

CAUSELESS HAPPINESS ORGANISATION-REGISTRATION FORM

SPONERSHIP FORM FOR FINANCIAL ASSISTANCE FOR MEDICAL TREATMENT

PATIENT REG NO : CHO/585/

DATE : 10-08-2024

BENEFICIARY DEMOGRAPHY

PATIENT'S NAME :Aditya Kumar

AGE: 04 yrs

RELIGION : HINDU

GENDER :MALE FEMALE TRANSGENDER



PATIENT'S FAMILY DETAIL (IN MIN 30 WORDS)

Aditya is suffering with Blood cancer (ALCL-HR) and his treatment is going on AIIMS Hospital. Aditya's father is currently working as labour and hardly earns bread for his family. They are in very miserable situation currently, kindly help child for his chemotherapy and surgery treatment.

GUARDIAN 'S DETAIL :

FATHER'S NAME: Mr. Raju Yadav

MOTHER'S NAME : Mrs. Mamta

OCCUPATION: Labour

OCCUPATION : Home maker

SIBLING : BROTHER

SISTER

TRANSGENDER

FAMILY INCOME: NA

TREATMENT DETAILS:

PATIENT SUFFERING FROM : ALCL-HR (Anaplastic large cell lymphoma)"

TREATMENT PRESCRIBED : CHEMOTHERAPY AND SURGERY

APPROXIMATE EXPENSE FOR WHICH FINANCIAL ASSISTANCE REQUIRED: 1,50,000/-

TREATMENT IS DONE AT : Aiiims Hospital, New Delhi

DECLARATION:

I HEREBY DECLARE THAT THE INFORMATION GIVEN ABOVE IS TRUE AND TO THE BEST OF MY KNOWLEDGE.I AM NOT IN THE FINANCIAL POSTION TO ARRANGE FUNDS REQUIRED FOR THE TREATMENT OF MY CHILD.I AM FULLY AWARE OF THE FACT THE ORGANISATION WILL BE RAISING FUND FOR THE TREATMENT OF MY CHILD AND I HAVE NO OBJECTION WITH IT.

(SIGN OF THE FATHER/GUARDIAN)

संवा में

स्वीडिश दूध मद्य
काउन्सेल इन्फोर्मास्योन्स ऑर्गनाइजेशन

मद्योपय

साविनाथ मि वैधन इस प्रकार है कि मेरा नाम
ममला कुमारी है। मैं घर का काम करती हूँ
मेरी मासिक आय नहीं है। मेरे बेटे का नाम आधिकारिक
कुमार है। और उम्र 4 साल है। जिसको ब्रिड कैरर है,
मेरे बेटे का इलाज हमस हॉस्पिटल में चल रहा है।
हॉस्पिटल में बच्चे के इलाज के लिए 1.50000 रु कि
जरूरत पड़ती है। जिसके लिए मैं असमर्थ हूँ।
मेरे बेटे की लकड़वाह बहुत खराब है।

इस लिए मेरा विवेधन है कि मेरे बेटे के इलाज के
लिए आर्थिक सहायता प्रदान करने की कृपया किजिएगा
मे इस संस्था की सहायता आशीर्षक रहेगी

धन्यवाच

ममला कुमारी

पता: महवनी पराला

बिहार



ALL INDIA INSTITUTE OF MEDICAL SCIENCES

DEPARTMENT OF PEDIATRICS

MCB Pediatric Daycare

DISCHARGE SUMMARY

Name	Aditya	Gender	male
Age	4yr	Unit	III
UHID	107086215	DOA	28/06/24
Diagnosis	ALCL-HR	DOD	28/06/24
Consultant	DR S K KABRA/DR.RACHNA SETH/DR.ADITYA GUPTA/DR. J.P. MEENA/DR. K R JAT		

Child admitted for triple intrathecal therapy. Procedure was uneventful.

Child is hemodynamically stable and is being discharged.

Advice:

1. REVIEW IN OPD AS ADVISED
2. Danger Signs explained
3. Review SOS in emergency


Senior resident

Dr. Satyendra / Nikita / Himanshu

¹⁸F-FDG WHOLE BODY PET-CT STUDY

Patient Name: ADITYA KUMAR		Age/Sex: 4 Y/M
Study ID: FDGN/34095/24	UHID: 107086215	Date: 06.03.2024

Indication: Anaplastic large cell lymphoma, post 2 # chemotherapy. FDG PET/CT for response.

Procedure: PET-CT acquisition was done 60 minutes after injection of 10 mCi ¹⁸F-FDG by intravenous route, from the level of orbits to mid-thigh. CT was done for attenuation correction and anatomical localization.

