









# CHACHA NEHRU BAL CHIKITSALAYA

(An Autonomous Institute under Govt. of NCT of Delhi)

Affiliated to Delhi University

An Associated Hospital of Maulana Azad Medical College  
Geeta Colony, Delhi-110031



415

NAME: Abhishek **ADMISSION SHEET**

AGE/SEX: 7y 1m

DEPT.: P. medicine

UNIT HEAD: Dr. Manish S.

C.R.NO.: 13822

D.O.A.: 22/12/2021

UNIT: IPD

D.O. Discharge:

Provisional Diagnosis: Seizure Disorder

Final Diagnosis		ICD - 10
Primary Diagnosis:		
Associated Diagnosis:		
Complications:		

Surgical / Medical Procedures Done		Blood Components Therapy	
Date	Name of Surgery/Procedure	Date	Name of Blood components transfused

Weight Chart							
Date							
Weight							

Anthropometry				Antibiotics Therapy			
	Observed	Expected	%	Other Anthro	Name	Started on	Stopped on
Wt(Kg)	<u>20kg</u>						
Ht/L(cms)							
HC (cms)							

Immunization (tick ): Unimmunized ( )  
 Partially immunized ( )  
 Immunized for age ( )

Discharge Plan


Readmission within 48 Hrs. of discharge from CNBC (Yes/No): \_\_\_\_\_

PICU transfer (Yes/No): \_\_\_\_\_ DOT in : \_\_\_\_\_ DOT out: \_\_\_\_\_



# CHACHA NEHRU BAL CHIKITSALAYA

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Geeta Colony, Delhi-110031



## Treatment Sheet

Name Abhishek Age/Sex \_\_\_\_\_  
 CR No. \_\_\_\_\_ Ward \_\_\_\_\_ Diagnosis \_\_\_\_\_

Date	Time	Rx	Dr. Name & Sign	Noted by Sister Name & Sign.
	wt = 20 kg	Revised Treatment		
		- NPO, TFO		
		- IV $\frac{1}{2}$ DWS $\pm$ KCl (1:100 <del>NS</del> ) 500ml 12 hly		
		- Inj. phenytoin 50 mg IV 8 hly IV solu in del <sup>m</sup> NS @ 8 mg/kg/day		
Total fluid =	20 x 3 = 60			
	= 50 x 2 = 100	Inj. Leva. 600 mg 12 hly IV slow $\frac{1}{2}$ del <sup>m</sup> NS @ 60 mg/kg/day		
	= 50 x 3 = 150	Inj. Valproate. 400 mg. 8 hly IV solu in del <sup>m</sup> NS @ 60 mg/kg/day		
	= 5 x 24 = 125	Inj. Midaz @ 5 ml/hr. @ 5 $\mu$ g/kg/min (60 mg in 50 ml NS)		
	<u>435 ml</u>			
Total fluid =	1440 ml			
d-f =	1000 ml			
<u>27/12/21</u>	<u>2:00 PM</u>	Inj. Midaz 2mg IV stat		





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Geeta Colony, Delhi-110031



## Treatment Sheet

Name \_\_\_\_\_ Age/Sex \_\_\_\_\_

Room No. \_\_\_\_\_ Ward \_\_\_\_\_ Diagnosis \_\_\_\_\_

Date	Time	Rx	Dr. Name & Sign	Noted by Sister Name & Sign.
<p>29/12/21</p> <p>? ADEM</p> <p>? SSPE</p> <p>Resp - Sat 91%</p> <p>on O<sub>2</sub> by nose</p> <p>@ 10 l/min</p> <p>Bradypnea (+)</p> <p>low</p> <p>Brain</p> <p>anti-epileptic levels</p> <p>lanso</p> <p>paper kudar</p> <p>4 ehs</p> <p>ter</p> <p>seizure free</p> <p>21 ug/kg/min</p> <p>every 3hrs</p>		<p>Superrefractory status epilepticus</p> <p>(past 4yo febrile rash at 1 1/2 yrs of age)</p> <p>on HTS @ 1ml/kg/hr for 48 hours</p> <p>Last Na<sup>+</sup> = 132 mEq/L</p> <p>Low Fed</p> <p>ACS = E, V, M 3-4</p> <p><u>Adm</u></p> <p>- Rpt Se Electrolytes</p> <p>→ Japer HTS acco</p> <p>- Send anti-epileptic levels</p> <p>- Add Tab Pyridoxine 100mg po OD</p> <p>- Tab Clonazepam 5mg per NG OD</p>		<p>(22/12/21)</p>

