





Ticket

https://server3.ehospital.gov.in/ehospital/opdreport/op

240

9m



Handwritten notes: 240, 27/12/22

भारत सरकार
GOVT. OF INDIA

वी.एम.एम.सी. एवं सफदरजंग अस्पताल, नई दिल्ली-110029
V.M.M.C. & SAFDARJUNG HOSPITAL, NEW DELHI-110029
(दूरभाष Telephone : 011-26730000, 26165060)

UHID:2017063435

Handwritten: 25/27/12 P.M.

CONSULTING ROOM NO : 368

CLINIC: Paediatric Surgery TOKEN NO: 44

DAYS: MON,TUE,WED,THU,FRISAT

VISIT NO : 19

LAST VISIT DATE : 27/12/2019

OUT PATIENT RECORD

EHR ID :201700026941691

Name : MASTER. BEER

Department : Paediatric Surgery

Dept No. : 2017/059/0008551

Date of Registration : 10-02-2020 10:02:57 AM

Unit: 1

Billing Type : GENERAL

Mobile No. :

Address : PALWAL, HARYANA, INDIA

(RE-VISIT)

Fees : ₹ 0

Sex : Male

S/O KALU

Age : 4Y 1M 23D

Email :

Occupation : OTHER

Patient Type : NON MLC Prepared

By: Ms.Chanderkala DEO

Handwritten notes: TUL AP-PSAPP 03.01.20
↓
Excision of gangrenous segment c and colostomy - 03.01.20
O/E Stome functioning
Adv

IN THE SERVICE OF HUMANITY

Handwritten: Hsi, uriae

Handwritten: 3 PAC

Handwritten: 24/4/23

इंडबल्युएस (आर्थिक रूप से कमजोर वर्ग) रोगियों के लिए महत्वपूर्ण सूचना

माननीय " उच्च न्यायालय दिल्ली" के अनुसार-इंडबल्युएस के व्यक्तियों जिनकी पारिवारिक आय 7254/- प्रतिमाह परिवार है, हेतु अभिचिह्नित निजी अस्पतालों द्वारा उपलब्ध करवाए जा रहे निःशुल्क उपचार का लाभ लेने के लिए संदर्भ सुविधा उपलब्ध है। कृपया उपचार कर रहे चिकित्सक से संपर्क करें वे संदर्भ किए जाने के तंत्र की शुरुआत करेंगे। अधिक जानकारी के लिए कृपया नोटिसबोर्ड देखें अथवा प्रभारी-ओपीडी (बाह्य रोगी मामलों में) यथ पंजीकरण काउंटर के पीछे, दूरभाष सं: 26707461 नोडल अधिकारी/सीएमओ-प्रभारी-कैज्युल्टी (भर्ती रोगियों के मामलों में), कक्ष सं. 107 (भूतल), आपातकॉलोन ब्लॉक, दूरभाष सं. 26707114



Department of Anaesthesiology & Intensive care VMMC & SJH

Pre-Anaesthesia Chart

Name: Beer Bld grp: _____ Date: _____
 Age: 8 Yrs. _____ Months Sex: M Weight: _____ Kg Height: _____ cm BMI: _____
 PAC Registration No: _____ Referring Surgical Dept/Unit: _____
 Diagnosis: ARM, 2 pouch colon on end colostomy Surgery Planned: _____

Medical History

- | | |
|---|--|
| <input type="checkbox"/> Fever | <input type="checkbox"/> Renal Disease |
| <input type="checkbox"/> Cough/URI | <input type="checkbox"/> Liver Disease |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Bleeding Disorder |
| <input type="checkbox"/> Diabetes mellitus | <input type="checkbox"/> Blood Transfusion |
| <input type="checkbox"/> Bronchial Asthma | <input type="checkbox"/> Dyspnoea |
| <input type="checkbox"/> COPD | <input type="checkbox"/> Palpitations |
| <input type="checkbox"/> IHD/CAD | <input type="checkbox"/> Syncope |
| <input type="checkbox"/> Pacemaker | <input type="checkbox"/> Smoking |
| <input type="checkbox"/> Thyroid Disease | <input type="checkbox"/> Alcohol |
| <input type="checkbox"/> Drug Allergy | <input type="checkbox"/> H/o Covid |
| <input type="checkbox"/> CNS/Psy Disease | <input type="checkbox"/> H/o Covid Sequel |
| <input type="checkbox"/> Epilepsy/Seizure | <input type="checkbox"/> Other Addictions |
| <input type="checkbox"/> Neurological Deficit | |

Details of Medical History and Treatment

By/m K/clo ARM.
on end colostomy
NO URI/LRI/Fever.

