ABVIMS and Dr RML Hospital

New Delhi - 110001

3rd Floor ECS HDU DAYCARE SHEET

DEPARTMENT OF PEDIATRICS

Name	Ismail	Date / Time- 31/1/24 1AM	DOA- 30/1/24	
Age/Gender	8m/M	CR. No. - 6965	DOPICU-- 30/1/24	
Weight	8kg	Bed number 1	DOMV--	
Diagnosis	Recurrent pneumonia ē PDA ē Bronchospasm ē ? vitamin D deficiency,			

Current issues

Issue	Intervention	Current status
Respiratory distress	RR- 52/min NO SCR/ICR	on HFNC @ 14L/min ↓ 12L/min
fever ⊕		
H/o recurrent nebulisation ⊕		
H/o atopy in elder sibling ⊕		

Respiratory system

Support	SIMV/PSV/CPAP/HFNC Morning	Evening	ABG/VBG	Time- Morning	Evening
PIP	flow @ 14L/min		PH		
Delta P	↓		PCO2		
PS	12L/min		HCO3		
PEEP			BE		
VR			PO2		
FiO2 / SPO2			OI		
VTe			ICa		
CXR			P/F ratio		
Examination + Other issues with Mx	B/L air entry ⊕ creps ⊕ B/L (R>L)				

ET size	
Fixed at	
Changed on	

VAP---

ICDT----
(drain volume)

other drains

ABVIMS and Dr RML Hospital

New Delhi - 110001

3rd Floor ECS HDU DAYCARE SHEET

DEPARTMENT OF PEDIATRICS

Name	Mr. Ismail	**Date / Time-** 30/01/2024	**DOA–** 30/01/24
Age/Gender	8m / M	**CR. No. -** 6965	**DOPICU--** 30/01/24
Weight	8 kg	**Bed number** ①	**DOMV–**
Diagnosis	? Pneumonia c Bronchospasm c		

Current issues

Issue	Intervention	Current status
RD →	x 2 days, c/o fast breathing c →	on HFNC
	cough, 1 episode of Bronchospasm	support
	RR- 52/min (SCR/ICR ⊕ve)	
fever →	7 days. 2-3 episodes/day	
Tiny PDA →	silent	
H/o multiple admission →	1st → 1 month age, 5 day 2nd → 2 months age, 8 days	
	H/o repeated use of Nebulisation at home (every 2-3 day)	
	→ H/o suck-rest-suck cycle & feeding difficulty.	

Respiratory system

Support	SIMV/PSV/CPAP/HFNC Morning	Evening	ABG/VBG	Time- 1.53 PM Morning	Evening
PIP	Flow –	16 lit/min	PH	7.40	
Delta P	FiO2 -	90%	PCO2	33	
PS			HCO3	21.2	
PEEP			BE		
VR			PO2	55.3	
FiO2 / SPO2			OI		
VTe			ICa		
CXR			P/F ratio		
Examination + Other issues with Mx	B/L AE ⊕ve, equal. B/L crepts ⊕ve (Rt ✗ Lt) B/L rhonchi ⊕ve				

ET size	
Fixed at	
Changed on	

VAP---

ICDT----
(drain volume)

other drains

डॉ० राम मनोहर लोहिया अस्पताल, नई दिल्ली – 110001

DR. RAM MANOHAR LOHIA HOSPITAL, NEW DELHI - 110001

बाह्य पंजीकरण कार्ड

OPD Registration Card

Prepared by:Mr. SANDEEP S
Mobi

ओ० रो० नि० पंजीकरण / OPD Regd. No.: 20240074846
दिनांक/Date: 30-01-2024 09:12:50 AM
के० स० स्वा० यो० कार्ड सं. / CGHS Token No.
Dept Reg No: 2024/003/0(
निदानशाला/Clinic: PEDIATRICS
कमरा सं० /Room/Queue: R2 / 9
Billing Type : G
यूनिट/Unit: Paediatrics-P2A Tue
दिन /Days: TUE
रोगी का नाम / Patient Name: MR. ISMAIL
आयु /Age: वर्ष /Years 6M माह /Month
लिंग /Sex:

निदान
Diagnosis :

DOL-20
* TINY PDA (L→R)

Wt= 5kg

c/o - fever | x 7days.
- Cough
- vomiting following
* no feature s/o Dehydration

Vitals,
HR - 116/min
RR - 36/min
PP - palpable
Temp - 98.6°F
CRT <3sec.