Dr. Anita Chattopadhyay

M.D. (Pediatrics)

Assistant Professor

GNBC, Geeta Colony

New Delhi-110031



भर्ती का संक्षिप्त विवरण

ADMISSION SUMMARY

डी.आर. संख्या

ADMISSION NO.

2021013822

Form No. 0001052918

रोगी का नाम Patient's Name	वर्ष आयु Yrs/Age	जन्म तिथि Date of Birth	वर्ष Year	महीना Month	दिन Day	लिंग Sex	हेमिपत Civil Status	धर्म Religion	वार्ड Ward	उपचार यूनिट Treating Unit
STEK SISHEK	7		7			Male	Single	Hindu	Emergency	UNIT (PEDIATRIC MEDICINE)

पिता संरक्षक का नाम Parent's/Father's Name	ROOP SINGH	माता का नाम Mother Name	RUBY
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पता  
Address

भर्ती का तिथि व समय Date and time of Admission	22/12/2021 08:32	छुट्टी / मृत्यु की तिथि व समय Date and time of Discharge/Death	भर्ती की अवधि Days of Stay
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रिपोर्ट प्रदान की दशा में; नाम, पता, सम्बन्ध लिखें।  
In taken case of emergency ( Give name, address, relationship)

टेलीफोन नं.  
Telephone Number

भर्ती तारीख व नम्बर दें  
Give date and number

प्रमुख रोग निदान ( भर्ती होने के 24 घंटे के भीतर पूरी हो जाना चाहिए )  
Principal diagnosis (to be completed within 24 hours of admission)

भर्ती के समय रोगी का सक्षम व्यक्ति द्वारा औषधीय या शल्य चिकित्सीय उपचार के लिए पीछे की ओर दिये गये प्राधिकरण पत्र पर हस्ताक्षर किया जाना चाहिए।  
On admission, patient or qualified person must sign authorization for medical and / or surgical treatment on reverse side

द्वितीय रोग निदान  
Secondary diagnosis

सहायक रोग निदान या जटिलताएँ  
Secondary Diagnosis or complication

कोड संख्या  
Code Number

संश्लेषण  
Consultation with

सुझाव  
Advice

संज्ञा  
Diagnosis

मृत्यु का कारण  
Cause of Death

सुझाव लभ्य  
Recommended

सुधार हुआ  
Improved

सुधार नहीं हुआ  
Not improved

इलाज नहीं किया गया  
Not treated

केवल परिदृश्य  
pronunciation only

मर गया  
Dead

अज्ञेय  
not reported

जी हाँ  
Yes

जी नहीं  
No

हमने जांच की कई दिनों के बाद, पूर्ण चिकित्सीय अभिलेख का अनुमोदन किया गया।  
We examined and approved this complete medical report on

हाउस चिकित्सक  
House Physician

रजिस्ट्रार/स.प. निवासी  
Registrar/S.P. Resident

विभागाध्यक्ष  
Head of the Unit



मैं प्रभारी चिकित्सक को उनके रोग के लिए प्रवेश जांच और मेरे वार्ड की सामान्य जांच करने के लिए अधिकृत करती हूँ।  
I authorize the physician in charge of the care of my patient MASTER ABHISHEK to admit, examine and do general investigation for my ward for him/her disease.

