max 2.0mg)	L asparaginase 10,000 units/sqmlM	ITM appr	Cyclophos 1000 mg/sqm IV 30 mtswithm esna 1001	Ara C 75mg/sqm IV	6 mp 60mg /sqm PO	Doxo 25mg/sq m IV Infusion 4-6 hrs
1.	✓	✓ 15/12/12	10,000	12	Held	15	60	25/12/12
2.	✓							
3.	✓							
4.	✓				3/1/12			
5.								
6.								
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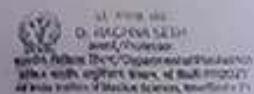
Aud 1st 8/12

42,400,500 items

Aud 1st 8/12

~~NOT FOR OFFICIAL PURPOSES~~

MISSION HOPP
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XIC RIGHT RESERVED



Sarosh

10579169

10y/m

Hb! - 133 cm

wt! - 23 kg

BSA! - 0.8 m²

High risk Interim maintenance

Week 15-22 (1-56 days)

Eligibility: ANC>750, Platelets>1,00,000/cumm, no evidence of infection/mucositis/diarrhea, normal renal function must be normal.

Prior to starting each subsequent pulse of high dose MtX, ANC>500/cumm and platelet>50,000/cumm

Day	6 MP 25mg/sqm(PO)	Methotrexate 3gm/sqm IM	Folinic acid 15mg/sqm	ITM (age approx)
1.				15/52
2.			42,48,54 hrs	
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.			42,48,54 hrs	30/5 (to send CAF)
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				
26.				
27.				
28.				
29.				
30.			42,48,54 hrs	14/1/11 2008
31.				
32.				
33.				
34.				

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01-11-08
D. RADHAKRISHNA
www.missionhopp.org
Karthik Bhawan, 2nd Floor, Gopinathnagar,
Kanchipuram, Tamil Nadu, 602002
India. India's first online cancer treatment center



अधिक भारतीय अनुद्दित संस्थान, नई दिल्ली
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI
NATIONAL CANCER INSTITUTE

UHID: 105719169
Patient Name : Master SAURABH
Age : 11 years 3 months 5 days
Unit Name : Unit-01
Lab Name : NCI CORE LAB
Reg Date : 07/12/2021 11:44 PM
Report Generated Date: 12/08/2022 03:06 pm
Recommended By: Dr. S. K. KABRA

Sex : Male
Sample Received Date : 12/08/2022 12:30 PM
Department : Pediatrics
Unit Incharge : Dr. S. K. KABRA
Lab Sub-Center:
Sample Collection Date: 12/08/2022 08:20 AM
Dept / IICR No: 20210030017090
Lab Reference No: 817

Sample Details : E120822039

Report

Test Name	Result	Comment	Normal Range
CBC			
Hemoglobin	12.500 g/dL		• 13 - 17 g/dL
Hematocrit	38.3768 %		• 40 - 50 %
RBC Count	3,920 $\times 10^6/\mu\text{L}$		• 4.2 - 5.5 $\times 10^6/\mu\text{L}$
WBC Count	4,040 $\times 10^3/\mu\text{L}$		• 4 - 10 $\times 10^3/\mu\text{L}$
Platelet Count	231 $\times 10^3/\mu\text{L}$		• 200 - 400 $\times 10^3/\mu\text{L}$
Platcrit Count	231 $\times 10^3/\mu\text{L}$		• 150 - 400 $\times 10^3/\mu\text{L}$
MCV	87.600 fL		• 81 - 101 fL
MCH	31.8878 pg		• 27 - 32 pg
MCHC	32.5718 g/dL		• 31.5 - 34.5 g/dL
RDW	15.900 %		• 10 - 15 %
DLC			
Neutrophils	49.400 %		• 40 - 50 %
Lymphocytes	34.400 %		• 20 - 40 %
Eosinophils	3.700 %		• 0 - 7 %
Eosinophils	3.700 %		• 0 - 7 %
Monocytes	7.900 %		• 0 - 7 %
Basophils	0.800 %		• 0 - 2 %
Basophils	0.800 %		• 0 - 2 %
Neutrophils - Abs	1.9922 $\times 10^3/\mu\text{L}$		• 2 - 7 $\times 10^3/\mu\text{L}$
Lymphocytes - Abs	1.38976 $\times 10^3/\mu\text{L}$		• 1 - 3 $\times 10^3/\mu\text{L}$
Eosinophils - Abs	0.14948 $\times 10^3/\mu\text{L}$		• 0.02 - 0.5 $\times 10^3/\mu\text{L}$
Monocyte - Abs	0.31916 $\times 10^3/\mu\text{L}$		• 0.2 - 1 $\times 10^3/\mu\text{L}$
Basophils-Abs	0.03232 $\times 10^3/\mu\text{L}$		• 0 - 0.1 $\times 10^3/\mu\text{L}$

Over All Comment :

Authorised Signature

Verified By
shankarsabu

Peripheries warm, pulses palpable.

Temp: Afebrile

CFT: <2sec

P/A: No hepatosplenomegaly, no ascites, abdomen soft and non tender

RS: Normal vesicular breath sounds heard, no accessory breath sounds heard, air entry bilaterally equal.

CVS: S1, S2 heard. No murmurs or palpable thrills present.

