

**CAUSELESS HAPPINESS ORGANISATION-REGISTRATION FORM**

**SPONERSHIP FORM FOR FINANCIAL ASSISTANCE FOR MEDICAL TREATMENT**

**PATIENT REG NO : CHO/585/**

**DATE : 03/10/2024**

**BENEFICIARY DEMOGRAPHY**

PATIENT'S NAME : SATYAM VERMA

AGE: 1 YEAR

RELIGION : HINDU

GENDER : MALE  FEMALE  TRANSGENDER



**PATIENT'S FAMILY DETAIL ( IN MIN 30 WORDS)**

Master Satyam is suffering with EYE CANCER(Retinoblastoma) and his treatment is going on AIIMS Hospital. Satyam's father was autorikshaw driver but 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.Vishnu Verma

MOTHER'S NAME : Mrs.Rati Verma

OCCUPATION: Autorikshaw Driver

OCCUPATION : Housewife

SIBLING : BROTHER  SISTER  TRANSGENDER

FAMILY INCOME: NA

**TREATMENT DETAILS:**

PATIENT SUFFERING FROM :Eye Cancer (Retinoblastoma).

TREATMENT PRESCRIBED : CHEMOTHERAPY AND SURGERY.

APPROXIMATE EXPENSE FOR WHICH FINANCIAL ASSISTANCE REQUIRED:4,00,000-5,00,000/-.

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)**

संक्र २६

श्री माता सुखी मलय

बालक ईश्वर-आंजन

जयपुर

मलय

सविश्वरूप इत्युक्त ईश्वर मलय-  
विष्णु कर्म, श्री गणेशाय नमः इत्युक्त

निवासी हैं। मैं एक आर्थ-पालक हूँ मेरी मासिक आय  
5000/- से 6000/- तक है। मैंने अभी तक कोई बचत नहीं  
की है।

किसी भी प्रकार का धर्म-संस्कार नहीं है। मैंने  
इसके लिए एक नई/दिल्ली में चलाए हैं। 15/10/2024  
में अपने कि इसका मैं फल इसका एक रुपय बनाया है।  
मैं अपने रुपय के इसका एक रुपय का लाया है। मुझे  
अभी एक किताब है कि मदद करे। धर्म, धर्म, धर्म  
मेरी आर्थिक स्थिति बहुत खराब है। मैं इस  
के कारण मैं काम-गार की तरह समझ कर पारना है।

अभी मैंने एक किताब है कि मुझे अपने रुपय  
के इसका किताब है कि मैंने इसका एक रुपय का लाया है।

नाम - विष्णु वर्मा  
पता - पूजा मालावा (कर्म) लावा  
दिनांक 3/10/2024  
गोपालाचंद



सत्यमेव जयते

सं 1  
No. 1

प्रपत्र-5  
FORM-5



उत्तर प्रदेश सरकार  
GOVERNMENT OF UTTAR PRADESH  
चिकित्सा एवं स्वास्थ्य विभाग  
DEPARTMENT OF MEDICAL AND HEALTH  
जिला कंबाइड अस्पताल गाजियाबाद  
DISTRICT COMBINED HOSPITAL GHAZIABAD



जन्म प्रमाण-पत्र  
BIRTH CERTIFICATE

(जन्म मृत्यु रजिस्ट्रीकरण अधिनियम, 1969 की धारा 12-17 तथा उत्तर प्रदेश जन्म मृत्यु रजिस्ट्रीकरण नियम, 2002 के नियम 8-13 के अंतर्गत जारी किया गया।  
(ISSUED UNDER SECTION 12-17 OF THE REGISTRATION OF BIRTHS & DEATHS ACT, 1969 AND RULE 8-13 OF THE UTTAR PRADESH REGISTRATION OF BIRTHS & DEATHS RULES 2002.)

