

CAUSELESS HAPPINESS ORGANISATION-REGISTRATION FORM

SPONERSHIP FORM FOR FINANCIAL ASSISTANCE FOR MEDICAL TREATMENT

PATIENT REG NO : CHO/585/

DATE : 26-08-25

BENEFICIARY DEMOGRAPHY

PATIENT'S NAME : MASTER DHEERENDRA BITTAL

AGE: 08 yrs

RELIGION : HINDU

GENDER : MALE



PATIENT'S FAMILY DETAIL (IN MIN 30 WORDS)

The urgent medical situation of Master Dheerendra, who has been diagnosed with B-ALL blood cancer. Regrettably, his father is currently unemployed and therefore unable to cover the costs of his essential treatment.

GUARDIAN 'S DETAIL :

FATHER'S NAME: MR. NANDKISHOR BITTAL

MOTHER'S NAME: MRS. SUNITA

OCCUPATION: NA

SIBLING : 1 brother

FAMILY INCOME: NA

TREATMENT DETAILS:

PATIENT SUFFERING FROM : B-ALL Blood Cancer

TREATMENT PRESCRIBED : CHEMOTHERAPY AND SURGERY.

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

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 POSITION 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)

A handwritten signature in blue ink, appearing to be a stylized representation of the father's name, located below the declaration text.

सेवा में

जीमान महोदय

आपके डेपूटेशन आगनिश्वरान

महोदय

जीवन में निवेदन इस प्रकार है मेरा नाम नन्दकिशोर
विन्तल है और मेरे वयो वार्षिक चारों दिनों विन्तल है
जिसको एक बेशर को बीमारी है जिसका इलाज
एम्ब हॉस्पिटल में चल रहा है जिसका रक्की
जगमगा डॉक्टर ने 2,00,000 रुपये का रास्ता है
जिसे पूरा करने में असमर्थ हूँ यथा आपका
निवेदन है कि मेरे वर्यके इलाज में हमारे महोदय
कहाँ से सदा आपका आभारी रहूँगा

धन्यवाद

नन्द किशोर विन्तल

उपनिधित महोदय



Handwritten signature

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



UHID No:107067467

(DEPT. OF EMERGENCY MEDICINE)

दिनांक DATE: 19/07/2025

समय TIME: 11:57:12 PM

NON-MLC

आपातकालीन नं. (Emergency No): 2025/030/0082063

नाम NAME: MR. DHIRENDRA BITTAL

आयु AGE: 9 years 6 months 18 days

लिंग SEX: M

S/O: NANDKISHOR BETHIAI

पता ADDRESS

मकान संख्या H NO:

ROSHINI GHAR ROAD CHHOHE मला / मुठेली STREET MOH

SHOLI SAHAB KI
PAYEGA LASHUKAR

ब्लॉक / इलाका CITY BLOCK:

DIST GWALIOR
MADHYA PRADESH

पिन PIN:

दूरभाष नं. PHONE NO:

8109739230

राज्य STATE:

स्थान Location:

Paediatrics Emergency

मोबाइल नं. MOBILE NO:

8109739230

Criticality: Red / Yellow / Green

द्वारा BROUGHT BY: Relative

Triage: Responsive/
Unresponsive
Shifted to Paeds/ Main/ New Emergency

BP

mmHg RR

/min

spO2

%

B-ALL / IR / maintenance

last chemo (ver)

q/c - fever x 5 days

on 09/07/25

Presenting Complaints

no cough / cold / loose stools

(on piptaz / Amika) - from QN.

Primary Assessment (ABCDE): Assessment Pentagon

Airway

Open & stable ☒ Yes ☐ No
If No.....

Breathing: RR 26 min
Efforts: ☒ Normal ☐ Poor/increased
Auscultation:

Air entry:
☒ Normal ☐ poor Differential

Added sounds:
☒ None ☐ Stridor Wheeze Crackles

SpO2 on Room air 94% RA

wt - 23 kg

spO2 - 98% RA

Circulation

HR 118 min

CFT 23 sec

BP 100/60 mmHg

Peripheral pulse: Poor ☒ Good

Central pulse: Poor ☒ Good

Skin temp: ☒ Warm ☐ cool

Others

Disability

GCS.....

Pupil size...../min

Pupillary Reactions.....

