



Blooming Lives Foundation

2024.06.02 11:47





अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली  
All India Institute Of Medical Sciences, New Delhi

UHID: 107526648 Sex : Male  
Patient Name : Master. ANKUSH KUMAR Sample Received Date : 27-Sep-2024 13:31 PM  
Age : 2Y 10m Department : Paediatrics  
Lab Name: Dept of Laboratory Medicine Lab Sub Centre: Smart Lab New-OPD Block  
Reg Date : 27-Sep-2024 13:31 PM Sample Collection Date: 27-Sep-2024 09:47 AM  
Recommended By: Lab Reference No: 2414644735

Sample Details : LH27092400643

Sample Type : Whole Blood

Report

HEMATOLOGY

Test Name (Methodology)	Result	UOM	Reference
Hb (SLS-photometry)	<u>9.90</u>	g/dL	11.0 - 14.0
Hematocrit (Direct Measure)	<u>30.90</u>	%	34 - 40
RBC count (Impedance)	<u>3.43</u>	10 <sup>6</sup> /μL	4.0 - 5.2
WBC count (Fluo. flow cytometry)	<u>3.68</u>	10 <sup>3</sup> /μl	5.0 - 15.0
Platelet count (Impedance)	<u>422.00</u>	10 <sup>3</sup> /μL	200 - 490
MCV (Calculated)	<u>90.10</u>	fL	75 - 87
MCH (Calculated)	<u>28.90</u>	pg	24 - 30
MCHC (Calculated)	<u>32.00</u>	g/dL	
RDW-CV (Calculated)	<u>14.50</u>	%	11.6 - 14
Neutro (Fluo. flow cytometry)	<u>47.00</u>	%	30-60%
Lympho (Fluo. flow cytometry)	<u>42.90</u>	%	29-65%
Eosino (Fluo. flow cytometry)	<u>0.00</u>	%	1-4%
Mono (Fluo. flow cytometry)	<u>9.80</u>	%	2-10%
Baso (Fluo. flow cytometry)	<u>0.30</u>	%	0-1%
NRBC	<u>0</u>	%	
Neutro - Abs (Calculated)	<u>1.73</u>	10 <sup>3</sup> /μl	1.5-8.0
Lympho- Abs (Calculated)	<u>1.58</u>	10 <sup>3</sup> /μl	6.0-9.0
Eosino - Abs (Calculated)	<u>0.00</u>	10 <sup>3</sup> /μl	0.1 - 1.0
Mono - Abs (Calculated)	<u>0.36</u>	10 <sup>3</sup> /μl	0.2 - 1.0
Baso - Abs (Calculated)	<u>0.01</u>	10 <sup>3</sup> /μl	0.02 - 0.1

-----End of Report-----

Dr. Sudip Kumar Datta  
(Biochemistry & Immunoassay)

Dr. Tushar Sehgal  
(Hematology & Coagulation)

Dr. Suneeta Meena  
(Serology)

Dr Ilika De  
27-Sep-2024 16:25



INS. KCl (10ml = 10mg) → 10ml

INS. Sodium bicarbonate 10ml

- 10ml syringes - (10)

- 20ml syringes - (10)

100ml NS Bottles - (5)

- iv cannula: 26g - (5)

24g - (5)

*[Signature]*  
*[Signature]*

100ml NS - (4)  
500ml NS - (1)



18/9/24

B-Au CNS 3 / IM - Post 2<sup>nd</sup> MONTH  
HR 11/9/24

11:30 - 4.49

CBC  
RFI/URI } (1)

No fever / oral mucositis  
Dry cough (1)

*[Signature]*





अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली  
All India Institute Of Medical Sciences, New Delhi

UHID: 107526648 Sex: Male  
Patient Name: Master. ANKUSH KUMAR Sample Received Date: 28-Sep-2024 01:14 AM  
Age: 2Y 10m Department: Paediatrics  
Lab Name: Dept of Laboratory Medicine Lab Sub Centre: Smart Lab New OPD Block  
Reg Date: 27-Sep-2024 15:24 PM Sample Collection Date: 27-Sep-2024 09:47 AM  
Recommended By: Lab Reference No: 2414646163

Sample Details : LC2709240946

Sample Type : Serum

Report

BIOCHEMISTRY

Test Name (Methodology)	Result	UOM	Reference
Urea (Urease/GLDH)	15	mg/dL	17 - 49
Creatinine (Jaffe compensated)	0.3	mg/dL	0.2 - 0.4
Uric Acid (Uricase Colorimetric)	4.3	mg/dL	3.4 - 7.0
Calcium (S-Nitro-5'-methyl-BAPTA)	9.2	mg/dL	8.8 - 10.8
Phosphate (Phosphomolybdate Reduction)	5.4	mg/dL	2.5-4.5
Sodium (ISE (indirect))	138	mmol/L	135 - 145
Potassium (ISE (indirect))	4.1	mmol/L	3.5-5.1
Chloride (ISE (indirect))	100	mmol/L	98-107
Bilirubin (T) (Colorimetric diazo)	0.22	mg/dL	0 - 1
Bilirubin (D) (Diazo-Gen.2 Jendrassik-Grof)	0.11	mg/dL	0 - 0.2
Bilirubin (I) (Calculated)	0.11	mg/dL	0 - 0.9
ALT (IFCC without pyridoxal phosphate)	89	U/L	0 - 26
AST (IFCC without pyridoxal phosphate)	100	U/L	<=40
ALP (PNPP,AMP Buffer - IFCC)	281	U/L	142 - 335
Total protein (Biuret Method)	5.9	g/dL	6.0 - 8.0
Albumin (Bromocresol Green (BCG))	3.6	g/dL	3.8 - 5.4
Globulin (Calculated)	2.3	g/dL	3.0 - 3.7
A/G ratio (Calculated)	1.5		0.8-2.0

-----End of Report-----

Dr. Sudip Kumar Datta  
(Biochemistry & Immunoassay)

Dr. Tushar Sehgal  
(Hematology & Coagulation)

Dr. Suneeta Meena  
(Serology)

Dr Sudip Kumar Datta MD  
(Biochemistry)  
28-Sep-2024 03:32



# Consultations

27/05/24

D10 B ALL | IR | Induction.

No acute concern

DS PS + CSF done today.

Cytogenetics - No high risk translocation

Plan

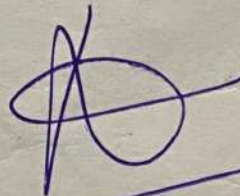
To continue chemotherapy soon day care

Accommodation arranged.

HIV — to be done. — ART centre ✓

ECHO — Dr Nikita .J — SA ward.

