

CAUSELESS HAPPINESS ORGANISATION-REGISTRATION FORM

SPONERSHIP FORM FOR FINANCIAL ASSISTANCE FOR MEDICAL TREATMENT

PATIENT REG NO : CHO/585/

DATE : 30/07/2024

BENEFICIARY DEMOGRAPHY

PATIENT'S NAME : ADITI.

AGE: 1 YRS 4 MONTHS.

RELIGION : HINDU.

GENDER : MALE FEMALE TRANSGENDER



PATIENT'S FAMILY DETAIL (IN MIN 30 WORDS)

Baby Aditi is suffering with Eye Cancer Disease (RATINOBLASTOMA) and her treatment is going on AIIMS HOSPITAL. Baby Aditi's father is currently unemployed and hardly earns bread for his family. They are in very miserable situation currently, kindly help child for her chemotherapy and surgery treatment.

GUARDIAN 'S DETAIL :

FATHER'S NAME: MR.RAJJAN KUMAR

MOTHER'S NAME : MRS.KANCHAN

OCCUPATION: na

OCCUPATION : HOUSEWIFE

SIBLING : BROTHER SISTER TRANSGENDER

FAMILY INCOME: NA

TREATMENT DETAILS:

PATIENT SUFFERING FROM :Eye Cancer Disease (RATINOBLASTOMA)

TREATMENT PRESCRIBED : CHEMOTHERAPY AND EYE SURGERY

APPROXIMATE EXPENSE FOR WHICH FINANCIAL ASSISTANCE REQUIRED:1,20,000

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 में

श्रीमान ट्रिस्टि महादय

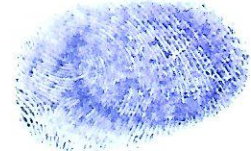
काजलेश हैं पिनेश आर्गनाइजेशन

महादय

साविनद निवेदन है की मेरा नाम रज्जन कुमार है।
मेरा ग्राम पोस्ट वारकोट का रहने वाला हूँ मेरी बच्ची का
इलाज दिल्ली के एम्स हॉस्पिटल में चल रहा है,
जिनकी आँखा में कैंसर है। जिसका खर्चा डॉ. ने 120000
बतलाया है जिसे पुरा करने में असमर्थ हूँ अतः श्रीमान
आपसे निवेदन है की मेरी बच्ची के इलाज में मदद करने
की कृपा करें मैं सरयों अपना अभारी रहूँगा

धन्यवाद

अपका निवेदन
रज्जन कुमार
ग्राम वारकोट - अमठी





GOYAL MRI & DIAGNOSTIC CENTRE

B-1/12, SAFDARJUNG ENCLAVE, NEW DELHI - 110029
Phone : 011-40771234, 26107559 E-mail : goyalmri@yahoo.com

Dr. Ankur Gadodia
MD (AIIMS), DNB, FRCR

Dr. Pranay R Kapur
MBBS, DNB

24.05.2024

BABY ADITI, 1 YRS / F

UID: 05.24.1094

M.R. OF THE BRAIN AND ORBITS WITH CONTRAST

Axial T1, DWI and FSE T2 weighted scans of the brain were studied and these were correlated with coronal T2, fat sat T1 & T2 weighted scans including both orbits. Additional T1 weighted axial, coronal & sagittal scans were obtained following administration of contrast (10mL Omniscan). No immediate adverse contrast reaction was noted.

Known case of bilateral retinoblastoma showing -

10 x 12 mm focal lesion is seen in the posterior chamber of the left globe along the inferior aspect. Non contiguous 4 x 3 mm focal lesion is seen along the medial wall of the left globe. There is associated retinal detachment and subretinal hemorrhage. 5 x 4 mm focal lesion is seen in the posterior chamber of the right globe along medial aspect. Lesion displays hypointense signal on both T1 and T2 weighted images. There is heterogeneous enhancement following administration of contrast. Bilateral optic nerves are unremarkable. No extraocular extension is seen. Findings are consistent with bilateral retinoblastoma (L>R).

Cerebral and cerebellar parenchyma is unremarkable. No acute infarct is seen on diffusion weighted images.

Bilateral basal ganglia and thalami are normal in signal intensity.

The corpus callosum and skull base are normal. No midline shift is seen. No acute intracerebral hemorrhage.

Posterior fossa and brainstem are unremarkable. Skull base arteries demonstrate normal flow void.