Surgical/Anaesthesia History:
Colostomy - 2015
AP-PSARP - 2020.

Menstrual/Obstetric History

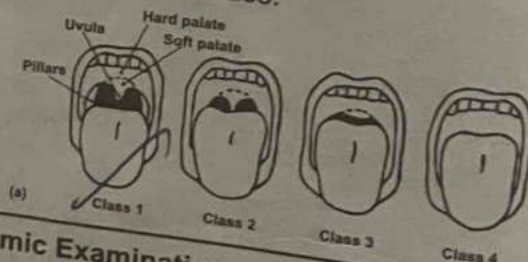
LMP: _____ LCB: _____
 G: _____ P: _____ L: _____ A: _____

General Examination

General condition: Good
 Nutrition: Fair
 Pulse: _____ /min BP: 100 / 70 mmHg
 PR: 90 /min Temp: _____
 Pallor/Icterus/Cyanosis/Edema _____
 Dentition: Firm/Loose/Dentures/Edentulous/Buck _____
 Venous Access: _____
 Any Prosthesis: _____
 Exercise Tolerance: _____
 Thyroid: _____

Airway

Mouth Opening: 3FIB
 TM Joint: _____
 Thyromental Distance: _____
 Neck Movement (Dellikan's Test): Adequan
 Jaw: Normal/retro/micrognathia
 Modified Mallampati Class: _____



Systemic Examination

Resp: Breath Sounds: NVBS
 Adventitious sounds: NO
 Breath Holding: _____
 Single breath count: _____
 CVS: S₁ _____ / S₂ _____ / S₃ _____ S₄ _____
 Murmur: NO
 CNS: HMF/Speech/Cranial nerves/Motor/Sens _____
 Reflexes: _____
 Spine: N
 Abdomen: M

REFERRALS

Department: PAC Date: 15/5.
 Reason for referral: kindly do floor
 Specialist Opinion: PAC ✓
 Man. AP-PSARP
 Nita

RPAC
 15/5/2023
 c/s/o Dr Anesthema
 → Plcto celestony + PSARP
 S_n → AP-PSARP

c/s → conscious oriented
 RR → 20/min
 C/S → S₂ ⊕
 B₂ → S₁ ⊕

- No fresh complaints.
 - No h/o Cough/cold/fever.

Name & Signature

Department: Date:
 Reason for referral:
 Specialist Opinion:

14/5/23
 HB → 10.5
 TLC → 4.8 x 10³
 Platelet → 244 x 10³
 Wt/Kt → 139/40
 Urea → 23
 S-Creat → 0.3
 T-Bil → 0.2

Name & Signature

Department: Date:
 Reason for referral: Ado: Pt provisionally fit for
 Specialist Opinion: N/O for 2hrs → clear fluids
 6hrs solids → 6

- Arrange blood products as per lab.
 - Sp. Fed: clay/ 1 tsp NS / Sp. Pantar 1 tsp. NS.
 - written / informed consent from parents.

Name & Signature

Department: AST/ACT/ALT → 4/1/22 Date: 22/05/23
 Reason for referral:
 Specialist Opinion:

NO
 c/s
 Dr. Anesthema

Name & Signature

Weight: 22 Kg Blood grp: Sex:

Safety Check List:

MRD No: 64047

Diagnosis: Anorectal malformation

Anaesthesiologists	Surgeons	Start time	End Time
Dr. Smita Dr. Prachi A. Dr. Sakshi Dr. Vivek Dr. Ashwath Dr. Prach	M. Sameer	An 9.10a Sx 9.40a	An 3: Sx 3:

Procedure: AP-PSARP

HR: 60 /min BP: 106/60 mmHg SpO2: 100% CVS: S, S2 (+) Resp: B/LA/G ECG: NSR

Monitoring: ECG NIBP SPO2 ETCO2 MAC Gases Temperature CVP Art B Urine TOF BIS Entropy Evoked Potential