यह प्रमाणित किया जाता है निम्नलिखित सूचना जन्म के मूल अभिलेख से ली गई है जो कि जिला कंबाइड अस्पताल गाजियाबाद तहसील गाजियाबाद जिला गाजियाबाद राज्य सघ प्रदेश उत्तर प्रदेश भारत के रजिस्टर में उल्लिखित है।

THIS IS TO CERTIFY THAT THE FOLLOWING INFORMATION HAS BEEN TAKEN FROM THE ORIGINAL RECORD OF BIRTH WHICH IS THE REGISTER FOR OF DISTRICT COMBINED HOSPITAL GHAZIABAD OF TAHSIL BLOCK GHAZIABAD OF DISTRICT GHAZIABAD OF STATE UNION TERRITORY UTTAR PRADESH INDIA.

नाम NAME: SAYAM

लिंग SEX: MALE

जन्म तिथि DATE OF BIRTH:

02-10-2023  
TWO-ONE-TOBER-TWO THOUSAND TWENTY THREE

जन्म स्थान PLACE OF BIRTH:

DISTRICT COMBINED HOSPITAL GHAZIABAD

माता का नाम NAME OF MOTHER:  
RATI

पिता का नाम NAME OF FATHER:  
VISHNU

आधार नंबर MOTHER'S AADHAAR NO.

आधार नंबर FATHER'S AADHAAR NO.

बच्चे के जन्म के समय माता-पिता का पता ADDRESS OF PARENTS AT THE TIME OF BIRTH OF THE CHILD:  
POOJA COLONY LONI GHAZIABAD UTTAR PRADESH 201102

माता-पिता के स्थायी पता PERMANENT ADDRESS OF PARENTS:  
POOJA COLONY LONI GHAZIABAD UTTAR PRADESH 201102

पंजीकरण संख्या REGISTRATION NUMBER:  
B-2024-9-90347-006753

पंजीकरण तारीख DATE OF REGISTRATION:  
07-02-2024

टिप्पणी REMARKS (IF ANY):  
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जारी करने की तिथि DATE OF ISSUE:  
28-05-24 11:30:34

जारी करने वाला प्राधिकारी ISSUING AUTHORITY:

UPDATED ON:  
28-05-24 11:30:34

रजिस्ट्रार (जन्म एवं मृत्यु)  
REGISTRAR (BIRTH & DEATH)  
जिला कंबाइड चिकित्सालय गाजियाबाद  
DISTRICT COMBINED HOSPITAL GHAZIABAD



"THIS IS A COMPUTER GENERATED CERTIFICATE WHICH CONTAINS FACSIMILE SIGNATURE OF THE ISSUING AUTHORITY"  
"THE GOV. OF INDIA (VIDIC) (CIRCULAR NO. 112/2014-VSO(CRS)) DATED 27-JULY-2015 HAS APPROVED THIS CERTIFICATE AS A VALID LEGAL DOCUMENT FOR ALL OFFICIAL PURPOSES"

"प्रत्येक जन्म एवं मृत्यु का पंजीकरण सुनिश्चित करें" / ENSURE REGISTRATION OF EVERY BIRTH AND DEATH"



|   |                              |
|---|------------------------------|
| <b>PATIENT'S NAME: MASTER SATYAM</b>            | <b>AGE/SEX: 10M/M</b>        |
| <b>REF. BY: AIIMS</b>                           | <b>REG. ID: 7697</b>         |
| <b>TEST NAME: MRI BRAIN WITH ORBIT CONTRAST</b> | <b>EXAM. DATE: 29.8.2024</b> |

### MRI BRAIN WITH ORBIT CONTRAST

An MRI scan done on High Gradient High Performance Philips 3.0T System using a SENSE compatible phased array Coils.

Clinical history:

**Protocol:**

Axial - T2, T2\*, T1 FLAIR  
Sagittal - T1 FLAIR  
Coronal - T2 FLAIR  
DWI

Contrast given: Nil

**IMAGING FINDINGS:**

Bilateral cerebral hemispheres appear normal. No focal lesion seen.

Bilateral basal ganglia appear normal.

Both the thalami appear normal.

Ventricles and cisterns appear normal.

The corpus callosum, anterior and posterior commissures appear normal.