Gynaec review for mother



Dr. ABIN SM  
Junior Resident  
Dept. of Paediatrics  
AIIMS, New Delhi-110029



• calcut 27/5/24 - case

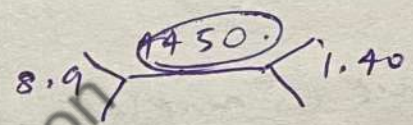
• CMU (RT) - new

• r/v Lima in ODD - 1/6/24

Shan

DR. SHARAN SHANUBHOGUE  
Senior Resident  
Paediatric Oncology  
Dept. of Paediatrics  
All India Institute of Medical Sciences  
New Delhi - 110029

Urea - 21/0.3  
UA - 4.4  
Ca/PO<sub>4</sub> - 8.7/3.4  
Na/K - 134/3.8  
TB/DB - 0.42/0.2  
ALT/AST - 403/198  
Tt - 283  
ALB - 2.2



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Plan:  
1) M. Singh  
2) M. Singh  
3) M. Singh

VINCRISTINE 0.8 mg Slow IV Push  
DAUNORUBICIN 14 mg in 100 ml NS on 1/6/24  
L- ASPARAGINASE 5,500 units deep IM  
on 3/6/24

Shan

70,

comms/CAA

Please help: L-Asparaginase 10,000 units (1)  
5000 units (2)

Shan



3/06/24

HR B-ALL / HR ~~to~~ IVO

upgraded from IR → HR  
(IVO vessel involvement)

On Induction Day 18

PR:

1st VCR given on 2/6/24

1st DNR given on 2/06/24

1st LASP given 3/06/24

NO/LO given

c/o cough & Nasal discharge

on examination

RR- 26/min

No retractions

B/L ves entry equal

& NO adventitious sound heard

1/06/24



Rx<sup>1</sup>

1) ct syp OMNIGORTIL FORTE 3.5ml POTS

2) ct syp syp<sup>h</sup>

3) ct. SITZ BATH | 2% povidone gargle

4) Syp CETRIZINE 2.5ml PDD

5) Syp MONNITIOUS 2.5ml PDD X 5 day

6) Run in OPD on 5/06/24 & CBC | RFT | LFT



5/6/24

B-ALL / Induction / ~~D+10~~ D+10 (New Protocol)

D8-CSF lympho  
mononuclear  
cells

NO FC

3/6

1/52 6- Blast

8.9 } 445  
          480 } 1.40

Fresh Carb's NA

S. Prol = 0.42

5407/17 = 198/403

Due for D+12 lumbar on 6/6

Adv

To check CBC/UA/PFT

To arrange

2 lumbar 5500 IU deep 7m - 6/6

- ~~1.5ml~~ Symp Omnacortil 10mg (15mg/15ml)

3.5ml TDs

- p. Ir Kanazole (15mg) 1 tab on PBF.

- To discuss CSF in H/P.

- To do CSF with ~~cell~~ next ITM.



\* To change protocol → HR (B-ALL)  
[ 20 rounds - 27/5/24 → as D1 ]

→ N/V PCSC - 6/6/24 = CBC / Urea / PFT

*[Signature]*  
Atyiman



5/06/24

IFMTx + CSF started on 10/06/24 @ 10 AM  
@ NPO

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Dr NIKITA SINGH  
DM Resident  
Pediatric Oncology  
Department of Pediatrics  
AIIMS, New Delhi

10/06/24

B-ALL / HR - 100 mg 8 met assessed.  
Day 15 of Induction

~~Px~~ of parent visit went to OPD on 6/06/24

Px -

qy VCR 0.9mg IV push - 10/06/24 *Nikhil*

Remedexin

qy EMCSCT 2mg

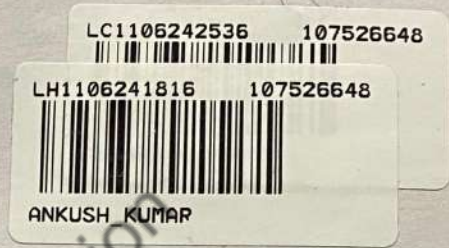
qy DNR 14mg in 100ml NS IV slowly over 1hr  
(10/6/24)



By LKSP 550010 - 10/06/24 for up  
12/06/24

Review on OPD on 12/06/24 T CBC/RT/6PT

Neha's



12/6/24  
- Mouth care  
~~with~~ ~~antibiotic~~ gargles.  
→ Sitz Bath  
→ on Septoran sachtsund.  
→ NO fresh complaint

HR - BAU (HR - De not assessed).

Induction phan. (D17).

11/6  
9.9  
1440  
1400 (ANL)  
4.8 lakh

CFT/RT (N)

CSF DIS ⇒ (N) acellular.

PS DIS ⇒ 0% Blast

o/e HD stable.  
Cushingoid facies (N).

Medicines reviewed,  
appropriate.

Plan

- ① Lyp OMNACORTIL FORTE (5ml/15mg) 3.5ml TDS
- ② Tab LANZOL 15mg PO OD (BRBF)
- ③ Sitz bath / Beladuni gargle TDS



- ④ Inj L-ASPARAGINASE 5500 IU deep IM  
 14/6/24; 17/6/24 *caulids please arrange!*  
*Shivale*
- ⑤ Inj VINCRISTINE 0.8 mg slow IV push (17/6/24)
- ⑥ Inj DAUNORUBICIN 14 mg in 100 ml NS  
 over 1hr (17/6/24)
- ⑦ CBC on 15/06/24
- ⑧ N/V 19/06/2024. at 9am OPD.

19/6/24

- mouth care explained.
- ulcer on lower lip.
- Sitz Bath
- no fresh complaint.
- on septan sat/sun.
- on antibiotic

HR(B-ALL)

Induction plan  
 Day-24

D8 → not assured

D15 → (SF →  $\ominus$ ) acellular  
 Ps → 0% blasts

14/6/24 → FN  $\bar{c}$  GE focus  
 (NGC ruled out)

↓ ANC > 400  
 started on ambulatory  
 Chemot<sub>x</sub> - Piptaz  
 - Amikacin

currently Day ⑥ of antibiotics

18/6/24

|| 2320 55000  
 ANC - 1310

LFT/RFT → WNL.

OLE :-

- Axial ferris ⊕
- Afebrile for last 4 days
- Bowel sounds ⊕

*Shivani*  
 SA P.D.C.  
 DR. G. SHIVANI  
 Senior Resident  
 Paediatric Oncology  
 Dept. of Paediatrics  
 All India Institute of Medical Sciences  
 New Delhi- 110029



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Advice

\* STOP IV antibiotics  
\* ~~20/6~~ 23/6 Inj. L-ASPARAGINASE 5500 IU  
IM stat due on 20/6/24 &  
23/6/24 (CANKIDS, kindly help)

\* To review in daycare tomorrow  
at 2pm

\* To review in ped. Unit III OPD  
on 23/6/24 i CBC/CFR/RET

\* Danger signs explained; review SOS in  
pediatric casualty.

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Varun  
**Dr. VARUN A.N.**  
Junior Resident  
Department of Pediatrics  
All Institute of Medical  
New Delhi-110029

22/6/24

- ~~best~~ oral care
- sitz bath
- personal hygiene
- ~~no~~ c/o mucositis healing



22/6/24

- B-ALL
- MR (ilv) non-compliance and delay in days (argument and chem).
- Induction - day 26 to day.

• no active virus. - no burr / loose stools

• on

- Symp. Omnacortil forte (15mg/5ml) 3.5ml TID.
- Symp. zinc 20mg/5ml 5ml D10
- Symp. Septwan (40mg/5ml) 5ml BID (Sat/Sun)

DIE:

- wt - 13kg
- underweight for age
- awake/alert
- came in walking
- No pallor / jaundice
- NO LN
- NO HSM
- RS/CVS - NAD

n/g  
U/Creat - 40/02  
U/F/RF7 - N

10.30 }  $\frac{7090}{N-861}$  } 114  
L-12.67  
ANC-6110

Plan:

Dear CARMS, please help.

- Inj LUNASE 5,500 IU deep IM

Juan 28/6  
on 23/6/24  
26/6/24  
26/6  
(P70)



• On 25/6/24,

inj. VINCRISTINE 0.8mg Slow IV push  
(fresh canula) ASB

inj. DAUNORUBICIN 14mg in 100 ml NS  
over 1 hour ASB

Syp. Omnacortil forte (15mg/5ml)  
3.5 ml - 3.5 ml - 3.5 ml - till 23/6.