IV access (Site/Gauge): 1 Rt Hand 22G 2 3

Central: IJV: Rt/Lt Subclavian: Rt/Lt Femoral Vein: Rt/Lt Arterial: Radial/Femoral Rt/Lt Size: Lumen: Attempts: Hematoma: Yes/No Primary Anaesthesia planned: BGA

General Anaesthesia

- As rescue for regional/Neuraxial
- Awake intubation - Airway blocks/ Topical

Premedication:

Preoxygenation: Yes/No Cricoid Pressure: Yes/No

Induction: Intravenous/Inhalational

Opioids: My fentanyl 40mcg in
IV agent: My Propofol 40mcg in
M Relaxant: My vec 2.5 mcg

OPA/NPA: Yes/No

Mask Ventilation: P P V X 3

Supraglottic device/ ET intubation / Tracheostomy

Oral/Nasal

D / VLS / FOB

Device: CETT

Size: 5.5

Air entry checked: B/LA/E/T

Fixed at: 16 cm Cuff pressure: mmHg

Cormack & Lehane:

Difficult Intubation: Yes/No

Throat packing: Yes/No

Circuit: Bain's/JRM/Closed

Ventilation: Spontaneous/Supported/ Controlled

MODE: VeV TV: 178 ml PS: cmH2O

RR: 20 /min PEEP: cmH2O

Gases: O2 + N2O + Sev + +

Maintenance: O2 + N2O + Sev + My vec 0.5mcg

Position: Prone

Pressure Points: padded

Neuraxial

- As supplement to General anaesthesia
- Position-Sitting/Lt Lateral /Rt Lateral

Epidural Gauge Level

Depth cm Fixed at cm

Identified by-LOR - Air/Saline Hanging drop

Test dose

Test dose - Negative / Positive

Time: Top-up

- Spinal Through CSE Set

Gauge Level Needle

Drug

Block Level
Block effect: Adequate/Partial/None

Nerve Block

- As supplement to General anaesthesia
- Name of Block:

Identified by: USG/Nerve stimulator/Paresthesia/Blind

Drug:

Name of Block:

Identified by: USG/Nerve stimulator/Paresthesia/Blind

Drug:

Block effect: Adequate / Partial / None

FDA

स०ज०अ०-1

S.J.H.-11

सफदरजंग अस्पताल, नई दिल्ली-110029
SAFDARJUNG HOSPITAL, NEW DELHI-110029

विवरण-पत्र
CASE-SHEET

संख्या No.	नाम Name	पुरुष/स्त्री Sex	जाति Caste	आयु Age
	व्यवसाय Occupation	पता Address		
	प्रवेशन तिथि Date of admission			
वर्ष Year	उन्मोचन तिथि Date of discharge			
	रोग Disease			आहार DIET
दिनांक Date	परिणाम Result			

14/5/23

S/B Paed Surg

7 year male child, k/c/o Anorectal Malformation with Type IV pouch colon currently came electively for ~~APPA~~ AP-PSARP.

Child was operated on DOL-3 for ARM with Type IV pouch colon with pouch excision with end sigmoid colostomy done on 25/8/15.

↓

3/1/20

The child underwent AP-PSARP on 3/1/20 to IOF - narrow anal openings, stenosed rectum, end sigmoid stoma & dense adhesions.

POD 3 - developed foul smelling discharge per neo-anus

↓

WT - 22kg
F.6P

Adm

1000
500
- Clear fluids from 15/5/23

- NPO from 12am of 15/5/23.

- Iuj. Monocef 660mg BD

- Iuj. Metro 154mg TDS

- IVF DNS 500cc @ 8hrly from 15/5/23 12am.