Pituitary gland and sella turcica are normal.

The cavernous sinuses and the internal carotid arteries are normal.

The midbrain, pons and medulla appear normal.

The superior, middle and inferior cerebellar peduncles are normal. The cerebellar vermis and the cerebellar hemispheric parenchyma reveal no significant abnormality.

The internal auditory canals and their contents are normal.

No abnormal extraaxial fluid collection.

The calvarium is normal. The orbits and their contents are normal.

Paranasal sinuses appear normal.

|   |                              |
|---|------------------------------|
| <b>PATIENT'S NAME: MASTER SATYAM</b>            | <b>AGE/SEX: 10M/M</b>        |
| <b>REF. BY: AIIMS</b>                           | <b>REG. ID: 7697</b>         |
| <b>TEST NAME: MRI BRAIN WITH ORBIT CONTRAST</b> | <b>EXAM. DATE: 29.8.2024</b> |

**Orbits:**

A well defined lobulated T1Wt isointense, T2Wt and STIR hypointense intraocular lesion measuring 7 x 8.5 x 7 mm is noted in the posterior aspect of left orbit arising from the retina.

Mild thickening of sclera is noted.

**On post-contrast imaging lesion shows mild heterogeneous enhancement.**

The uveo-scleral thickness is normal. The lens is in normal position.

The lacrimal glands appear normal.

The extra ocular muscles show normal thickness and normal spindle shape on both sides.

The optic nerves on both sides are normal. The optic nerve sheath complex thickness is normal.

The retro bulbar fat is normal on both sides.

The region of lacrimal sac and pre septal compartment appear normal.

**Impression:**

**No significant abnormality in the neuroparenchyma.**

**A well defined lobulated mild heterogeneously enhancing intraocular lesion within the left lobe arising from the retina - likely retinoblastoma.**

- **Compared to previous MRI report size of the lesion appears to be mildly reduced.**



**Dr.A.Vinoth**  
**MD (Radiodiagnosis)**  
**Consultant Radiologist**  
**Reg.No : TNMC 94361**

ब० रो० वि० कार्ड  
O.P.D. Card



डा० राजेन्द्र प्रसाद नेत्र विज्ञान केन्द्र  
अ० भा० आयु० सं०, नई दिल्ली - 110029

Dr. Rajendra Prasad Centre for Ophthalmic Sciences  
A.I.I.M.S., New Delhi-110029

अनुभाग व दिन  
Section and Day VI  
बुधवार व शनिवार  
Wednesday & Saturday

कमरा नंबर  
Cabin No.

यू०एच०आई०डी० संख्या  
UHID No. 107475311

आचार्य राधिका टंडन का एकक  
Prof. Radhika Tandon's Unit

| रोगी का नाम<br>Name of the Patient | पुत्र/पुत्री/पत्नी<br>S/D/W | लिंग<br>Sex | आयु<br>Age | पता<br>Address |
|------------------------------------|-----------------------------|-------------|------------|----------------|
| Satyam                             |                             | M           | 7M         |                |

| दिनांक<br>DATE | निदान<br>DIAGNOSIS |
|----------------|--------------------|
|                |                    |

उपचार Treatment

NRC done by SR-radiology

① ~~ON extension?~~

BE intracocular mass

① - small lens

② - large lens

T<sub>1</sub> hypointense } shows  
T<sub>2</sub> hypointense }

② ON bulky - no enhancement ?

? ON extension

NO intracranial extension

कृपया इस कार्ड को सुरक्षित रखें तथा अस्पताल में दिखाने के समय हर वक्त साथ लायें।

Kindly keep this Card safely and bring it on your follow-up visits.