Tapering

2.5 ml - 2.5 ml - 2.5 ml = 24/6 - 25/6

1.5 ml - 1.5 ml - 1.5 ml - 26/6 - 27/6 - 28/6

1.5 ml - 0 - 1.5 ml - 28/6 - 29/6 - 30/6

1.5 ml - 0 - 0 - 30/6 - 1/7 - 2/7

Stop.

• Nilv 29/6/24 & 08/07/24

• cont. Septilin as advised

• Sit-bath/gargles

Shan



26/06/24

B-MU | HR con inclusion

complaints of cold Huesact

complaints of cough

No complaints of fever

Rx

(i) cold LA Tyte gel QID }  
 (ii) CANOID mouth paint TDS }

(iii) Tab Acyclovir 200mg 2/3 tabs PO TDS  
 X 5 days

(iv) ~~Revis 200mg 2/3 tabs PO TDS~~  
 4ml PO BD

(v) Synt Augmentin (5ml) 457mg  
 4ml PO BD

(vi) Synt MONNITUC 5ml PO BD

~~Rev in daycare~~

Rev in daycare 27/06/24

Rev in emergency if fever

Dr NIKITA SINGH  
 DM Resident  
 Pediatric Oncology  
 Department of Medicine  
 AIIMS, New Delhi



29/6/24

B - ALL/HR - Induction :

Casualty visit yesterday - for low grade fever above stools on tapering steroid.

No fever/nomety/diarr stool - since yesterday

Oral mucositis - improve

Let also DNR - 26/6/24.

Received IV Abtc - 14/6/24 to 22/06/24.

11.2  $\left\{ \begin{array}{l} 3680 \\ 2690 \end{array} \right\} \leftarrow 253 \times 10^3$

O/E wet, paronychia wyl.

steroid facies ⊕

Oral mucositis ⊕ - improve

Nasal flow ⊕

HR - 120/L

RR - 24

RI - BLA ⊕

b/L interseptum file

wyl ⊕

CVI - S1S2 ⊕

Adv

- Refu to Pedo casualty

- CYP, Blood C

any PNS

discuss to

→ ~~Plan~~ to start on

oral nonsteroid

- S. galactomycosis

CGCT clear

- Continue tapering steroid

- Septum Propylenyl

betwale gyl/sitz

brood spectw. Ash

BP - 115/77

↓

to reduce

↓

of hyl

- Add Amlodipine

If: Expected Neutropenia/doulizij sign / Recently received betwale blood spectw. Ash

? IF infection

- Pedo on IR to review



Dr. Amitabh  
DM Resident  
Pediatric Oncology  
DM 52671  
AIIMS - New Delhi



28/6/24

B- AU / HL - Induction

- received DM on 26/6
- no loose stools & 4-5 episodes since yesterday
- 1 low grade fever spike
- reduced oral intake.

Adv.

- referred to Casualty for ~~invest~~ CRP/UBG

if non neutropenic

can send on oral antibiotics

- Kids Onco to review.

O/E

HL = 96/m

M = 26/m

PP/CP & LT

P/A soft;  
Hs ⊕, non tender.

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Salicylate  
SM

29/6/24

- 2-1 Betadine gargle
- STD bath
- on Septron Sat/Sun
- Clo - Not eating properly
- Rapeniv Steroids (Induction)



2/7/24 (Morning)  
109/82 BP

Pulse 120  
SpO2 - 95

B-AU/HR | Induction completed of hypertension

No fresh concerns

Last chemo DNR - 26/6/24  
Adv:

S BP	D BP
5th 69	25
5th 87	44
9th 101	59
9th 104	63
9th 112	71

3280  
11 / 2340 2-35p

- EOB 3MA + MRD } 4/7/24  
ITM

- T. Amlodipine 2.5mg PO  
OD

- T. left hand site bath  
Betadine gargle

- N/V on 6/07/2024 2 CBC/H  
LH

2/7/24  
1:15 PM  
BP - 101/72  
Pulse - 130  
SpO2 - 100% O2

→ 9th clinic

- To DO ITM/3MA tomorrow

- N/V - 6/7/2024

Aditya

Shinai

Blooming Lives Foundation



6/7/24

HR-BMU / post induction / Hypertension

to: BMA → 4/7/24

Report awaited

S/F

$$\begin{array}{r}
 11.2 \left\{ \begin{array}{l} 2860 \\ \hline 690 \\ \text{(ANC)} \end{array} \right. / 1.6L
 \end{array}$$

AST/ALT = 88/79

ALP = 458

Ca<sup>++</sup> = 8.6

Mono = 5.6%

o/e cushingoid facies (+)

lip track/ulcer (+)

occ. cough (+)

chest clear (+)

BP =

plan

- ① Tiny sister → Consolidation HR protocol
- ② T/C septum
- ③ T. Amlodipine 2.5mg PO OD
- ④ T/C BMA + MRD + USF report
- ⑤ Start consolidation ANC > 750
- ⑥ Zylet gel 4A TDS
- ✓ ⑦ mupirocin oint 4A TDS x 5 days
- ⑧ N/V 10/7/24 ± CBC / CFT/RFT / Vit D<sub>3</sub> / PTH (9am)
- ⑨ Pentam cyclophosp & cef + ITM date :- 12/07/24 (Daycare)

Shravani SA

DR. G. SHRAVANI REDDY  
Senior Resident  
Paediatric Oncology  
Dept. of Paediatrics  
Institute of Medical Sciences  
Hyd-110029



10/7/24

HR-BALU | Post Induction | HTN | Vit D<sub>3</sub> deficiency

AOI BANA MKD → Negative.  
CBF → acellular.

8/7 mmO = 2.4%  
10.4 } 1690 } 1.98L  
          } 200 }  
          }     }

O/E Rickets feature (+)  
Cushingoid (+)  
NO fever grade I -  
NO cough muoniti.  
NO focus of infection  
Chest - crackled sounds (+)

29/6 Blood c/s  
contaminant.  
AST/ALT = 107/73  
ALP = 709(↑)  
\* Vit D<sub>3</sub> = 5.07  
B<sub>12</sub> = 869  
iPTH = 60

ANC → not recovered

BP  
210 →

plan

- ① Vit D<sub>3</sub> sachet (60,000 IU) 1sachet per 15days x 5 doses.
- ② T: Calcium 500mg OD x 2 1/2 months
- ③ T/C Syp Septoran / sitn bath / beladuni gylu
- ④ T/C zyten gel / candid paint TDS
- ⑤ T: Amlodipine 2.5mg H/S (OD)
- ⑥ fever → ER as ANC : 200.
- ⑦ Syp. MVT 5ml OD
- ⑧ Tab Lanrol - Jr 15mg PO BFF x 7days
- ⑨ N/V 15/07/24 c 20 CBC



15/7/24

MR-B-ALL / EDI MRD . Negative

ANC - recovered

NO complaints

9.8  $\times \frac{5320}{1410} < 172 \times 10^3$

BP - 107/70  
mm of hg

Ht - 88 cm

Wt - 12.3 kg

BSA - 0.55 m<sup>2</sup>

S. B<sub>11</sub> - 0.25

OT/PT - 73/107

uric acid - 9/0.2

Adv : Start Consolidation chemotherapy cycle .

- Take date from day one - Kately give in place of D<sub>1</sub>'s scheduled tomorrow

IVF DNC + 1:100 KCl @ 70 ml/hr for 6 hours .

IV Emcef 2mg

IV Depo 2mg

Stat

D<sub>1</sub> - Ij Cyclophosphamide 550 mg / 200 ml NS over 1 hour

Ij Meve 200 mg D<sub>1</sub>, 3, 6 hr .