Mucosal thickening is seen in bilateral maxillary sinuses.

IMPRESSION:

- 10 x 12 mm heterogeneously enhancing focal lesion in the posterior chamber of the left globe along the inferior aspect. Non-contiguous 4 x 3 mm enhancing focal lesion along the medial wall of the left globe with associated retinal detachment and subretinal hemorrhage. 5 x 4 mm enhancing focal lesion in the posterior chamber of the right globe along medial aspect. Findings are consistent with bilateral retinoblastoma (L>R).

Clinical correlation is necessary.


DR. ANKUR GADODIA
MD (AIIMS), DNB, FRCR (UK)

This is a professional opinion and not the diagnosis. Findings should be clinically correlated.

ब० रो० वि० कार्ड
O.P.D. Card



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

कमरा नंबर
Cabin No.

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

यू०एच०आई०डी० संख्या
UHID No. 107534813

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

रोगी का नाम Name of the Patient	पुत्र/पुत्री/पत्नी S/D/W	लिंग Sex	आयु Age	पता Address
ADITI				

दिनांक DATE	निदान DIAGNOSIS
----------------	--------------------

22/5/24

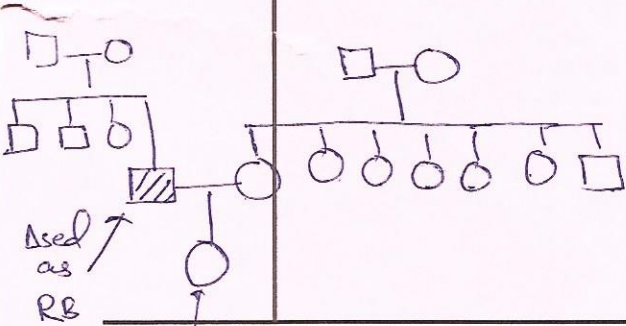
उपचार Treatment

U/S B New Oncology clinic

clo-squid x 6 bottles

FTMVD / CIAB / INICU
stay x 1 day

VA < not cooperate



In children.

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

दिनांक - Date

उपचार - Treatment

143 USG RE OS

Intraocular mass. = high spikes in b/w. Intraocular Mass with Multiple high spikes & calcifications

3-87mm 5-43mm

5.43 3.82

? RB.

(27/5/24)

B L RB

✓ CEMRI Axial/coronal/sagittal sections = 2mm cut (contrast enhanced) (fat suppressed) through optic nerve & pineal gland

NR (review Monday 10am)

✓ off EWA (staying early date)

27/5/24 ward 4A 9am

4/06/24 OT Sh floor 8am

Signature

- NPO - Solid 12am - water 6am - Breastfeed 4am

*

नेत्र ईश्वरीय सर्वश्रेष्ठ उपहार है जिनका मनुष्य जीवन में दान करना परमश्रेष्ठ है।

इनकी पूर्ण रक्षा कीजिए ताकि ये आपकी रक्षा कर सकें।

Eyes are God's most precious gift to man kind and eye donation is the most noble deed.

Take full care of them so that they can take care of you.

ब. रो. वि. कार्ड
O.P.D. Card



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

कमरा नंबर
Cabin No.

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 107534813
UHID No. 107554793
आचार्य राधिका टंडन का एकक
Prof. Radhika Tandon's Unit

रोगी का नाम Name of the Patient	पुत्र/पुत्री/पत्नी S/D/W	लिंग Sex	आयु Age	पता Address
Aditi				

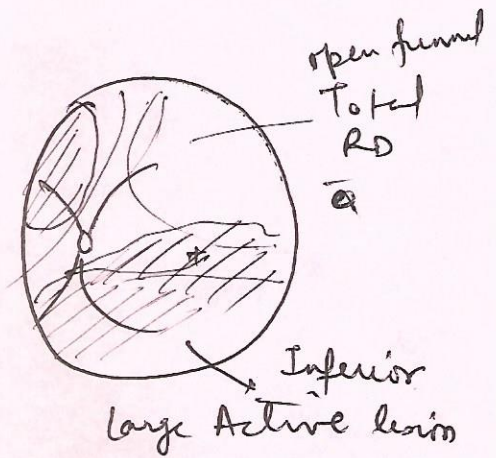
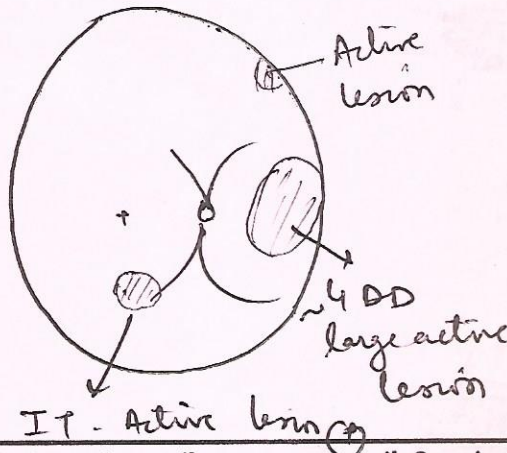
दिनांक DATE	निदान DIAGNOSIS
	(RE) Multifocal group B RB (LE) group D RB