22/Dec/2021

हस्ताक्षर  
Signature रुबी

(रोगी/Patient)

या  
Or \_\_\_\_\_

(निकटस्थ संबंधी)  
Nearest relative

रोगी से संबंध  
Relation to patient माता

### छुट्टी के लिये विमुक्ति का दायित्व

### AUTHORIZATION FOR DAMA/LAMA - DISCHARGE AGAINST MEDICAL ADVICE

यह प्रमाणित किया जाता है कि मैं MASTER ABHISHEK चाचा नेहरू बाल चिकित्सालय सरकारी अस्पताल, दिल्ली का रोगी, मेरा इलाज करने वाले डॉक्टर व चिकित्सालय प्रशासन कि राय के विरुद्ध अस्पताल से छुट्टी ले रहा हूँ। मैं स्वीकार करता हूँ कि मुझे इस से संबंधित खतरों से अवगत करा दिया गया है तथा मैं इसके द्वारा चिकित्सालय छुट्टी के कारण होने वाली किसी खराबी के लिये समस्त ज़िम्मेदारियों से अपना इलाज करने वाले चिकित्सक व अस्पताल को मुक्त करता हूँ।

I wish to certify that I MASTER ABHISHEK a patient in Chacha Nehru Bal Chikitsalaya Govt. Hospital, Delhi am discharged against the advice of the attending physician and of the hospital administration. I acknowledge that I have been informed of the risk involved and hereby release the attending physician and the hospital from all responsibility for any consequences which may result from discharge from the hospital.

रोगी से संबंध  
Relation to patient \_\_\_\_\_

रोगी से संबंध  
Relationship to Patient \_\_\_\_\_

22/Dec/2021

### निजी सामान के बारे में वक्तव्य STATEMENT REGARDING PERSONAL EFFECTS

चाचा नेहरू बाल चिकित्सालय सरकारी अस्पताल, दिल्ली में भर्ती किया गया हूँ तथा मेरे पास मूल्यवान वस्तुएं नहीं हैं।  
I have been admitted to Chacha Nehru Bal Chikitsalaya Govt. Hospital, Delhi, and have been kept no valuable with me.

रोगी या ज़िम्मेदार व्यक्ति के हस्ताक्षर  
Signature of patient or responsible person \_\_\_\_\_

रोगी से संबंध  
Relation to patient रुबी

22/Dec/2021

# INITIAL ASSESSMENT FORM

Date: 22/12/21

Time: 11 AM

Chief complaints & Duration:

Klelo Seizure Disorder

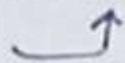
- ① Abnormal movements on & off x 5 days.
- ② Altered sensorium x 5 days.
- ③ Headache x 5 days.

### History of Present illness:

History obtained from:  Mother  Father  Grand Parents  Others \_\_\_\_\_

According to the mother, patient is a Klelo Seizure disorder → 1st episode occurred 4 months back → tonic movements of all four limbs associated w/ loss of consciousness → multiple seizures (each lasting 3 min); recurrent seizures w/out regaining of consciousness for 2 patient was taken to Agra (pvt) → Aleqale (Pvt) ~~seizure~~ (continuously on & off S2) → 15 days. Thereafter patient started having recurrent ~~falls~~ seizures on & off → ass. w/ loss of consciousness. Now patient has developed altered sensorium, & from last 5 days. Patient has also developed headache from last 5 days. No h/o M

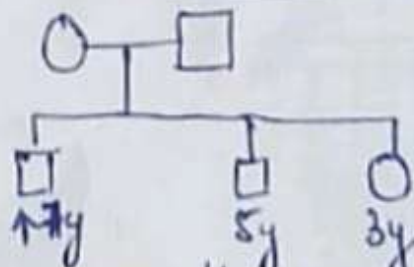
### H/O Previous Hospitalization:



### PAST HISTORY:

⊕ H/o Recurrent falls on floor d/t Seizure? H/o Varicella → 1 1/2 years of age (24-36h)