D<sub>2</sub> - D<sub>5</sub>

Ij Cytarabine 42mg slow IVP .

Tabs GMP D<sub>1</sub> - 1 tab (50mg)

D<sub>2</sub> - 3 - 1/2 tabs OD

15/7/24 } \* Intetrex / Methotrexate 10mg (Folibar - 15mg) ?

- Continue Septer prophylaxis / Betadine gargle / sitz bath

BP = 110 on 18/7/24



20/7/24

- 2-1. Betadine gargle
- Sit bath
- On Septan Set/Sun
- No fever complaints.

HR-B-ALL / EO I-MRD mes) consolidation (HM)

consolidation started on 16/7

~~done~~ CSF (16/7) - few lymphonuclear cells.

13/7

9.8 } 5320 }  
ANC = 1410 } 1.72 l/alk.

BP = 115/62

recent CBC → not available.  
6-MP/Ara-C ongoing.

Next chemo

Adv

~~23/7~~  
1) ITM → take date from daycare  
due on 23/7

- Inj Methotrexate 10mg Intrathecally. (23/7)

- Inj Ara-C 42mg slow IV push. 24/7

- Tab Amlodipine 2.5mg o HS.

- No fever

- No cough/cold.

U/D/w Prof. R. Seth Meain

o BP record — BD for 4 days → decide on stopping

o trace CBC report 18/7/24.

25/7  
26/7  
27/7

Dr. Rahul



27/7/24

HR-BALL/EOI-MRD/consolidation D12  
neg  
HTN

C/O low ~~app~~ Appetite.  
no C/O fever  
C/O vomiting 2 episode yesterday  
NO constipation / loose stools  
NO Pain abdomen.

O/E - active Alert child,

HR = 98/min  
RR = 24/min  
CF = 2 sec

No signs of CHF

Respi + B/LAE (+) NVBS

CNS → S<sub>1</sub> S<sub>2</sub> (+) no murmur, No gallop

CNS } NAD  
PIA }  
No tender hepatomegaly

CBC = 6.7 }  $\frac{2080}{1270} < 4.20$

Adm

today / tomorrow

- ① take Blood Transfusion Date from day care  
30/8
- ② Blood donation
- ③ Inj Ceftriaxone 42mg (iv) slow push
- ④ to continue 6-MP till 29/7/24.



(5) Inj Lincase = 5500 iu deep i.m.  $\rightarrow$  30/7/24

(6) Inj VCR 0.8 mg i.v slow push on 31/7/24.

~~(7)~~ (7) to continue Amfodipine 2.5mg  $\frac{BD}{0-0}$

~~(8)~~ (8) Sepc Enset (2mg/sml) - 8.5ml SOS  
To Carbids

- kindly arrange

- Inj Lincase 10,000 deep i.m.

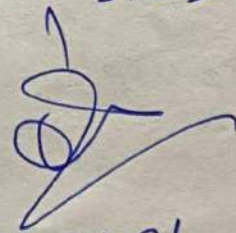
DR. SAHIL K. PHARMA  
Senior Resident  
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New Delhi-110029

Dictician Room 418 new RAK

- Tab ~~Paracet~~ Levoflo (15mg/sml) 1T ab OD  
x 3 day

- MgSO<sub>4</sub> ointment  $\rightarrow$  on cannula sites

BP-117/71



- to review in OPD on 31/8/24

2/8/24  
Inj. ~~Levoflo~~ L-asparaginase 5500 IU deep i.m.





4/8/24

C10 BALL / HR / on course / FN D3

FN Review.

C10 fever x 3 days (last spike of fever ~~last night~~)  
afebrile x 12 hrs.

C10 cold / cough / runny nose x 2 days  
C10 Pain in BLK thighs & lower abdomen x 3 days.

C10 constipation - now Improved.

NO H<sub>2</sub>O vomiting / Burning micuria / ear discharge  
NO C10 rashes.

Wrist widening (P).

RA Soft nondistended,  
Pain on Extending  
w/ ~~flexion~~ Legs

C10 Pain on ~~RA~~  
Pressure BLK Hip joint

Respi + BR A E (P) NVBS  
No crepts / rhales

CVS + S<sub>2</sub> (P) normal  
CNS Normal.

OIG

active alert child

HR = 110 / min  
RR = 24 / min  
SPO<sub>2</sub> = 95% LRA  
CFT < 2 sec.  
Pulses 2 w.p.

Cor



↑ Peritonal  
Infiltrates  
L/R.

USG abdomen -> NO local abs Lower abdomen  
collection  
- NO NFL / Pancreatitis  
- Not S10 26 UTZ



Lipase = 33

Amylase = 32

LFT/RFI = (N)

CBC =  $\frac{7.4}{40} \times \frac{686}{1000}$  L2BK.

Plan

- ① to continue iv Piptaz Amikacin
- ② to send CBC / urine RM / urine CS / PE
- ③ to check blood CS
- ④ to send PLT tomorrow from Day care.
- ⑤ if Pain ↑ & fever recurs. to visit  
Emergency & repeat local site USG.
- ⑥ to remain in day care tomorrow  $\bar{c}$  CBC  
& transfuse PRBC & RDP

  
Dr. VISHAKHA VARSHNEY  
Senior Resident  
Dept. Paediatrics  
AllMS, New Delhi



6/8/24

FN review

Δ BALL/Consolidation w/h on day 16 i/v/o FN -

dist Chemo - 3/07/24 - Iy VCR.

ANC = 40 on day of study Abtx.

Focus - Respiratory

Day of Abtx - Day 4 ; on Piptz + Amikacin

at present : afebrile for 24 hrs, last ~~low~~ fever yesterday morning - 100° F

no body aches.

no pain on opening mouth, e/hy

no redness of eyes.

no poor oral intake

O/E Hemodynamic stable

One meal (P)

no white deposit

b/l conjunctival redness (P)

RS - B.A.G.R., clear

I

PCT (05/08)

0.57.

Urea  $\frac{11}{140}$  - (P)

Umi  $\frac{1}{1}$  - stable

1/8

6.7  $\frac{1140}{180}$  < 196

Trt: FN - inpatient (Neutropenic-inpatient)  
Copl - beta

Adv: Stop Abtx once culture stable, afebrile > 48 hrs.

→ Cerebral mouth. paint for C/A

→ Refresh e/ds - to re-eval in RPC if any persistent discharge

- PRBC transfusion from day - today

- Qlv of dx 24 hrs



7/8/24

## FN review

D<sub>5</sub>-FN

Head 1e/o fever spike of 101°F.

Ⓐ IABC from OR.

ANC: 180

PLT = 0.57

urine c/s + RME - (N)

Blood c/s - (3/8/24) => Staph hominis

Ⓑ Linezolid, Tetracycline,  
Teicoplanin, Vancomycin

O/E

Vital stable

Rh = 28/min

NURS (+)

well chud

BP = 98/68 mmHg.

## plan

- ① Stop piper + Amikacin
- ② Duj Teicoplanin 120mg IV BD x 3dors  
Alb OD x 14days (7days IV → Alb  
and 7days linezolid)
- ③ (QSI) → cannula  
Blood c/s → "sterile manner"  
CBC
- ④ N/V 10/08/24 at 9am OPD

Shuni



To arrange

Dys Dysare 5500 to deep TM.

→ PICC line insertion Dr. Reema 209.

12/8/24

B-AU/HR/ consolidation

10.4 } 3210  
630 } 9.2 Wacs

no active complaints

Blood  $\left\{ \begin{array}{l} C \\ S \end{array} \right.$  4/0 Staph hominis

⑤ Linezolid

afebrile 6 days

swab for L-Asparaginase  
↓  
to give today.