16/5/23

SIP AP- PSARP

Postop orders

- 1) NPO
- 2) NUA
- 3) Iuj. monocef 660mg IV BD
- 4) Iuj. metro 154mg IV TDS
- 5) Iuj. Amika 130mg IV BD
- 6) Iuj. Voveran 25mg IV BD
- 7) Iuj. PCM 250mg IV SOS
- 8) IVF $\frac{1}{2}$ DS 530ml. Q8H + (1:100) KCl.
- 9) Continue BT in ward (complete PC)
- 10) Repeat cbc, LFT on POD-1

naipalm

22kg

FDA

स०ज०अ०-11
S.J.H.-11

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SAFDARJUNG HOSPITAL, NEW DELHI-110029

विवरण-पत्र
CASE-SHEET

संख्या No.	नाम Name	पुरुष/स्त्री Sex	जाति Caste	आयु Age
	व्यवसाय Occupation	पता Address		
	प्रवेशन तिथि Date of admission			
वर्ष Year	उन्मोचन तिथि Date of discharge			
	रोग Disease	आहार DIET		
दिनांक Date	परिणाम Result			

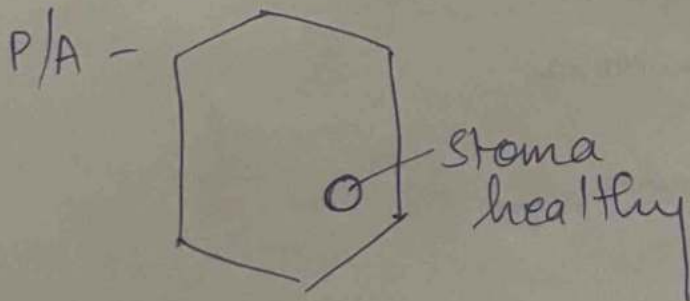
7/1/20 Resection of gangrenous segment
with proximal end colostomy done

↓
Stoma functioning well

↓
Electively admitted for AP-PSARP.

O/E - GC-mod.
P-100/min

P/R/E Not able to pass



FDA

स०जं०अ०-11
S.J.H.-11

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SAFDARJUNG HOSPITAL, NEW DELHI-110029

विवरण-पत्र
CASE-SHEET

संख्या No.	नाम Name	पुरुष/स्त्री Sex	जाति Caste	आयु Age
	व्यवसाय Occupation	पता Address		
	प्रवेशन तिथि Date of admission			
वर्ष Year	उन्मोचन तिथि Date of discharge			
	रोग Disease		आहार DIET	
दिनांक Date	परिणाम Result			

11/5/23

POD-1

S/P Redo AP PSARP

LC graded

P-100/min, SpO₂ - 99% RA

Afebrile

CVS } NAD
RS }

P/A - soft, non tender

Ye - vesiculae healthy

Adv

POD-2

S/P Redo AP PSARP

- CST

LC graded

P-100/min

SpO₂ - 99% RA

Afebrile
CVS } WNL
RS }

P/A soft non tender

Adv

CST

Nk-

Ho-

tools-

18/5/23

OPERATIVE NOTES

Name - Beer.

Date- 16/5/23 .

Indication / Diagnosis - HARM on end colostomy

Age / Sex -

Operative procedure -

sp. AP-PSARP.
redo AP-PSARP + covering loop ileostomy

MRD no -

Operating Surgeons -

Dr. Samir, Dr. Sahibi, Dr. Shafiq.

Anaesthesia

Anesthetist -

Nursing Staff -

INTRA OPERATIVE FINDINGS - Foley No 10 inserted.

ZOF : - End colostomy in LIF.

- No anal opening patent.

- Dense fibrotic tissue in post. sagittal region.

- Dense interbowel adhesions.

- Descending colon pulled down at hepatic.

- Anoplasty done w 3-0 vicryl.

- Covering loop ileostomy made ~15cm proximal to ICJ.

Procedure :

Child anaesthetised.

Draped initially in prone position, later in lithotomy.

Prone :-

Incision given in posterior midline.

↳ Dense fibrotic tissue noted.

Pus pocket (not ml pus) encountered while dissection.

- Space created in presacral space.

Supine:
Procedure steps

- Left hockey stick incision gives
- Abdomen opened in layers.
- Stoma dismantled.
- Abone findings noted.
- Adhesiolysis done.
- Descending colon brought out via presacral space created.
- Neostoma made and anoplasty done \approx 30vmygl.
- Bowel pexed to posterior abdominal wall.
- Abdominal drain No-82 secured in pelvis.
- Abdomen closed in layers.
- Gastrostomy (loop) made in Rt upper quadrant.
- procedure uneventful.
- child extubated post surgery.

- Blood gives intraop \rightarrow 250ml.