CNS: No abnormalities detected

~~Discharge~~

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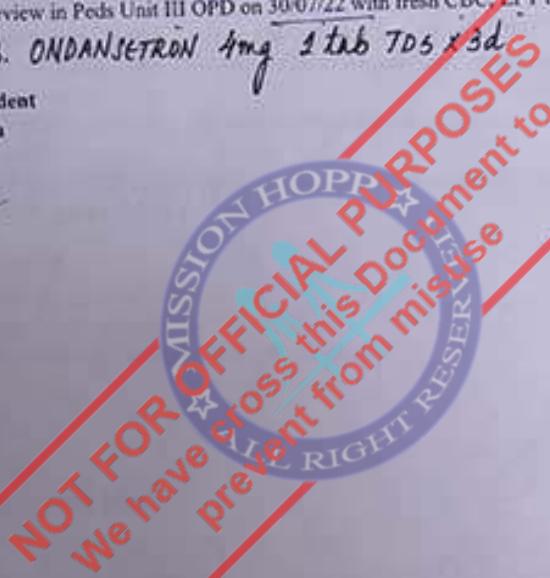
ADVICE AT DISCHARGE:

- 1) Betadine gargles
- 2) Sitz bath —
- 3) Tab 6MP 50mg $\frac{1}{2}$ tab PO OD, \longrightarrow \textcircled{C}
- 4) Tab Septran DS 1 tab PO Saturday and Sunday
- 5) To review in Peds Unit III OPD on 30/07/22 with fresh CBC, LFT RFT

6) Tab. ONDANSETRON 4mg 1 tab TDS x 3d

Senior Resident
Dr Sagarika

Junior Resident
Dr Abin



RS: Normal vesicular breath sounds heard, no accessory breath sounds heard. air entry bilaterally equal.

CVS: S1, S2 heard. No murmurs or palpable thrills present.

CNS: No abnormalities detected

HOSPITAL COURSE: The child is a known case of B ALL on maintenance therapy under ICICLE protocol. The child was admitted for high dose methotrexate 3g/m². Hydration was started with 125 ml/m²/hr. After 6 hours urine pH was checked and methotrexate was started once the pH was ~~above~~⁷. 10% was given in 30 mins, rest 90% was given over 23.5 hours. Intrathecal methotrexate was also given. 24 hr and 42 hour methotrexate samples were taken to look for levels. Leucovirin was given at 42 and 48 hours.^{34 hours}. The child was discharged as the MTX levels were within normal level and the child didn't have any symptoms.

TREATMENT RECEIVED:

- Inj DNS(1:100) KCl (5:100) HCO₃ @100ml/hr
- Inj methotrexate 240mg in 100 ml NS over 30 mins
- Inj methotrexate 2.16g in 500 ml NS over 23.5 hours.
- Tab 6 MP 50 mg ½ tab PO OD
- Inj leucovirin 12 mg in 100 ml NS @42 and 48 hours.

INVESTIGATIONS:

HEMOGRAM

Date	Hb	TLC	DLC	ANC	Platelet
05/07/22	12.6	4340	50.29/5/10/0.7	2196	3.17 L

BIOCHEMISTRY:

Date	Ur/Cr	Na/k	Ca/P	UA	T.Bil	AST/ALT/ALP
05/07/22	23.0/26	138/3.9	9.4/5.6	3.7	0.87	45/52/203
15/07/22	21/0.3	137/4.1	8.9/5.1	2.8	1.39	56/79/156

OTHER INVESTIGATION:

DATE	INVESTIGATION	REPORT
12/07/22	Chest x ray	Normal
15/07/22	Methotrexate 24 hour levels	11.24 umol/L
15/07/22	Methotrexate 42 hour levels	0.406 umol/L

Status at discharge:

HR: 120/min

RR: 22/min

BP 98/62 mm hg



ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW
DELHI
DEPARTMENT OF PEDIATRICS
UNIT III DISCHARGE SUMMARY

NAME: Saurabh	AGE: II years	SEX: M	Bed No : AB6/23
UHID : 105719169	Date Of Admission: 12/07/2022	Date of discharge: 15/07/2022	

Diagnosis:

Consultants In charge: Dr. S K Kabra, Dr Rachna Seth, Dr. Kana Ram Jat, Dr. J P Meena, Dr. Aditya Gupta

No active complaints presently. The child is a known case of B cell ALL (high risk) in interim maintenance phase admitted for 3rd dose of high dose methotrexate

DISEASE COURSE: Diagnosed as a case of B cell ALL in november 2021. The child has received induction and consolidation phase. Currently on interim maintenance phase and has received 2 doses of high dose methotrexate

FAMILY HISTORY: History of malignancy in fathers brother and fathers grand mother. Detailed records not available

DEVELOPMENTAL HISTORY: Developmental milestones appropriate for age

IMMUNIZATION: Immunised as per NIS.