उपचार Treatment

4/6/20

(BE) | AS

EVA ↓ UNIT 6 (B ↓ Dr Lome / M
(STAGING) Deep / Dr Athurhet /
, EVA D Nantara)



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

To be planned for Refer to Peds Oncology
 Intravenous chemotherapy
 Prof Rachee Sethi / Dr Jagdish / Dr Atiya
 2nd floor New RAK OPD # 209/210/211
Wed/Sat: 9am

✓ Sibling
succeeding → no sibling

R/A 2 cycles of Intravenous chemotherapy sn

(Be) Eto Mycin : : :
 x 5 days
 ↓
 Stop X

Old oncology
 clinic Mon/Wed
 (142) 2pm

नेत्र ईश्वरीय सर्वश्रेष्ठ उपहार है जिनका मनुष्य जीवन में दान करना परमश्रेष्ठ है।

इनकी पूर्ण रक्षा कीजिए ताकि ये आपकी रक्षा कर सकें।

Eyes are God's most precious gift to man kind and eye donation is the most noble deed.

Take full care of them so that they can take care of you.



अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI
Department Of Lab Medicine (Emergency and Ward)

UHID:	107534813	Sex :	Female
Patient Name :	Mrs ADITI	Sample Received Date :	25/06/2024 09:08 PM
Age :	1 year 4 months 24 days	Department :	Paediatrics
Unit Name :	Unit-I	Unit Incharge :	Dr. Rakesh Yadav
Lab Name:	Lab Medicine	Lab Sub Centre:	
Reg Date :	20/05/2024 08:47 AM	Sample Collection Date:	25/06/2024 04:04 PM
Report Generated Date:	25/06/2024 10:21 pm	Dept / IRCH No:	20240030016194
Recommended By:	Dr. Dilip SR Paeds	Lab Reference No:	738

Sample Details : WC-2506240737

Report

Test Name	Result	Comment	Normal Range
Urea (Urease method)	6.5 mg/dL		• 15 - 42 mg/dL
Creatinine (Creatine amidino hydrolase, Enzymatic method)	0.23 mg/dL		• 0.52 - 1.04 mg/dL
Uric Acid (Uricase Method)	3.9 mg/dL		• 2.5 - 6.2 mg/dL
Calcium (Arsenazo III method)	9.9 mg/dL		• 8.4 - 10.2 mg/dL
Phosphorus (p-methylaminophenol sulfate)	4.5 mg/dL		• 2.5 - 4.5 mg/dL
Sodium (Potentiometric)	140 mmo/L		• 137 - 145 mmol/L
Potassium (Potentiometric)	4.2 mmo/L		• 3.5 - 5.1 mmol/L
Chloride (Potentiometric)	110 mmo/L		• 98 - 107 mmol/L
Total Bilirubin (Modified diazo method)	0.42 mg/dL		• 0 - 1 mg/dL
ALT(UV with pyridoxal 5 phosphate method)	20 U/L		10.00-49.00
AST(UV with pyridoxal 5 phosphate method)	42 U/L		• 14 - 36 U/L
ALP	134 U/L		• 38 - 126 U/L • 156 - 369 U/L
Total protein (Biuret reaction)	6.9 gm/dl		• 6.3 - 8.2 gm/dl
Albumin (BCG Method)	4.2 gm/dl		• 3.5 - 5 gm/dl
Globulin (Calculated)	2.7 gm/dl		• 3 - 3.7 gm/dl
A G ratio (Calculated)	1.56		• 0.8 - 2
Total protein (Biuret reaction)	6.9 gm/dl		• 6.3 - 8.2 gm/dl

Over All Comment :

Kindly correlate results clinically.