Motor activity:

Normal & Symmetrical

Asymmetrical

Posturing Flaccidity Seizure

Blood Sugar.....mg/dl

Exposure:

Temp.....

Colour: Normal pallor cyanosis
mottled

Any other skin lesions.....

Diagnosis

B-ALL / IR / 2 RN

Investig

ive annula

CBC

12:30 AM
① inj PIPTAZ 2.3gm IV TDS
② inj Amikacin 350mg IV OD
③ inj psm 250mg IV SOS.
④ Review & reports.



Dr. RADHESHYAM SHARMA
Junior Resident
Department of Pediatrics
AIIMS New Delhi

Stop Drg Amikacin

~~12:16 AM~~ Drg Teicoplanin 230mg IV q 12hrly x 3 doses flb
3 24hrly.

~~6:30 PM~~ Drg Pen 230mg IV stat

~~12:16 AM~~

20/07/21

7:00 am S/B SR Pcd Once

HR FN in k/d B ALL/IR/MS with ? medullary
dy 5 of FN - High grade fever at 10 PM

Fever perity - 101 - 102° F

No localisation

Past h/o IFD (+)

A/E Febrile

PP (+) CFT (+)

HR - 120/h

RR - 24/h

RS - BLA

CVS - S1 S2 (+), P2 level
early syst. SM (+)

PIA - w/t

Splenomegaly + 4cm BLA

$$7.6 > \frac{870}{100} < 114 \times 103$$

PS - 4-1- bent

Adv

→ discuss for admission - HR FN
Complete dx w/u

- Abk upgraded to

Teico + zony.

Noted Add Tpis Voriconazole 200mg
1 1/4 0 - 1 1/4

- Blood C_s - fungal C_s

disused on rounds c Dr AKG

- to admit in periphery
- w/o for dx
- CT Chest

Dr. Amitabh
DMR
P
10/10/21

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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.
Dhirendra	9yr	M		107067467
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
20/7/15			7Am On room air. Cons oriented. Self void
9Am	5pm Lev. P/Pray 2.3gm IV TDS		12M Child is conscious, on room air, self void
12:50pm	Lev PCM 250mg IV SOS		
12:15pm	Lev Teico 230mg IV 12hrly x3dose.		
2nd dose 10am 3pm	Tab Valsartan 200mg (1 1/4) - (1 1/4)		5pm - Child is conscious on room air. self void. P
BD - 107/63 mmHg			

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ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI-110029

नाम Name	उम्र Age	सर्विस Service	दिनांक Date	यू.एच.आई.डी. नं. UHID No.
Dhirendra	95✓	Med Oncology	20/7/25	107067462
प्रोफेसर इंचार्ज Professor I/C	Prof. Dr. R. Seth		Notes written by	Dr. Rema

CLINICAL NOTES

110 . B - ALL / HR / Maintaining cycles (BFM 95)

→ fever, since 14/7/25

no cough

no cold

no vomiting

no LM

→ voiding urine well

no oral ulcer

→ started on PRTA 2 / Amikacin on 17/7/25

→ ~~ref~~ come to ER 11/10 persistent fever.

CBC → $\frac{870}{100} \rightarrow 1-14 \%$

on examination.

CXR

BL paracardiac
infiltrate

HR → 100

RR → 26

PPH / H

RS : AE = BS clear few creps BL

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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.
Phixendra	9y	m		107067467
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
	21/07/25		
10AM	Inj PIP + 1/2 2.3gm IV - 105		① Patient is conscious & oriented
11AM	Inj Targomid 230mg IV - bd x 3 doses		② I/O fluid 2.5 fl
12PM	Inj PCM 250mg IV - SOS		③ Orally allowed
1PM	Tab Voriconazole 200mg - bd		④ Self voiding
12AM	1 1/4 - 1 1/4		⑤ 3pm

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ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI-110029

नाम
Name Dhimendra

उम्र
Age 9/M

सर्विस
Service

दिनांक
Date 10/06/25

य.एच.आई.डी. नं.
UHID No. 21/7/25

प्रोफेसर इंचार्ज
Professor I/C

प्रोफ. R. M. M. / Dr. AKG.

Notes written by Panjama S.

CLINICAL NOTES

1pm Case reviewed:

- Afebrile since morning
- No signs of infection
- ANC: prolonged and profound neutropenia (+)

likely disease relapse.

Advice:

cd/w Dr. AKG Sir.