Last chemo on 31/7/24

Adv

- Syb. Linezolid (100mg/5ml) 6ml TDS x 7 days  
L to complete 14 days.

Candida pleax



- Inj. L-Asparaginase 5500 u deep IM stat.

- no/v 14/8/24 z 31 CR/PT/41

Lata



7/8/24

SRB . Dr Rema

- unable to secure IV cannula tied 5-6 times

→ sup linezolid 100mg/5ml

6ml ————— 6ml ————— 6ml  
to continue

12kg

→ to tomorrow for IV cannulation

10/8/24

CSF →

BMD →  
cytogenetic

File complete

Reports

S-BALY/HR/Condensation

blood  $\frac{1}{5}$  |  $\frac{1}{5}$

Staph aureus on linezolid - 3

Last CT = lumbar on 7/8/24

NO FC

Appt: 2/8/24

Adh

9.8 — 1820 — 6.79  
320

- repeat CBC today

- sup N/C - 12/8/24 report

- e/c septum

- sup linezolid 6ml TDS x 11 days

30

Signature

to resume CT



14/08/24

Asymptomatic  
due to

10.4 → 4/70 ← 613 y/10<sup>3</sup>  
1480

If d. Asparaginase 5500 IU deep IM  
on 15/08/24.

- Continue seftin prophylaxis / Betadine gargle

17/8/24

16/8/24

CBC/LFT/RFT

16/8

Clinically well

11.3 → 4290 → 4.14 lakh  
1720 (ANC)

Due VCR today

LFT/RFT - (N)

Plan

→ Inj VCR 0.8mg IV  
slow push 17/8

→ Inj LEUNASE 5500IU  
deep IM on 18/8/24

→ N/V 21/08/24 ✓  
CBC / LFT / RFT



Carbids  
Arrange

Shruti  
SN POC.



21/8/24

ssis: B-AU/HR/ Consolidation / D26.

counselled on

- Betadine gargle xl.
- Sitz bath
- personal hygiene
- No fresh complain on Septan Saffron.

No fresh concerns.

Adv s.

- Inj. Amet 2mg +
- Inj. Dexa 2mg slow IV
- Push

20/8/24

11.6 / 4.60 / 1.71-9  
1910

RFT/UF: WNL

- IV DNS + 1:100 Kcl @ 70 ml/hr.

$\frac{1}{2}$  Inj. Cyclophosphamide 550 mg  
in 100 ml NS over 1 hr.

$\frac{1}{2}$  Inj. Mema 180 mg in 100 ml  
NS over 1 hr. at 0, 3 hr, 6h.

- Inj. Ara C  
Push

40 mg slow IV  
D30  $\frac{1}{2}$  2/12 D32  $\frac{1}{2}$  2/12  
D31  $\frac{1}{2}$  2/12 D33  $\frac{1}{2}$  2/12  
D37  $\frac{1}{2}$  D39  
D38 D40.

- T. 6MP (50 mg) 1 tab PO  
OD  $\rightarrow$  6/14.  
 $\frac{1}{2}$  tab PO OD  $\rightarrow$  8/14.

- cont: sitz bath / Betadine gargle.
- Septrad to continue.



Date for chemo from Daycare → 24/08/24.  
N/V in OPD on 28/08/24 c CBC/RFT/UR

Shivani

28/08

g.7  $\left\{ \begin{array}{l} 2510 \\ 1760 \end{array} \right\}$

ALT/AST - <4

T. Protein = 5

Albumin - 3.4

Creatinine - 1.6

B ALL - NR - Consolidated  
cytarabine block - D29 - D33

No complaints

Adv

-> continue chemo as per protocol

- Days 1-4, explained 4/8/24  
Riv. CR. →

- Next visit after 1 week  
c CBC/UR/UA

Blooming Lives Foundation



Amitabh  
Dr. Amitabh  
DM Resident  
Pediatric Oncology  
DMC



31/9/24

→ 2% Betadine gargles.

→ Sitz Bath.

→ Hb - 6.7.

→ on septran sat/sunday.

→ To Beijing

Photocopy → BMA, MRP  
Cytogenetic } Reports  
etc

B-Acc / HR / Consolid<sup>ed</sup> - D40 today

6.7 }  $\frac{880}{380}$  } 30000

U1 / U1 - (2)

Child healthy  
No fresh issues

Ach

Cont GMP as advised  
AsaC last dose today.

Tuj. L-asparaginase 5500 IU deep im

7/9/24  
10/9/24  
13/9/24

Tuj. VCR 0.8mg iv slow push - 8/9/24

Cont. Septran

Danger signs explained - Report in comatly

F/U 14/9/24 = CBC  
U1 / U1

PRBC transfusion → Day care today.

[Signature]  
6/9/24



DAY CARE

2/9/24

ClO ecchymotic patch on (R) abdomen

→ NO fever

NO other complaints

HR: 100

RR: 26

PP THT

RS: AE = BS clear

CVS: S1S2 heard

PA: soft

ecchymotic patch on (R) abdomen

Ady

urgent in Emergency  
→ do CBC

- To transfuse RDP SOS

Dr Rema

Dr Pedonc



11/9/24 Ankush / 3 y 11 M ale

Asis: B-ALL 1 HR consolidation, Day 6 [EOT MAR ~ neg]

{ due to interruption on induction }

{ last L-asparaginase received on 10/9/24 }

Issue ~ low counts (Hb - 5.1 g/dl) (ANC 60) (10/9) PLT < 10K

• no fever / breathlessness / ↓ JVP  
bleeding manifestations

[ severe anemia not in CHF ]

on exam

HR 108/min

pallor ⊕

hydrated + fair

RR 20/min

SpO<sub>2</sub> @ RA 95%

CR1 < 35/px (+)

no HSM / testicular enlargement

Advice

① PRBC transfusion @ 15 ml/kg iv

over 4 hr 2 mid BT basis

RDP 20 over the

casualty SR on duty informed

2 parents to arrange donor today for transfusion





② TIC oral septan as advised

③ Review on flu on 14/12/24 & CBC  
9 AM sat

13/9

@ daycare

inj.

hosparginase 5500 IU deep IM  
stat

Can kid's  
kindly  
manage

DR. Nikita  
Senior Resident  
Paediatric Oncology  
Dept. of Paediatrics  
All India Institute of Medical Sciences  
New Delhi - 110028

Blooming Lives Foundation



DAY CARE

13/9/24

C10 B - ALL HR / consolidation

fever today ~~102.2~~ (11/9/24)  
102.5 on 11/9/24

fever x 3 DAYS . 100°-102°F

last fever spike today mning 9am .

Received PRBC - cough x 2 day  
+ RDP

Received on 12/9/24 → NO vomiting

- NO LM

→ NO abdominal pain .

10/9/24

Hb : 5.1 ~~Received PRBC~~

WBC : 560 .

ANC : 60 .

PC : 210000 .

HR : 110

RR : 28

PPH 1H

(D3) IV PIPTAZ  
AMIKACIN .

Blood culture :  
awaiting

→ RS : AE = BS clear .

CVS : S1S2 heard

PA : soft NT

CNS : ACS 15/15 .

NO ELO bleed from any site .

Adv

- CXRAY today

→ to fu to OPD tomorrow  
CBC report

→ RA ~~102.5~~ .

39 → ~~coll~~

~~Dr. Reme  
Dr. Pedonu.~~

CBC repeated  
today . report awaited



14/9/24

- 2% Betadine gargles.
- Sitz Bath.
- on septran sat/sund.
- IV Antibiotic D<sub>4</sub>
- Last fever spike  
12/9/24 2am: 101°F
- 4° cough, nasal congestion.