Authorised Signatory
Dr. Shyam Prakash

Verified By
akhileshemergencych

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:107534813

40

आपातकालीन नं. (Emergency No): 2024/030/0063550

दिनांक DATE: 25/06/2024

समय TIME: 07:06:43 AM

NON-MLC

पаци NAME: MRS ADITI

आयु AGE: 1 years 4 months 24 days

लिंग SEX: F

107534813

पता ADDRESS: मकान संख्या H.NO: Rac bareli

सूची नं. STREET MOH:

शहर प्रखण्ड CITY/BLOCK:

पिन PIN:

राज्य STATE:

UTTARAKHAND

दूरभाष नं. PHONE NO:

9268990281

मोबाइल MOBILE NO:

9268990281

स्थान Location:

Paediatrics Emergency

बrought BY: Relative :

Criticality: Red / Yellow / Green

Response: Responsive / HR /min BP mmHg RR min spO2 %

Admitted to Paeds: Main New Emergency

B/L RB

Had fever 2 days back
 visited ER → doc on August

Presenting Complaints

Now loose stools x 1d (Aug-25)
 a/w vom in stool

Diarrhoea (16/6)

Vomiting (21/6)

Primary Assessment (ABCDE): Assessment Pentagon

No vomiting / Allergy / instability

Airway

Circulation

Disability

Open & stable: Yes/No
 If No.....

HR..... min

GCS.....

Breathing: RR 30/min

CFT.....secs.

Pupil size...../min

Efforts: Normal/Poor/increased

BP.....mmHg

Pupillary Reactions.....

Auscultation:

Air entry:

Normal poor/Differential

Peripheral pulse: Poor Good

Motor activity:

Added sounds:

None Stridor/Wheeze/Crackles

Central pulse: Poor Good

Normal &

Symmetrical Asymmetrical/

Posturing Flaccidity Seizure

SpO2 on Room air.....

Skin temp: Warm cool

Blood Sugar.....mg/dl

Exposure:

Temp.....

Colour: Normal/pallor/cyanosis

/mottled

Any other skin lesions.....

wt: 7.4kg

Diagnosis

A B/L RB / 16

Formula
 120ml
 120ml

2mg piper 750mg / 20ml NS IV q 8h
 100mg amikace 100mg / 10ml NS

By ... (20mg/5ml) 5ml 1x

led once to Mr (unformed)

⑥ hyp zinc (20mg/5ml) 5ml 1x 1st

⑦ 2RS 5ml/boon stool

ड्यूटी पर रहेंगे
Doctor on Duty
आगरा एमरजेंसी विभाग
Dept. of Emergency Medicine
आगरा, २३ फरवरी - 110029
A.I.M.S., New Delhi

25/6/24

C/S/B S.R.P.O.

40 b/l RB - 6th p.p.o
R+ p.p.o multifocal

* cycle 1 HD-CEV
reverted
15/6 to 16/6

40 fever x 2 days
• loose stools x 1 day
8-10 times per day,
w/w worms in stools

→ no No vomiting / tastes / burning micturition / bleeding from
any site / ear discharge / cough / cold

O/E

HR - 120/min

oral mucosa: (N)

CVS: 9/2 @, M @

RR - 26/min

skin pinch: (N)

(NS: unswollen, irritable)

SpO2 - 98% @ R1A

CP + IPP+

tons: (N)

URT < 3sec

25-6-2024 CIW)

chest: b/l breath sounds @
clear

P.T.O.

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

नाम

Name

Aaditi

उम्र

Age

17/14M/F

सर्विस

Service

दिनांक

Date

यू.एच.आई.डी. नं.

UHID No.

107534813

प्रोफेसर इंचार्ज
Professor I/C

Notes written by

CLINICAL NOTES

wt: 7.4 kg

IMV

ADU

(BC: 9.6 / $\frac{5640}{520}$ / 2.24 hr)

ANC: 850 \rightarrow 520

1. orally allowed / OBS adlib
2. AMFIBIO
 - 7mg PIPITAZ 75mg iv 2 8hrly
 - 7mg AMIKACIN 110mg iv 2 24hrly
3. Syb Albendazole (20mg/5ml) 5ml Pro stat - 1 day
4. Syb Zinc (20mg/5ml) 5ml OD x 14 days
5. ~~done~~ clamped signs explained,
 7/10 ROS
Order
 SK

fb₂
 (Send LFT/RFT)
 ↓
 then BS am
iv antibiotic



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



S PROHIBITED IN HOSPITAL PREMISES

बाल चिकित्सा विभाग
UHID: 107534813
ABHA: [QR Code]
adit.1@abdm
Dept No: 20240030016194