O/E :-
CVS - S1S2 ⊕
CNS - Active, tone ⊕
P/A - soft, no hsm
RS - B/L air entry ⊕, B/L crepts ⊕

Advice

Plan
- X-ray chest PA view
- 2D ECHO
- CBC
- LFT
- KFT
- Blood c/s

1) Syp. Augmentin - DDS (457mg/5ml) x 3ml P/O x TDS x 5days
2) Syp Ondem (2mg/5ml) x 3ml P/O x TDS
3) Syp. Domstal (1mg/1ml) x 0.5ml P/O x QDS | x3days
4) Nasoclear Nasal drops x 1 drop B/L Nostril Before each feed.
5) VHD Cyrotol (ml) x 1ml P/O x OD x till 1 year of age

(Pro)

नोट: 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।
Note: You can get OPD appointment and print opd slip at home through online registration system (ORS) - ors.gov.in
जब भी अस्पताल आए इस कार्ड को अपने साथ अवश्य लाएं।
Always bring this card with you when you come to Hospital.
धूम्रपान आपके एवं अन्यों के स्वास्थ्य के लिए हानिकारक है।
Smoking is Injurious To Your & Others Health.
निजी अस्पतालों में मुफ्त इलाज के लिए ई डब्ल्यू एस रोगियों को भेजने की सुविधा यहाँ उपलब्ध है।
The Facility of referral of EWS Patients to private hospital for free treatment is available here.
समतुल्य जेनेरिक दवाओं को भी जारी किया जा सकता है।
Equivalent generic Medicines can also be issued.

आप टेलीमेडिसिन के माध्यम से अपने चिकित्सक से अपने घर से परामर्श ले सकते है 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 करके सुखाएं।
पानी की टंकियों व हौदियों के ढक्कन सही प्रकार से बंद रखें।
चिड़ियों के पानी पीने के बर्तन का पानी प्रतिदिन बदलें।
फेंगशुई पौधों/मनी प्लांट का पानी प्रति सप्ताह बदलें।
पुराने डिब्बों, टायरों, टूटे गमलों व कबाड़ आदि जिनमें बरसात का पानी रुक सकता है, खुले में न रखें।

PLAN-

① HFNC → Flow- 16 lit/min (@ 2 lit/kg)
FiO_2 - 30%.

② Inj. Cefotaxime 270 mg + 10 ml NS IV x TDS → (30)

③ Inj. Amikacin 120 mg + 10 ml NS IV x OD → (10)

④ Inj. PCM 80 mg IV x SOS

⑤ Inj. Pantop 10mg IV x OD

⑥ IVF [N/2 + DS + (1:100 kcl)] @ 30 ml/hr

⑦ Neb ē Asthalin 1.2 mg + 3 ml NS → 4 hrly
ē Ipravent ~~125~~ Hgm + 3 m NS → 6 hourly
ē Budecort 0.5 mg + 3 ml NS → 12 hourly.

⑧ Inj. Hydrocort 16 mg IV x QID x 2 days

⑨ Syp Oseltamivir (12 mg/ml) - 2.5 ml ~~PO~~ BD

⑩ w/f Respiratory distress

Weight	8 kg
TF R (%)	800 ml
Drugs	50 ml
Fluids	750 ml
Feed	
Na	meq/kg/day
K	meq/kg/day

JR Signature

SR Signature

6.) Neb ~~c~~ Asthalin × 8hrly
Gr ~~c~~ 3% NaCl × 8hrly
c̄ ~~Ipravent~~ × 8hrly

7.) Danger signs explained.
According to mother child is not accepting orally (Ref to emergency 3rd floor) (peds emg)

Kindly Assess
If Poor Intake persists
Kindly Admit

(Admit in P2A)

Dr. MEGHNA
Senior Resident
Department of Paediatrics
ABVIMS & RML Hospital
New Delhi-110001

4pm (16Nov)

लगातार चार्ट / CONTINUATION CHART

नाम/Name Ismail | 8m | male. कमरा/शय्या सं/Room/Bed No.