1. Counselling in PC clinic reg. Rx intent.
2. Contd in Abx.
3. If fever persists till evening: discharge.
4. Relapse w/u from Daycare to plan - Date 22/7/25
5. Will review.

Dhimendra
SR.



अ० भा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL



बाल चिकित्सा विभाग



UHID: 107067467

ABHA:

dhirendramittal@gmail.com

Dept No: 2023003C029546

Clinic No: 2023/PCC/284

DHIRENDRA BITTAL

कमरा / Room

C-209

Queue / संख्या

F2

Unit-I POC

Department

ED IN HOSPITAL PREMISES

OPR-6

एकक / Un

S/O NANDKISHOR BITTAL

विभाग / De

9Y 7M 24D / M (पुरुष)

ROSHINI GHAR ROAD CHHOTE SITOLE

SAHAB KI PAYEGA LASHKAR D ST

Ph: 8109739230

General Rs. 0

Follow Up Patient



Reporting 25/08/2026

पंजीकृत सं० / O.P.D. Regn. No.

आयु
Age

पता / Address

107067467
R

निदान / Diagnosis

दिनांक / Date

22-8-25

उपचार / Treatment

Nlv 28/08/25

Tcb Presinmolax 10mg 1 1/2 B.O

I₇ VCR 1.2mg IV Pnh - ①

26/8/25 (24h)

Dr. Amitabh
PM



CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से कारा कल्प

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

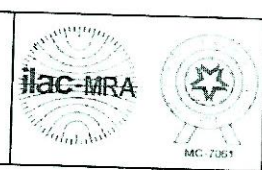
O.R.B.O., AIIMS, 26588360, 26593444. www.orbo.org Helpline - 1060 (24 hrs service)



meraaspatal.nhp.gov.in



प्रयोगशाला चिकित्सा विभाग
Department of Laboratory Medicine
अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली
All India Institute of Medical Sciences, New Delhi



PHID:	107067467	Sex :	Male
Patient Name :	Mr. DHIRENDRA BITTAL	Sample Received Date :	23-Jul-2025 13:19 PM
Age :	9Y 6m	Department :	Paediatrics
Reg Date :	23-Jul-2025 13:19 PM	Sample Collection Date:	23-Jul-2025 11:58 AM
Recommended By :		Sample Details :	LH23072501182
Lab Sub Centre:	SMART Lab, New RAK OPD	Lab Reference No:	2516147056

Report

HEMATOLOGY

Test Name	Result	UOM	Bio. Ref. Interval
Sample Type: EDTA Whole Blood			
Hb	8.50	g/dL	11.5 - 15.5
Hematocrit	28.60	%	35 - 45
RBC count	2.73	10 ⁶ /μL	4.0 - 5.2
WBC count	2.99	10 ³ /μL	5.0 - 13.0
Platelet count	124.00	10 ³ /μL	170 - 450
MCV	104.80	fL	77 - 95
MCH	31.10	pg	25 - 33
MCHC	29.70	g/dL	31 - 37
RDW-CV	18.50	%	11.6 - 14
Neutro	2.70	%	23-53%
Lympho	64.20	%	23-53%
Eosino	1.30	%	1-4%
Mono	31.10	%	2-10%
Baso	0.70	%	0-1%
NRBC	1	%	
Neutro - Abs	0.08	10 ³ /μL	2.0-8.0
Lympho- Abs	1.92	10 ³ /μL	1.0-5.0
Eosino - Abs	0.04	10 ³ /μL	0.1 - 1.0
Mono - Abs	0.93	10 ³ /μL	0.2 - 1.0
Baso - Abs	0.02	10 ³ /μL	0.02 - 0.1

Remarks: Pancytopenia with very severe neutropenia. Advice: 1. Iron, vit b12, folate studies. 2. Reticulocyte count. 3. Viral workup. Kindly correlate clinically with drug/therapeutic history and request for peripheral smear, if clinically indicates.

