

CAUSELESS HAPPINESS ORGANISATION-REGISTRATION FORM

SPONERSHIP FORM FOR FINANCIAL ASSISTANCE FOR MEDICAL TREATMENT

PATIENT REG NO : CHO/585/

DATE : 26-02-2025

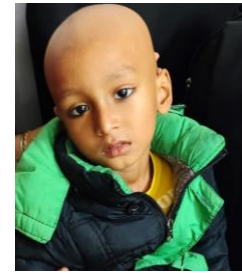
BENEFICIARY DEMOGRAPHY

PATIENT'S NAME : DIVYANSH

AGE: 03 YEARS

RELIGION : HINDU

GENDER : MALE



PATIENT'S FAMILY DETAIL (IN MIN 30 WORDS)

Baby Divyansh is suffering with **Wilms Tumor** (It's a cancerous tumor that develops in the kidneys of children)and his treatment is going on AIIMS Hospital. Divyansh's father currently unemployed due to his child's medical issue 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.Ranjeet

MOTHER'S NAME: Mrs. Gayatri

OCCUPATION: Unemployed

OCCUPATION: Home Maker

SIBLING : 1 Brother(2months old)

FAMILY INCOME: NA

TREATMENT DETAILS:

PATIENT SUFFERING FROM : Wilms Tumor (Kidney Cancer).

TREATMENT PRESCRIBED : CHEMOTHERAPY AND SURGERY.

APPROXIMATE EXPENSE FOR WHICH FINANCIAL ASSISTANCE REQUIRED:2,00,000/-

TREATMENT IS DONE AT :Aiims 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)



सेवा मे

महोदय

श्रीमान इष्टी महोदय
फाजलेस हेल्थी नेस अभिनाइजेशन

सविनय निवेदन इस प्रकार है।

जि मेरा नाम रंजीत है। और मेरा
पेटिया को वेन्चर टुमर कैंसर है।

जिसका नाम दिव्याश है।
और वर 3 वर्ष का है। जिसका

इलाज इरुमा हास्पिटल में चल
रहा है। इलाज के लिए

200000/- तक खर्च लगता है।

जिसके लिए हम अस्मर्थ हैं

मेरा बेटा का तबीयत खराब है।

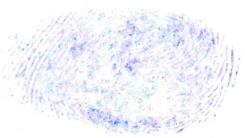
इसलिए मेरा निवेदन है। जि मेरा
बेटा के इलाज के लिए आर्थिक

सहायता प्रदान करें। इस सम्म
का सर्वे

अभ्यासी रंजीत

धन्यवाद

जिला रंजीत
गोरखपुर
उ० प्र०





अ. भा. आ. सं. 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

एकक
विभाग

UHD: 108020667



Dept No: 20250220000110

दिव्यंश दिव्यंश / DIVYANSH DIVYANSH

S/O RANJEET
VY 1M 13D / M (पुरुष)
BELGHAT, GORAKHPUR, UTTAR
PRADESH, Pin: 0, INDIA
General Rs. 0
Follow Up Patient

Queue / संख्या **F25**
Unit-I, Paediatric Surgery
OPD



Reporting: 09:18:34
08/02/2025

DR. SACHIT / OPR-6D

प्रीकृत सं. / O.P.D. Regn. No.

यु जे	पता / Address
----------	---------------

निदान / Diagnosis

R WT

उपचार / Treatment

दिनांक / Date

(14)

12.4 mg

Appointment
for
Dept./Clinic

13/2/25

- Receiving chemo in paed Oncu (last-29/1/25)
- Registered in ICRH → ICR awaited on 12/2/25.

- Came for date for dr.

- No fresh complaints

PIA-soft, vague lump @ on R side

Adm

- Review on 13/2/25 w/ Dr Sachit
and for date for dr

Dr.



प्रधानमंत्री जन आरोग्य योजना
(pmjay.gov.in)

CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प
अंगदान - जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE
O.R.B.O., AIIMS, 26588360, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)



meraaspatal.nhp.gov.in

u/r
13/2/25

2
12.4kg

Appointment on.....
for.....
Dept./Clinic.....

DIRC : (12/2/25)

↓
CECT (CTA+P)

CECT
(29/1/24)

→
no large lesion from
UP (R) K, LPS, etc.
IVC compressed -
lung = clear

- decrease in size of mass

- IVC = clear & separate

C/L Kidney
|
Normal

- Renal A & vein
free

involved
by mass

Plan: Surgery

Adv:

- To see on 15/2/25 for meeting

Dr Gali Divya for a possible

slot for surgery.