ON EXAMINATION:

Child is conscious oriented to T/P/P

Alert and Active with IV cannula in site

No pallor icterus, cyanosis, clubbing and lymphadenopathy

VITALS

HR: 86/min

RR: 24/min

BP 100/64 mm hg

Peripheries warm, pulses palpable

Temp: Afebrile

CFT: <2sec

SpO2: 97%

ANTHRO:

		Z score
Height	132 cm	-1.48 Z
Weight	23 kg	-1.91 Z
BSA	0.8	

SYSTEMIC EXAMINATION

P/A: No hepatosplenomegaly, no ascites, abdomen soft and non tender

old card not this

अ० भा० आ० स० अस्पताल/A.I.I.M.S. HOSPITAL
वाहिरंग रोगी विभाग /Out Patient Department
स्मोकिंग की अपर्याप्ति प्रति है।/SMOKING IS PROHIBITED IN HOSPITAL PREMISES

www.meraspatal.nhp.gov.in

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OPR-6

<p>प्रक्रम/Unit रोगी/Dept.</p> <p>SARASH 111 PM 200 - निष्ठा निष्ठा AAM A-102 AHAR COLONY, BEHIND CHUNGI, GOKULPUR, DELHI, INDIA Mobile: 9312779364 Follow Up: ... General: 8-4 Reporting: 8-12 AM-9:00 AM</p>	<p>प्रक्रम/Room 10 प्रक्रम/Room No. Date: 15/08/2022 गुरुवार</p> <p>प्रक्रम/Address</p>
---	---

प्रक्रम/Diagnosis:

<p>प्रक्रम/Date <i>26/8/22</i></p>	<p>प्रक्रम/Treatment <i>Details in POC note book</i></p>
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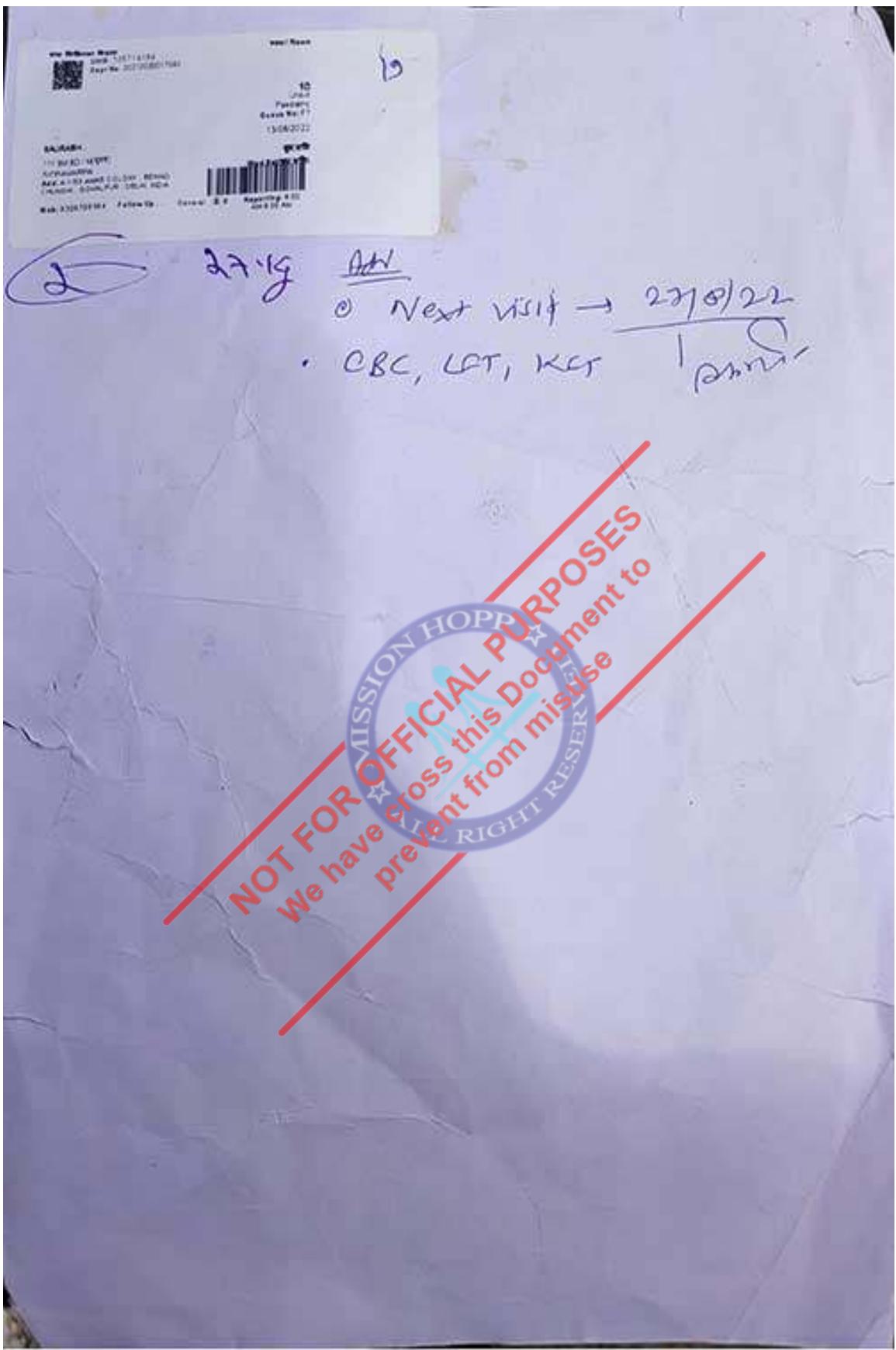
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N | U → 13/8/22

