





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

केस शीट / CASE SHEET



20250084577

(क) भर्ती संबंधी आँकड़े / <b>20250084577</b> on Data :	AADHAR NO/NICU.....		
के. पं. संख्या / CR No.	Neonatology	वार्ड / Ward	
यूनिट सं. Unit No.		क्या चिकित्सा विधिक मामला है / if MLC	नहीं (No) हाँ/नहीं Yes/No
यूनिट अध्यक्ष Unit Head		भेजने वाले का नाम Referred from	
भर्ती की तारीख एवं समय Date & Time of Admission	2025-01-26 12:39 am	स्थानान्तरण Transfer to	

(ख) रोगी के संबंध में आँकड़े / <b>Patient Data :</b>	Miss. BABY OF RADHA-MANDAL		0-Day/Female
नाम / Name	UDAY KUMAR	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.यो. टोकन सं. CGHS Token No.	
		दूरभाष / Phone Nos.	

(ग) नैदानिक आँकड़े / **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 आँकड़े / **Discharge/Death Details :**

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

	कनिष्ठ रेजिडेंट Junior Resident	वरिष्ठ रेजिडेंट Senior Resident	चि. अधि/विशेषज्ञ/यूनिट अध्यक्ष M.O. / Specialist / HOU
नाम / Name			
हस्ताक्षर / Signature			





Atal Bihari Vajpayee Institute of Medical Sciences and  
Dr. Ram Manohar Lohia Hospital  
Baba Kharak Singh Marg, New Delhi-110001



Doctor's Daily Assessment Sheet

NAME: B/o Radhe

BED NO./WARD: ECL/111W

CR NO./UHID: 2025-5806

(Inborn Readmitted baby)  
22 day female

MLC NO. (IF ANY)

DATE & TIME	DAILY NOTES AND TREATMENT	DOCTOR'S SIGN.
26/6/25	Single FT (39+1)   VD   CIAB   ASB.9   BCOI 2.505 gm   (60)	
Bot 2505	female   Large cephalhematoma (Rt parietal region)	
Tbl. 2232 (9)	LONS & meningitis & generalized rash	
(T32 gm)	? meningococemia	
sta) ①	① LONS & meningitis	
top	② ? meningococemia → generalized purpuric rash & thrombocytopenia	
①/②	→ Tonic posturing	
Temp 38.6		
HR. 160. Ir/ir		
RR. 46/min	Sr. Hb. 12.8	
CR-TK 3000	TLC. 7180	→ slayed 10 platelets and amikacin
PP ⊕	IT = 0.22	
MAP. 80/60 (6L)	CRP. 140.6 mg/L	
	Plt = 30000	
Nr normal		
15 level	LP. Couldn't be done bcoz of thrombocytopenia	
Stupor	(Plt < 30000) and suspected meningococcal meningitis	
	leision.	



Expelled wt = 4 2-7-14

DATE & TIME	DAILY NOTES AND TREATMENT	DOCTOR'S SIGN.
26/10/14	TFR. 160 ml/gld	= 400 ml
<u>Adv</u>	① warmer car	
	② DSC (coiling / Noshi / cluster car)	
	③ IV piperac 500mg + 5ml D5% IV ⑧ hourly (give 2.5ml of this and discard pm. line)	
	④ IV Amikacin 75mg + 5ml D5% IV ⑧ hourly (give 2.5ml of this and discard pm. line)	
	⑤ IV phenobarbital 100mg + 5ml D5% give 2.5ml of this and discard pm. line. (1st LD)	
	⑥ OG feed. 35ml q. 2 hourly x 12 feed	
	⑦ Framycin local application BD	
	⑧ Replace loose stool d/2nd with 1/2 D5% 1ml q. 6 hourly + 1ml Kenil 100mg q. 6h	
	⑨ Populicai Chanting	
	<p style="text-align: center;"><del>Noted</del> <del>Ann</del> <del>Notes</del></p>	<p style="text-align: right;"><del>Aranda</del> SR</p>
	<p style="text-align: center;"><del>Noted</del> <del>Ann</del> <del>Notes</del></p>	
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	<p style="text-align: center;"><del>Noted</del> <del>Ann</del> <del>Notes</del></p>	<p style="text-align: right;"><del>Aranda</del> SR</p>