डॉ. सचिit आनन्द
Dr. Sachit Anand

सह आचार्य/Assistant Professor

शिशु शल्य चिकित्सा विभाग/Department of Paediatric Surgery
आ.आ.सं. नई दिल्ली-29/A.I.I.M.S. New Delhi-29

अ.आ.सं. नई दिल्ली-29
UJID: 108020687
Dept. No: 20250
RANJEET
11/205 M/ET
LGHAT 30
14/DESR 15
11/85 986
allow U

Handwritten notes in the top left corner.

UHD: 108020687
Dept No: 20260220000110
दिव्यंश दिव्यंश / DIVYANSH DIVYANSH

Queue / संख्या F14
Unit-I, Paediatric Surgery OPD

रो.वि. पंजीकृत सं. / O.P.D. Regn. No.

S/O RANJEET
3Y 1M 20D M (पुरुष)
BELGHAT, GORAKHPUR,, UTTAR
PRADESH, Pin: D. INDIA
General R.S. G
Follow Up Patient

1335
शनि
Reporting: 08:51 24
15/02/2025

आयु Age	पता / Address
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निदान / Diagnosis

उपचार / Treatment

(RWT)

दिनांक / Date

5

12.4.19

- Downy area -

- Right 4th rib area (7/11/15 - 24/11/15)
last on wall/rib
(VCR + Ant-D)

DIRC = Norm = SX -

Appointment on.....
for.....
Dept./Clinic.....

Blood donor = ✓

~~Ant-D~~ = PLA = soft, NT
so long feet

URI +

CDLW D&Gali Dirm

Dr. Link

1) Admit in MCHGB

9



प्रधानमंत्री जन आरोग्य योजना
(pmjay.gov.in)

CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प
अंगदान - जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE
O.R.B.O., AIIMS, 26588360, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)

डॉ. पट्टाभोगला जगदीश
Dr. Patta Abhigula Jagadish
बालिक उमेर के Senior Resident
बालिक विभाग / Dept. of Paediatrics Surgeon
आर.बी.ओ., एम्स, नई दिल्ली-20
www.aiims.gov.in / www.nhp.gov.in

Patient Name: MASTER DIVYANSH	Center Name: A.S. HEALTH SQUARE
Age / Sex: 3 Y / M	Referred By: AIIMS
Patient ID: 75918	Date: 28/12/2024

CECT ABDOMEN: MALE

Kidneys:

- A large well defined oval shaped heterogenous SOL measuring 9.3 x 9.1 cm in CC,AP and TR dimensions, noted arising from anterior surface of right kidney. The lesion has a well defined round shaped minimally enhancing soft tissue component in the central and anterior part of the lesion and course calcification in periphery of the lesion. Anterior, superior, inferior, posterior and medial margins of the lesion are well defined and has smooth margins and displacing adjacent structures. Posterior margins of the lesion could not be delineated separately and compressing underlying renal parenchyma.
- Anteriorly it is reaching upto the abdominal wall.
- Medially it is extending upto the midline and displaced the pancreas anteriorly.
- Laterally it is compressing the ascending colon.
- Inferiorly it is extending upto the right iliac fossa.
- Superiorly it is abutting the inferior surface of right lobe of liver.
- Right renal vein is displaced anteriorly and attenuated however no thrombus is seen.
- IVC is compressed and attenuated (over a length of 4.7 cm) in retro-hepatic & renal hilar region, however no thrombus is seen.
- IVC-RA junction appears normal.
- Left kidneys is normal in size, position, shape and cortical outline.
- No evidence of calculus or hydronephrosis.
- Both kidneys shows good uptake and excretion of contrast material into collecting system.
- Corticomedullary differentiation is maintained.
- Renal pelvis appears normal.
- Peri-nephric fat regions appear unremarkable bilaterally.