Mop and Instrument Count- Tally done.
Blood Loss- \sim 200ml.

- Tubes -
- Ryles tube
 - Abdominal drain
 - Foley

Doctor's Sign
Senior Resident Pediatric Surgery

JANUARY - Beer S10 Shyam Singh
Age: - 7 Yr Mch
Dx: - AD - PSARD

MRD No 1 202306 110

49. Muro test done done

UNIT :

DEPARTMENT :

SURGICAL SAFETY CHECKLIST

Before induction of anaesthesia

SIGN IN

- PATIENT HAS CONFIRMED
 - IDENTITY
 - SITE
 - PROCEDURE
 - CONSENT

SITE MARKED/NOT APPLICABLE

ANAESTHESIA SAFETY CHECK COMPLETED

PULSE OXIMETER ON PATIENT AND FUNCTIONING

DOES PATIENT HAVE A:

- NO KNOWN ALLERGY?
- YES

DIFFICULT AIRWAY/ASPIRATION RISK?

- NO
- YES, AND EQUIPMENT/ASSISTANCE AVAILABLE

RISK OF >500ML BLOOD LOSS (7ML/KG IN CHILDREN)?

- NO
- YES, AND ADEQUATE INTRAVENOUS ACCESS AND FLUIDS PLANNED

Before skin incision

TIME OUT

CONFIRM ALL TEAM MEMBERS HAVE INTRODUCED THEMSELVES BY NAME AND ROLE

SURGEON, ANAESTHESIA PROFESSIONAL AND NURSE VERBALLY CONFIRM

- PATIENT
- SITE
- PROCEDURE

ANTICIPATED CRITICAL EVENTS

SURGEON REVIEWS: WHAT ARE THE CRITICAL OR UNEXPECTED STEPS, OPERATIVE DURATION, ANTICIPATED BLOOD LOSS?

ANAESTHESIA TEAM REVIEWS: ARE THERE ANY PATIENT-SPECIFIC CONCERNS?

NURSING TEAM REVIEWS: HAS STERILITY (INCLUDING INDICATOR RESULTS) BEEN CONFIRMED? ARE THERE EQUIPMENT ISSUES OR ANY CONCERNS?

HAS ANTIBIOTIC PROPHYLAXIS BEEN GIVEN WITHIN THE LAST 60 MINUTES?

- YES
- NOT APPLICABLE

IS ESSENTIAL IMAGING DISPLAYED?

- YES
- NOT APPLICABLE

Before patient leaves operating room

SIGN OUT

NURSE VERBALLY CONFIRMS WITH THE TEAM:
THE NAME OF THE PROCEDURE RECORDED

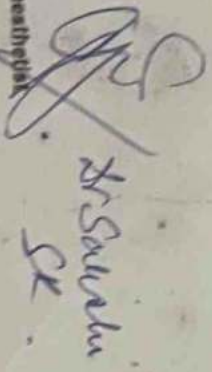
THAT INSTRUMENT, SPONGE AND NEEDLE COUNTS ARE CORRECT (OR NOT APPLICABLE)

HOW THE SPECIMEN IS LABELLED (INCLUDING PATIENT NAME)

WHETHER THERE ARE ANY EQUIPMENT PROBLEMS TO BE ADDRESSED

SURGEON, ANAESTHESIA PROFESSIONAL AND NURSE REVIEW THE KEY CONCERNS FOR RECOVERY AND MANAGEMENT OF THIS PATIENTS

Signature of Anaesthetist



Signature of Surgeon



Signature of Sister J/C

धूम्रपान व तम्बाकू सेवन दंडनीय उपराध है ।

SMOKING/TOBACCO CHEWING IS PUNISHABLE OFFENCE



स.ज.अ. (चि.रि.व.सं.)
S.I.H. (M.R.D. NO.)

