





75 साल स्वास्थ्य सेवा में—1933-2008
75 YEARS OF HEALTH CARE 1933-2008

भारत सरकार

GOVERNMENT OF INDIA

स्ना. चि. शि. अनु. सं.—डा. राम मनोहर लोहिया अस्पताल, नई दिल्ली
PGIMER - DR. RAM MANOHAR LOHIA HOSPITAL, NEW DELHI

जिन्दगी चुनें : तम्बाकू नहीं
CHOOSE LIFE : Not Tobacco



20240055144

केस शीट / CASE SHEET

20244754

ECS 3rd Floor Paed Department

(क) भर्ती संबंधी आंकड़े / Admission Data :

AADHAR NO.....

के. ए. संख्या / CR No.	Dr. Alok Hemal	वार्ड / Ward		
यूनिट नं. Unit No		डॉक्टर Doctor		
यूनिट अध्यक्ष Unit Head	2024-01-20 4:37 pm	क्या चिकित्सा सिधक मामला है / If M/C	नहीं (No)	हाँ/नहीं Yes/No
भर्ती की तारीख एवं समय Date & Time of Admission	Miss. ARPITA	वाले का नाम Referred from		
		स्थानान्तरण Transfer to		2 Years / Female

(ख) रोगी के संबंध में आंकड़े / Patient's Data :

*****8295

नाम / Name		आयु एवं लिंग / Age & Sex	
माता-पिता/पति का नाम Mother / Father / Husband's Name		ब.रो.वि. / आपातकालीन विभाग संख्या / OPD / Emergency No.	
पता / Address		के.स.स्वा.सं. टोकन नं. CGHS Token No.	
		दूरभाष / Phone Nos	

(ग) वैदानिक आंकड़े / Clinical Data :

अंतिम निदान / Final Diagnosis		आईसीडी कोड/ ICD Code	
अपनाई गई शल्यक्रिया Operative Procedure		ऑपरेशन की तारीख Date of Operation	

(घ) छुट्टी/मृत्यु संबंधी आंकड़े / Discharge/Death Details :

छुट्टी भेजे जाने का समय/पता, मृत्यु होने की तारीख एवं समय Date & Time of Discharge/ Referral/LAMA/Abso/Death		अस्पताल में भर्ती रहने की अवधि / Hospital Stay	
मृत्यु का कारण Cause of Death			

कनिष्ठ निवासे
Junior Resident

वरिष्ठ निवासे
Senior Resident

चि. आधि/विशेषज्ञ/यूनिट अध्यक्ष
M.D. / Specialist / inOU

नाम / Name

हस्ताक्षर / Signature

back



13/2/2024

After cross matching & blood group matching
1.50 ml pRBC transfused

In case of any concern
2Xn

- 1mg cefixime 0.5 mg/kg IV stat
- 1mg hydrocort 5mg/kg IV stat
- 1mg BT lens 1mg/kg IV stat

Licence No. 768/82
DR. RAM MANOHAR LOHIA HOSPITAL
New Delhi-110001

Name of Patient Appita
 Ward & Bed No. P3A
 C.R. No. 4754
 Blood Bag No. 487 B POS
 Unit Incharge Dr B-Patra
 Cross matching done & Found Compatible with sample.
 Signature of Lab Technician Issuing the blood [Signature]
 Date & time of issue 13/2/24 12:30 PM

BIOCHEMISTRY

Lactate: mmol/L (0.7-2.1)
 Ammonia (NH₄): mmol/L (0.7-2.1)
 S. Magnesium: mmol/L (0.7-1.1)

200

(upto 40)

(50-150)

50mg IV TDS

1mg clindamycin
50mg IV TDS

antibiotic
sl

DNAB

IVF DNS

edf

33

Aspela; 24yr, F.

Recurrent Pneumonia (Adeno + CMV) & IDA

Issues

- O₂ dependency ⊕
- NO other issues

SpO₂ - 96% - avg

Vital - RR - 120/min

RR - 35/min

SpO₂ - 98% on O₂ support

82% on RA

Chest - Bil Aes ⊕; no added sound

Cvs] WNL

RA - Edr, NI, ND, BS ⊕

Rx (sus)

- Sypp Valgan (10/10) 2.5ml oo
- Tab JR Lanzol (10mg) 1/2 tab oo
- Sypp Dominal (1mg/5ml) 5ml TOS
- Sypp Calumap 1 5ml oo
- Sypp A to 2 5ml oo
- Neb 2 Asthelin 1.0mg 4hsly
- 3% Neb 4hsly
- chest physiotherapy

HRCT
30/8/24

Di Periculis Viral Pneumonia (Adeno + cm)
= TDA

Adena
24rf.

Issues

- Episodes of bronchospasm ⊕
Esp at night.
- AD - improving.
- Afebrile.

Q/S - Gc. ~~low~~ fair

Vital - HR - 120/min

RR - 35/min

SpO₂ - 98% on O₂ support.

90-92% on RA -

Chest - Bil AEE ⊕ ; occasional
exp. wheeze ⊕.