DEPARTMENT OF PEDIATRIC SURGERY
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
NEW DELHI-110029
DISCHARGE SUMMARY

NAME	DIVYANSH	AGE	3YR	SEX	Male
FATHER'S NAME	RANJEET	DOA	15/02/25	CR No.	H-727153-25
ADDRESS	BELGHAT,GORAKHPU R,U.P	DOO	19/02/25	UHID No.	108020667
		DOD	22/02/25	TELEPHONE	
DIAGNOSIS:	Right Wilms Tumour				
HISTORY & EXAMINATION:	<p>FTNVVD, CIAB, passed urine and meconium on day 1 of life. No h/o ICU stay or respiratory distress at birth. Child was apparently asymptomatic until 2 months back when mother noticed a right abdominal lump, insidious in onset, rapidly progressive in size. Initially it was the size of lemon, then progressed to the size of orange over the next 15-20 days. It was not associated with weight loss and loss of appetite. No h/o associated fever/ vomiting/ abdominal pain/ overlying skin changes. No h/o dysuria/ frequent micturition/ hematuria/ abnormal urinary stream. No h/o seizures/ abnormal eye or body movements/ skin rashes/ jaundice/ lethargy.</p> <p>Child was evaluated in private and was diagnosed with right renal mass for which he was referred to AIIMS. Child was given chemotherapy under Paediatric oncology and has received 4cycles of chemotherapy (VCR+ ACT-D) ,starting from 07/01/25 to 29/01/25 Parents report no change in size of mass after chemotherapy. There is no h/o hospital admission for anemia/ vomiting/ fever or loose stools during chemotherapy. No prior h/o blood transfusion/ invasive interventions. No biopsy of mass done. Family history is noncontributory. Child is immunized adequately for age and is neurodevelopmentally normal for age.</p> <p>O/E: GC fair, child alert and active No icterus/ cyanosis/ clubbing/ edema/ lymphadenopathy. Mild pallor present. Head to toe examination normal PR- 102/min, RR- 19/min, SpO2- 99% on room air, afebrile No signs of respiratory distress <u>CVS</u>- S1 S2 present, no murmurs <u>RS</u>- B/l air entry present, Normal vesicular breath sounds, no added sounds <u>P/A</u>- soft, non tender.4x4cm mass in Rt hypochondriac region.smooth surface,upper border not felt,ballotable <u>CNS</u>- no sensory motor disturbance</p>				
SURGERY	Right nephroureterectomy with lymph node sampling ON 19/02/25 under GA+Caudal (GD/VN/MD)				
OPERATIVE FINDINGS	<ul style="list-style-type: none"> ● 8x6 cm tumour involving almost entire right kidney ● No pre op or intra op spill or rupture noted ● No thrombus in ureter or renal vessels 				

	<ul style="list-style-type: none"> • No ascites • Contralateral kidney normal • Rt adrenal spared • No injury to pancreas or spleen • Liver surface, diaphragm, peritoneum free. • Excision of tumour with lymph node sampling done - suprahilar, hilar, paracaval, Mesenteric, iliac lymph nodes removed. 		
POST OP COURSE	Child extubated uneventfully in OT and shifted to ward on room air. Inj Augmentin and Gentamicin was given in the postoperative period. Child allowed orally on POD 1 and gradually increased by POD2 and stools passed on POD2. Wound healthy. Child being discharged in stable condition, passing urine and stools normally and with a healthy wound.		
ADVICE ON DISCHARGE:	<ol style="list-style-type: none"> 1. Laminare discharge summary 2. Full orals, plenty of fluids 3. Daily bathing, wash wound with soap water daily 4. Collect HPE report from OPD counter after 10-14 days 5. Syp Augmentin (225mg/5ml)- 3 ml TDS for 3 days 6. Syp PCM (250mg/5mL)- 3 ml SOS 7. Review SOS in paediatric emergency 8. Review in IRCH room no 6 at 2 am on 27/2/25 		
ADMISSION SR	Dr. Jagdish	MANAGING SR	Dr Vinanti
CONSULTANT	Dr. Gali Divya	FOLLOW UP VISIT	Review in IRCH room no 6 at 2 am on 27/2/25

DATE: 22/02/25

SIGNATURE:

Elrosnani

INVESTIGATIONS

DATE	07/02/25	18/02/25
Hb	9	10.2
TLC	8910	6820
Plt	535k	321k
Na/K	138/4.7	
BU/Se Cr	26/0.3	



DEPARTMENT OF RADIO-DIAGNOSIS
ALL INDIA INSTITUTE OF MEDICAL SCIENCES (AIIMS)
New Delhi

Patient Name: DIVYANSH
DIVYANSH

Sex: M

Age: 4Y

UHID: 108020667

Report State: Provisional

OPD / Ward:

EXAMINATION
DESCRIPTION:

PERFORMED
ON: 2025-02-06

CR
No:

Report:-

CECT Chest and Abdomen

Protocol : CT scan of the chest & abdomen was performed in spiral mode using 24 x 1.2 mm collimation after i.v. contrast administration. No adverse reaction noted.