2:30pm

WPH

iq cefotaxime 250mg + 5ml D5% IV ⑧ hourly  
give 2.5ml of this and discard pm. line

antibiotic change sus suspected meningitis  
and LP could not be done sus  
thrombocytopenia and suspected  
meningeal local lesion

Aranda SR





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Baba Kharak Singh Marg, New Delhi-110001



Doctor's Daily Assessment Sheet

NAME: B/o Radha BED NO./WARD: ECL/1104 CR NO./UHID: 2023-5806

22 day / female

MLC NO. (IF ANY)

DATE & TIME	DAILY NOTES AND TREATMENT	DOCTOR'S SIGN.
	<p>① primi (21 year old) married for 5 year   an eventful trimester wise history delivered at 39+1; vaginally discharged on 5th day of life with weight loss of 9.7% f/u visit after 2 days → wt gain (+) on EBF at home baby was apparently alright until 4-5 days back. Then baby developed fever Rash initially around perianal region and then gradually progressed to trunk. Alby had oral acceptance</p>	
	<p>Went to Pvt Hospital 24/1/25 → admitted for 1 day and was referred to ECL Hospital and was admitted on 25/01/25</p>	
	<p>① TORCH ① Ciprofloxacin</p>	

①





डॉ० राम मनोहर लोहिया अस्पताल, नई दिल्ली - 110001  
DR. RAM MANOHAR LOHIA HOSPITAL, NEW DELHI - 110001

PH.: 011-23004040, 23365525

बाह्य पंजीकरण कार्ड  
OPD Registration Card

बा० र० वि० पंजीकरण सं०  
OPD Regd. No.:

१४५७७

निदानशाला/Clinic:

दिनांक/Date

के० स० स्वा० यो० कार्ड सं.  
CGHS Token No.:

यूनिट/Unit:

कमरा सं०/Room No.:

रोगी का नाम

दिन/Days. २० / Female  
वर्ष/Years माह/Month

Patient Name: B/0 Radha Mandy  
आयु/Age:

लिंग/Sex:

निदान  
Diagnosis:

26/01/25 Kindly Admit the baby in  
outborn NLEU / Eas 4th floor  
Presented: Similar ↓ Dr. Bhanu

Dr. Kalyani Sinha  
DM Resident  
Deptt. of Neonatology  
ABVIMS & RML Hospital  
New Delhi-110 001

आप ऑनलाइन पंजीकरण प्रणाली (ओआरएस) ors.gov.in के माध्यम से ओपीडी अपॉइंटमेंट प्राप्त कर सकते हैं और घर पर ओपीडी पर्ची प्रिंट कर सकते हैं।  
You can get OPD appointment and print opd slip at home through online registration system (ORS) - ors.gov.in  
असुख होने पर अस्पताल आएँ इस कार्ड को अपने साथ अवश्य लाएं।  
Always bring this card with you when you come to Hospital.  
आपके एवं अन्यो के स्वास्थ्य के लिए हानिकारक है।  
Smoking is Injurious To Your & Others Health.

आप टेलीमेडिसिन के माध्यम से अपने चिकित्सक से अपने घर से परामर्श ले सकते हैं अधिक जानकारी के लिए कृपया देखें rmlh.nic.in  
You can consult your doctor through telemedicine from your home for more detail please visit rmlh.nic.in  
मच्छर पैदा न होने दें।  
कूलरों को सप्ताह में एक बार साफ करने सुझाएं।  
पानी की टंकियों व हौदियों के ढक्कन को तुरंत प्रकृत प्रकार से बंद रखें।  
घिड़ियों के पानी पीने के बर्तन का पानी प्रतिदिन बदलें।  
पानी का पानी प्रकृत प्रकार से बंद रखें।

Department of Neonatology, PGIMER & Dr. RML Hospital, New Delhi

Neonatal Case Record

Name: B/O Radha C.R. No.: 5806 Father's Name: Vday mndal  
 Address: new patti nagar India Ph. No.: \_\_\_\_\_  
 DOA 26/1/25 DOB 5/1/25 TOB 1 Sex Female AGN/SGN/LGA 84  
 Gestation 39+1 weeks (Date/Usg) B. weight 2505 g Weight at admission 2200 g  
 Length 48 cm OFC 30.5 cm Vaccination: OPV/BCG/Hep B Vit K (N)