कमरा / Room C-207
Queue / संख्या N23
Unit-III, Paediatric

OPR-6

ADITI

174M / D F (महिल)
Rae Bareilly, UTTARAKHAND, INDIA

Ph: 9268990281 General Rs 0
New Patient

SAT बुध शनि



Reporting: 08/06/2024

ब०रो०दि० पंजीकृत सं० / O.P.D. Regn. No.

आयु
Age

पता / Address

निदान / Diagnosis

दिनांक / Date

उपचार / Treatment

K/C/O B/C R/B

(Handwritten notes in red and black ink)

W/A (-2.07)

- Parent noticed squint 3 mo back.
- not able to see for left eye

h/o RB fall. rec'd / 7th from
Guwahati at 2 mo age
RT eye enucleated (RB)
(No Doc Available)

B/h Term (NVD) CIAB, ~2 kg
I/h appropriate / Age 1 day stay

D/h

Normal

- L Speaks bisyllables
- H Localize sound well
- G/H walks without support
- F/H picks and drinks from cup.

V Squint 3 mo, Left eye not able to see
(towards medial) 3 mo



24/5/2024

MR

Left - 10 x 12 mm heterogeneously enhancing
post. chamber Inf. aspect.

- 4 x 3 mm, enhancing focal lesion
medial wall alw Retinal Detachment
- Sub retinal Membrane

Right - 5 x 4 mm enhancing focal lesion
post chamber along medial aspect

- Findings consistent w/ BIC RB

no c regenerative
manifested SVB

SVB (A) (B) (C) (D) (E)

CBC, CRP, RF 1

gouty ~~can~~ work up

plant ~~Asymmetry~~
High dose C&L

2pm Monday clinic

→ 210 Room



10/6/24
(1:30pm)

Dr. Vishal ARSHNEY
Resident
Paediatrics
15, New Delhi



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

शरीरभाषा खलु धर्मसाधना

बाल चिकित्सा विभाग

UHID: 107534813

ASHA:

ashb.112023@abdn

Dept No: 20240030016194

कमरा / Room

C-210

Queue /
संख्या

F19

Unit-III, Paediatric,

OPR-6

एकक / Unit

विभाग / Dept.

नाम / ADITI

सं / O.P.D. Regn. No.

पता / Address

1Y 5M 23D / F(महिला)

Rae bareli, UTI KHAND, INDIA

Ph: 9268990281

General Rs. 0

Follow Up Patient

SAT बुध शनि



Reporting: 09:07:31
24/07/2024

निदान / Diagnosis

दिनांक / Date

उपचार / Treatment

(Handwritten signature)
7.8 kg

To Flu on 7/8/24 Wed AM
T CBC / SE KPR RTI

8.8 $\frac{8520}{2700}$ 559/103

can go home

Nikita



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



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:107534813

P-59

समय TIME: 05:45:58 AM

NON-MLC

M. Ver

Emergency No: 2024/030/0062709

दिनांक DATE: 23/06/2024

MRS ADITI

आयु AGE: 1 years 4 months 22 days

लिंग SEX: F

ADDRESS

मकान संख्या H.NO:

Rae bareli

गली / मुहल्ला STREET MOH:

शहर प्रखंड CITY/BLOCK:

पिन PIN:

राज्य STATE:

UTTARAKHAND

दूरभाष सं. PHONE NO:

9268990281

मोबाइल MOBILE NO:

9268990281

स्थान Location:

Paediatrics Emergency

Criticality: Red / Yellow / Green

Response: Responsive/HR /min BP mmHg RR /min spO2 %

Admitted to Paeds/ Main/ New Emergency

1 pds omo.

B/L RB

on septam prophylaxis

Presenting Complaints

2 h/o fever :: yesterday 4 pm

*HC CEV (750 dose)
1st cycle completed on 16/6*

op coryza ⊕

No cough / vomiting / loose stools.

Assessment (ABCDE): Assessment Pentagon

1st cycle received on 21/6/24

No h/o sed oral intake.

Airway

Disability

Open & stable: Yes/No

Circulation

GCS.....*15/15*

If No.....