Clinical details : K/c/o right wilm's tumor. Presented with right sided abdominal distension x 20 days.

Imaging Findings :

Chest -

Dependent atelectatic bands are seen in basal segments of bilateral lower lobes (left > right) with few surrounding centrilobular nodules.

Rest Bilateral lung parenchyma are normal.

Heart and mediastinal vascular structures are normal.

No significant mediastinal or axillary lymphadenopathy.

No pericardial effusion noted.

No pleural effusion noted.

Tracheobronchial tree is normal.

Bones are unremarkable.

Abdomen -

A large well-circumscribed heterogeneously hypoenhancing solid mass is seen in the right retroperitoneal region; extending from D12-L4 vertebral level (craniocaudally extending from inferior surface of liver till iliac crest level), almost completely replacing the entire right kidney with mild residual parenchyma seen at posterior cortex (at interpole region) and lower pole. The mass is showing claw sign with the right kidney and causing distortion of the right pelvi-calyceal system, with non-enhancing areas within s/o necrosis. No calcification or fat attenuation elements noted within.

Measurements ~ 7.9 x 5.8 x 8.0 cm (AP x TR x CC).

Superior - Abutting and causing superior displacement of the right lobe of the liver & gall bladder, however intervening fat planes are maintained.

Inferior - Causing inferior displacement of the ascending colon and small bowel loops with maintained intervening fat planes.

Lateral - reaching till right lateral abdominal wall with focal loss of intervening fat planes.

Medial - abutting head of pancreas with maintained intervening fat planes. No evidence of intravenous extension of the mass into right main renal vein / IVC / RA.

Anterior - displacing the transverse colon anteriorly with maintained intervening fat planes.

Posterior - posteromedially residual posterior renal cortex is displaced medially & posterolaterally reaching till lateral abdominal wall with maintained intervening fat planes.

No evidence of significant regional lymphadenopathy.

A subcentimetric homogeneously enhancing pericaaval node seen (measuring ~ 6.5 mm SAD).

Left kidney is normal in size, shape, outline and attenuation. No hydronephrosis or calculus. No focal lesion seen.

Bilateral adrenal glands are normal in size, shape and outline. No mass is seen.

Liver is normal in size and attenuation. No focal lesion seen. No IHBRD seen.

Hepatic veins and portal vein are normal.

Gall Bladder is normally distended. No calculus or wall thickening or pericholecystic fluid collection.

GBD is not dilated.

Spleen is normal in size, shape and outlines. No focal lesion. Splenic vein is normal.

Pancreas is normal in size and attenuation. MPD is not dilated. No focal lesion. SMA and SMV are normal.

Bowel loops are normal.

Urinary Bladder is normally distended. No evidence of calculus / mass seen.

No significant abdominal lymphadenopathy.

No ascites noted.

Bones are unremarkable.

Impression : In a k/c/o right wilm's tumor, present study reveals -

- ◆ A large well-circumscribed heterogeneously hypoenhancing solid right renal mass with cystic/ necrotic component and relations & extent as described (No invasion into the renal vein/ IVC noted).
- ◆ Dependent atelectatic bands in basal segments of bilateral lower lobes (left > right) with few surrounding centrilobular nodules - s/o active infective etiology.

Comparison : Previous imaging not available/ provided.

Report Status: Verified: Vishwash Kumar



डा. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल
Dr. B.R. Ambedkar Institute Rotary Cancer Hospital
 अ.भा.आ.सं. अस्पताल/A.I.I.M.S. HOSPITAL

OPR-6

IRCH No. 336009

Reg Date-09-01-2025

Clinic Paed Surgery Clinic

Clinic No. 2574 1633

Deptt. PAEDIATRIC SURGERY-IRCH
 General



नाम दिव्यंश दिव्यंश

एनआईड-108020667

Name DIVYANSH

Sex/Age M/3Y

S/O. RANJEET

Room 6 (Shift Afternoon)

Address BELGHAT, GORAKHPUR, UTTAR PRADESH, Pin 0, INDIA

Department
 HOSPITAL PREMISES

O.P.D. Regn. No.