- धूम्रपान निषेध 1. No Smoking
- कूड़ा कर्कट केवल कूड़ेदान में ही डालें 2. Use Dustbin
- थूकिये नहीं 3. No Spitting

ब. रो. वि. कार्ड  
O.P.D. Card

दुष्ट



नेत्र अमृत्यु जख्मर है  
जो आप ही दे सकते हैं

अनुभाग व दिन  
Section and Day VI  
बुधवार व शनिवार  
Wednesday & Saturday

कमरा नंबर  
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डा. राजेन्द्र प्रसाद नेत्र विज्ञान केन्द्र  
अ. भा. आयु. सं., नई दिल्ली-110029

Dr. Rajendra Prasad Centre for Ophthalmic Sciences  
A.I.I.M.S., New Delhi-110029

यू.एच.आई.डी. संख्या  
UHID No. 107475311

आचार्य राधिका टंडन का एकक  
Prof. Radhika Tandon's Unit

| रोगी का नाम<br>Name of the Patient | पुत्र/पुत्री/पत्नी<br>S/D/W | लिंग<br>Sex | आयु<br>Age | पता<br>Address                            |
|------------------------------------|-----------------------------|-------------|------------|---|
| Satyam                             | Vishnu                      | M           | 11m        | 540, Pooja<br>Colony Loni<br>Ghaziabad UP |

| दिनांक<br>DATE | निदान<br>DIAGNOSIS |
|----------------|--------------------|
|                | MI- 9990254035     |

empted Category under Janani Shishu Suraksha Karyakam  
O.B. 2/10/23  
tid upto 1/10/24  
नी शिशु सुरक्षा कार्यक्रम श्रेणी के अंतर्गत छूट प्राप्त श्रेणी  
नम विधि  
ति

उपचार Treatment

1313/JSSK/MSWO/RPE/1819/24 Bedcharge

सुरेन्द्र पाल को. / सुरेन्द्र पाल केंद्र  
चिकित्सा समाज कल्याण अधिकारी  
Medical Social Welfare Officer  
अ. भा. आयु. सं. / Dr. R.P. Centre  
A.I.I.M.S., New Delhi-110029

कृपया इस कार्ड को सुरक्षित रखें तथा अस्पताल में दिखाने के समय हर वक्त साथ लायें।

Kindly keep this Card safely and bring it on your follow-up visits.

1. धूम्रपान निषेध
2. कूड़ा कर्कट केवल कूड़ेदान में ही डालें
3. थूकिये नहीं

1. No Smoking

2. Use Dustbin

3. No Spitting



अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029

(REVISIT)

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI -110029

आपातकालीन विभाग



(DEPT. OF EMERGENCY MEDICINE)

UHID No:107475311

आपातकालीन नं.(Emergency No): 2024/030/0101620

दिनांक DATE: 17/09/2024

समय TIME: 11:54:30 PM

NON-MLC

नाम NAME: MR. SATYAM

आयु AGE: 11 months 22 days

लिंग/SEX: M

S/O: VISHNU

पता ADDRESS:

मकान संख्या H.NO: 540.POOJA COLONY

पत्ती/ मुहल्ला STREET/

LONI GHAZIABAD

शहर प्रखंड CITY/BLOCK:

MOH:

राज्य STATE:

UTTAR PRADESH

पिन PIN:

मोबाइल MOBILE NO:

7827597831

दूरभाष सं. PHONE NO:

7827597831

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

B/L RB - (B) gp. B → Regressed.  
(D) gp. E.

Presenting Complaints

chemo - 14/9 and 15/9.

VCR / carbo / etoposide

Primary Assessment (ABCDE) : Assessment Pentagon

| Airway  | Circulation                 | Disability  |
|---|-----------------------------|---|
| Open & stable : Yes/No<br>If No.....                    | HR..... min<br>126          | GCS..... awake/alert  |
| Breathing: RR ..... min<br>28                           | CFT.....secs.<br>2          | Pupil size.....mm<br>2mm  |
| Efforts: Normal/Poor/increased                          | BP.....mmHg                 | Pupillary Reactions..... RTT.   |
| Auscultation:<br>Air entry:<br>Normal/poor/Differential | Peripheral pulse: Poor/Good | Motor activity:<br>Normal & Symmetrical/<br>Asymmetrical/<br>Posturing/Flaccidity/Seizure |
| Added sounds:<br>None/Stridor/Wheeze/Crackles           | Central pulse: Poor/Good    | Blood Sugar.....mg/dl   |
| SpO2 on Room air..... 97%                               | Skin temp: Warm/cool        | Exposure:<br>Temp..... 99.6°F   |
| WT: 6.2 kg  | Others                      | Colour: Normal/pallor/cyanosis/<br>mottled  |
|   |                             | Any other skin lesions.....   |