नाम/Date	प्रतिदिन विवरण और चिकित्सा/Daily Notes and Treatment	आहार/Diet
	Adm; Pneumonia	wt: 8 kg

Adv.

1) O_2 by CPAP @ 5 L/min
2:15PM 2) inj. cefotaxime 270 mg IV TDS
2:15PM 3) inj. amikacin 120 mg IV OD
4) inj. PCM 80 mg IV SOS
2:15PM 5) inj. pantop 10 mg IV OD
2:15PM 6) RL (N/2 + D5 + 1:1 mixture) @ 30 ml/hr
7) Nes ∈ Adr @ ₹ 4 kg
8) Nes ∈ Pravent ₹ 6 kg
9) Nes ∈ Budecort ₹ 12 kg
10) Syp. oseltamivir (12mg/ml) 2.5 ml PO BD
11) Vital charting
12) inj hydrocort 50mg iv stat
↓ BP
inj hydrocort 16mg iv QID. X 2days

लगातार चार्ट / CONTINUATION CHART

कमरा/शय्या सं/Room/Bed No. .....

नाम/Name .....

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

30/1/24
3pm

1/Smail (CRNO: 6965)
8m/male
Address: Sadar bazar, Delhi
informant: mother reliability: good

chief complaints:
① cough & running nose x 1week
② fever x 1week
③ fast breathing x 2days
④ vomiting x 1day

history of present illness:
child was apparently asymptomatic 1week ago when he developed cough, non spasmodic, non productive. acute onset, c/o nocturnal variation, a/w post tussive vomiting, running nose.
He then developed fever 1week, 100-102°F, 1-2 spikes/day, relieved on medications, intermittent, not a/w chills/rigor/rash.
He developed fast breathing 2days ago, acute onset, c/o chest indrawings & nasal flaring. a/w noisy breathing & reduced oral intake & lethargy.
- h/o SRS ugts ⊕ - h/o feeding difficulty ⊕ diaphoresis ⊕
- no h/o bluish discoloration/ abn body movements/ paucity of limb movements. - h/o occasional choking on feeds ⊕
- h/o vomiting x1day, containing milk, 5-6 episodes/day, non projectile, non bile/ blood stained, c/o nocturnal/

लगातार चार्ट / CONTINUATION CHART

नाम/Name ..... कमरा/शय्या सं/Room/Bed No. .....

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

→ Developmental history

GROSS motor: stands ē support

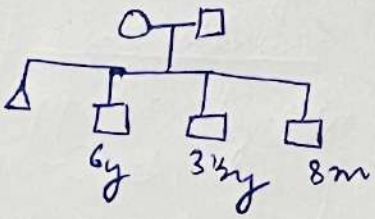
fine motor: immature pincer grasp

language: laughs out loud /

social ↔ adaptive: stranger anxiety ⊕

→ feeding history: on breastfeeds ē complementary feeds

→ family history: non consanguineous



h/o abortion ⊕ (at 3months of pregnancy)

O/E:

PR 162bpm

RR: 70/min

SpO2: 91% ↓ RA ICRT SCRT head bobbing ⊕

CFT <3s

PP/PV: ⊕/N

periph warm

P⁻ I⁻ Cy⁻ Cl⁻ Hy⁻ E⁻

wrist widening ⊕

no s/o deformities / facial dysm / NC markers

positional vomiting / a/v food intake

k/c/o loose stools 15 days ago for 9-10 days, resolved on medication
(6-7 episodes / day, liquid, non foul smelling, non blood stained)
- no k/c/o ear discharge / feeding difficulties
- no k/c/o abd distension / jaundice / reduced urinary output / irritability

Past history : k/c/o similar episodes in past (10-12 episodes till now)
k/c/o previous hospital admission ⊕

(1st)
LHMC: at 2 mo of age
8-12/9/23 cough, vomiting
reduced oral intake] x1 day
lethargy