जन्म तिथि/Date of Birth

DR. B.R.A. IRCH, AIIMS, NEW DELHI

Reg Date-09-01-2025

IRCH No. 336009

Clinic No. 2574 1633

William Stinson

निदान/Diagnosis

दिनांक/Date

उपचार/Treatment

06 FEB 2025

Dr. Sandeep Agawale

- 1 blood donation
- Repeat CECT after 4 courses of chemo (last week of January)
- Date for Sx from Dr Sachin on 11/1/25 only after 1 blood donation
- continue chemo for 8 cmo
- review on 6/2/25 in IRCH

Dr. St.

अंगदान-जीवन का बहुमूल्य उपहार/ORGAN DONATION - A GIFT OF LIFE

O.R.B.O., AIIMS, 26588360, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)

बाहर से आने वाले रोगियों के लिए धर्मशाला की सुविधा उपलब्ध है/Dharamshala facility is available for outstation patients

6/2/25

CECT done today (6/2/25)

Adv:

- ① DIRC - on 12/2/25
- ② Date of S_2 - from Dr. Seville - 8/2/25
- ③ Rlw in IRCH - 20/2/25 (Wuu!)

480



ओ 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

OPR-6

बाल चिकित्सा विभाग, UHID: 108020667

कमरा / Room C-206

Queue / संख्या N21

करोरंवि० पंजीकृत सं० / O.P.D. Regn. No.

आयु / Age	पता / Address

Dept No: 20/40030036232

Unit-I, Paediatric.

दिवयश दिवयश / DIVYANSH DIVYANSH

THU सोम गुरु

S/O RANJEET
3Y 0M 0D / M (पुरुष)
BELGHAT, GORAKHPUR, UTTAR
PRADESH, Pin-0, INDIA



General Rs. 0
New Patient

RUG man & evaluation → ? Wilms ? NB
? HB.

निदान / Diagnosis

उपचार / Treatment

दिनांक / Date

13-12-24
32


R/v in
20/21/24
2nd year
New RAU OPS

on Saturday
28/12/24
Dr. Shivani
please

RUG lump. × 3 months noticed for 1 week.

- not asso. w/ fever / pain abdomen (less stools / icterus / pain abd.)

- orally accepting well.

O/E. Tum. hard mass ~ 10cm span.
? hepatomegaly. ↑  no splenomegaly.
E rounded margins.

Rest syst. exam - WNL. ? Intraabdominal mass.
Liver SOL.

plan - USG - WA. ? SOL.

R/v e report. ? wilms

Dr. USJWAL CHAWLA
Senior Resident
Department of Pediatrics
AIIMS, New Delhi



CLEAN AND GREEN AIIMS / एक स्वच्छ, सकल्य, स्वच्छता से काया कल्प
अंगदान-जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE
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MCBUC 3yo/male C/S/B Peds @w SR

Birth history → T/NVD/3.5kg @ birth
Smooth perinatal.

Symptomatic x 15 days

Ⓡ Abdominal distension x 15 days

Ⓡ UQ

Incidental mass in Ⓡ UQ region.

NO H/O wt loss/hematuria/bleeding/Micturition problems/fever.

20/12

7.8 / 13200 / 6.13L
50/45

U/Cr = 22/0.91
(0.5-1.2)

LFT/RFT - (N)

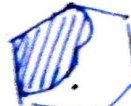
HIV/HBSAg - Negative

USG Abd
(26/12)

→ 10x7.8 x 8.4cm Ⓡ Renal mass,
reaching
reaching
? Wilms tumor.
like liver, solid heterogeneous,
till umbilicus.

o/e well child
pallor (+)

205 BP →

 Hard, immobile,
nontender mass
10x10cm, irregular,
getting under swelling (+)
crossing midline.

Assn :- ? Wilms tumor
? Neuroblastoma
? Hepatoblastoma.

plan

① CBC/LFT/RFT/LDH/Feritin/
PT-INR/AFP/HBSAg/HCV.

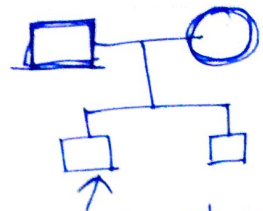
② USG Abdomen/Doppler

③ CECT Abdomen + NCCT chest

↓
Biopsy decision after further
diagnosis.

④ N/V 30/12/24 at 2pm
POC clinic + reports.