Physician Review
(Signature)

CLEAN AND GREEN AIIMS / एम.आई.एम.सी. सफी संरक्षण, रक्षणा ते काया कर्य
आदरण-जीवन का बहुमत्य उपलब्ध/ORGAN DONATION - A GIFT OF LIFE
O.R.B.O., AIIMS, 26588360, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)


मेरा
अस्पताल
My Hospital
meraspatal.nhp.gov.in



Scanned with CamScanner

One for interim maintenance (IM)

* Adv: Tab G-MP 50mg/5ml → 2ml OD

• TC screen

Next visit x 10 days - 11/5/2022

• IM Memantine + Leucovorin

arranged

CONSULTANT
Department of Pediatrics
All India Institute of Medical Sciences
Ansari Nagar, New Delhi 110029

1 am

11/5/2022

B-ALL / HR / Post consolidation

Chest X-ray

No abdominal pain

8.6 3860 (10/5/22)
N₆₃L₂₂ M₁₁G₁R₁

MNC - 2450/ μ m³

U/Creat - 17/0.5

Cr/Pt - 9.2/5.1

Na/K - 140/46

AS/1/A21/MR-89/84/114

Completed ofloxacin

Metronidazole and

ofloxacin for 8 days

on G-MP 50mg/5ml 2ml OD

• IM: Mtb & Leucovorin
arranged for IM

Advice:

1) Continue Metronidazole & ofloxacin for 2 more days.

2) Tab G-MP (50mg/5ml) 2ml OD to continue

3) Review in Gastro OPD as advised.

clgt visit after 2 wks 25/5/2022
with CBC/RFI/UPG

Nut

25/5/22 → 40 8-AU/Hc (PPR) | IM

25
8
22

- last memo → 1st HD-mtx → on 15/5/22.

CDF report not sent in IM.

- now no docx. wr ↓

Reports:

24/5/22 → 6.7 → 3210 → 11 March
1810

VR-20; CR-0.3; VA-2.4; NOSIVY; C+ 4.2.
9.1 (T) → 0.2; AT → 63; AOT → 95.
TP → 7.4; TP → 7.4; AB → 4.2.

plan:

- physician
- RPT CBG → 30/5/22, 2pm

→ continue rehydrn,
retention enema, *R* (Dr. Mohan, MD)

IM2 Bath.

→ Arrange drugs; continue 6-MP (50mg) $\frac{1}{2}$ tab OD
(giving 1 tab + by mistake)

→ INT METHOTREXATE → 3g

→ INT LEVOROVORIN 15mg - (?)

→ INT FOLITRIEX → ①,
(Intrathecal) MTX $\frac{40}{40}$

R (Dr. Mohan, MD)

Adv.

- Ship sephran

, Betaadine gauze: 112 Bulk.

BSA 10.8.

25/6/22

3yj. methotrexate. $\frac{2.49}{2.49}$ iv over ~~24~~ 24 hrs.

. 2nd FLL THER - ①

sister tiny

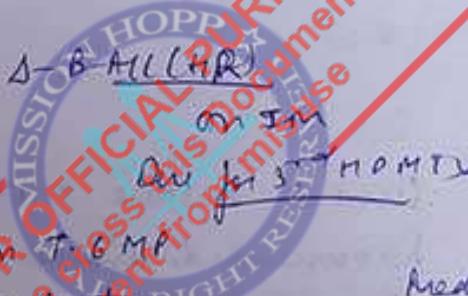
↓
working list

♀
(or. molam, m)

up to date.

N/V → 25/6/22

25/6/22



Medicines
analyzed

117 → 4080
1644

S.B.C = 0.5

S.G. 0.94 H = 30/57

A.R.D = 160

B.U = 24
Cult. 0.2

No FC.

9w

RR 24 hr PR 10%

R - Glucose
Klear

1/4 - soft
Abnom

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prevent its misuse

29/4/22

④

- Currently, pain abdome - improved
- Peds Ganis - pending (SL - Sangevani
to help)
- CT to be discussed tomorrow
in RC

22

Adv

- CBC tomorrow
- d- IV Abx
- CT - discuss +

decide
on
IV Abx duration

+
Need for
endoscopy

29/4/22

Didanol 10ml
A. Sangevani
in OPD

UOC

1.6 > 1.710
2.500 1.872
95% min ①

Blood Crs - m.

PCT 0.4%

On

No pain abd / fever

Adv

- Can stop IV Abx

Amit

* Rev in OPD

know.

HOSPITAL COURSE

Child was admitted for 4th high dose methotrexate which he received at 3g/m² with hydration and Leucovorin rescue. ITM was done which was uneventful. There were no signs of methotrexate toxicity during hospital stay, 24 and 42 hour levels were normal.