13/09/24

100%  $\frac{510}{10}$  (51000)

AMC - 50

CXR - infiltrate r/h

BAU/NR/COVID/STREP

FN - DA.

Next cleno - VCR - 8/9

$\alpha$ -Ampic - 10/11

ANC - 60

Afebrile for > 24 hr.

Cough - persistent

O/E Alert, calm

PP@ CRT@

BP - 108/70

CRT < 3 sec

HR - 100b

RR - 22/min.

SpO<sub>2</sub> - 98%  
O<sub>2</sub>

Profound neutropenia / symptomatically improved  
Hemodynamically stable.

Adv: Collect culture refnt.

- Refnt CBC today (holdy on Monday)
- Continue Teic + Piptra.
- Days days explained - R/V in degree on Monday morning
- If new onset fever/worsening - to review in ER

*[Signature]*



Dr. Amitabh  
DM Resident  
Pediatric Oncology  
DMC - 52671  
AIIMS - New Delhi



17/9/24

FN review

Q. N  
PR - 98/mnt  
RR - 32/mnt  
BP - 96/60  
SpO<sub>2</sub> - 96%

D<sub>7</sub> FN

D<sub>7</sub> piperac + D<sub>3</sub> Teicoplanin

Afebrile X48 hrs (last 101 F on 15/9/24)

Blood c/s - ~~stable~~ awaited

ANC(13/9) = 10

O/E vitae - stable

pt 5112

(R) cupts (+)

occ. wheeze (+)

leg (R) thrombophlebitis

plan

Profound FN / Resp focus  
R/O fungal

① Inj VORICONAZOLE 110mg IV BD

② S. Galactomannan / CBC today

③ CT Chest → tomorrow

④ Tlc IV Antibiotic

⑤ Inj Leunase 5500 IU deep IM today

⑥ Inj VCR 0.8mg slow IV push ~~today~~  
tomorrow.

⑦ N/V tomorrow 18/9/24 at OPD = reports.

⑧ Out Thrombophobe 4 ATDS

Shri  
su por.



- 18/9/24  
 → BP 8-107/69  
 → pulse 8-120.  
 → Due for. Leunase.  
 → 21. Betaclene gargles.  
 → Sitz Bath.  
 →

MR - BAU / EO I MRD ☺

Consolid<sup>n</sup> D54

Last L-asp. on 10/9/24

FN → Zosyn - D8

Teico - D6 today.

17/9

10-8 } 1150 }  
 20 } 75000  
 Mono = 28.7%.

Was afebrile x 3 days.

Since yesterday, new onset fever max 101°F

along w Rt. foot swelling & tenderness - Thrombophlebitis

No cough

Q/E

vitals - stable

No oral ulcers/perianal lesion

Chest - clear

P/A - soft, no MSM, BS ⊕

Blood c/s → Staph hominis (MS-COXS)

Ⓢ to Teico/Vanco/Linezolid/Cipro/Septam/Unida

Ⓡ to Pn & Erythromycin

Rt. foot thrombophlebitis

Adv

No need for CT chest currently i/no focus of fever apparent

Cont. Zosyn & Teico via GN basis

Sis Shweta → Sumag ointment appl<sup>n</sup> & limb elevation - Pls explain

Cont Septoran / Betadine gargles.

Once ANC > 200, can stop Zosyn & continue on Teico (Total 14 days)

Dij. L-Asparaginase 5500 IU deep i.m. stat

18/9/24  
 21/9/24

Dij. vCR 0.8 mg iv slow push - 20/9/24



FN SR review on Friday (20/9/24) Day Care 5pm

F/V 23/9/24 - POC 2pm z CBE  
RFI/WT

20/9/23

T - N

PR - 84/nt

RR - 30/nt

BP - 107/61/nt

SPO<sub>2</sub> - 100%

✓

FN review

D10 FN

D10 piperac + D8 Teicoplanin.

Blood c/s (12/9) → MS-CONS.

⑤ Teicoplanin

cough paracetamol

fever → low grade 100°F

→ 24hrs ago.

ANC! - 20 (17/9/24)

Chest clear.

Plan

① IV Ab's to continue

② Teicoplanin. total 14 days from 12/9 i.e.  
till 25/09/24.

③ CBC today. (ANC > 200, stop piperac)

④ N/V 21/9/24 in OPD c report

⑤ Inj VCR 0.8mg IV slow push.

Shuni  
SR POC



21/9/24

FN review

D<sub>11</sub> FN.

D<sub>11</sub> piperac + Dg Teicoplanin.

ANC (20/9) → 270 ↑  
(mono ⇒ 31.5%)

$$\begin{array}{r} 20/9 \\ 9.7 \overline{) 2510} \\ \underline{270} \phantom{0} \\ 1.74 \end{array}$$

V. difficult cannulation (attempted).

MS CONS → ③ to ciproflox / Linezolid

Afebrile > 48hrs

Chest clear

Clinically well.

plan

① Stop IV Antibiotics

② T. LEVOFLOXACIN (IT = 250mg) 1/2 Tab OD  
X 7 days

③ N/V 30/09/24 at 2pm ± CBC/LFT/RFT  
POC clinic

Shruti  
SA POC.

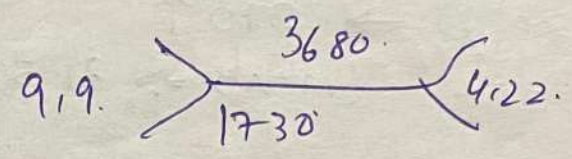


30/9/24

- 2% Betadine gargles.
- Litz Bath.
- on septon sat/sund.
- To give photocopy of 2nd protocol
- CSF & PS: - (8/7/24)
- BMA & MRD. Report (4/7/24).

S-BAL | HR | Completed  
Lowrid<sup>n</sup>

No FC



S-BAL = 0.22

SCRIPT = 100/89

ACP = 281

BSA = 0.94m<sup>2</sup>

UA = 12.35g

Hct = 89%

Adv

→ To enlist name in admission waiting list for HONT\* (Sister Tracy) 9 Date Protocol (SM-HR-BAL)

Page No  
↳ 96197

① T. 6 Mercaptopurini (50mg)

1/4<sup>m</sup> tabs D1 - D2

1/2<sup>g</sup> tab - D7

OD. in evening  
2hr after meals  
(with hand milk)

to repeat  
same pattern

To manage

① 2mg Methotrexate 1.7gm

② 2mg Leucovorin (50mg) 5mg

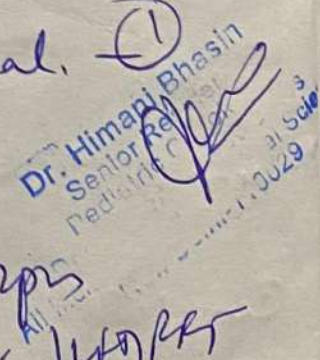
③ 2mg Methotrexate 12mg intra thecal.

④ Septon for his neck

M/V

POC - 27/10/24 @ 2pm

ECB | 14/11/24





7/10/24  
psotdol - 2<sup>nd</sup> pxdob  
- Due faemfoc.