Shrawan
su POC



NO H/O cancer
in family
Father :- Auto driver,
12th class, 12k/month



अ. भा. आ. सं. अस्पताल / A.I.I.M.S. HOSPITAL

बहिरंग रोगी विभाग / Out Patient Department

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



बाल शल्यचिकित्सा

कमरा / Room

OPR-6



UHID: 108020667

ABHA: 0

0

Dept No.: 20250220000110

G-31

Unit-I

DR. SACHIT ANAND

Paediatric Surgeon

Paediatric Surgery OPD

वि. पंजीकृत सं. / O.P.D. Regn. No.

सोम. गुरु.

आयु
Age

पता / Address

दिव्यंश दिव्यंश

DIVYANSH DIVYANSH

S ORANJEET

3Y 0M 11D M (पुरुष)

Add: BELGHAT, GORAKHPUR, UTTAR PRADESH,
PIN-221001 INDIA

06/01/2025

Queue: N38



Reporting 10:56:43

निदान / Diagnosis

RTWT

दिनांक / Date

उपचार / Treatment

24/1/25

12.5 kg

ok RTWT started abt. 15-20 days.
- No haematuria / pain abt. / jaundice /
weight loss / respiratory complaints.

- child was evaluated under paedels once →
diagnosed as RTWT → started on chemo
from 4/1/25.

Appointment on 9/1/25

CECT (28/12/24) ok

- Heterogeneous SOL 9.3 x 9.1 cm arising from ant. surface of Rt.
- coarse calcification in periphery of lesion
- Displacing adjacent structures.
- No RV thrombus.
- MC - (M)
- chest (M)

ok

AC - firm, afebrile

PIA - soft, lump of 10 x 11 cm @ in RT flank, ballotable

- ~~hard~~, hard,

- No other palpable organomegaly

ok RTWT

Blood chemistry - normal

- IBCN registration on Thursday 2pm in Room 6



प्रधानमंत्री जन आरोग्य योजना (pmjay.gov.in)

CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प
अंगदान - जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE
O.R.B.O., AIIMS, 26588360, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)



meraaspatal.nhp.gov.in



अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029
 ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI -110029
 आपातकालीन विभाग

(REVISIT)

(DEPT. OF EMERGENCY MEDICINE)



UHID No:108020667

आपातकालीन नं.(Emergency No): 2025/030/0006999

दिनांक DATE: 20/01/2025

समय TIME: 03:47:47 PM

NON-MLC

नाम NAME: MR DIVYANSH DIVYANSH

आयु AGE : 3 years 25 days

लिंग/SEX : M

S/O : RANJEET

पता ADDRESS:

मकान संख्या H.NO: BELGHAT, GORAKHPUR,

गली / मुहल्ला STREET/

MOH:

0

शहर/प्रखंड CITY/BLOCK:

पिन PIN:

राज्य STATE: UTTAR PRADESH

मोबाइल MOBILE NO: 9519892829

स्थान Location:

Paediatrics Emergency

द्वारा BROUGHT BY: Relative: MOTHER

Criticality: Red / Yellow / Green

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

Shifted to Paeds/ Main/ New Emergency

Ⓡ Wilms Tumor
No fever

6.2 → 3400 ← 3.6 6
1450

Presenting Complaints

cough x 2 mths
no vomiting
taking med orally.

Primary Assessment (ABCDE) : Assessment Pentagon

Airway	Circulation	Disability
Open & stable : <u>Yes</u> /No If No.....	HR... <u>120</u> .../min	GCS... <u>7.5.1.15</u>
Breathing: RR <u>40</u> /min	CFT... <u>2</u> ...secs.	Pupil size... <u>2</u> .../min
Efforts: Normal/Poor/increased	BP.....mmHg	Pupillary Reactions..... <u>R.T.L</u>
Auscultation:	Peripheral pulse: Poor/ <u>Good</u>	Motor activity:
Air entry:	Central pulse: Poor/ <u>Good</u>	Normal & Symmetrical/ Asymmetrical/ Posturing/Flaccidity/Seizure
Normal/poor/Differential	Skin temp: <u>Warm</u> /cool	Blood Sugar.....mg/dl
Added sounds:	Others	Exposure:
None/Stridor/Wheeze/ <u>Crackles</u>		Temp.....
SpO2 on Room air... <u>94</u>		Colour: Normal/pallor/cyanosis/ mottled
<u>SCR ⊕</u>		Any other skin lesions.....

Diagnosis

Or Am NP @ 2L/min

IV Clonidine
CXR AM

IV ceftriaxone 600mg BD → w/h

CBC
VBC

Transfuse PRBC @ 10ml/kg.