Diagnosis

1 efo. vomiting

1 efo loose stools (semi-solid)

no oral ulcers

c/o cough x 2 days

evening  
(@ 4pm)

Comms

ABC

1 efo

no oral ulcers



9582693400 mdaal

CK-94290



# 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: 107475311  
ABHA: satyam2123220231@aiimsr  
Dept No: 20240030012735

कमरा / Room C-210  
Queue / संख्या F46  
Unit-III, Paediatric.

OPR-6

नं० पंजीकृत सं० / O.P.D. Regn. No. \_\_\_\_\_

S/O VISHNU  
0Y 11M 9D / M (पुरुष)  
540, POOJA COLONY, LONI GHAZIABAD,  
UTTAR PRADESH, INDIA  
Ph: 7827597831 General Rs 0  
Follow Up Patient



| आयु<br>Age | पता / Address |
|------------|---------------|
|            |               |

### निदान / Diagnosis

दिनांक / Date

उपचार / Treatment

2  
6.8.24

R/W in Desc clinic tone  
a.  
7/9/24.

T. Acyclovir 400mg Qid (for father)  
Father has skin lesions on face. (likely varicella)  
Pls send father home.



**Dr. Rajendra Prasad Centre For Ophthalmic Sciences  
ALL INDIA INSTITUTE OF MEDICAL SCIENCES (AIIMS), New Delhi, 110029**  
Discharge Report  
PROVISIONAL DISCHARGE CERTIFICATE

|                            |  |                                    |                           |
|----------------------------|--|------------------------------------|---------------------------|
| <b>UHID :</b>              | 107475311  | <b>Cr No:</b>                      | R-037615-24               |
| <b>Name:</b>               | Mr. SATYAM   | <b>Department:</b>                 | R. P. Centre (Eye Centre) |
| <b>Age/Sex:</b>            | 11 mons 26 days / Male                                     | <b>Unit:</b>                       | Unit VI                   |
| <b>Ward Name:</b>          | 1A   | <b>Bed No.:</b>                    | 124                       |
| <b>Address:</b>            | 540, POODJA COLONY, JONI (GHAZIABAD), UTTAR PRADESH, INDIA |                                    |                           |
| <b>Mobile No:</b>          | 7827597831   | <b>Drug Allergy, if any :-</b> [ ] |                           |
| <b>Date of Admission:</b>  | 18/09/2024 10:32:45 AM                                     |                                    |                           |
| <b>Date of Discharge :</b> | 20/09/2024 02:10:00 PM                                     |                                    |                           |

**ICD Code:** C69  
**ICD Description:** Malignant neoplasm of eye and adnexa

**Diagnosis:**  
RE REGRESSED MULTIOXA-1 GB RB  
LE CHEMORREDUCED BORB

|                      |       |               |   |
|----------------------|-------|---------------|---|
| <b>Investigation</b> |       | <b>Ocular</b> | RE<br>VA FOLLOW LIGHT<br>IOP DIG N<br>LE<br>VA DOES NOT FOLLOW LIGHT<br>IOP DIG N |
| <b>Systemic</b>      | NO SI |               |   |

|                                      |            |                |  |
|--------------------------------------|------------|----------------|--|
| <b>Treatment/Operative Procedure</b> |            | <b>Surgery</b> | CANCELLED I/V/FEVER AND URTI<br>and low Hb 8.6 gm/dl |
| <b>Surgeon</b>                       |            |                |  |
| <b>Date</b>                          | 20/09/2024 |                |  |