O/E: tachycardia + tachypnea ⊕
RD ⊕
Rachitic rosary ⊕
CXR: ⊕ infil / bronch ⊕
- treated with cefotaxime + amikacin for 4 days. nitD (oral) x 6 weeks
2D echo: tiny PDA ⊕ (silent)

2nd.
RML: 29/9/23 - 7/10/23
as bronchopneumonia + AGE + some dehydration + anaemia (N(N))

> Birth history: s/team / LCSS [i/v/o fever LSCS] / b. wt: 2 kgs] NICU stay at 1 week of life for 3 days i/v/o NNJ] received phototherapy for 3 days

> Immunization history: ~~partially~~ received immunized as per age (birth dose, received DPT - I & II, OPV - I & II)

Stat Profile pHOx Plus L
Sample Results

Analyte #: 3
Analyzed on 30-01-2024 at 01:53 PM
Sample #: 633
Operator ID:
Patient ID: 6965
FIO_2%: 20.9
Patient Temperature C: 37.0
Sample Type: Arterial

Time Drawn: _____

Results - Measured at 37°C

pH	7.404		
pCO_2	33.6	mmHg	
pO_2	55.3	mmHg	
Hct	36	%	
Na^+	142.5	mmol/L	
K^+	3.86	mmol/L	
Ca^{++}		mmol/L	UC

Results - Calculated

HCO_3-	21.2	mmol/L
TCO_2	22.2	mmol/L
BExcf	-3.7	mmol/L
BEb	-2.2	mmol/L
SBC	22.4	mmol/L
A	105.8	mmHg
$A\text{-}aDO_2$	50.5	mmHg
a/A	0.5	
RI	0.9	
PO_2/FIO_2	264.8	mmHg
SO_2%	88.8	
Hb	11.5	g/dL

GOVERNMENT OF INDIA
M MANOHAR LOHIA HOSPITAL, NEW DELHI
BIOCHEMISTRY - LAB REPORT

ISMAIL	Age/Sex : 6m/m	Date : 30/01/24
6965	CGHS No. :	OPD/Wd : ECS 3rd floor
	Signature :	

VBG.

..... mg/dl(70-110)

..... mg/dl(90-160)

..... mg/dl(70-140)

t :

..... mg/dl(15-45)

..... mg/dl(0.6-1.2)

..... mg/dl (2.5-6.0)

:

..... mg/dl(0.2-1.2)

..... mg/dl (0.1-0.3)

..... mg/dl(0.2-1.1)

..... U/L (15-50)

..... U/L (15-50)

..... U/L (50-130)

GGT : ..... U/L (8-61M; 5-36F)

4. S. Proteins :

T Prot : ..... gm/dl (6.0-8.0)

Albumin : ..... gm/dl (3.5-5.5)

Globulin : ..... gm/dl (1.5-3.5)

5. Lipid Profile :

T. Cholesterol : ..... mg/dl(130-230)

HDL Chol. : ..... mg/dl (30-65)

LDL Chol. : ..... mg/dl (50-150)

VLDL Chol. : ..... mg/dl (upto 40)

Triglyceride : ..... mg/dl (50-200)

6. S. Electrolytes :

Sodium : ..... mmol/L (130-150)

Potassium : ..... mmol/L (3.5-5.5)

Chloride : ..... mol/L (95-110)

Calcium : ..... mg/dl (8.5-10.5)

Phosphorus : ..... mg/dl (2.5-5.5)

7. Cardiac Profile :

CPK : ..... U/L (50-200)

CK- MB : ..... U/L (upto 25)

LDH : ..... U/L (110-240)

SGOT : ..... U/L (15-50)

8. Iron Profile :

T. Iron : ..... µg/dl (60-150)

TIBC : ..... µg/dl (250-400)

UIBC : ..... µg/dl (150-250)

Saturation : ..... % (20-35)

9. Others :

S. Armylase : ..... U/L (30-110)

S. Lipase : ..... U/L (23-300)

S. Magnesium : ..... mg/dl (1.6-2.3)

Ammonia (NH_3)..... µmol/L (9-30)

Lactate : ..... mmol/L (0.7-2.1)

BIOCHEMIST

राoमoलोoअo-11
R.M.L.H.-11

लगातार चार्ट / CONTINUATION CHART

नाम/Name .... कमरा/शय्या सं/Room/Bed No. ....