INVESTIGATIONS

Hemogram

Date	Hb	TLC	DLC	PLT
13/08/22	9.7	4000	N49 L34	2.31L

Biochemistry

Date	Ur/Cr	Ca/po4	Na/K	Bil
05/08/22	25/0.3	9.3/5.7	139/4.1	0.9

Others

	Level (μmol/L)
24 hours	3.9
42 hours	1.4

Advice at discharge:

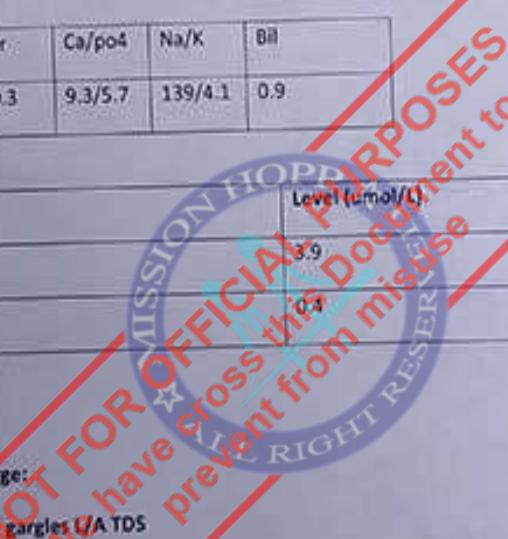
1. Betadine gargles 1/4 TDS
2. Sitz bath
3. Tablet Septran DS on Saturday and Sunday
4. Danger signs explained, to report to emergency.
5. Continue Tab GMP 50mg, ½ tab PO OD for Mon - Friday, ¼ tab PO OD Saturday and Sunday

Senior Resident

Dr Kritika

Junior Resident

Dr Akhil





ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI

DEPARTMENT OF PEDIATRICS

UNIT III DISCHARGE SUMMARY

Name: Sourabh	Age: 10yrs	Gender: Male	UHID No: 105719169		
Date of admission: 13/08/2022	Date of discharged: 16/08/2022		Bed: D5/12		
Diagnosis: B ALL/HR/Interim Maintenance					
Consultants In-charge: Prof SK Kabra/ Prof R Seth/ Dr K Jat/ Dr A Gupta/ Dr JP Meena					

HOPD -

Child is a known case of B ALL HR, on interim maintenance admitted for high dose methotrexate.

No Fever

No cough, fast breathing

No nasal discharge

No loose stools, pain abdomen

EXAMINATION AT ADMISSION: Child is alert, oriented, afebrile

Vitals: afebrile

HR -88/min

RR - 18/min

BP – 110/70 mm Hg

Spo2 - 99% under room air

CFT - 2 sec

Peripheries - warm

General Physical Examination:

No pallor/ icterus /cyanosis/ Clubbing/ Lymphadenopathy / Edema

Systemic examination:

CVS: S1S2 normal, no added sounds

RS: B/L air entry equal, no added sounds

P/A: Soft , marked tenderness present in RIF

CNS: No focal neurological deficits.

27.09.2022

B-ALL / NK / candida lesions

27

No Recurrent abdominal pains \oplus
↳ pain - better
on Zosyn + Metrogyl

Adv

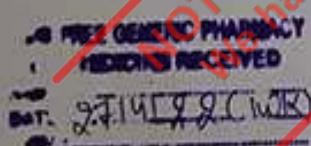
o CT to be discussed in RC on 27.09.2022

o TLC 200mg f metrogyl

o Job continues to my 115 AM (BBE)
↳ Diarrhoea + Stomach pain

o Seds gastro 3.00 AM \rightarrow to discuss \oplus
the need of Endoscopy

o Next visit on 30/09/2022



CONSULTANT
Dr. Jyoti Wadhwaa
MBBS, DNB, MRCR
FRCR, MRCP(UK)
MRCR(UK)

26/02/2018

Pain abdomen]
vomiting] 3-4 days

→ LFT &o Transaminitis (ALT - 311, AST - 350, ALP - 165,
Alkaline - 2.9)
T.Bil → 1.46 T.Cit - 1.02)

- Amylase - (N)

- CBC → 69 - 600
ANC - 70

- UG - (N)

- CT Abdomen to discuss - *

0/6

vitals - stable

- Generalised Tenderness

- Rest system - (N)

- Plan
- ① Send urine R/M, CP
 - ② HBsAg, Hep A/E
 - ③ CBC / LFT / UG - i
 - ④ PCT, (Mys - sent)



→ Amoxicillin and metronidazole
to continue -
Plan for CT scan to discuss CECT Abdomen
if persistent as
previous similar episode
bushy hair down

T - AMYLASE 26000 U/L
C - 1911.10 - 50-2018:

H/B Dermatology SK/JR
c/o S ALL (+ leads oncology) on Interim maintenance MTX
Received on 15/5/22

c/o Excoriated itchy papules over face, neck, ears, B/L hands
T.O → around 7-8 days. (started before receiving Methotrexate)

No family history of atching

No H/O Scapay.

O/I:

multiple excoriated papules predominantly over face, ears, neck

P/H Out

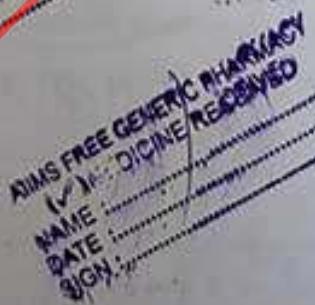
Dennie Morgan feeds O/I.

Some palmar hyperlinearity Out

Abdomen, green spayed. Web spaces spared.

Tony: ? Atopic dermatitis.