|                               |                   |                       |                   |
|-------------------------------|-------------------|-----------------------|-------------------|
| <b>Condition at Discharge</b> |                   | <b>IOP</b>            | SAME AS ADMISSION |
| <b>Vision</b>                 | SAME AS ADMISSION | <b>Posterior Seg.</b> | SAME AS ADMISSION |
| <b>Anterior Seg.</b>          | SAME AS ADMISSION |                       |                   |

|                                |   |                 |  |
|--------------------------------|---|-----------------|--|
| <b>Advice During Discharge</b> |   | <b>Topical</b>  |  |
| <b>Oral</b>                    | SYP PCM (125/5) 4ML SOS FOR FEVER<br>SYP MYXTRA 3ML TDS                   | <b>Position</b> |  |
| <b>Follow Up</b>               | H/U in Monday in ODRB clinic for new DOA with CBC report<br>C/S/B Peds SR |                 |  |

  
 Prepared By: Dr. ~~Richa~~ Richa  
 Signature Of Senior Resident

Date & Time

Adv:-  
 • Syp PCM (125/5) 4ml SOS  
 • Syp Maxtone 3ml TDS  
 • child need Hb of atleast 10 gm/dl for sx procedure & GA  
 ↓  
 Advised to get blood transfusion done @ 10ml/kg for Hb optimization once fever settles

# डा० राजेन्द्र प्रसाद नेत्र विज्ञान केन्द्र

Centre for Ophthalmic Sciences

एम.आर.-

DR. RAJENDRA PRASAD CENTRE FOR OPHTHALMIC SCIENCES  
UHID:107475311 Date: 18/09/2024 10:32:45 AM  
CR No.:R 03761524 Ward Name: 1A Bed No:  
Name: MR. SAIYAM 124

न, नई दिल्ली- 110029

M.R. -9

Ophthalmic Sciences, New Delhi-110029

ADMISSION RECORD

Unit In-charge: Dr. Radhika Tandon  
Unit-VI

वैवाहिक स्थिति  
Marital Status  
व्यवासाय  
Occupation

के.पं.सं.  
C.R. No.  
धर्म  
Religion  
स्थिति  
Status

Referred by Dr. SR Ophtho  
Requesting Doctor

to Dr. SR PHDU  
Consultant & Specialty

Findings :

Date :

Dear maam

This child has pasted for LE eye  
for EO RB.

This child has undergone IVC on  
14/9/24 + hb fever. for which  
~~At Present~~ Hb was given in Ped  
Casuality.

Diagnosis or Impression :

At Present child has fever and  
cough & cold also his Hb is 8.6 gm  
kindly evaluate child & give  
He have to plan enveleash but child  
Hb is 8.6. kindly tell if there is  
of transfusion.  
Thankyou

Recommendations:

Consultant's Sign



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



IBITED IN HOSPITAL PREMISES

बाल विकल्पा विभाग  
UHID: 107475311

कमरा / Room  
C-218  
Queue / संख्या  
N12

OPR-6

एकक / विभाग  
SATYAM

SIDHSHU  
07/04/2024 / M / पुरुष  
541 POUQUA COLONY, LONI GHAZABAI  
LUDHIANA PRADESH INDIA  
Ph: 7827597821 General Rs 0  
New Patient

SAT बुध रानि  
Reporting: 08:43:46  
08/05/2024

तारिख पंजीकृत सं० / O.P.D. Regn. No. \_\_\_\_\_

आयु  
Age

पता / Address

निदान / Diagnosis

दिनांक / Date

उपचार / Treatment

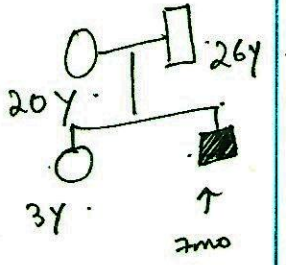
24

S-SK

LP Retorhastrom

(21) R IP meet, Near

815122



o/c:  
- whitish reflex in left eye x 2 1/2 months  
No w/o discharge/redness/proptosis

H/O RB/ any other malignancy in family

o/c: HR: 120/m RR: 24/m PP/CP: WP Peripheries: norm.

