





लगातार चार्ट / CONTINUATION CHART

नाम/Name

नाम/Date

प्रतिदिन विवरण और चिकित्सा/Daily No

कमरा/शय्या सं/Room/Bed No

PRBC Transfusion

Donatⁿ no :- 13913

Bld Grp :- AB +ve.

DOC :- 22/8

DOE :- 26/9/24.

Licence No. 768/82

DR. RAM MANOHAR LOHIA HOSPITAL

New Delhi-110001

Name of Patient Crowat

Ward & Bed No. U

C.R. No. U8171

Blood Bag No. 13913 Above p/c

Unit Incharge

Cross matching done & Found Compatible with sample.

Signature of Lab Technician Above Issuing the blood 12:18 PM

Date & time of issue 29/8/24

100ml PRBC being transfused on
22/8/24 @ 1pm)

If any allergic reactions to the
transfusion seen, kindly, stop the
transfusion immediately and inform DOB

↓
i/v inj. Hydrocort 5mg/kg i/v stat.

i/v inj. anal 0.5mg/kg i/v stat.

C3F wpt-22

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नाम/Date प्रतिदिन विवरण और चिकित्सा/Daily Notes and Treatment आहार/Diet

25/08/24

To,
Consultant (Dr Deepak Sachan)
Dept of Paediatric Medicine
RML Hospital

Granit
2 yrs 1 M
CR No - 48171
Ward 4/30
Paed. Surgery

Respected Sir,

The above mentioned patient is a
K/O chronic constipation since neonatal age and
underwent paediatric intestinal pseudoobstruction
? Hirschprung synd ??
patient underwent expl. laparotomy & colostomy
and intraoperatively patient underwent cardiac
arrest and CPR was given. The patient was in
shock and was kept on ventilatory support
and inotropic support for 1 month and
thereafter, patient in post ventilatory state
had decreased neurological component &
tremors & fasciculation present on tongue and
decreased orientation.

Kindly evaluate the patient
neurologically and guide us towards
further management

Thanking you
For Dr Shalu Shah
Palak Dr Palak Palwal

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नाम/Date	प्रतिदिन विवरण और चिकित्सा/Daily Notes and Treatment	आहार/Diet
	<p><u>course in PICU</u></p> <p><u>23/7/24</u> : child was reviewed on Bag & tube ventilation</p> <p><u>at admission</u> :</p> <p>HR = 110/min ext = cool BP = 74/47mmHg CRT ~ 3sec SpO₂ = 98% GCS = E₁ V_T M₁ P/A = +/feeble</p> <p>Child had dyselectrolytemia (Hypernatremia & hypokalemia), shock with the cardiac dysfunction [E.F = 40%] & poor cardiac contractility.</p> <p>Patient was started on Adr @ 0.1ug/kg/min and titrated gradually and on Milrinone @ 0.25ug/kg/min</p> <p>CXR - s/o upper & middle lobe consolidation. Child continued on Piptaz and metoxygl.</p> <p>Sedation was gradually tapered (GCS ⇒ E₄ V_T M₆).</p> <p>i/v/o persistent fever spikes Amikacin was added (25/7) and Patient monitored for electrolytes and fluid adjusted accordingly.</p> <p>Repeat Echo was done which revealed EF 56%, milrinone stopped.</p> <p>Child had developed polyuria with urine output 77ml/kg/m and was considered to be ? central diabetes insipidus and started on 1y. vasopressin which was tapered and stopped within 48 hrs</p> <p>Child had increasing fever spikes, increasing TLC and CRP; considering SSI/pneumonia → Antibiotic upgraded to Meropenem (Piptaz/Amika stopped), started on 1y. Nox-Adr</p> <p>i/v/o septic shock. fever workup cont.</p>	

child developed DIC (e/o thrombocytopenia, deranged PT-INR) for which patient was transfused FFP but there was no e/o active bleedings. Simultaneously child also developed transaminitis (? 2° to sepsis) which gradually resolved on upgrading antibiotics. Nor-Adri and Adri were gradually tapered off and stopped.

~~Metrogyl stopped after 10 days.~~

On post op day 13 (3/8) - there was herniation of bowel loops from colostomy site for which pediatric surgery referral was done and small bowel was replaced back into colostomy site and pressure dressing done. Child kept NPO; child developed new onset shock for which inotropes were restarted (ly. Nor-Adri and Adri) and transfused PRBC (i/v/o anemia). Colistin child was started on nutritional support → Aminosol and TPN. Metrogyl was stopped after 14 days and inotropes gradually tapered off and feeds were reinstated.

Respiratory support was gradually tapered off.

Since child had persisting polyuria possibility of renal tubular acidosis/ Bartter's syndrome was considered and urine electrolytes sent. Child kept on PS/CPAP mode for 2 days and extubated on 16/8/24 and put on H₂FNC ventilation.

Intra-op biopsy report was collected which revealed → unremarkable mucosa with submucosa showing edema and congestion, ganglion cells seen.

ly. Meropenem stopped after 21 days. Patient was transfused 10 PRBC i/v/o anemia. Child developed UTI (budding yeast cells ⊕) for which ly. Fluconazole was added.

Child had 1 episode of ear bleed and colostomy site bleed likely due to thrombocytopenia and had high grade fever spikes. Considering fungal sepsis → Flucon. stopped and Amphotericin B was started along with ~~clotrimazole~~ miconazole.

Grant PICU.

C/S B Peds Surg SR

POD₂₉ of EI + multiple trophies & colostomy.
on NG feed & TPN.
Stoma functional.

Vitals: HR: 190 bpm well palpable

SpO₂: 100% on HFNC. 12 L/min flow, 30% O₂

BP: 106/76 mmHg.