- ① Betnovate cream + cold cream C/A
and dab over at night
- ② Tab. 12.2 mg at night.
- ③ Cicatricidal 2-3 times daily.
- ④ RIA mouth OPD.



BOP-22

B ALL | HR | IM | IC/CLE

HB - 12.5

TLC - 4040

PLS - 231Xb³

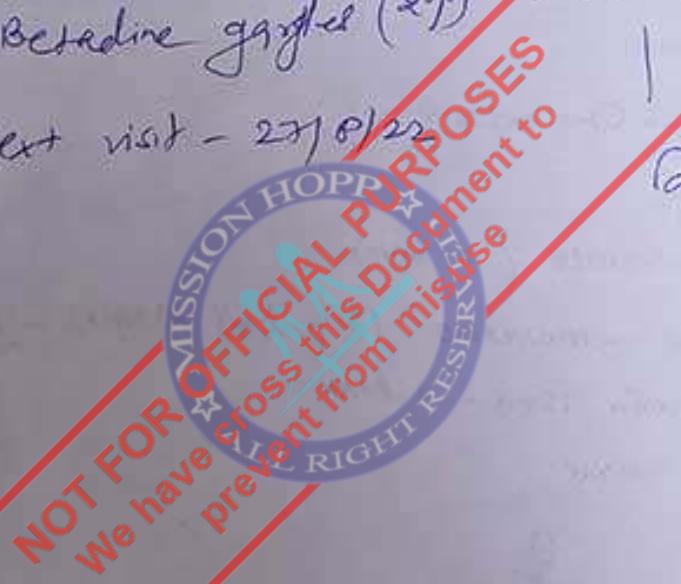
ANC - 1995

- one box HB HD-MTR

- medicine has been arranged

DM

- Waiting for admission box HD-MTR
- WH SCPTAN
- Betadine applied (2%)
- Next visit - 27/8/22





ALL INDIA INSTITUTE OF MEDICAL SCIENCES

DEPARTMENT OF PEDIATRICS

CS DAYCARE SHORT ADMISSION

DISCHARGE SUMMARY

Name	SAURABH	Gender	male
Age	11yrs	Unit	III
UHID	105719169	DOA	11.02.2022
Diagnosis	B-ALL	DOD	11.02.2022
Consultant	DR S K KABRA/DR.RACHNA SETH/DR K GUPTA/ DR.ADITYA GUPTA/DR. J.P. MEENA		

Procedure and monitoring note:

Child was admitted for Bone marrow and CSF examination. Bone marrow aspiration ,MRD and CSF samples were sent. Procedure was done under aseptic precaution with sedation. Child remained hemodynamically stable throughout the hospital stay.

Advice on discharge:

1. Plenty of oral fluids.
2. Follow up in Pediatric Unit II OPD on Wed/Sat.
3. Collect report from counter 50 , Old RAK OPD.

Nisha
Senior resident
DR Nisha/Dr Shivam

Junior resident
Dr Parag/Dr Vishakha

- T. 6 MP (50mg) X tab po od.
- T. feptan as advised. (Give ~~one~~
 ~~one~~)
 100% neptane.
- My p.o.p. D 6/8/22

To arrange

- 2g Metrotetratate 2.4 gm - ①
- 2g Metrotetratate 12mg diazepam - ①
- 2g Lecithin 15mg

S/B diet
NOT FOR OFFICIAL PURPOSES
We have crossed this document to prevent from misuse

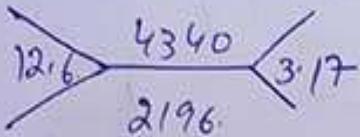
Actual Intake - 156 kcal / 43 g P
Recommended Intake - 1900 kcal / 65 g P
Intake has improve from earlier
wt gain + 1 kg.
Pantene 6N 2500pp 30
Thyroid 4/day
Calc 2 1/2 tab

~~6/7/22~~

B-MIC(HR)

Due for 3rd HOMTB

Medicines arranged.



S-Bal = 0.82

SGOT PT = 45/52

ALP = 203

qur
RR20 in P.R.P.

SG-WNL

8/1 Sepran

Adv

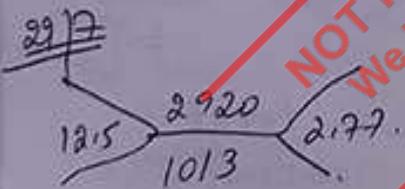
- Name listed in HOMTB list
- T. 6 MP (same) Yt tab 1000 currency.
- @ 5th bath / Extadew jargla.

16/7/22

Am

Due for 4th HOMTB

medicines to be arranged.



S-Bal = 0.6

SGOT PT = 42/53

ALP = 216.

qur
RR24 in P.R.P.

SG-un

Adv

- Name listed in HOMTB list
- T/S - CSF morphology report (sent on 14/7/22)

(50)

45

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CWS
CRS

Adv

- Name listed in HOMT₂ list

- Sitz bath / Betadine jangles.

- W/H - T. deption

- G - T. G MP (5mg) Y₂ tab

Po or im
every

→ M₂ 80.1 Pt 6/7/2

Jay

28/06/2012
S/B Diettes

Current intake 1300 kcal and 40 g Prot
Recommended intake 1800kcal & 60g Prot
Emphasize to supplements

Advice - Essential NP 3 scoop/d.