नाम/Date	प्रतिदिन विवरण और चिकित्सा/Daily Notes and Treatment	आहार/Diet
	To DOD/SR on duty PICU Dr RMLH, Delhi January 30, 2024 (2:30pm) Respected sir/madam, This patient is a case of severe respiratory distress. Comorbidities - Severe Pneumonia. O/E PR: 168bpm RR: 70/min SpO2: 91% RA ICR+ SCR+ head bobbing ⊕ CFT < 3s PP/DV: ⊖/N R/S: B/L AE+ B/L crepitation ++ wheeze + CVS } normal P/A } CNS } Meningeal signs: ⊖ irritable Child is currently on IV cefotaxim amikacin hydration, O2 via bCPAP; nebs ē hn, salbutamol, ipratropium. Kindly consider of transfer to general ward if student need of H3 FNC. Thanking you, SR (PICU) [Dr Shagun] No bed Dr Kalam	Ramesh 16m/M Ward ECS 3rd floor VP2 A VD. D Behl.

Ismail
8m / M
↓ CCS 3rd floor
↓ B2 A
↓ Dr D. Behl

To / SR on duty
HDU
@ RMLFI, Delhi

January 30, 2024

Respected sir / ma'am,

This patient is a case of severe pneumonia c̄ respiratory distress.

O/E:

PR: 168 bpm
RR: 70/min
ICR + SCR +
head bobbing +
SpO2: 91% ↓ RA
CFT < 3s
PD/PV: ⊕ / N
periph: warm

R/S: B/L AE↑ rhonchi + crepts +
CVS
P/A } WNL
CNS: cry / tone: Ⓝ
irritable
moving all 4 limbs spont.

Child is currently on iv cefotaxime, amikacin, ivf,
Neb c̄ Adr / Ipravent / Budecort, syp taxim ... iv hydrocort.

Kindly consider for transfer to your side i/v/o need for H3 FNC

Thanking you,

PG2.

Noted
Jivan
SR
3:45 pm.

30/01/24

लगातार चार्ट / CONTINUATION CHART

नाम/Name ..... कमरा/शय्या सं/Room/Bed No. .....

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

TRANSFER SUMMARY

IsmAiL
8month/male
6965
↓ P_2A
↓ Dr. D. Bahl.
EES 3rd floor.

P_2A ⟹ HDU

Pt. presented to Paeds Emergency
c complaints of ① Cough & running nose × 1 week
② fever × 1 week
③ fast breathing × 2 days.
④ vomitting × 1 day

O/E at admission
PR = 162bpm
RR = 70/min
SpO_2 = 91% ↓ RA ICR+ SCR+ head bobbing ⊕
CRT < 3s.
PP/PV = ⊕/⊖
periphe = warm
P^- I^- Cy^- Cl^- L^- E^-
wrist widening ⊕
no s/o deformities/facial dysmorphism/ NC markers.

At addmission

Neb ē Asthalin
ē 3% NS.
ē Pulmovent
} given

Dx/s: Pneumonia

Adv (@ wt = 8kg)

1) O_2 by CPAP @ 5L/min
2) Inj. Cefotaxime 270 mg IV TDS
3) Inj. Amikacin 120 mg IV OD
4) Inj. PCM 80 mg IV SOS
5) Inj. Pantop 10 mg IV OD
6) IVF (N/2 + D5 + 1:100 KCl) @ 30 ml/hr
7) Neb ē Adr q 4 hrly
8) Neb ē Pulmovent @ 6 hrly
9) Neb ē Budecort q 12 hrly
10) Syp Oseltamivir (12mg/ml) 2.5 ml PO OD
11) V/m
12) Inj. HYDROCORT 50 mg IV Stat