CVC
CNS JWNL

Resp - Bil AEE ⊕.

[Signature]

Adv [wt - 8kg]

- (1) Syp Valgan (10/5) 2.5ml BD.
- (2) Tab JKLazol (10mg) 1/2 tab BD
- (3) Syp Dornetal (3mg/3ml) 3ml TID
- (4) Syp Calumap 1 5ml BD.
- (5) Syp A-Z 5ml BD.
- (6) Neb = Asthalin 1.5ml q 4hly
3x. Neb q 4hly

Uter PT.

23/24

GOVERNMENT OF INDIA

Aspirin

Δlin - Persistent viral pneumonia (Adena + 24/1F

• (m.v)

• IDA

ATI

1) Bronchospasm episoden ⊕

2) RTD - emphysema

U/G

vitality stabil

PPV ⊕ ⊕

ext warm

CRT < 3M

Adv (st-8ka)

1) syh valgan (50/1) 2.5ml 0/1

2) Tal ~~zoo~~ longal 50 1.5mg 1/2 tab 0/1

3) 4/1 Domstal (1mg/1ml) 1ml 7M

4) 1/4/1 Calcemat 1 5ml 0/1

5) 4/1 A-Z 5ml • 0/1

6) vrb i Mithalin 1.5mg 44M

3 + NaCl 444

chest IT

• Dilua
←
puz

29/3/24

Aspita
24/12

Δ - Persistent Pneumonia (kiral)
 ± IDA (Adeno + ~~myo~~
 CMV)

A/E

- ① Bronchospasam episodes ⊕
- ② RO improving

D/E

Vitaly stable

PP/Pv - +/N

Ext - wan

CFT - C 2+

Adv - nit 8hr

- ① Syp Volgan (50/1) 2.5ml OD
- ② Tab Lanzol Jr 15mg 1/2 tab OD
- ③ Syp Domstal (1mg/1ml) 1ml ^{TAD} OD
- ④ Syp Calceon P 5ml OD
- ⑤ Syp A-2 5ml OD
- ⑥ Neb ± Asthalin 2mg @ 4h
 3x Nacl 0.4h

Chest PT


 RA
Plan
CBC.

चिरायु

Mother & Child Care Centre



Dr. Rajesh Kumar

M.B.B.S., M.D. (Paed.)
Regd. No. HN - 9802
बाल रोग विशेषज्ञ

Timings : 9.30 AM To 1.30 PM
6.00 PM To 9.00 PM
Sunday 11.00 AM To 1.00 PM

For Appointment

Book Directly from : www.chirayuchildcareclinic.com

Or Call : 9811029499

C-53, PV Kendra, Palam Vihar, Gurgaon, Ph.: 0124-4070219

E-mail: chirayuchildcareclinic@gmail.com

Name	Age / Sex	Wt.	Ht.
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Reg. No. : A54256

Date : 08/01/2024 19:36

Patient Name : BABY ARPITA

Weight : 6.2 Kg

Address : .

Sex : Female Age : 1 Yr 9 Months 1 Day

Complain :

- CLINICAL FEATURES :
- FEVER D 6 days
- COUGH
- NO OTHER COMPLAINTS
- R/S WHEEZE +
- REST S/E NAD

CBC/PEP
 CRP Quantitative
 CXR

Diagnosis

WALRI 2

Rx

- Sy. Amoxicillin+clavulenic Acid 457 (Novamox Cv Forte) (1)
2 1/2 ml 2 times a day. 5 Day(s)
- Sy. ASTHALIN (1)
3 ml 3 times a day. 7 Day(s)
- Tab. Montair 4 mg/TELECAST 4 mg (7)
1 Tablet once a day. IN THE EVENING AROUND 6 PM 7 Day(s)
- Sy. Paracetamol drops (P 100 DROPS/CROCCIN DROPS)) (1)
1 1/4 ml WHENEVER REQUIRED
- Sy. Mefenemic Acid (MEFNUM/MEFTAL-P) (1)
2 1/2 ml in case of fever, can be repeated every 6 hours if required
- NEBULISER AS ADVISED (1)
5 Day(s)

Handwritten notes and diagrams including a box with 'L 25 + ... (5)', 'L 3 - - - (7) 13', and 'L 25'.

Bedman - L (JR) 8 PM | 8 PM
 Bedman L.D - 11 AM | 11 PM

Dr. Rajesh Kumar
Gurgaon, Haryana

NOT VALID FOR MEDICOLEGAL PURPOSE

length = 76 cm
 wt = 8 kg

राष्ट्रीय राजधानी क्षेत्र दिल्ली सरकार GOVT. OF N.C.T. OF DELHI,
 इन्दिरा गाँधी अस्पताल, सेक्टर-9, द्वारका, नई दिल्ली-110077
INDIRA GANDHI HOSPITAL, Sector-9, Dwarka, New Delhi-110077
TRANSFER / REFERRAL FORM