W/H/Ht - 26 kg / 133cm.
(Nild thinner)

Diet Plan given
Carbohydrates

Milk
2400ml

- T. Ofloxacin 400mg 1/2 tab BID
- T. Metronidazole 500mg 1/2 tab TDS

X Show
days

Jay J

30.04.2022

CT Abdomen discussed in SC on 28/4/2022

Diffuse long segment edematous large bowel thickening, descending colon →

Chronic inflammatory changes +

- Note skin & kidney

- abdomen pain - better after Adv. Colonoscopy

No bowel

OBC(28/4/22) - @
LCG/KR @, SCCL - 1.19 / 82

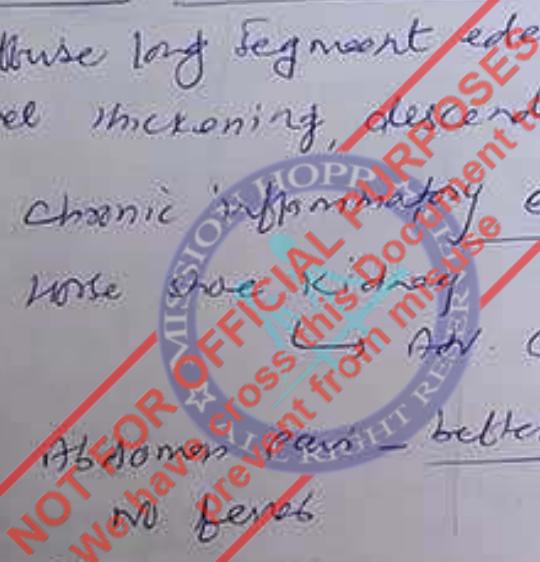
Adv

o pedic Gastropathy

. TIC SERRAN

. Octadec gables (R)

38



3/05/22
(5) days care

3/5/22

6.5 > 2300 < 200,000
↓
706

PRBC transferred on 3/05/22
(3/05/22)

Nurs
Dr. X. Paula Sagarra
Senior Resident
on call for HDMTX

18/6/22

→ 6 - Adm (K) | FM.

↓

Received

2nd Hem-MTX

→ P/6/22

↓
④ 21.0 4170 → 1.761aclus.
(3/6/22)

TBI (D.S.) AST → 67 ; ALT → 165 ; ALP → 132

URT → 25.7 ; CR → 0.25 ; CA → 9.6 ; PDS → 0

Na → 139 ; K → 2.8 ; UG → 3.2 ,

image d'i RL ✓

Ceca abducentes

- chronic colonic inflam
 - NOT 2/10 ~~gTB~~/~~NEC~~ / BBD.
 - chronic infectious etiology.
 - Giardia
 - Coccidia
 - Amoebiasis

144

110

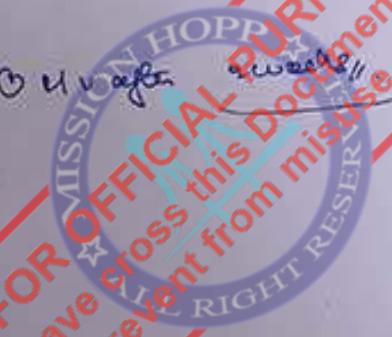
-10 day course of oral MNZ, 3d. Nitrosoamide.

~~Sept 10 T. METRONIDAZOLE 500 mg 1/2 tabs TDS - #108~~

⑦ Oral NITROXANIDE suspension (200mg(SmL)) x 3d^y

~~100mL 10mL 100 x 3days~~

G. B. Gray
SENIOR DEPT. STAFF
Fonda, N.Y.
April 1911



~~⑦ oral NITAROXANIDE azotomycin (200mg/5ml) x 3dy
150ml - 10ml AB0 x 3days~~

⑥ UV after ~~4 weeks~~

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अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI-110029

Name	उमेर Age	लिंग Sex	विवाहित विवाह Marital Status	यू.एच.आई.डी. नं. UHID No.
Service	वार्ड Ward	बेड Bed	जैविक Occupation	धर्म Religion

Scarsell 1149/Male
वार्ड बेड जैविक धर्म
105719169.
16/3/2012

ALL INJECTIONS TO BE INITIALED BY PERSON ADMINISTERING

Date & Time	Medication & Treatment	Diet	Observation by the Nurse
	<p>No Abdominal pain (Colitis).</p> <p>No vomiting in Night.</p> <p>1.0 Burning Nicteration over 4 days.</p> <p>0.5 - taking well.</p> <p>U/I G.C. adequate.</p> <p>Adv. by Starch Amylose 4 gm Upset. 2.2</p> <p>by 500 mg i.v. 120 min i.v. 24 hourly</p> <p>by 500 mg i.v. 2.8 gm iv 8 hourly</p> <p>by 500 mg i.v. 120 min</p> <p>HR = 100 / min.</p> <p>RR = 22 / min.</p> <p>BP 110/80 mm Hg</p> <p>Spo2 = 98%.</p> <p>Absolute abt present.</p> <p>can be send on - I.v antibiotics from Day care -</p> <p>To send urine CS (Chloral Basal & fungal)</p> <p>✓ <i>Cont Recd S.R</i></p>		