7/1/24

clinically stable  
med course  
single episode of fever  
yesterday night

0/2 ✓  
med ✓

met date hyperty.

med transtis  
bil (2)

orph x 1 day.

med rem on

Syp Cetrimine 2.5ml (10)  
x 5 day

ranocoxib syp

Syp aciclovir  
6ml (20)  
orally

Syp Suspend  
200mg/ml

5 - 5ml x 5 day

Syp Syp  
orph

Enter Syp to plan admission  
ll



Priority date

## A.I.I.M.S. HOSPITAL

Subject : Private Ward booking / registration

Patient's Name : Ankush

Treating Faculty : Dr. Leelavathi

Department : Paed

\*\*\*\*\*

Dear Sir / Madam,

Ref. advice / recommendation of your treating faculty regarding private ward inpatient hospitalization, it is informed that your name has been booked/ registered for admission on 28/10/2021. Every effort will be made to admit you on the given date. However, albeit rarely, at times due to circumstances beyond control, it may not be possible to allot you the private ward on given date. In that case, you will be accommodated at the earliest possible.

Payment can be deposited by Cash/Debit or Credit Card / Demand Draft for Rs. 22,000/- or Rs. 32,000/- (for B Class / A Class room respectively) in favour of Director, AIIMS, New Delhi towards room rent advance of 10 days & hospitalization charges on the given date and please contact telephonically at Tel. No. 26594708 for getting the admission slip from Room No. 6A, M.S. Office, AIIMS Hospital between 12:30 p.m. to 1:00 p.m. The patient may not come personally and instead an attendant can come to obtain the admission slip. The patient may be brought within 4 hours of getting admission slip & completing admission formalities.

Thanking you,

Revised room rent rates are :

"B" Class - Rs. 33000/- for 10 days

or

"A" Class - Rs. 66000/- for 10 days

P.S. to Medical Supdt.



*Handwritten signature*



(DEPT. OF EMERGENCY MEDICINE)

UHID No:107526648

तकालीन नं.(Emergency No): 2024/030/0098613

दिनांक DATE: 11/09/2024

समय TIME: 04:42:21 PM

NON-MLC

99

नाम NAME: MASTER. ANKUSH KUMAR

आयु AGE : 2 years 9 months 25 days

लिंग/SEX : M

S/O : RAKESH PANDIT

पता ADDRESS:

मकान संख्या H.NO: VILLAGE LAXMI PUR गली / मुहल्ला STREET/ POST RAGHUNATHPUR  
 शहर/प्रखंड CITY/BLOCK: DISTRICT MOTI HARI MOH: BAZAR  
 राज्य STATE: BIHAR पिन PIN:  
 मोबाइल MOBILE NO: दूरभाष सं. PHONE NO: स्थान Location: Paediatrics Emergency

द्वारा BROUGHT BY: Relative : FATHER

Criticality: Red / Yellow / Green

Triage: Responsive/ Unresponsive HR /min BP mmHg RR /min spO2 %

Shifted to Paeds/ Main/ New Emergency

B-AU/HR | consolidation RUG

Presenting Complaints

- Runase x 10/9/24.

Primary Assessment (ABCDE) : Assessment Pentagon

referred from OPD for PRBC / RDP transph

<p><b>Airway</b></p> <p>Open &amp; stable : <input checked="" type="checkbox"/> Yes/No If No.....</p> <p>Breathing: RR <u>20</u> /min Efforts: Normal/Poor/increased</p> <p><b>Auscultation:</b> Air entry: <u>Normal</u>/poor/Differential</p> <p>Added sounds: <u>None</u>/Stridor/Wheeze/Crackles</p> <p>SpO2 on Room air <u>100</u> %</p> <p>12.3 kg</p>	<p><b>Circulation</b></p> <p>HR <u>124</u> /min CFT <u>2 sec</u> secs. BP <u>116/84</u> mmHg</p> <p>Peripheral pulse: <u>Poor/Good</u> Central pulse: <u>Poor/Good</u></p> <p>Skin temp: <u>Warm</u>/cool</p> <p>Others</p>	<p><b>Disability</b></p> <p>GCS <u>15/15</u></p> <p>Pupil size...../min Pupillary Reactions <u>RL</u></p> <p><b>Motor activity:</b> <u>Normal &amp; Symmetrical</u>/ Asymmetrical/ Posturing/Flacidity/Seizure</p> <p>Blood Sugar.....mg/dl <b>Exposure:</b> Temp..... Colour: Normal/<u>pallor</u>/cyanosis/ mottled Any other skin lesions.....</p>
--	---	---

Diagnosis

10/9

- no up bleeding from any site

5.1 > 60 < 10K

LP

- Annals  
- Match Blood Cl.

- Arrange 2 transfuse 40 RDP 180  
- Arrange 2 transfuse 10 PRBC 10ml  
any urine c mid BT laxix 15mg



8pm  
+  
101.2° F 9pm  
3:30 PM  
pen 120mg IV stat SOS

8:40 pm  
9pm  
Piptoz ~~1.2g~~ / 15ml NS IV TDS  
Amikacin 180mg / 20ml NS IV OD

  
Aber

10/9/24 → 5.1 → 560 → 60 → <10000  
Syp Rectal & Sml BD  
C/S/B Redo Once SR  
B-AU / HR / consolid<sup>n</sup> D47

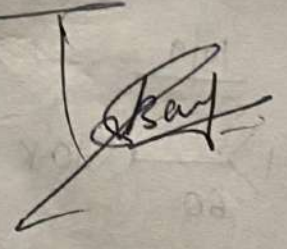
Developed fever spike of 101°F  
Coryza ⊕  
No other loc<sup>n</sup> signs & symptoms

PRBC & RDP transfused

Adv Cort Lesyn & Amikacin via GN lines

CXR  
Ensure Blood c/s sent

F/U FN SR tomorrow Daycare - 13/9/24 Spm



अखिल  
ALL INDIA INSTI  
Name Anshu Kumar  
सेवा



अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI-110029

नाम Name Ankush Kumar उम्र Age 2 yrs लिंग Sex M वैवाहिक स्थिति Marital Status  
 यू.एच.आई.डी. नं. UHID No. 107 52 6648  
 सेवा Service PCOPD वार्ड Ward PCOPD बेड Bed PCOPD व्यवसाय Occupation PCOPD धर्म Religion PCOPD

ALL INJECTIONS TO BE INITIALED BY PERSON ADMINISTERING

Date & Time	Medication & Treatment	Diet	Observation by the Nurse
<u>12/9/24</u>	<u>12/9/24</u> <del>5am</del> → <u>inj. Piptaz 12g IV TDS</u> <u>9pm</u> → <u>inj. Amikacin 180mg IV OD</u> <u>3:30pm</u> → <u>inj. Dey 120mg IV SOS</u>		<u>8am</u> - <u>child is on room air</u> - <u>transfusion done voiding self</u> ? <u>1/2</u>

Blooming Lives Foundation









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अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029  
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI -110029

(REVISIT)

आपातकालीन विभाग



(DEPT. OF EMERGENCY MEDICINE)

UHID No:107526648

आपातकालीन नं.(Emergency No): 2024/030/0097392

दिनांक DATE: 09/09/2024

समय TIME: 08:52:49 AM

NON-MLC

76

नाम NAME: MASTER. ANKUSH KUMAR

आयु AGE : 2 years 9 months 23 days

लिंग/SEX : M

S/O : RAKESH PANDIT

पता ADDRESS:

मकान संख्या H.NO: VILLAGE LAXMI PUR

गली / मुहल्ला STREET/

POST RAGHUNATHPUR

शहर/प्रखंड CITY/BLOCK: DISTRICT MOTI HARI

MOH:

BAZAR

राज्य STATE: BIHAR

पिन PIN:

मोबाइल MOBILE NO:

दूरभाष सं. PHONE NO:

स्थान Location:

Paediatrics Emergency

द्वारा BROUGHT BY: Relative :