Peds Onc SR to Review.

- Arrange & issue PRBC Am

12kg.

Sh

- Neb = Asthalin 2.5mg/8ml
- 8.30 AM @ 0.20, 40min
- Stop ceftriaxone
- Syb. acetaminophen (12mg/ml) 2.5ml
- BD
- Syb. Augmentin (5ml (227mg))
- 4ml TDS x 5 days

2/11/25
12:45 PM

S/B Prof R. Sekh on ranch

Dr. Amitabh
SR / Paeds

Respiratory rate = 30

No fever, inpatient

Plan: (D) once off oxygen

2:00 PM S/B Ped onus on Cell

PPR/CAT
 RR - 32/min
 RS - B46@
 Rt infirily apt P
 oc. houl P
 CVS - SISU
 P/A - Y+

Adv - Emuc Viril
 Paediatric

→ Continue Syb Augmentin.
 Dactinomycin

✓ Syb Asthalin 3ml 8hly
 x(5) day

- Close cleral flo-if
 urinary - vis is ped 6L

→ Flo in OPD tomorrow

✓ Syb ceftriaxone 5ml
 - Close defmed - decide tomorrow

1/21/25

- 2% Betadine gargle
- Sitz bath
- Not on Septam
- No fresh complaints.
- week-4 chemo completed - 29/1/25.

Wilms tumor - Non metastatic

• heap chemo completed on 28/1.

• Reassessment ~~date~~ due on 6/2/25.

• no active complaints

Adv.

- to report to Day Care on 6/4/25

- Peds Sr review for ~~resection~~ nephrectomy on Thurs @ 1pm

in IRL.

or Fri in MCB. Ground floor

- of 8/2/25 = call M/UT?

Jain
Sr.

8/2/25

Week 4 completed
2) on septran

2-4 betadine gargle
sit 2 baths

Wilms tumor / Non metastatic / Localised

8/2/25

Pre op chemo completed on 29/1/25

Reassessment. CT done 6/2/25.

Reds Sx → to review on 13/2/25

↳ asked to submit films

No active issues

No complains

9) $\frac{8910}{3920} < 5.3\%$

- LFT/RFT ⊙

Ado

① submit film in Reds Sx (Ordered)

② take CECT film from day care

③ to discuss in our RC

④ Expedited Sx

⑤ to review on 15/2/25 In OPD 9am

⑥ Sepran / Sit 2 Bath / to continue

- 24/2/25
- counselling done
 - > oral care / Betadine gargle 2%
 - ~~sepsis~~
 - personal hygiene.
 - c/o cough since 1 week.
- (post-op ~~med~~ / s protocol)
 On Septtran A/D. (W/H)

do without tumor /
 non metastatic
 Re op memo completed on
 29/1/2025

↓
underwent (P)
rephroureterectomy c
LN sampling on 19/2/25

op finding → 8x6 cm tumor
 involving almost entire
 (R) kidney. No pre or intra op
 spill or rupture noted
 No thrombus in ureter or
 renal vessels.

do cough & sneezes
 No fever
 No resp distress

O/E: weight stable
 B/L AEE
 CVS - S/S ⊕
 (11A) → abdominal
 scar umbil

- Adv
- Discuss post op staging and
 HPE in outpatient
 - (AV) in OPD on 1/3/25 c CBC/KFT/ur
 - syp. Pam (250mg/sml) 3ml SOS.
 - (AS) explained
 - To (C) septtran A/D/oral care/
 sit 2 Rats

Sumitra

Green Card not given



शरीरभावां चतुर्धर्मशासनम्

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 शोकेसा विभाग
UHID: 108020667



Dept No: 20240030030232

दिवयंश दिवयंश / DIVYANSH DIVYANSH

कमरा / Room
C-210

Queue /
संख्या **F22**

Unit-I, POC.

OPR-6

एकक / Unit

विभाग / Dept.

नाम / Name

S/O RANJEET
3Y 1M 20D / M(पुरुष)
BELGHAT, GORAKHPUR., UTTAR
PRADESH Pin 0 INDIA
General Rs 0
Follow Up Patient

मौम



Reporting: 01 37 51
24/02/2025

egn. No.

पता / Address

14/2

निदान / Diagnosis

दिनांक / Date

उपचार / Treatment

12
11-SK

(Nv) on 1/3/2025 - US/KF/FT
↓
Suman



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