Fever - 102° (+)

Uro - passed

21/8
CXR - B/L lung infiltrates (+)

On Zinj Colistin

Zinj Fluconazole.

Zinj Mg SO₄

Aminchen & TPN

PA: Soft, NT, BS (+); NG feed 40ml milk 3hly.
No distension
Stoma healthy, functional

H/O (R) ear bleed

managed by ENT

D dimer 932
INR 1.02
PT 11.2
Fibrinogen 450

Adv: Continue your line of Mx for ? DIC.

Continue stoma care

Increase NG feed if tolerating

Plan to add liposomal Amphotericin B acc to PICU protocol

Continue RDP/SPD transfusion

Monitor bleeding tendencies

R/w sos.

20/8

CBC 10.6 | 33,290 | 29000

KFT 49/0.17

LFT 1.31 | 0.05 | 60 | 107 | 119

Alb 2.16

S-E 136/4.50

CRP 14.2

2 RDP transfused.

21/8

CBC 10.1 | 21,900 | 11,000 ↓↓

Sahani
SR

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<p>POD 27: EL + multiple color tony</p> <p>P = 157/111 palpable</p> <p>SpO₂ = 96% on HFNO + O₂</p> <p>Afebrile since 3 days.</p> <p>On milk from NG feed @</p> <p>Meno, colistin, TPN, Amivovir, Dexam</p> <p>Stool passed</p> <p>UO = Adequate</p> <p>P/A soft NT</p> <p>Stomach functional</p> <p>Advice ↓</p> <ul style="list-style-type: none"> ↑ feeds if tolerating Dietician advise for type of feeds correction of electrolytes as per your protocol 	<p>B^x +</p> <p>28%</p> <p>25-30ml whole</p>

Paluta
SL

Stat Profile pHox Plus C
Sample Results

8
19-08-2024 at 06:13 AM

193
ID:
Number: 48171

Temperature C: 37.0
Type Arterial

Results - Measured at 37°C

7.452
31.8 mmHg
33.4 mmHg
40 %
140 mmol/L
2.7 mmol/L
1.24 mmol/L

Results - Calculated

22.4 mmol/L
23.4 mmol/L
-1.8 mmol/L
-0.2 mmol/L
23.6 mmol/L
106.7 mmHg
3.3 mmHg
0.3
0.2
9.8 mmHg
3.4 g/dL
4
7 mmol/L

0.14

φ.

10.55

14

UT = 70/24

PLT = 4.2lac

S. 4 TC 5600

10.2

10.6

0.57

ATAL BIHARI VAJPAYEE INSTITUTE OF MEDICAL SCIENCES &
DR. RAM MANOHAR LOHIA HOSPITAL, NEW DELHI-110001

406

FORM NO 3E
[See rule 52H(3)]
DETAILS OF THE PATIENT
TO WHOM ESSENTIAL NARCOTIC DRUGS DISPENSED
(TO BE MAINTAINED BY REGISTERED MEDICAL PRACTITIONER/
RECOGNISED MEDICAL INSTITUTION)

Registration Number : 48171 Date: 23/7/24

1	Name	: Mr. Gavit (2yr/M)		
2	Complete postal address (with contact number, if any)	:		
3	Brief description of the illness	: k/c/b HIRSHPRUNG disease & abd distension		
4	Whether registered with any other registered medical practitioner/recognised medical institution (If yes, details to be recoded)	:		
5	Details of the essential narcotic drugs dispensed	:		
Date	Name of the narcotic drugs	Quantity	Signature/Thumb impression of the patient	Remarks, if any
23/7/24	Inj FENTANYL (10mg)	01 amp	VINOD	[Signature]
24/7/24	INJ. FENTANYL 10ml	01 amp	VINOD	[Signature]
25/7/24	INJ. FENTANYL (10ml)	01 amp	VINOD	[Signature]
27/7/24	INJ. FENTANYL (10mg)	01 amp	VINOD	[Signature]
28/7/24	INJ. FENTANYL (10 ml)	01 amp	VINOD	[Signature]
29/07/24	INJ. FENTANYL (10mg)	01 amp	VINOD	[Signature]
30/7/24	INJ. FENTANYL (10ml)	01 amp	VINOD	[Signature]
31/07/24	INJ. FENTANYL (10mg)	01 amp	VINOD	[Signature]
02/08/24	INJ. FENTANYL (10ml)		VINOD	[Signature]

डॉ. जतीन कुमार / Dr. Jatin Kumar
पी.जी. रेजिडेंट / PG Resident
बाल रोग विभाग / Dept. of Pediatrics
डॉ. राम मनोहर लोहिया अस्पताल, नई दिल्ली-110001
Dr. Ram Manohar Lohia Hospital, New Delhi-110001

Note:

- (1) This record shall be retained for two years from the date of last entry.
- (2) This record shall be produced before the concerned authorised officers whenever called upon during the course of their inspection/investigation.



SUSHAKTI CHARITABLE TRUST

OUR RELIGION IS HUMANITY

PAN NO. ABBTS0498N

S. No. 54

Date. 31/2/24

शैला मै;

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

महोदय,

मैरा नाम प्रियमवती है और मैं उत्तर प्रदेश की रहने वाली हूँ। मेरे बच्चे का नाम सुवित है और वह केवल अभी 612 साल का है। छुटकी आंत और दिवनी बचपन से ही धरात है। डॉक्टर ने ऑपरेशन करने की सलाह दी है जो एक आर्थिक रूप से बहुत गरीब है। इसलिए मैं डॉक्टर के सलाह का खर्चा एक नहीं उठा सकते हैं। कृपया कृपया हमारी मदद किजिए।

प्रियमवती

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