PET-CT Findings:

Head and Neck: Mild diffuse uptake noted in the submandibular glands. Increased FDG uptake noted in the supraclavicular and infraclavicular fossa – brown fat uptake.

Thorax: Subtle fibrotic changes in the bilateral lung upper lobes. Physiological FDG uptake is seen in the myocardium. No abnormal FDG uptake noted in the lungs, mediastinum and thoracic wall. Lungs, large airways, pleura, heart, great vessels and other mediastinal structures appear normal on CT. No FDG avid mediastinal and axillary lymph nodes.

Abdomen-Pelvis: Mildly increased uptake noted in spleen (more than liver) with no focal lesion on CT. Liver, biliary ducts, gall bladder, spleen, kidneys, stomach, adrenals, pancreas, retroperitoneum, bowel and urinary bladder appear normal on CT. No ascites is noted. No FDG avid abdominopelvic lymph nodes noted.

Musculo-Skeletal System: Previously visualized lytic lesion with soft tissue component noted in the D4 (with intraspinal extension), L5 vertebrae, sacrum and left pelvic bones show decrease in size and FDG uptake with resolution of the soft tissue component. Diffusely increased marrow uptake noted – reactive.

IMPRESSION:

- No definite scan evidence of metabolically active lesion in the present study.
- Hypermetabolism in the spleen and marrow – reactive changes - ?post chemotherapy.
- In comparison to the previous scan, (FDG/27237/23, dt. 14.12.2023), there is decrease in size and metabolic activity with resolution of the soft tissue component in the skeletal lesions, suggestive of complete metabolic response.



Dr. Vishnu A.R
Senior Resident



Dr. Nishikant A Damle
Consultant



अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली
All India Institute Of Medical Sciences, New Delhi

UHID: 107086215 Sex: Male
Patient Name: Mr ADITYA KUMAR Sample Received Date: 18-Jun-2024 18:03 PM
Age: 5Y 5m Department: Paediatrics
Lab Name: Dept of Laboratory Medicine Lab Sub Centre: Smart Lab New OPD Block
Reg Date: 18-Jun-2024 18:03 PM Sample Collection Date: 18-Jun-2024 15:31 PM
Recommended By: Dr. S. K. KABRA Lab Reference No: 2414158646
Sample Details: LH1806241691

Sample Type: Whole Blood

Report

HEMATOLOGY

Test Name (Methodology)	Result	UOM	Reference
Hb (SLS-photometry)	7.80	g/dL	11.0 - 14.0
Hematocrit (Direct Measure)	26.00	%	34 - 40
RBC count (Impedance)	3.31	$10^6/\mu\text{L}$	4.0 - 5.2
WBC count (Fluo. flow cytometry)	2.81	$10^3/\mu\text{l}$	5.0 - 15.0
Platelet count (Impedance)	312.00	$10^3/\mu\text{L}$	200 - 490
MCV (Calculated)	78.50	fL	75 - 87
MCH (Calculated)	23.60	pg	24 - 30
MCHC (Calculated)	30.00	g/dL	
RDW-CV (Calculated)	16.90	%	11.6 - 14
Neutro (Fluo. flow cytometry)	36.20	%	30-60%
Lympho (Fluo. flow cytometry)	37.40	%	29-65%
Eosino (Fluo. flow cytometry)	0.40	%	1-4%
Mono (Fluo. flow cytometry)	25.30	%	2-10%
Baso (Fluo. flow cytometry)	0.70	%	0-1%
NRBC	1	%	
Neutro - Abs (Calculated)	1.02	$10^3/\mu\text{l}$	1.5-8.0
Lympho- Abs (Calculated)	1.05	$10^3/\mu\text{l}$	6.0-9.0
Eosino - Abs (Calculated)	0.01	$10^3/\mu\text{l}$	0.1 - 1.0
Mono - Abs (Calculated)	0.71	$10^3/\mu\text{l}$	0.2 - 1.0
Baso - Abs (Calculated)	0.02	$10^3/\mu\text{l}$	0.02 - 0.1

Remarks: Leucopenia present. Kindly correlate clinically.