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

Dr. Sudip Kumar Datta

Dr. Tushar Sehgal

Dr. Suneeta Meena

Dr Vidhi Patel

Attention: Please collect blood samples by puncturing the rubber cap of the vacutainers. Manual opening of caps and filling it must be avoided. All Lab reports are subjected to pre-analytical errors due to inappropriate patient preparation, phlebotomy practices, storage and transport. Please inform SMART Lab in case of any discrepancies with the expected results on the same day on Ext.no. 7004-7005

17 JUL 2025


AIIMS
EMERGENCY
PASS ISSUE

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029

(REVISED)

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI -110029

आपातकालीन विभाग



(DEPT. OF EMERGENCY MEDICINE)

UHID No:107067467

आपातकालीन नं. (Emergency No): 2025/030/0081016

दिनांक DATE: 17/07/2025

समय TIME: 01:28:42 PM

NON-MLC

नाम NAME: MR. DHIRENDRA BITTAL

आयु AGE: 9 years 6 months 16 days

लिंग SEX: M

S/O: NANDKISHOR BITTAL

पता ADDRESS:

मकान संख्या H.NO:

ROSHINI GHAR ROAD CHHOTI

महल / मकान STREET MOH:

SHOJI SATHIARI
PAYLOVA VASHI, NR

शहर/पंचायत CITY BLOCK:

DIST GWALIOR

पिन PIN:

राज्य STATE:

MADHYA PRADESH

दूरभाष नं. PHONE NO:

8109739230

मोबाइल MOBILE NO:

8109739230

स्थान Location:

Paediatric Unit

द्वारा BROUGHT BY: Relative FATHER

Criticality: Red / Yellow / Green

 Triage: Responsive/
 Unresponsive

HR

/min

BP

mmHg RR

/min

SpO2

%

Shifted to Paeds/ Main/ New Emergency

 15/7/25.
 Presenting Complaints

BAU/IR/ maintenance 5.

C/o fever x 3 days.

No cough/ loose stool / vomiting

8.3 / 1140 / 520 / 60,000

Primary Assessment (ABCDE): Assessment Pentagon

Airway Open & stable: Yes/No If No..... Breathing: RR 27/min Effort: Normal/Poor/increased Auscultation: Air entry: Normal/poor/Differential Added sounds: None/Stridor/Wheeze/Crackles SpO2 on Room air: 100	Circulation HR 156/min CFT 43/sec. BP 107/64 mmHg Peripheral pulse: Poor/Good Central pulse: Poor/Good Skin temp: Warm/cool Others	Disability GCS 15/15 Pupil size..... mm Pupillary Reactions: B/L RR Motor activity Normal & Symmetrical Asymmetrical Posturing/Flaccidity/Seizure Blood Sugar..... mmol/L Exposure: Temp..... Colour: Normal/pallor/cyanosis/mottled Any other skin lesions
--	--	--

Wt → 23 Kg Δ. - BAU/IR/ maintenance 5 / 3 FN.

Diagnosis

IV cannula 21G → inj pcm 250mg IV stat
 CBC & AS
 LFT/RFT
 Vbg
 → inj piptag 2.3g IV TDS
 → inj Amikacin 350mg IV OD
 to decide on IV Abx / oral.

 Signature
 9:30 PM

26 | 7 | 25

8.5 | 2.99 | 124

N = 0.08

L = 1.92

LFT/RFT = W.

MRD - Negative.

PCT - Negative

CSF → Acellular

(24H)

BK's → sterile

CMV = Negative

- stop IV antibiotics.

- syv Cefpodoxime (100mg/5ml) 5ml
BD. x 5d.

- ~~A~~ GMP/MTX stopped (9/7)

- To decide on Voriconazole
after ~~by~~ Gal-M & CXR.

- NIV

4/8/25

Poc 2pm

Aditya Gupta

✓ EBV.

✓ USG abd.

- Parvovirus PCR.

- CXR.

18/25

Clinically well

occ. cough (+)

no chest
signs

- CXR / USM

pending

on exam

- HSM

Hepatomegaly / spleen

(23cm BCM)

1.5cm along it
sixth



USG abdomen: Hepatomegaly, altered echotexture, splinomegaly

BNA MRO neg

infections WBC ~ EBC 1 PC + @ 100

no r/o BSV

passive waiting

Count recovery ⊕

$$\begin{array}{r} 11.6 \times 2790 \\ \hline 1860 \end{array} \quad 1.67140$$

LFT - ⊕

Advise

①

Cycle ⑥ - Resume

For total

Tab 6MP 50mg	① 00	<u>04/7</u>
Tab methotrexate 15mg	(12) 00	<u>03/7</u>
		once weekly

(212)