↓ f/b

Inj. Hydrocort 16 mg BID x 2 days

GOVERNMENT OF INDIA

DR. RAM MANOHAR LOHIA HOSPITAL, NEW DELHI

BIOCHEMISTRY - LAB REPORT

Name : Ismail	Age/Sex : 6m/m	Date : 30/01/24
CR/REGD. No. : 6965	CGHS No. :	OPD/Wd : ECS 3rd floor
Clinical Diagnosis :		
Unit Incharge :	Signature :	

CBC & Ps

1. Blood Sugar :

F : ..... mg/dl(70-110)

PP : ..... mg/dl(90-160)

R : ..... mg/dl(70-140)

2. Kidney Function Test :

Urea : ..... mg/dl(15-45)

Creatinine : ..... mg/dl(0.6-1.2)

Uric Acid : ..... mg/dl (2.5-6.0)

3. Liver Function Test :

Total Bil : Hb 10.2 ..... mg/dl(0.2-1.2)

Direct Bil : MCL 59.7 ..... mg/dl (0.1-0.3)

In. D. Bil : PCL 29.4 ..... mg/dl(0.2-1.1)

SGOT : RBC 4.93x10^6 ..... U/L (15-50)

SGPT : ..... U/L (15-50)

Alk. Phos : ..... U/L (50-130)

GGT : ..... U/L (8-61M; 5-36F)

4. S. Proteins :

T Prot : ..... gm/dl (6.0-8.0)

Albumin : ..... gm/dl (3.5-5.5)

Globulin : ..... gm/dl (1.5-3.5)

5. Lipid Profile :

T. Cholesterol : ..... mg/dl(130-230)

HDL Chol. : ..... mg/dl (30-65)

LDL Chol. : ..... mg/dl (50-150)

VLDL Chol. : ..... mg/dl (upto 40)

Triglyceride : ..... mg/dl (50-200)

6. S. Electrolytes :

Sodium : ..... mmol/L (130-150)

Potassium : ..... mmol/L (3.5-5.5)

Chloride : ..... mol/L (95-110)

Calcium : ..... mg/dl (8.5-10.5)

Phosphorus : ..... mg/dl (2.5-5.5)

7. Cardiac Profile :

CPK : ..... U/L (50-200)

CK- MB : ..... U/L (upto 25)

LDH : ..... U/L (110-240)

SGOT : ..... U/L (15-50)

TLC → 10800/cmm

P65 L30 E01 M04

8. Iron Profile :

T. Iron : ..... µg/dl (60-150)

TIBC : ..... µg/dl (250-400)

UIBC : ..... µg/dl (150-250)

Saturation : ..... % (20-35)

Platelets 4.8 Lakhs

9. Others :

S. Armylase : ..... U/L (30-110)

S. Lipase : ..... U/L (23-300)

S. Magnesium : 30/1 ..... mg/dl (1.6-2.3)

Ammonia (NH_3) ..... µmol/L (9-30)

Lactate : ..... mmol/L (0.7-2.1)

BIOCHEMIST


SAVE LIFE TRUST
Join Our Hands To Save Life

S. No. 12

सेवा में
सेव लाइफ ट्रस्ट
एफ- 56 लाडो सराय
नई दिल्ली - 30

विषय - सहायता हेतु आवेदन पत्र

नम्र निवेदन है कि मेरा बेटा इस्माईल 8 महीने का है, दुर्भाग्यवश, गंभीर बिमारी से पुस्त रहा है, इसका उचित इलाज हेतु बहुत खर्च आ रहा है, और लगभग 1 महीने तक का समय लगेगा। इसके इलाज में, अपने और अपने परिवार का पालन पोषण बहुत मुश्किल से कर पा रहा हूँ, ऐसे में इलाज का खर्ची उठाना मेरे लिए संभव नही है,

अतः मैं नम्र निवेदन है कि मेरी आर्थीत परिस्थिति देखते हुए मुझे ज्यादा से ज्यादा मदद करे इसके लिए मै आपका सदा आभारी रहुगा,

धन्यवाद

आपका प्रार्थी
रशीद

Date : 31/01/2024

SAVE LIFE TRUST New Delhi Regd. No. 402