रोगी का नाम Name of Patient	Arpita	आयु Age	2 yrs	लिंग M/F	F.	वार्ड WARD		किस्तर संख्या Bed No.		एकक Unit	II	सी आर नं. केन्द्रीय पंजी संख्या Cr. No. MLC No.	636.
पिता / पति का नाम Name of the Father/Husband	Amit Kumar												
रोगी का नाम व पता Name & Address of Relative													
रोग संबंधी निदान Clinical Diagnosis	Pneumonia ± Mod. stunting ± Mod. undernutrition ± anemia												

रोग संबंधी व्याख्या / CLINICAL NOTES
 दिया गया उपचार / GIVEN TREATMENT
 PROGRESS DURING STAYING IN HOSPITAL, INVESTIGATION DONE ETC.
 On Exam: Ct crepiti in chest were ⊕
 needed O₂ support via nasal prongs @ 2 l/min.
 X-ray chest was done - Amj Amoxycillin was started x 4 days.
 child did not show improvement & had high grade fever spikes (103, 104°F documented).
 CT chest was done showing consolidations in Rt. upper lobe, ant segment of Lt upper & both lower lobes s/o infective etiology.
 i/o which antibiotics were upgraded to tygeptax & Azithromycin x 2 days.

भेजने के कारण
 REASON FOR TRANSFER/REFERRAL
 child has shown no clinical improvement.
 Referred to higher centre for further evaluation & management.

TRANSFERRED/REFERRED TO	RML Hospital.	TRANSFER/REFERRED BY:	Dr. Kusumata
डॉक्टर नियुक्त REFERRING DOCTOR	Dr. Brijesh.	SIGN./हस्ताक्षर	<i>[Signature]</i>
नाम NAME	पद DESIGNATION	पद DESIGNATION	SR Paeds.
	Consultant.	नाम NAME	Dr. Kusumata Yadav.
		तारीख DATE	20/1/24 समय
		DATE	20/1/24 TIME

P.T.O.
 Reports documented on the back



Patient ID: 25309278	Patient Name: ARPITA KUMARI
Age: 2 Years	Sex: F
Accession Number:	Modality: CT
Referring Physician: DR BRJESH KUMAR	Study: CECT CHEST
Study Date: 17-Jan-2024	

CECT CHEST

Technical aspect: Plain and IV contrast enhanced axial CT scan of Chest has been performed.

Clinical History:

H/O COUGH FEVER ON OFF LAST 15 DAYS BACK
? KOCIS

Observations:

Patchy areas of consolidations are seen in right upper lobe, anterior segment of left upper lobe and both lower lobes with adjacent multiple discrete and confluent centrilobular nodules, showing V-Y branching pattern.

Rest of lung fields are clear.

Trachea appears normal. Major bronchi appear normal.

Mediastinal vessels appear normal in configuration.

Arch of aorta and its branches appears normal. Pulmonary vessels appear patchy.

No significant mediastinal adenopathy.

No pleural or pericardial effusion.

Visualized spine appears within normal limits.

The chest wall appears intact.

IMPRESSION:

- Patchy areas of consolidations are seen in right upper lobe, anterior segment of left upper lobe and both lower lobes with adjacent multiple discrete and confluent centrilobular nodules, showing V-Y branching pattern. Features suggestive of active infective etiology.

Arjun, Bhat, MD

In comparison have any literature, history, pathological radiologist and other investigations were studied for final diagnosis. They can help in diagnosing the disease in correlation to clinical symptoms and other related data. Please contact accordingly.

Dr. Shraddha K.

MD, M.D. S.S. (Consultant Radiologist)
Reg. No. 3466082016

Date: 17-Jan-2024 13:00:42



SUSHAKTI CHARITABLE TRUST

OUR RELIGION IS HUMANITY

PAN NO. ABBTS0498N

S. No. 46

Date 30/03/24

सेवा में

Sushakti Charitable Trust
Office no-5, East Sapphire,
Sector-45, Noida

महोदय,

मेरा नाम काजल है और मैं चंपार (बिहार) की एक बच्ची हूँ। मेरी बच्ची का नाम अरपिता है और वह केवल 2 साल की है। बचपन से ही उसे सांस लेने में दिक्कत रहती रही है पिछले एक साल से उसकी लबीपन और ज्यादा खराब हो गई है। डॉक्टर ने उसे आक्सीजन लिनेंडर लगाने की सलाह दी है। सरकारी अस्पताल से पहले हम बरिबेट में भी दिख रहे थे पर आर्थिक स्थिति सही न होने के कारण से हम इलाज पूरा नहीं कर पाए। अब हम आक्सीजन लिनेंडर का खर्च उठाने में असमर्थ हैं। आपसे बिगती हैं की कृपया करके हमारी इस स्थिति में सहायता करें ताकी अरपिता सही से सांस ले सके।

धन्यवाद

काजल

SUSHAKTI CHARITABLE TRUST
REG. NO. 38/2021
Office No. 5, EAST SHAPHIRE,
SADARPUR, SECTOR-45
NOIDA-201301 (U.P.)



भारत सरकार

Government of India



काजल कुमारी

Kajal Kumari

जन्म तिथि / DOB : 03/02/2000

महिला / Female



4428 9150 9530

आधार - आम आदमी का अधिकार