② TIC Oral Septan as advised

③ RLV on fln @ 13/8/25

3/8/25 Refractory BALL / HR / On maintenance
cycle 6

- No cough / cold
- No fever / No abdominal distension
- No loose stools

Restarted on chemo cycle on 5/8/25

Bone marrow Bx = cellularity 60% No ^T Atypical cells.
EBV PCR = neg

Serum galactamien = 3.706

12/8/25 LFT/RFT = w/Cr = 16/0.3

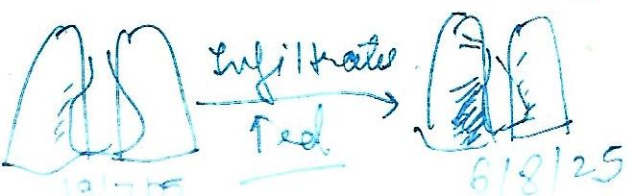
ALT/AST = 149/228

ALP = 491

TBIDB = 0.56/0.38

CBC = 11.6 $\left. \begin{array}{l} 30w < 75/L \\ \hline 1360 \end{array} \right\}$

CHR2 BIL Infiltrate ⊕ (R) ~~medial~~ middle zone
Perihilar Lower zone.



Temp \rightarrow Serel Parvovirus & CMV.

may 25
CMV &

Parvo
virus

was
Positive)

O/E

- active Alert

Vitals = Stable


HR = 98/min

RR = 26/min

Pulses = WP

Peripheries warm

Chest = B/L AE (+) NADBS
No crepts No wheezing

PA =  2 cm spleen 1 cm 2 cm.

liver Not palpable

CVS = S S₂ (+) No murmur

CNS = NAD No focal ~~defect~~
defect.

Plan

(1) CID/w Dr Aditya Sir WT = 22 Kg

to start (1) TO continue Tab Varicosezole (200mg)

(1) ~~(100mg)~~ tab 2/12/25

(2) Varicosezole was restarted on 19/7/25
49 & stopped on 5/8/25

16/8/25

C10. Refractory B-ALL / HR /

M6

→ no complaints
no fever / cough

US Abdomen

→ HR → 100

RR → 25

PP 177 / 4

RS: AB = BS clear

CS: S1S2 heard no murmur

PA: soft L0S2

CNS: QOS 15/15

- hypoechoic lesions in liver
- moderate HSM → ill defined
+ liver lesion ? leukemic
involvement

CMV → copies . tie

- below → detected below limit of
quantification

CBC → $10^{-7} \rightarrow \frac{2570}{1030} \rightarrow 60000$

RFT LFT @
mild ASOT & UPF

Adu

→ collect Parvovirus report

- To expedite CECT chest + Abdomen

→ To change antifungal based on CECT chest
+ Abdomen

→ To continue GMP TMT (work complete)

→ To do CBC 1/2 M . 02 12/8/25

→

P. Rem
for pedo

8/08/25

1.9) 4810 (90000
2950

Reflexology B AU/HR/M6

anxiety CT chest + Abd

Adv.: To get CT done in next 3 days

→ Rlv on 20/8/24

- Continue medication as advised

Ans

20/8/25

do Reflexology B-AU/HR/M6

No complaints

USG abd. → slo hypoechoic lesion in liver
moderate HSM - ill defined
spleen lesion ? splenic involvement

cmv → +ve

[detected below limit of
quantification]

S-gal → 3.706
[on 6/8]

Pammonix → report awaited

ECG chest + abd → dly 25/8/25

Adv - (CL) Pammonix report.

- (N/V) in OPD on 25/8/25 at 2pm
[if CT done]
→ 27/8/25 - at 9am - CBU/KFT/
U-T

Rpt
S. galactoman
EB Daycare.

- To continue voriconazole 6mg/1
- No need for isolation

Ans

25/08/25

No acute symptoms.

CECT client - done today

Adv: discene CT in RC -

11. $\Rightarrow \frac{3660}{2600} < 60000$

→ Contine GMP / MTy / Septen / Betrueche gagle / Site b

-) Tds Prednisolone $1\frac{1}{2}$ tabs BD x 5 day from home

T₁ VCR 1.2 ng slow IV Pull -26/08/21

- R/v on 28/08/25 - Post RL drumming

- If CT normal - Can go home

Dr. Amitabh
DM Resident
Oncology