-----End of Report-----

Dr. Sudip Kumar Datta
(Biochemistry & Immunoassay)

Dr. Tushar Sehgal
(Hematology & Coagulation)

Dr. Suneeta Meena
(Serology)

Dr Tushar Sehgal DM
(Hematopathology)
18-Jun-2024 18:49

H2 336



अ० भा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL बहिरंग रोगी विभाग / Out Patient Department



अस्पताल के अन्दर धूम्रपान मना है। / SMOKING IS PROHIBITED IN HOSPITAL PREMISES

बाल चिकित्सा विभाग
UHID: 107086215
ABHA:
aditya_555@abdm
Dept No: 20230030030001

कमरा / Room C-209
Queue / संख्या **F27**
Unit-III, Paediatric,

OPR-6

दोस्रोदि० पंजीकृत सं०/O.P.D. Regn. No. _____

ADITYA KUMAR

S/O RAJU YADAV
5Y 5M 18D / M(पुरुष)
H NO B 512 GALI NO 6, PREM NAGAR III,
DELHI, Pin 0 INDIA
Ph: 7698370348
Follow Up Patient

SAT बुध, रानि,



आयु Age	पता / Address

निदान / Diagnosis

ALL

दिनांक / Date	उपचार / Treatment
13/6/24	Ref for upst CL
19/6/24	<p>1) To crossed CL, CL kindly proceed</p> <p>Dr ETOPOSIDE 100mg (3) vial → Dr CYTARABINE 1000mg (4) vial Dr CYTARABINE 100mg (1) vial Dr G-CSF 300 meg (2) vial</p>

19/6/24

डॉ. जगदीश प्रसाद मीना
Dr. Jagdish Prasad Meena
अपर आचार्य / Additional Professor
Department of Pediatrics
All India Institute of Medical Sciences, New Delhi

Nehal
Dr. NIKITA SINGH
DM Resident
Pediatric Oncology
Department of Pediatrics
AIIMS, New Delhi





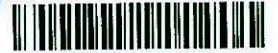
अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029

(REVISIT)

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI -110029

आपातकालीन विभाग

172



UHID No:107086215

(DEPT. OF EMERGENCY MEDICINE)

आपातकालीन नं.(Emergency No): 2024/030/0057689

दिनांक DATE: 11/06/2024

समय TIME: 04:42:02 PM

NON-MLC

नाम NAME: MR ADITYA KUMAR

आयु AGE: 5 years 5 months 10 days

लिंग /SEX: M

S/O : RAJU YADAV

पता ADDRESS:

मकान संख्या H.NO:

II NO B 512, GALI NO 6, PREM NAGAR III

गली / मुहल्ला STREET/MOH.

शहर/प्रखंड CITY/BLOCK:

पिन PIN:

0

राज्य STATE:

DELHI

दूरभाष नं. PHONE NO:

7698370348

मोबाइल नं. MOBILE NO:

7698370348

स्थान Location:

Paediatrics Emergency

द्वारा BROUGHT BY: Relative

Criticality: Red / Yellow / Green

Triage: Responsive/
Unresponsive

HR

/min

BP

mmHg RR

/min

spO2

%

Shifted to Paeds/ Main/ New Emergency

1/0 (NSALCL) / post work BR / febrile neutropenia
(28/5/24 to 11/6/24)

Presenting Complaints

(Dx of F.N.)

fever spikes ~ 101°F

Primary Assessment (ABCDE) : Assessment Pentagon

→ no h/o cough / loose stools / vomiting

Airway	Circulation	Disability
Open & stable: Yes/No If No.....	HR: 130..... min	GCS: 15/15
Breathing: RR: 22...../min Efforts: Normal/Poor/increased	CFT: 13.....secs.	Pupil size: N...../min
Auscultation: Air entry: Normal/poor/Differential	BP: 98/60.....mmHg	Pupillary Reactions: N.....
Added sounds: None/Stridor/Wheeze/Crackles	Peripheral pulse: Poor/Good	Motor activity: Normal & Symmetrical/Asymmetrical/ Posturing/Flaccidity/Seizure
SpO2 on Room air: 98%	Central pulse: Poor/Good	Blood Sugar.....mg/dl
Wt: 12 Kg	Skin temp: Warm/cool	Exposure: Temp.....
	Others	Colour: Normal/pallor/cyanosis /mottled
		Any other skin lesions: Induration over Rt forearm cannula site

Diagnosis

VBL

pH - 7.5

Adv

plan

G/R CBC

pCO₂ - 29.1

No/R - 128/2.12

1. orally allowed

Sp + VBL after KCR contn

S: 00

3. Inj. TEICoplanin 120mg i.v. tds

2. Inj. MEROPENEM 480mg i.v. tds



Kumar

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ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI -110029

(REVISIT)

आपातकालीन विभाग



(DEPT. OF EMERGENCY MEDICINE)

UHID No:107086215

आपातकालीन नं. (Emergency No): 2024/030/0053515

दिनांक DATE: 02/06/2024

समय TIME: 05:11:17 PM

NON-MLC

नाम NAME: MR ADITYA KUMAR

आयु AGE: 5 years 5 months 1 days

लिंग/SEX: M

S/O: RAJU YADAV

पता ADDRESS:

मकान संख्या H.NO:

H NO B 512, GALI NO 6, PREM NAGAR III

गली / मुहल्ला STREET/MOHL:

शहर, प्रखंड CITY/BLOCK:

पिन PIN:

0

राज्य STATE:

DELHI

दूरभाष सं. PHONE NO:

7698370348

मोबाइल MOBILE NO:

7698370348

स्थान Location:

Paediatrics Emergency

आण BROUGHT BY: Relative

Criticality: Red / Yellow / Green

Triage: Responsive/
Unresponsive

HR

/min

BP

mmHg RR

/min

spO2

%

Shifted to Paeds/ Main/ New Emergency

Presenting Complaints

*Kidn ALCL (discharged on 1/6/24)
Received HDMTX + developed loose stools
attributed to HDMTX toxicity during hospital stay.
came in in frequency of loose stools x today*

Primary Assessment (ABCDE): Assessment Pentagon

*- No u/o fever
- oral acceptance good / no decrease v.o.*

Airway	Circulation	Disability
Open & stable: <u>Yes</u> /No If No.....	HR: <u>124</u> min	GCS: <u>E4V5M6</u>
Breathing: RR: <u>28</u> /min	CFT: <u>23</u> secs.	Pupil size:/min
Efforts: <u>Normal</u> /Poor/increased	BP: <u>105/70</u> mmHg	Pupillary Reactions: <i>B/L R/RNA</i>
Auscultation: Air entry: <u>Normal</u> /poor/Differential	Peripheral pulse: Poor/ <u>Good</u>	Motor activity: <u>Normal</u> & Symmetrical/Asymmetrical/ Posturing/Flaccidity/Seizure
Added sounds: None/Stridor/Wheeze/Crackles	Central pulse: Poor/ <u>Good</u>	Blood Sugar:mg/dl
SpO2 on Room air: <u>98%</u> JRA	Skin temp: <u>Warm</u> /cool	Exposure: Temp: Colour: <u>Normal</u> /pallor/cyanosis /mottled
<i>- No s/o dehydration</i>	Others	Any other skin lesions:

Diagnosis

CD/W SR on call (Paeds Onco)

Adv:

*CBC
LFT/URU*

*- WHO ORS 150 ml after each loose stool.
- Flc in paed clinic tomorrow 2pm.*

Megha Singh

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ALL INDIA INSTITUTE OF MEDICAL SCIENCES
अंसारी नगर, नई दिल्ली-११००२६
ANSARI NAGAR, NEW DELHI-110029

TRANSFUSION CHART

नाम : _____ आयु _____ लिंग _____ यू.एच.आई.डी.सं. _____
 NAME : ADITYA KUMAR AGE : 5yr SEX : M. UHID No. : 107086215
 WARD : PCOPD BED NO. : _____ DIAGNOSIS : _____
 PATIENT'S BLOOD GROUP : O(+) UNIT CHIEF : _____

Date	Starting time	Bag No.	C O M P O N E N T S						Bag Group	Rh	Checked by	Started by	Given by	Stop time	REACTION
			WB	RBC	PLT	FFP	PLSM	CRYO							
<u>23/7/24</u>	<u>10:30pm</u>	<u>2024 B29714</u>			<input checked="" type="checkbox"/>				<u>O (+)</u>	<u>Dr Shreyas</u>	<u>Shahid.</u>				
		<u>2024 B29699</u>			<input checked="" type="checkbox"/>				<u>O (+)</u>	<u>"</u>					

W.B. = WHOLE BLOOD PLAM = PLASMA
 R.B.C. = RED BLOOD CELL CRYO = CRYOPRECIPRATE
 P.L.T. = PLATELET QTY. = QUANTITY
 FFP = FRESH FROZEN PLASMA

DATE

	DETAILS OF BLOOD REACTION, IF ANY	
	ACTION TAKEN	
	CAUSE OF BLOOD REACTION	
	OUTCOME	



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 ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI - 110029
 आपातकालीन विभाग

(REVISIT)

(DEPT. OF EMERGENCY MEDICINE)

123



UHID No: 107086215

आपातकालीन नं. (Emergency No): 2024/030/0079119

दिनांक DATE: 29/07/2024

समय TIME: 01:19:57 PM

NON-MLC

नाम NAME: MR ADITYA KUMAR

आयु AGE: 5 years 6 months 28 days

लिंग/SEX M

S/O: RAJU YADAV

पता ADDRESS:

मकान संख्या H.NO:

H NO B 512, GALI NO 6, PREM NAGAR III

गली / मुहल्ला STREET MOH:

शहर प्रखंड CITY/BLOCK:

पिन PIN:

0

राज्य STATE:

DELHI

दूरभाष सं. PHONE NO:

7698370348

मोबाइल MOBILE NO:

7698370348

स्थान Location:

Paediatrics Emergency

द्वारा BROUGHT BY: Relative

Criticality: Red / Yellow Green

Triage: Responsive/
Unresponsive

HR 160 /min

BP 113/63 mmHg

RR 42 /min

spO2 98% LRA

Shifted to Paeds/ Main/ New Emergency

- flu/clo CNS ALLC/complete cc prob cl. 1 Ped
20/7 onco glu

Presenting Complaints

- cl fever x 1 day, High grade
- cl cough x cough x 2 @
- No h/o loose-stools, vomiting, poor-appeal.

Primary Assessment (ABCDE): Assessment Pentagon

<p>Airway</p> <p>Open & stable: Yes No If No.....</p> <p>Breathing: RR 42 /min Efforts Normal/Poor/increased</p> <p>Auscultation: Air entry: Normal/poor/Differential</p> <p>Added sounds: <u>conducted</u> None Stridor/Wheeze/Crackles</p> <p>SpO2 on Room air: 98% LRA</p>	<p>Circulation</p> <p>HR 160 /min</p> <p>CFT 336 secs</p> <p>BP 113/63 mmHg</p> <p>Peripheral pulse: Poor Good</p> <p>Central pulse: Poor Good</p> <p>Skin temp: Warm/cool</p> <p>Others</p>	<p>Disability</p> <p>GCS 15/15</p> <p>Pupil size 3mm/min</p> <p>Pupillary Reactions R/L</p> <p>Motor activity: Normal & Symmetrical Asymmetrical/ Posturing/Flaccidity/Seizure</p> <p>Blood Sugar.....mg/dl</p> <p>Exposure: Temp 102.8°F Colour Normal/pallor/cyanosis /mottled Any other skin lesions.....</p>
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Diagnosis

Adv
- CBC
- YBC
- RFT/LFT
- Blood clts

PCM 190mg 1-2 stat
- R/p & reports

Swadh

20/7/24

C/S / BSK P.O.

40 CNS ALCL / post cc protocol

→ reviewed cc course

from 16/7 to 20/7

40 fever x 1 day
101°F, downgraded

a/w cough/cold x 1 day

→ no h/o vomiting / loose stools / rashes / red discharge / burning miculations

0/E

HR - 110/min

RR - 24/min

CP + IPP₂

CRT < 3sec

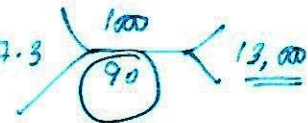
PIA: Soft, BS ⊕,
non-tender

chest: bil breath sounds ⊕,
clear

rest of EC WNL

IMV^u

CXR: NAD

CBC: 7.3 

wt → 13 kg

Adv

1. Home state 20 ROP

d. orally allowed

3. 7mg Pip+az 1.39m iv 2 shrly

4. 7mg Amikacin 2mg iv 2 shrly

5. 4mg G-CSF 65mg qe 2shrly

6. to 2/5 on iv antibiotics, after
ROP transfusion

N/V on 31/07/24
CAAM

As

10pm
Ashley

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ALL INDIA INSTITUTE OF MEDICAL SCIENCES
 अंसारी नगर, नई दिल्ली-११००२९
ANSARI NAGAR, NEW DELHI-110029

TRANSFUSION CHART

नाम : आयु लिंग यू.एच.आई.डी.सं.
 NAME : Aditya Kumar AGE : 54m SEX : m UHID No. : 1070 86215
 WARD : P0070 BED NO. : _____ DIAGNOSIS : _____
 PATIENT'S BLOOD GROUP : _____ UNIT CHIEF : _____

			C O M P O N E N T S												
Date	Starting time	Bag No.	WB	RBC	PLT	FFP	PLSM	CRYO	Bag Group	Rh	Checked by	Started by	Given by	Stop time	REACTION
<u>7/12/21</u>	<u>12:30 PM</u>	<u>B-26721</u>			✓				'O'	<u>Positive</u>					<u>Developed/ Rashed all over body</u>
	<u>3:30 PM</u>	<u>B-26666</u>			✓				'O'	<u>negative</u>					
		<u>B-28677</u>			✓				'O'	<u>trace</u>					<u>Allergy 2 dose Co</u> <u>1:20 pm</u> <u>- Avil, Hydrocortisone</u>
	<u>4:45 pm</u>	<u>(50+50+50)</u>			✓										

Invasive 10mg
7:45 pm

W.B. = WHOLE BLOOD PLAM = PLASMA
 R.B.C. = RED BLOOD CELL CRYO = CRYOPRECIPRATE
 P.L.T. = PLATELET QTY. = QUANTITY
 FFP = FRESH FROZEN PLASMA