Maternal History: G.P.A.L Age 21 yr LMP 6/4/25 EDD 4/1/25 Blood Gr B+  
 LPV (-) hrLiquor Antenatal steroids (-) TT 2 TORCH IgM(+/-) IgG (+/-) name of positive component (with date): \_\_\_\_\_  
 Any other abnormal tests: \_\_\_\_\_

(Mention only abnormal findings in detail with relevant investigation reports)

Medical problems: 16/1/25 Still I 12+6 AFP NB (0.9) (+)  
 Obstetric problems: \_\_\_\_\_  
 Antenatal USG (any significant findings): 28/8/24. P9+5 NO 4EA  
 Abnormal NST (Y/N) description if abnormal: 23/10/24 27+6 1200g; AFD=17.1 cm  
 Any risk factors for sepsis: \_\_\_\_\_  
 Feeding Problems (specify Problems and intervention): \_\_\_\_\_

NOTES:

- 1-
  - o Married for 5 yr
  - o Non consanguineous marriage
  - o Spontaneous Conception
  - o pregnancy conceived 6 wks after 1wk of missed period
  - o Still I done - w/o ultrasound done @ 1st month - in 1st month.
  - o TT done - 2
  - o NO U/O Radiation / Teratogenic drug Intake
  - o NO RA Intake
- 2-
  - o Queerly felt @ 6th month
  - o OHT done - w/o
  - o NO U/O Random BP / Sugar values
  - o NO U/O clinical pathology
  - o NO U/O 50% Rapid weight gain / pruriginous prur
  - o Still I done -

Newborn His  
 Resuscitation his.  
 Chief compl.



Newborn History

Resuscitation history: CIAB YES/NO (if no steps needed):

Chief complaints:

- H/o Fe/Calcium Intake (P)

History of present illness

Time of onset of first symptom (Hour of life)

Detailed description of each symptom

43- AFMC adequate

- NO H/o  $\Delta$ rv/BPV/Rapid BP/Sugar recends

- no H/o Bow/Rapid wt gain

- 3rd ~~exam~~ scan for petechiae being done

is - (N)

Baby was born via NVD @ 3 AM 9 LOSTB AS  $\Delta$ 89 / ♀  
Baby developed NPH on DOL-2 (28/13-5) (2- lept)  
ops on 10/1/25.

Baby was apparently well until 4-5 days before when she developed -

- dry flaky skin
- Rash all over the body
- Poor acceptance of feeds
- Nummy vomiting

Baby was taken to a PT Hospital @ 11pm 25/1/25 and was referred to RML hospital after baseline w/v & treatment is started, any haemoper

Significant Family History

- NO H/o bleeding from any site / NO H/o Abx @ baby mont.



Wt = 30.5 (2nd centile)

Influenza (+)

Temp 32.6 HR 129 RR 31 CRT 2mm Examination at Admission SaO2 (Pre/post ductal) 95%  
Femoral pulses (Right/left) 4/4

Cry (specify if abnormal) ↓ Birth defects (if any, specify) (-)

Pallor (-) cyanosis (central/peripheral) (-) Icterus (Yes/No & level) (-) Plethora (Yes/No) (-)  
ecchymosis (Yes/No) (-) Rash (if any, specify) (-) Other rash = large erythematous

Head & Face AF (size/level/any other abnormality) (-) PF (size/level/any other abnormality) (-) Skull sutures (Open/Fused/any other abnormality) (-) Eye (-) High

shape (-) Gestation (NBS score if mother unsure of dates) (-) Eye (-) Ectropion (+)

cleft lip/palate (-) Dysmorphism (if any, specify) (-) Chest: RR 30/min Respiratory distress (Silverman score/Downe score) (-) Auscultation All AB

CVS: HR 129 pulses (+) BP 72/43 Precordium (+) Auscultation M (-)

Abdomen: Shape (+) Distention (-) Liver Lumbun Spleen NP Umbilicus (+) healthy

Bowel sounds (+) Genitalia (+) Anal patency (+)

CNS: Level of Alertness: Sensitive stupor Neonatal Behavioral States (Precht's) Mom stays

Habituation (+) Consolability (+) Cuddliness (+) Cranial Nerves (abnormal if any) (-) seizures (Y/N) description (-)