### FAMILY HISTORY:



NVD / Term / DCIAB

Cried after 2-3 min after Sec this

### BIRTH HISTORY:

- ① H/o TB Contact in mother at 7 months of gestation during 1st Preg.
- ② No H/O TB Prophylaxis / ITT at birth / workup

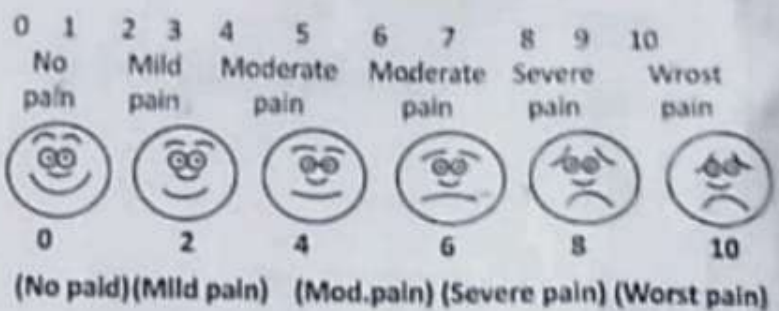


(S/E): Systemic Examination :

- Central Nervous system:** Altered Sensation. (E3 V2 M3) = 8/15  
 Higher Mental Function:  
 Cranial Nerve Examination: motor = Bulk =  $\frac{1}{2} \frac{1}{2}$   
 Motor System Examination:  
 Planters:  
 Meningial Signs: ⊖ nt  
 Tone = ↑ in all 4 limbs  
 DTR's = ↑ | ↑ (fast) in all 4 limbs  
 Ankle = ↑ | ↑  
 Power = can't be assessed →  $\frac{3/5}{3/5} / \frac{3/5}{3/5}$   
 Sensory = can't be assessed
- Respiratory System:**  
 Inspection: B/L A/E ⊕  
 Percussion: No added sounds  
 Auscultation
- Cardio Vascular System:**  
 Inspection: S2 ⊕  
 Palpation: murmur ⊕  
 Auscultation:
- Per Abdomen Examination:**  
 Liver: soft, MD  
 Spleen: No organomegaly
- Others:** BS ⊕

Pain Assessment:

Verbal Descriptor Scale



Wong-Baker Facial Grimace Scale

(Provisional Diagnosis)

- With co morbidities/Complications:
- ① Seizure Disorder / Encephalopathy (7 van 30)
  - ② ? Viral Encephalitis
  - ③ ? TBM.

PLAN OF CARE:

- WBC/CRP - IV AB - Ceftriaxone
- KFT/SE - IV Valproate
- LFT - IV Levetiracetam
- B<sub>2</sub>S - Mannitol

Desired outcome/Goals

Resident Sign:

Date:

Time:

Consultant Sign.

Date: Time:

Page

22/12/21, 11 AM

# Investigation Sheet

CR. No.

CSF/Pus/Pleural/Ascitic Fluid

Date	22/12	28/12	29/12	30/12
Hgm Hb	13.1			
TLC	7.35			
DLC	26/16			
Platelets	239			
ESR				
PS Indices				
Retic count				
MP/RMA				
Widal				
KFT Urea	21		11	
Creatinine	0.28		0.26	
Uric acid	2.8			
ELECTROLYTES				
Na	132	132	127	134
K	4.2	3.02	3.38	2.18
Cl	99			
Calcium				
Ionised				
CA (Total)				
Phosphate				
B. Sugar				
LFT Bil Total	0.40			
Direct Bil				
SGOT	41			
SGPT	57			
ALP				
Total Protein	3.4			
Albumin	1.4			
A.G				
PT				
APTT				
LIPID TG				
Cholesterol				
LDL				
HDL				
VLDL				
tool M/E				
ine R/E				
IE				

Date	23/12/21	
Fluid (Name)		
Gross		
M/E	TLI - Arterial	
Glucose	60	
Protein	43	

### Culture Sensitivity

Date	Specimen	Organism & sensitivity
22/12	CRP =	1.3
		AFB ndg

### Serological Investigations


### Mantoux Test

Date	Read after (24/48/72 Hrs.)