DATE

	DETAILS OF BLOOD REACTION, IF ANY	
	ACTION TAKEN	<u>1/2 Avil & Hydrocortisone given</u>
	CAUSE OF BLOOD REACTION	
	OUTCOME	



आपातकालीन नं.(Emergency No): 2024/030/0068548

दिनांक DATE: 06/07/2024

समय TIME: 08:48:36 PM

NON-MLC

नाम NAME: MR ADITYA KUMAR

आयु AGE: 5 years 6 months 5 days

लिंग/SEX: M

S/O : RAJU YADAV

पता ADDRESS:

मकान संख्या H.NO: H NO B 512, GALI NO 6, PREM NAGAR III

गली / मुहल्ला STREET/MOHE:

शहर/प्रखंड CITY/BLOCK:

पिन PIN: 0

राज्य STATE: DELHI

दूरभाष सं. PHONE NO: 7698370348

मोबाइल MOBILE NO: 7698370348

स्थान Location: Paediatrics Emergency

द्वारा BROUGHT BY: Relative :

Criticality: Red (Yellow) Green

Triage: Responsive/ Unresponsive HR /min BP mmHg RR /min spO2 %

Shifted to Paeds/ Main/ New Emergency

FUC ACCL (Sped oncd)

- No vomit
- No cough/cold

ClO - Fever x 2 days
- loose stool x 2 days
(2-3 episodes)

- No oral ulcers

Presenting Complaints
h/o fall on 4/7/24
= Lt parietal sup. Bleed
CNCT (C)

24/6 to 28/6
VCR / dexa / an
cl-10 / itm

Primary Assessment (ABCDE) : Assessment Pentagon

<p>Airway</p> <p>Open & stable : Yes/No If No.....</p> <p>Breathing: RR 24/min Efforts: Normal/Poor/increased Auscultation: Air entry: Normal/poor/Differential Added sounds: None/Stridor/Wheeze/Crackles SpO2 on Room air.....</p> <p>WT - 12kg</p>	<p>Circulation</p> <p>HR 140 min CFT 2 secs. BP 90/54 mmHg</p> <p>Peripheral pulse: Poor (Good) Central pulse: Poor (Good) Skin temp: Warm (cool) Others no HSM</p>	<p>Disability</p> <p>GCS 15/15 Pupil size 3mm/min Pupillary Reactions R TC</p> <p>Motor activity: Normal & Symmetrical/Asymmetrical/ Posturing/Flacidity/Seizure</p> <p>Blood Sugar.....mg/dl Exposure: Temp 38.5 Colour: Normal/pallor/cyanosis/mottled Any other skin lesions.....</p>
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Lt parietal tender swelling

Diagnosis

Imp: ACCL / suspect FN / focus
? NEC
? Lt parietal abscess

IVcama
Bloods
CBC VBG
RFT LFT
USG

Rx - inj Pen 120mg IV SoR
10/12/24 - inj pipta 2 1.2g IV SoR
- inj Teicoplanin 120mg IV at 0, 12, 24 hrs
qds IV OP

Dr. Shreyash Gandhi
Senior Resident
Department of Paediatrics
All India Institute of Medical Sciences - 110029

विकिरण नैदानिक विभाग

अ० भा० आ० सं०, नई दिल्ली-११००२६

DEPARTMENT OF RADIODIAGNOSIS

A.I.I.M.S., NEW DELHI - 110029

PLAIN X-RAY/CONTRAST STUDIES REQUISITION FORM

Name : Aditya Age/Sex : 5y8m Ref. Deptt./Unit : Ped II Date : 6/7/24

Indoor (Bed No.) / Outdoor / Casualty UHID No. : LMP :

Examination Required : feds UHID No. : 10708625

Clinical History and Examination :

no ~~ALL~~ loose stool

USG abdomen for NEC

USG scalp for abscess

Clinical / Working Diagnosis :

Blood Urea / S. Creatinine :

Any h / o allergy or asthma :

(for IVU patients only) :

Signature of Referring Physician / Date :

Dr. Ananya Varshni
Senior Resident
Department of Paediatrics
A.I.M.S., New Delhi-110029

Consent :

I hereby give consent for the performance of any diagnostic or therapeutic radiological procedure with or without the use of contrast injection and / or sedation. The associated complications and risks have been explained to me.

Signature of Patient / Date :

Your appointment is on : _____ Room No. : _____

Time Slot : 8:30 9:00 9:30 10:00 10:30 11:00 11:30 12:00 12:30

X- Ray No. : _____ Size / No. of Films _____

Date : _____ Kvp/mAS: _____

Sign. of Radiographer :

P.T.O.