16/03/22
12:30am Child reviewed

Ds of Liperacillin/Tazobactam

no fever.

c/o abdominal pain (diffuse), 1 episode of vomiting
b/o burning metturition since 4d
(improved now)

abdominal pain has improved. no further episodes of vomiting

Oral acceptance - not satisfactory

Urine output - adequate

o/e: alert

no significant pallor

Pl: 108, PV: good, RL: 22f, CFT 2a

AB: 8/8 NVBS, no adventitious sounds

CVS: S, S₂ P/A: soft, non tender

CNS: no focal deficits

Imp: UTI

(? fungal)

grade II fatty liver
USG - no e/o NEC

flank cystites \oplus

Urine N/E - 15-20 PC/hpf

Yeast cells \oplus

T.Bil/AST/ALT: 1.33/89/141

Serology: IgM: 4+, IgA: 2+

1) Adv
2) by FAUCONAZOLE 330mg IV stat
ftb
170mg IV Q24H

- 2) Continue IV liperacillin/Tazobactam
- 3) Urine c/s (bacterial & fungal) from C5 daycare tomorrow morning.
- 4) Observe overnight in emergency. If clinically well and oral acceptance well can be discharged with IV antibiotics on daycare basis.
- 5) F/V in C5 daycare for clinical well being assessment

✓ blue signature
6/3/22 Am



अ० भा० आ० स० अस्पताल/A.I.I.M.S. HOSPITAL
वाहिरंग रोगी विभाग /Out Patient Department

अस्पताल के अन्दर पूरणन करा है।/ SMOKING IS PROHIBITED IN HOSPITAL PREMISES



Follow up Patient
Dept. Reg. No. 2023/003/70037090
Patient Name/Particulars
Date of Birth: 12/06/1969
Name: R.D. Tudu
Gender: M
Age: 52
Address: 122, Durgapura
Pin: 700024
Mobile: 98352795364
D.O.B.: 10/07/1969
Date: 02/01/2023

OPR-6

विज्ञप्ति नंबर/O.P.D. Regn. No.	
वय/Age	मास/Address
52/57	R.D.Tudu 10/07/1969

प्रिया/Diagnosis

दिनांक/Date	प्रचार/Treatment
28/12/2022	Pg Am/HR in consolidating phase. - CTD pain abd / vomiting requiring admission in 2 occasions in past 10/3/2021 & 15/3. - No Wt loss blood / mucus in stool. no alteration in bowel habits, - No improvement in response with bowel rest, IV fluids, evaluated as an ad outlet b~ Pancreatitis . Amylase/Uriase @
CTC abd.	
Diffuse long segment edemaous large bowel history of devascular colon.	
2 houseshoe kidney	
28/12/2022	Plb → CTC abd. To be discussed in the week is to HR in Thursday OPR 9 am 5/1/22
07/01 - 10/01/2023	
PLT - 200	
Bil - 1.19/1	
AST - 3.41/1	



CLEAN AND GREEN AIIMS / शुद्ध और सफेद अस्पताल में जीवन करा
अस्पताल का यजुर्ण उत्तर्य/ORGAN DONATION - A GIFT OF LIFE
O.R.B.O. AIIMS, 26583300, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)





DEPARTMENT OF RADIO-DIAGNOSIS & INTERVENTIONAL RADIOLOGY
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
ANSARI NAGAR, NEW DELHI - 110029

PATIENT NAME: Saurabh
UKID
ESR No. 105719169

AGE/Sex: 11/M Date: 23/03/22
Ward/OPD

Clinical Details:

ULTRASOUND ABDOMEN

Liver: measures 15.8 cm and is enlarged & shows echogenicity suggested of fatty liver and shows slightly altered echotexture

Gall Bladder: Normal

CD/IHBR: Not dilated

PV: Normal in calibre

Pancreas: Normal

Spleen: Normal

Bilateral Kidneys: Normal in size, outline & echogenicity, CMB is absent, Normal calyx or hydronephrosis

Urinary Bladder: partially distended

Free Fluid: absent

LN: No significant lymph nodes, visualized bowel loops are normal in calibre & wall thickness

Impression: Hepatomegaly & fatty liver & slightly altered Liver Echotexture

Shivani Sr.
(Signature of Radiologist)

6/8/22

✓ CPO B-AU / HCFIM.

✓

• Due per 4th MO-Mtx.

• CBC = 12.5 $\frac{3330}{1571} \rightarrow 3.32 / \text{dlchs}$

(5/8/22)

5/8/22 $r_{\text{bil}} \rightarrow 0.9$; $M7 \rightarrow 28$; $CHL \rightarrow 28$; $TP + 6.3$; $A1B \rightarrow 11.6$
 $UR \rightarrow 25$; $CY \rightarrow 0.2$; $CO \rightarrow 9.2$; $POV \rightarrow 5.7$; $NAG \rightarrow 13.9$; $IC \rightarrow 4.1$

plan

• stop seprin (for methotrexate)

order

- 3g. methotrexate (2.4gm)
- Intrahepatic methotrexate (12mg) (3g. Alimta) - (1).
- 5g. leucovorin 15mg - 3.800
- Continue GMP.

start time

↓

consulting list

10 cm

all wt report - 50.