**DIETARY HISTORY:**

Eats with family.

**IMMUNIZATION:**

(Please tick ✓ cells of doses given)

Partially  
Imm. upto  
1 1/2 years

BCG					
DPT 1	DPT 2	DPT 3	MMR	DT	
OPV 1	OPV 2	OPV 3	DPT B	OPV	
HIB 1	HIB 2	HIB 3	OPV B		
Measles			Typhoid		

Any other vaccine: HEPATITIS A VACCINE, PCV, ROTAVIRUS VACCINE, Other: \_\_\_\_\_

**DEVELOPMENT:**

- A. GROSS MOTOR
- B. FINE MOTOR
- C. LANGUAGE
- D. SOCIAL

Developmentally (N) for age.

H/O DRUG ALLERGY (write drug name): Unknown

**EXAMINATION:**

General Physical Examination:

General Condition: Moderate

**Vitals:**

Temp: 36.5°C

HR: 70/min

RR: 20/min

Pallor: (-)

Lymphadenopathy (Y/N), if Yes which nodes (R) Submandibular

S/o Dehydration: (-)

S/o Vitamin Deficiency: (-)

Others: (-)

BP = 120/67 mmHg

Pulse: WF

Icterus: (-)

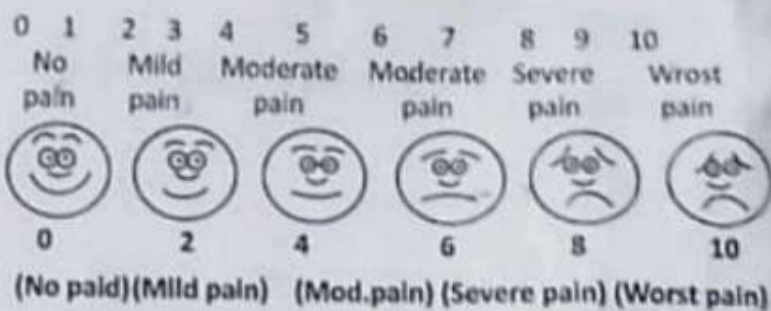
Cyanosis: (-)

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 Higher Mental Function:  
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Desired outcome/Goals

Resident Sign:

Date:

Time:

Consultant Sign.

Date: Time:

Page

22/12/21, 11 AM



# SUSHAKTI CHARITABLE TRUST

OUR RELIGION IS HUMANITY

PAN NO. ABBTS0498N

S. No. 07

Date 01-01-2022

सेवा में

SUSHAKTI CHARITABLE TRUST  
LGF - 90, ANSAL ARCADE SECTOR - 18  
NOIDA GAUTAM BUDDH NAGAR UP - 201301

महोदय

सविनय निवेदन यह है कि मैं रूप सिंह उत्तर प्रदेश का रहने वाला हूँ। मेरा बच्चा अक्षय को उसे दिमा में बुरा हो गया है और उसे लॉरे की पडो है मेरे बच्चे की स्थिति बहुत खराब है। उसके इलाज के लिए डाक्टर ने M.R.I और मधुगी दवाईयाँ बोली है हमारे घर कि स्थिति बहुत खराब है। हमें वैसे की जरूरत है। जिसे मैं अपनी बच्चे का इलाज करवा सकू।

धन्यवाद



SUSHAKTI CHARITABLE TRUST  
Regn. No. 38/2021  
LG 90, Ansal Furtunear Cade  
Sector-18, G. B. Nagar  
NOIDA-201301 (U.P.)

LGF - 90, Ansal Arcade, Sector - 18,  
Noida, Gautam Buddh Nager, U.P. 201301