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ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI-110029

नाम
Name *Abhijya*

उम्र
Age *5y*

सर्विस
Service

दिनांक
Date *6/07/24*

यू.एच.आई.डी. नं.
UHID No.
107080215

प्रोफेसर इंचार्ज
Professor I/C

Notes written by

CLINICAL NOTES

ALL \bar{c} CNSDs - *intrafund* *retrovision*
e Dy
cycle \bar{c} (*BB you*)
24/06/24 - 28/06/24

complain of
fever \times *3 day* \times *2 day*
pain in abdomen \times *1 day*
loss stool
cough & cough \times *1 day*

Wb examine

PR - *24/r*

HR - *120/min*

BP = *96/56*

Resp: *Bilateral* *air entry* *equal*
 \bar{c} *NO* *crackles* *wall* *hear*

PIA + *soft* = *No* *tenderness* \oplus
100

PHYSICAL EXAMINATION

Temp.	Pulse	Resp.	B.P.	Weight
	MCCL	Impending PNT	left forearm	labour
			close slow	

Ad):- (1) CBC | BLYS | RFT | LFT

(2) USG ABDOMEN de Ho NCC

(3) chest XRay

(4) vit by Refso

by ~~Amok~~ Turoplomer

(5) to be reviewed post labo

(6) Syb PCM (5ml/250ml) 3.5ml PDSOS

(7) Syb CCMZINE (5ml/5m.) ~~2.5ml PDSOS~~ 5ml PONS

(8) Syb Tin (5ml/20m) 5ml PDSOS x 14 days

(9) ORS @ ad lib.

9:30 AM
 C/S/B SR peds. Vohk⁺ = 2.5
 Inj KU 6ml + 60ml NS over 4 hours

IVF PMS @ 1:700 KU @ 35ml/hr

Dr. Umesh

Dr. Umesh

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ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI-110029

नाम Name	उम्र Age	लिंग Sex	वैवाहिक स्थिति Marital Status	यू.एच.आई.डी. नं. UHID No.
<i>Aditya</i>	<i>5y</i>	<i>M</i>		<i>107086215</i>
सेवा Service	वार्ड Ward	बेड Bed	व्यवसाय Occupation	धर्म Religion

ALL INJECTIONS TO BE INITIALED BY PERSON ADMINISTERING

Date & Time	Medication & Treatment	Diet	Observation by the Nurse
	<u>07/07/24</u>		<i>35° - 101°F 4 Temp</i>
<i>6am</i> <i>3:30am</i>	Inj Piptaz 1.2 gm IV - TDS		<i>6AM</i> child is conscious
<i>2nd</i> <i>10am</i>	Inj Pim 120mg IV - SOS		oriented. on room air. self voiding.
<i>3rd</i> <i>10pm</i>	Inj Targo 120mg IV - 0, 12, 24	<i>BL</i>	
<i>eye</i> <i>W.A.</i> <i>(OD)</i>	Inj. Gcsf bomeg sc 100 <i>for 5 days</i>	<i>od</i>	



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ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI
Department Of Lab Medicine (Emergency and Ward)

UHD: 107086215 Sex: Male
Patient Name: Mr ADITYA KUMAR Sample Received Date: 07/07/2024 11:35 PM
Age: 5 years 6 months 6 days Department: Paediatrics
Room Name: Unit-I Unit Incharge: Dr. Rakesh Yadav
Lab Name: Lab Medicine Lab Sub Centre:
Reg Date: 18/10/2023 10:00 AM Sample Collection Date: 07/07/2024 10:12 PM
Report Generated Date: 08/07/2024 02:03 am Dept / IRCH No: 20240300068548
Recommended By: Dr. Dilip SR Paeds Lab Reference No: 727

Sample Details : WC-0707240755 (Serum)