Frequency duration

Motor system: Quality, quantity and symmetry of movement ↓

Passive Tone: Posture Flapping of Extremities (upper limb/lower limb)

Ventral / dorsal Incurvation Scarf sign (Right/Left) Arm Recoil (Right/Left) Square window (Right/Left) Popliteal angle (Right/Left) Heel to ear (level)

Active tone: Righting reaction & Vertical position Neck Flexors Neck extensors

Neonatal reflexes (Moro's/rooting/sucking/Grasp):

Extremities Ortolani/Barlow test Back

Provisional Diagnosis S/T / SNA / MND / CDAS / AS 2 / Large cerebral m et partial seizure / Dystonia & Seizure (Clinical)

Investigations Planned ceph scan

Treatment Order RBC - 46 mg/dl VBY SB KFT 12/00/13

Arrange BC & FFP (outside PICU 18/7/14)



No.: 112  
Sample Comment:  
Positive Morph. Count

WBC	7.18	[10 <sup>3</sup> /uL]		
RBC	5.18	[10 <sup>6</sup> /uL]		
HGB	12.8	[g/dL]		
HCT	39.7	[%]		
MCV	76.6	- [fL]		
MCH	24.7	- [pg]		
MCHC	32.2	[g/dL]		
PLT	<del>14</del>	[10 <sup>3</sup> /uL]	30K.	
RDW-SD	45.8	[fL]		
RDW-CV	17.8	+ [%]		
PDW	----	[fL]		
MPV	----	[fL]		
P-LCR	----	[%]		
PCT	----	[%]		
NRBC	0.00	[10 <sup>3</sup> /uL]	0.0	[%]
NEUT	4.24 *	[10 <sup>3</sup> /uL]	59.2 *	[%]
LYMPH	2.86 *	[10 <sup>3</sup> /uL]	39.8 *	[%]
MONO	0.06 *	[10 <sup>3</sup> /uL]	0.8 *	[%]
EO	0.01	[10 <sup>3</sup> /uL]	0.1	[%]
BASO	0.01	[10 <sup>3</sup> /uL]	0.1	[%]
IG	0.06 *	[10 <sup>3</sup> /uL]	0.8 *	[%]
RET		[%]		[10 <sup>4</sup> ]
IRF		[%]		
LFR		[%]		
MFR		[%]		
HFR		[%]		
RET-He		[pg]		
IPF		[%]		
WBC-BF		[10 <sup>3</sup> /uL]		
RBC-BF		[10 <sup>6</sup> /uL]		
MN		[10 <sup>3</sup> /uL]		
PMN		[10 <sup>3</sup> /uL]		
TC-BF#		[10 <sup>3</sup> /uL]		

Neutrophils - 52  
 Lympho - 40  
 M - 5  
 Band - 10  
 Myelo - 2  
 MM - 1

WBC IP Message Blasts/Abn Lympho? RBC IP Message

RBC - Shows mild anisocytosis cells are microcytic hypochromic to normocytic normochromic with fair number of target cells and occasional elliptocytes

WBC - Shows left shift with occasional polymorphs show toxic changes. EIT - 0.23 ANC - 3949/uL

Plt - Reduced number likely correlate clinically.



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PAN NO. ABBTS0498N

S. No. 59

Date. 30/1/25

श्रीमान्,

रुशामरी चैरिलेन ट्रस्ट  
ऑफिस नं.-5, इस्ट शफायर  
सदरपुर, नोडा-45

महोदय,

मेरा नाम राधा है मैं दिल्ली की रहने वाली हूँ। मेरी बच्ची अनी देवल 22 दिन की ही है और जन्म के साथ ही उसके धरम सिम्पलेक्स वर्डिंग का इन्फेक्शन हो गया है जिसकी वजह से उसके पूरे शरीर में बहुत से अलग-अलग कणियाँ देखी जा रही हैं जिनके कोई का इलाज, शरीर को सही से काम न करना। चमड़ी बँका हो जाता। अगर सही समय पर इलाज नहीं हुआ तो यह विकारें और भी बढ़ सकती हैं। मैं कृपया करके मेरी बच्ची को मदद किजिए। हम आर्थिक रूप से बहुत गरीब हैं।

धन्यवाद

राधा

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