वी. एम. एम. सी. एवं सफदरगंज अस्पताल, नई दिल्ली

Total No. of Pages :

V.M.M.C. & SAFDARJANG HOSPITAL, NEW DELHI

दाखिला और छुट्टी का सारांश रिकार्ड/ADMISSION AND DISCHARGE RECORD Sig. of Sr. Resident

रि. व. सं./MRD No. वार्ड/Ward यूनिट/Unit CGHS Bed No		UHID : 20230363983		IPD : 202364047			
/Name आयु लिंग/Age & Sex न. है/Civil Status		Admit Dt : 2023-05-14 10:39 am		General			
धर्म/Religion व्य./Occupation		Master. BEER (Male), Age : 7 Years		Fee : 70			
पिता/पति का नाम/Father's/Husband Name आय/Income		S/O SHYAM SINGH		Dept./Unit : Pediatric			
न. गली/H. No. St. गांव Village टेलीफोन/Tele. Res./ Office		*****2618 Address : CHAJU NAGAR		Surgery / I Ward :			
शहर/झाकखाना/Town P.O. जिला/District राज्य/State		.HARYANA, Palwal District, INDIA.		19/Ped. Surgery			
दाखिले की तिथि और समय/Date of Admission & Time				NON MLC Case			
पता : निकट सम्बन्धी/Next of Kin's Address				Bed No - Floor			
स्थानीय पता/Local Address							
छुट्टी की तारीख और समय/Date & Time of Discharge		अस्पताल दिन/Hospital days					
प्रारंभिक निदान/Provisional Diagnosis		HARM on end colostomy.					
अंतिम निदान (साफ अक्षरों में)/Final Diagnosis (In block Letters)				कोड/ICD Code			
द्वितीयक निदान (साफ अक्षरों में)/Secondary Diagnosis (In block Letters)				16-05-23			
सहायक क्रियायें (साफ अक्षरों में)/Operative Procedure (In block Letters)		Redo AP-PSARP ↓ GA + Caudal. + covering loop ileostomy		Dr. Samin Dr. Shafiq Dr. Sahiti.			
परिणाम/Result		रुखसत किया - जीवित/Discharge - Alive		मर गया/Died			
22 PJ. कारण (साफ अक्षरों में)/Cause of Death (Block Letter)		<input type="checkbox"/> डाक्टर की सलाह से with Medical Advice		<input type="checkbox"/> 48 घंटे से कम Under 48 hours		शव परीक्षा/Autopsy	
		<input type="checkbox"/> डाक्टर की सलाह के विरुद्ध LAMA		<input type="checkbox"/> 48 घंटे से अधिक Over 48 hours		<input type="checkbox"/> हां Yes	
		<input type="checkbox"/> लापता Absconded				<input type="checkbox"/> नहीं No	
I. प्रत्यक्ष कारण DIRECT CAUSE (क)..... (a) की वजह से अथवा (परिणामस्वरूप) due to (or as a consequence of) पूर्ववृत्त कारण ANTECEDENT CAUSES (ख)..... (b) की वजह से अथवा (परिणामस्वरूप) due to (or as a consequence of) (ग)..... (c)		II. अन्य महत्वपूर्ण स्थिति OTHER SIGNIFICANT CONDITIONS मृत्यु की वजह बीमारी अथवा वह कारण जो बीमारी की स्थिति से सम्बन्धित नहीं है। Contributing to the death, but not related to the disease or conditions causing it.					
ज. रेजी./Jr. Resident		सी. रेजी./Sr. Resident		से/यू. प्रमुख/Head of Ser./Unit			

SUSHAKTI CHARITABLE TRUST

OUR RELIGION IS HUMANITY

PAN NO. ABBTS0498N

S. No...32.....

Date...1/7/23.....

सेवा में

सुशक्ति चैरिटेबल ट्रस्ट
ऑफिस नं-05, ग्राउंड फ्लोर ईस्ट सफाइयट,
सेक्टर-45, नोएडा, गीतमबुद्ध नगर, उ.प्र.

प्रदोष्य

मैरा नाम रिंकी है मैं पलवल की निवासी हूँ और भाई
का नाम बीर है जो की सात साल का है और जन्म से
ही शैच क्रिया के लिए कोई उपयुक्त माध्यम नहीं है। इसको
लेकर हम तीन बार ऑपरेशन करवा चुका है और अभी तक
ऑपरेशन और होना है जिसके लिए हम आर्थिक रूप से असमर्थ
हैं। आपसे अनुरोध है कि कृपया कष्टक हमारी सहायता करें।

धन्यवाद

रिंकी

For SUSHAKTI CHARITABLE TRUST



Trustee

भारत सरकार

Government of India



रिंकी

Rinki

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