Report

Test Name(Methodology)	Result	UOM	Comment	Biological Reference
Calcium (Arsenazo III method)	8.6	mg/dL		• 8.4 - 10.2 mg/dL
Chloride (Potentiometric)	103	mmo/L		98.00-107.00
Creatinine (Creatine amidino hydrolase, Enzymatic method)	0.29	mg/dL		• 0.66 - 1.25 mg/dL
Phosphorus (p-methylaminophenol sulfate)	1.6	mg/dL		• 2.5 - 4.5 mg/dL
Potassium (Potentiometric)	2.4	mmo/L		• 3.5 - 5.1 mmol/L
Sodium (Potentiometric)	133	mmo/L		• 137 - 145 mmol/L
Urea (Urease method)	5.5	mg/dL		• 15 - 46 mg/dL
Uric Acid (Urease Method)	3.8	mg/dL		2.50-6.20
A/G ratio (Calculated)	1.41			0.80-2.20
Albumin (BCG Method)	3.8	gm/dl		3.20-4.80
ALP	176	U/L		• 38 - 126 U/L
ALT(UV with pyridoxal 5 phosphate method)	44	U/L		10.00-49.00
AST(UV with pyridoxal 5 phosphate method)	23	U/L		• 17 - 59 U/L
Direct Bilirubin (Calculated)	0.23	mg/dL		0.00-0.30
Globulin (Calculated)	2.7	gm/dl		• 3 - 3.7 gm/dl
Indirect Bilirubin (Caffeine sodium benzoate method)	0.42	mg/dL		0.00-0.90
Total Bilirubin (Modified diazo method)	0.65	mg/dL		• 0 - 1 mg/dl
Total protein (Biuret reaction)	6.5	gm/dl		5.70-8.20
Total protein (Biuret reaction)	6.5	gm/dl		5.70-8.20

Over All Comment :

Kindly correlate results clinically.

Authorized Signatory
Dr. Shyam Prakash

Verified/Reviewed
Dr. Upinder



PET SCAN FORM

अखिल भारतीय आयुर्विज्ञान संस्थान / ALL INDIA INSTITUTE OF MEDICAL SCIENCES

नाभिकीय चिकित्सा एवं पी.ई.टी. विभाग / Department of Nuclear Medicine & PET

अंसारी नगर, नई दिल्ली-110029 / Ansari Nagar, New Delhi-110029

Tel. : 91-11-26593210

आचार्य / Professor

Physician request form for Position Emission Tomography (PET) Scan

(Please Note : Scan will not be done if form is not properly filled)

Name : Aditya Age : 4y Yrs. Sex : M F

Referred by : Prof R. Seth Requisition Date : 10/07/24

UHID No. / Clinic / Dept. : 107086215

Brief Clinical History : Δ ALL CNS Ds (due to intracranial extension)

3micu WB 11:45am Treatment History

Baseline PET-CT ÷ PDG | 27237 | 23

Treatment completed

Scanning for FDG/PET-CT (15/7/24)

What you expect from PET / CT Scan : WHOLE BODY PET

Past History [X] DM [X] HT [X] TB [X] Renal Failur [X] Previous Malignancies

Investigations :

Bld. Sugar Fasting PP Random Date :

Ultrasound/ECHO/CT/MRI/Plain/Contrast :

To do on 9/8/24

Baseline ÷ 14/12/24. (PDG | 27237 | 23)

FDG 2024 ÷ (PDG | 29349 | 24)

Previous Nuclear Medicine / PET : No. & Date

Indication of PET/CT : Initial Dx / Staging / Treatment Resp. Monitoring / Restaging / Prognostication

Desired Study : [] Whole Body PET (Eyes of thighs) [] Brain only [] Cardiac only

1/8/24

FN review

D₃ FN

D₃ Afebrile

D₃ P+A+USF.

(3/7) ANC: 5150 (190).

Blood c/s - awaited.

mono = 26.4%.



O/E v. active

HD stable

Chest clear

Hb = 6.5

Plt = 35,000.

plan

① Stop oral USF

② T/c 20 antibiotics

③ T/c Blood c/s → sterile → stop IV antibiotics.

④ CBC/LAT/RAT → ~~sat~~ Monday (3/8/24).



2/8/24

Blood c/s - sterile.

Afebrile.

ANC = 5150.

Shawri
IN POL.

plan

① Stop IV Antibiotics

② Symp Augmentin (5ml/457mg) 3.5ml BD
o—o x 5 days

Shawri

5/8/24

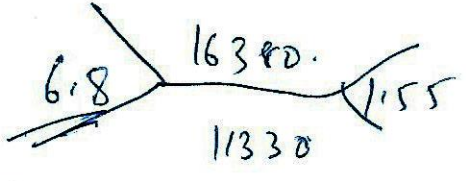
D-CNS-AZCL (Intrathecal extension at D₄ level)

(D₄-D₅ lesion = Epidural lesion + transforaminal extension.)

3/8
LFT/PR/AD

Referrals

Due for ECT PET = 10/8/2024



~~NOA~~ Comp 2x 10 days
No cough/fever

PR 24/4 PR 1067

As - B7
clear

As - B7
clear

Adv

- Neuroclear drops 2' BID x 3d

- ECT PET - UT on 10/8/24

No take off PRBC transfusion
MCS DC - 7/8

- 1/c leptom analgesic

- K/V 12/8/24 = CBC/LFT/PTT

Signature
Date