HR.....*40* mm

Pupil size.....*7* /min

Breathing: RR *30* /min

CFL.....*2* secs.

Pupillary Reactions.....

Efforts: Normal / Poor / increased

BP.....*98/48* mmHg

Auscultation:

Peripheral pulse: Poor / Good

Air entry:

Normal / poor / Differential

Central pulse: Poor / Good

Added sounds:

None / Stridor / Wheeze / Crackles

Skin temp: Warm / cool

SpO2 on Room air.....*99%*

Others

Motor activity:

Normal & Symmetrical / Asymmetrical / Posturing / Flaccidity / Seizure

Blood Sugar.....mg dl

Exposure:

Temp.....

Colour: Normal / pallor / cyanosis / mottled

Any other skin lesions.....*NO*

PA: soft.

WE - 7.4 kg.

Diagnosis

Imp: B/L RB.

Plan

Adv: RVC reports.

M. Ver

Impending FN

Adv: ~~Inj Piptay 750 mg IV TDS~~
~~Inj Amikacin 110 mg IV OD.~~
Renew 7:00 AM
Peds onco SR will renew (informed)

~~Signature~~

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

नाम
Name : *Abhili*
प्रोफेसर इंचार्ज
Professor I/C

उम्र
Age *14/f*
सर्विस
Service

दिनांक
Date *23/06/24*

यू.एच.आई.डी. नं.
UHID No.
107534813

Notes written by *D.R. Nelli*

CLINICAL NOTES

B/L RB.
 left group D
 (R) group B milder focal

1st HDCCV group (15/06/24 - 16/06/24)

no complains for
cough coryza x 2 days
fever x 1 days

No complain complains of vomiting
loss stool
cough
no difficulty in respiration

Ag *grouped element*
NO fever
no loss
LN
cytosis
edema } *Negative*

examination -
2/24
25
26/48
27/200

PHYSICAL EXAMINATION

Temp.	Pulse	Resp.	B.P.	Weight
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lyptoms :-

Respiration - No crackles
 Bilateral ves entry equal
 No rales heard

PA - soft L > NP
 GCS 15/15
 S₂ + / M -

B/Cft - unaltered

ADMISSION OF MEDICINE PHARMAS
 MEDICINE RECEIVED
 NAME: _____
 DATE: 23.06.2024
 SIGN: _____

CBC - $\left\{ \begin{array}{l} 4.44 \\ 0.85 \end{array} \right\} 2,69,000$
ANC 850

IV ceftaz
 IV vancomycin } low dose regim

Ad) ct regim

1) Syb Augmentin (5ml / 457 mg) 2.5 ml B 2 time
 1x day

2) Syb CEFTRIZIME (5ml / 5mg) 2.5ml PO QD

3) Nasal saline drop 2 drop every 4 hour

4) Syb PCM (5ml / 125mg) 4.5ml PO QD

Dr NIKITA SINGH
 DM Resident
 Pediatric Oncology
 Department of Pediatrics
 JIIMS, New Delhi

5/6/24

↓

CANCIDS

kindly review

qy VCR 1mg (1) week

qy CARBO PLATIN 457 (1) week

qy ETOPOSIDE 100mg (2) weeks

qy G-CSF 300mg (2) week

24/7/24

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

ASIS: B/L IORB
 (R) multifocal gr B
 (L) gr D.

post 2# HDCEV ~ EVA on s/o response to chemo (R)
(6/7 - 7/7) (16/7)

due for cycle (3) date @ daycare _____

Rechemo
labs ~ B.B / 2400 / 5.59/20
(22/7)

RPTILAT ~ (R)

Wt 7.4 kg

Advice

Day 1

Inj. vincristine 0.2 mg iv slow push
for 26/7

Day 1

Inj. carboplatin 150 mg / 100 ml NS iv
over 2 hrs
for 26/7

medication

Inj. emset 1.5 mg iv / Inj. Dexam 1.5 mg iv]

Day 1 and 2

Inj. Etoposide 65 mg / 200 ml NS
iv over 2 hrs
for 26/7

Day 3 onwards up to 5 days

D₂ 28/7

dat for 26/7 given 29/7

Inj. G-CSF 35 mg sc once daily

D₁ 28/7
D₂ 29/7

the oral septan as advised 29/7

flu on next opp visit 7/8/24 2 CBC / SE KEM