Criticality: Red / Yellow / Green

Triage: Responsive/  
Unresponsive

HR

/min

BP

mmHg RR

/min

spO2

%

Shifted to Paeds/ Main/ New Emergency

*B-Att 12 → 1HR*

*best cyclophix → 28/8*  
Presenting Complaints

*vce/urine yesterday*

*no oral bleed v 1 day*  
*no h/o fever/cough/ loose stools*

Primary Assessment (ABCDE) : Assessment Pentagon

Airway	Circulation	Disability
Open & stable : Yes/No <input checked="" type="checkbox"/> If No.....	HR... <i>112</i> /min	GCS... <i>15/15</i>
Breathing: RR... <i>23</i> /min	CFT... <i>2</i> secs.	Pupil size... <i>3mm</i> /min
Efforts: Normal/Poor/increased	BP... <i>88/60</i> mmHg	Pupillary Reactions.....
Auscultation:	Peripheral pulse: Poor/Good <input checked="" type="checkbox"/>	Motor activity:
Air entry:	Central pulse: Poor/Good	Normal & Symmetrical/ Asymmetrical/ Posturing/Flacidity/Seizure
Added sounds:	Skin temp: Warm/cool <input checked="" type="checkbox"/>	Blood Sugar.....mg/dl
None/Stridor/Wheeze/Crackles	Others	Exposure:
SpO2 on Room air... <i>98</i>		Temp.....
<i>wk - 12 day</i>		Colour: Normal/pallor/cyanosis/ mottled
		Any other skin lesions.....

Diagnosis

*- CBL*  
*- Anxyp 40RSP.*  
*Wcannu*  
*Dr. H.*  
*Dr. H.*  
*wk h 10mg vctel*  
*transpnic acid 100mg/100ml*





*Handwritten signature*

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ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI -110029

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आपातकालीन विभाग



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NON-MLC

76

नाम NAME: MASTER. ANKUSH KUMAR

आयु AGE : 2 years 9 months 23 days

लिंग/SEX : M

S/O : RAKESH PANDIT

पता ADDRESS:

मकान संख्या H.NO: VILLAGE LAXMI PUR

गली / मुहल्ला STREET/

POST RAGHUNATHPUR

शहर/प्रखंड CITY/BLOCK: DISTRICT MOTI HARI

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BAZAR

राज्य STATE:

BIHAR

पिन PIN:

दूरभाष सं. PHONE NO:

मोबाइल MOBILE NO:

स्थान Location:

Paediatrics Emergency

द्वारा BROUGHT BY: Relative :

Criticality: Red / Yellow / Green

Triage: Responsive/  
Unresponsive

HR

/min

BP

mmHg RR

/min

spO2

%

Shifted to Paeds/ Main/ New Emergency

B- All dx → HR

best cyclophix → 28/8  
Presenting Complaints

no oral bleed v 1 day  
no h/o fever/cough/ loose stools

vce/urine yesterday

Primary Assessment (ABCDE) : Assessment Pentagon

Airway	Circulation	Disability
Open & stable : Yes/No If No.....	HR...112/min	GCS...15/15
Breathing: RR...23/min	CFT...2secs.	Pupil size...3mm/min
Efforts: Normal/Poor/increased	BP...88/60	Pupillary Reactions.....
Auscultation:	Peripheral pulse: Poor/Good	Motor activity:
Air entry:	Central pulse: Poor/Good	Normal & Symmetrical/ Asymmetrical/ Posturing/Flacidity/Seizure
Added sounds:	Skin temp: Warm/cool	Blood Sugar.....mg/dl
None/Stridor/Wheeze/Crackles	Others	Exposure:
SpO2 on Room air...98		Temp.....
		Colour: Normal/pallor/cyanosis/ mottled
		Any other skin lesions.....

Diagnosis

- CBL  
- Anxypa 40RSP.  
- warrule  
- 10mg vial  
- transpnic acid 100mg/100ml







अखिल भारतीय आयुर्विज्ञान संस्थान  
 ALL INDIA INSTITUTE OF MEDICAL SCIENCES  
 अंसारी नगर, नई दिल्ली-११००२९  
 ANSARI NAGAR, NEW DELHI-110029

**TRANSFUSION CHART**

नाम :

NAME : Master Ankush Kumar आयु 2.9 yr. लिंग male यू.एच.आई.डी.सं. 107526648

WARD : Paed's BED NO. : \_\_\_\_\_

DIAGNOSIS : B-ALL

PATIENT'S BLOOD GROUP : A (+ve)

UNIT CHIEF : \_\_\_\_\_

Date	Starting time	Bag No.	COMPONENTS						Bag Group	Rh	Checked by	Started by	Given by	Stop time	REACTION
			WB	RBC	PLT	FFP	PLSM	CRYO							
6/9/24	7:30pm	C05331	✓	✓	✓	✓		A (+ve)		Dr Nivedita	Mr. Chawla				
(50 + 50 + 50 + 30) Total given															

- W.B. = WHOLE BLOOD
- R.B.C. = RED BLOOD CELL
- PLT. = PLATELET
- PLAM = PLASMA
- CRYO = CRYOPRECIPRATE
- QTY. = QUANTITY
- FFP = FRESH FROZEN PLASMA

DATE

DETAILS OF BLOOD REACTION, IF ANY	
ACTION TAKEN	
CAUSE OF BLOOD REACTION	
OUTCOME	



51

(REVISIT)



UHID No:107526648

(DEPT. OF EMERGENCY MEDICINE)

आपातकालीन नं.(Emergency No): 2024/030/0096347

दिनांक DATE: 06/09/2024

समय TIME: 06:49:27 PM

NON-MLC

नाम NAME: MASTER. ANKUSH KUMAR

आयु AGE : 2 years 9 months 20 days

लिंग/SEX : M

S/O : RAKESH PANDIT

पता ADDRESS:

मकान संख्या H.NO: VILLAGE LAXMI PUR

गली / मुहल्ला STREET/ POST RAGHUNATHPUR BAZAR

शहर/प्रखंड CITY/BLOCK: DISTRICT MOTI HARI

MOH:

राज्य STATE: BIHAR

पिन PIN:

मोबाइल MOBILE NO:

दूरभाष सं. PHONE NO:

स्थान Location:

Paediatrics Emergency

द्वारा BROUGHT BY: Relative :

Criticality: Red / Yellow / Green

Triage: Responsive/  
Unresponsive

HR

/min

BP

mmHg RR

/min

spO2

%

Shifted to Paeds/ Main/ New Emergency

Up B-All (LP-Enc)

Presenting Complaints

Cast 05-6-7

Sent for Daycare for PRBC transfusion

Primary Assessment (ABCDE) : Assessment Pentagon

Airway	Circulation	Disability
Open & stable : Yes/No If No.....	HR...../min	GCS.....
Breathing: RR...../min Efforts: Normal/Poor/increased Auscultation: Air entry: Normal/poor/Differential	CFT.....secs.	Pupil size...../min
Added sounds: None/Stridor/Wheeze/Crackles	BP.....mmHg	Pupillary Reactions.....
SpO2 on Room air.....	Peripheral pulse: Poor/Good	Motor activity: Normal & Symmetrical/ Asymmetrical/ Posturing/Flaccidity/Seizure
	Central pulse: Poor/Good	Blood Sugar.....mg/dl
	Skin temp: Warm/cool	Exposure: Temp..... Colour: Normal/pallor/cyanosis/ mottled
	Others	Any other skin lesions.....

AS - 15/15  
No gallop

PIA - 15/15, No fever  
No conjungta

15/15  
Blepharospasm

Diagnosis  
WT → 4 kg

180ml PRBC over  
2 IV Lasix  
12 mg midol  
OR Normal at PR, Red