CFI < 3sec  
PT I<sub>2</sub>-day TE-

PIA: soft NT  
NO OM

Chud: B/L ARE equal  
NAD

CNS: WNL

CNS: (N) S1, S2 heard  
No murmurs



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

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



- IOP - 14 mmHg  
26 mmHg.

- EVA : RE - Multifocal Group B RB.  
(7/5/24) LE - Group E RB.

- USG :  
29/7/2024.

(R) - small lesion - calcification ; 1 peripheral lesion (+)  
(L) - large mass filling entire globe - calcification.

- NRC discussion:  
(6/5/24)

B/E JORB. | T1 ↑, T2 ↓ |  
(L) ON Bulky - no enhancement  
? ON extension.  
No intrasarial extension.

Adv:

- Baseline MRI for staging.  
[ Group E v/s EORB ] - RC discussion
- CBC / RFT / UFT / viral markers - small lab
- Mantoux - 205
- 2D-echo
- Hearing assessment
- N/V in PCSC at 2PM on 9/5/2024  
for films in 217.

0mm

to plan if EORB

9/5/24 DIRE

Baseline MRI -

- B/C Intraocular
- NO ON involvement

\* appointment for genetics OPD

Sham

Paeds  
tuesday / Friday



UHID: 107475311  
Dept No 20240058054131  
Clinic No.: 2024/RB/137  
SATYAM  
SO: VISI-NU

Date 15/05/2024  
Retinoblastoma-Dr. SR RB  
clinic UNDER UNIT VI  
R-142B  
Unit-VI  
Room No.: 142

Address 5 0, POOJA COLONY, LONI (GHAZIABAD, UTTAR PRADESH,  
INDIA  
Mobile 78:7597831

C1805241418 107475311

LH1805241012 107475311

SATYAM

B/E Retinoblastoma  $\left\{ \begin{array}{l} (R) \text{ multifocal Group B.} \\ (L) \text{ Group E RB.} \end{array} \right.$

Received CEV (HD CEV) on 11/05/24.

% Fever x 1 day.

Cough x 5 days

loose stool x 3 days

% E. — Afebrile

Pallor (+).

% A - eff, liver - not palpable

Quet - Cradib (+)

NVBS

HR - 110/min

RR - 30/min

ABV/s - Continue IV antibiotic

2. Respiratory viral panel

$\left\{ \begin{array}{l} \text{Influenza.} \\ \text{COVID. (ch)} \end{array} \right.$

3. collect Blood CS

Room no (46) -  
(18/05/24)

Blood CS — awaited

17/05/24

Chest X-ray — Bilateral

Infiltrate (+).

Dr. RUKSANA SIDHIQUE P.R.  
DM Resident  
Pediatric Oncology



**अखिल भारतीय आयुर्विज्ञान संस्थान**  
**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 : Satyan AGE : 8m SEX: M UHID No. : 107475311  
 WARD : PCOPD BED NO. : \_\_\_\_\_ DIAGNOSIS : Retinoblastoma.  
 PATIENT'S BLOOD GROUP : \_\_\_\_\_ 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 |  |           |                  |            |            |          |           |          |
| 24/6 | 9m.           | 2024<br>B24624 |                     |     |     |     |      |      |  |           | A neg Dr Navodit | N/O Monika | TEST       |          |           |          |
|      |               |                |                     |     |     |     |      |      |  |           |                  |            |            |          |           |          |

- |        |   |                |      |   |                     |
|--------|---|----------------|------|---|---------------------|
| 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                           |  |



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

(REVISIT)

आपातकालीन विभाग



(DEPT. OF EMERGENCY MEDICINE)

UHID No:107475311

आपातकालीन नं.(Emergency No): 2024/030/0063401

दिनांक DATE: 24/06/2024

समय TIME: 06:47:30 PM

NON-MLC

नाम NAME: MR. SATYAM

आयु AGE: 8 months 29 days

लिंग/SEX: M

S/O: VISHNU

पता ADDRESS:

मकान संख्या H.NO:

540, POOJA COLONY

गली / मुहल्ला STREET/MOH: LONI GHAZIABAD

शहर प्रखंड CITY BLOCK

पिन PIN:

राज्य STATE:

UTTAR PRADESH

दूरभाष नं. PHONE NO: 7827597831

मोबाइल नं. MOBILE NO:

7827597831

स्थान Location: Paediatrics Emergency

Criticality: Red / Yellow / Green

BY BROUGHT BY: Relative

Triage: Responsive/  
Unresponsive

HR

/min

BP

(Rektal b 68 mmHg RR 68 /min)

spO2

%

Shifted to Paeds/ Main/ New Emergency

Sent from Day care for  
Blood transfusion

Presenting Complaints

Blood is collected from  
day care

Primary Assessment (ABCDE): Assessment Pentagon

|  |   |  |
|--|---|--|
| <p><b>Airway</b></p> <p>Open &amp; stable <input checked="" type="radio"/> Yes/ No<br/>If No.....</p> <p><b>Breathing:</b> RR <u>25</u> /min<br/>Efforts: <input checked="" type="radio"/> Normal/ <input type="radio"/> Poor/ increased<br/><b>Auscultation:</b><br/>Air entry:<br/><input checked="" type="radio"/> Normal/ <input type="radio"/> poor/ Differential<br/>Added sounds:<br/><input checked="" type="radio"/> None/ <input type="radio"/> Stridor/ <input type="radio"/> Wheeze/ <input type="radio"/> Crackles<br/>SpO2 on Room air... <u>98%</u></p> <p><u>61g</u></p> | <p><b>Circulation</b></p> <p>HR <u>103</u> /min<br/>CFT... <u>43</u> secs.<br/>BP.....mmHg<br/>Peripheral pulse: <input checked="" type="radio"/> Poor/ <input type="radio"/> Good<br/>Central pulse: <input checked="" type="radio"/> Poor/ <input type="radio"/> Good<br/>Skin temp: <input checked="" type="radio"/> Warm/ <input type="radio"/> cool<br/>Others</p> | <p><b>Disability</b></p> <p>GCS... <u>15</u> / Active. Alert<br/>Pupil size... <u>3mm</u> /min<br/>Pupillary Reactions... <u>(N)</u></p> <p><b>Motor activity:</b><br/><input checked="" type="radio"/> Normal &amp;<br/><input type="radio"/> Symmetrical/ <input type="radio"/> Asymmetrical/<br/><input type="radio"/> Posturing/ <input type="radio"/> Flaccidity/ <input type="radio"/> Seizure</p> <p>Blood Sugar.....mg/dl<br/><b>Exposure:</b><br/>Temp... <u>37.6</u><br/>Colour: <input checked="" type="radio"/> Normal/ <input type="radio"/> pallor/ <input type="radio"/> cyanosis<br/><input type="radio"/> mottled<br/>Any other skin lesions.....</p> |
|--|---|--|

Diagnosis

Transfuse PRBC 60ml over 4hrs.  
 mid BT 28ix 5mg i-v 8hr

Dr. Arunkumar M

Dr. ARUNKUMAR M



Daycare

no cough :: night, day  
no fever, no RD

a/w vomiting

O/E chest clear, conjunct (F)  
no e/o RD.

Plan

(1) Syrup CETRIZINE (5ml/5mg) 2.5ml H/S x 5 days  
x ——— 0

(2) Syrup EMSET (5ml/2mg) 3ml TDS x 3 days  
————— 0 ——— 0

(3) T. DEXA (0.5mg) 1 tab BD x 3 days  
————— 0 ——— 0

Shruti  
Sr PDC

28/9/24

9940  
7.7 ————— 70100  
3180

B/L RB - (R) up B - 1 kg more dt.

(L) up E - 1/5m H/D/EL

(14/9 - 15/9/24)

- Afebrile :: 19/9

Rx appointment on 30/9/24

AC disc - (L) lobe mass L  
- ON enhancement - Not present.

← Enucleation deferred due to fever

Diaper rash