48

ECG 3rd; PAEDS

फाइल सं.
File No.
अनुभाग
Section

अटल बिहारी वाजपेयी आर्युविज्ञान संस्थान एवं
डॉ० राम मनोहर लोहिया अस्पताल
नई दिल्ली- 110001

Atal Bihari Vajpayee Institute of Medical Sciences And
Dr. Ram Manohar Lohia Hospital
New Delhi- 110001

PRIYANSHU
13 yr/M; 341542

पिछले हवाले Previous References	बाद के हवाले Later References

30/5/2023

General Sx Call

— for ICD Repositioning —

PRIYANSHU
13y/M
CR: 34542
↓ P3A.
↓ ECS/3rd flor.

To: SR/DOD
Dept. of General Sx
Dr. RML Hospital

Respected Sir/Ma'am,

The above mentioned is a c/o Rt. sided empyema

? ICD-in-situ ; Resp. distress - improving , RR - 27/min ;

SpO2 < off O2 - 94% tRA
on O2 - 98% on NP @ 1L/min.

RS: B/L AE (+)
AE ↓ on Rt. MA/IMA/AA
IAA/ISA.

USG chest : Rt. side pleural effusion ; maximum separation of 4 cm in supine.

ICD drain : Onl in last 24 hrs (yesterday from 8 PM)
150ml (from yesterday 1PM - 8PM)

Received 6 doses of UROKINASE

Currently : NO Column movement in ICD.

- Kindly evaluate & consider for appropriate intervention (? ICD repositioning) & give your valuable expert opinion regarding further Mx

Thanking you

DR. ROHAN
PG-1

Print Report

Close

Dr. Ram Manohar Lohia Hospital

Baba Kharak Singh Marg
New Delhi

LABORATORY OBSERVATION REPORT

UHID :	20230373364	**Reg Date :**	24/05/2023 (
Patient Name :	**Mr. PRIYANSHU**		
Sex :	Male	**Age :**	13 years 2 da
Lab Name :	BIOCHEMISTRY	**Lab Sub Centre :**	BIOCHEMIST
Department :	Paediatrics	**Unit Name :**	P3AWed
Unit In-charge :	Dr. Bijoya Patra	**Sample Collection Date:**	26/05/2023 11
Sample Receive Date :		**Report Date :**	
Ward Name :	ECS 3rd Floor Paed Department	**Report Printed Date :**	26/05/2023 05

Sample Details : BIO-2605230553 (Body Fluid) /BIOCHEMISTRY LAB Clinical Details :

Test Name	Observation Result		Normal Range	Verification Comme
PLEURAL FLUID				
BIOCHEMISTRY TEST - PLEURAL FLUID-ADA	*144.978*	**U/L**	0 - 24 U/L	Report Verification is Pen

BIO

Verified by

Atal Bihari Vajpayee Institute of Medical Sciences and Dr Ram Manohar Lohia Hospital

Baba Kharak Singh Marg, New Delhi-110001

ICD Insertion

INFORMED CONSENT FOR ANAESTHESIA

I......Priyanshu...... UHID........................ admitted in...Paeds.... Unit...3A........... hereby give consent for my own/wards/relative..............................to receive...ICD Insertion (Anaesthesia technique) chosen for my surgery keeping in my mind my medical status (due to associated diseases / my medication/age as per applicability. I understand that anaesthesia services are needed to enable conduct of this surgery. Anaesthesia will be provided to me by a team of trained anaesthesiologists who will be monitoring my health throughout the procedure and whose goal will be to ensure a safe and comfortable surgery for me. I understand that regardless of the type of anaesthesia used, there may be some inherent risks and consequences which may occur, like sore throat, hoarseness, nausea and vomiting, muscle soreness, injury to blood vessels, headache, itching, backache, dental damage (during maintenance of airway while giving General Anaesthesia) I have also been made aware of the more serious albeit rare undefined, unanticipated and unexplained risks and consequences of anaesthesia including haemodynamic disturbances, allergic/drug reactions, visual disturbances, excessive bleeding, aspiration, pneumothorax, convulsions, paralysis, embolism, cardiac arrest. The type of anaesthesia I might receive could be General Anaesthesia/ Spinal Anaesthesia/ Epidural Anaesthesia/ Regional Anaesthesia/ Monitored Anaesthesia Care/ Sedation. I have been explained about the choice of various Anaesthesia techniques the best suited for my surgery as per my medical status would be administered to me. I have been explained that medications that I may be taking previously may interact with anaesthesia drugs or surgery. I understand that it is in my best interest to inform my doctors about the nature of any medications I am taking, whether allopathic, homeopathic, ayurvedic, herbal or unani. I have also been explained about the requirement of invasive monitoring, viz., intra-arterial blood pressure monitoring, central venous cannulation if need arises. I have been made aware of the risks as well as benefits associated with invasive monitoring. In case of difficult airway (anticipated/unanticipated), I may rarely require surgical maintenance of airway. I understand that while I am receiving anaesthesia, conditions may develop which may require modifying or extending this consent. I therefore authorize modifications or extension of this consent that professional judgement indicates to be necessary under the circumstances.

I give consent for appropriate tests and treatments which may better evaluate my risk and optimise me for surgery as part of my medical care associated with this procedure/ operation/treatment.

	Witness 1	Witness 2	Patient/ Relative
Signature	[signature]		Signature [signature]
Name:	Dr Rahul		Name: Kanhaiya
Designation:			Relation with the patient: father
Date:			
Time			

I confirm that I have explained the nature and effects of the procedure to the person who has signed the above consent form.

Complications:-
- bleeding
- infection
- bronchopleural fistula
- injury to lungs
- prolonged hospital stay
- need for reposition
- pneumothorax

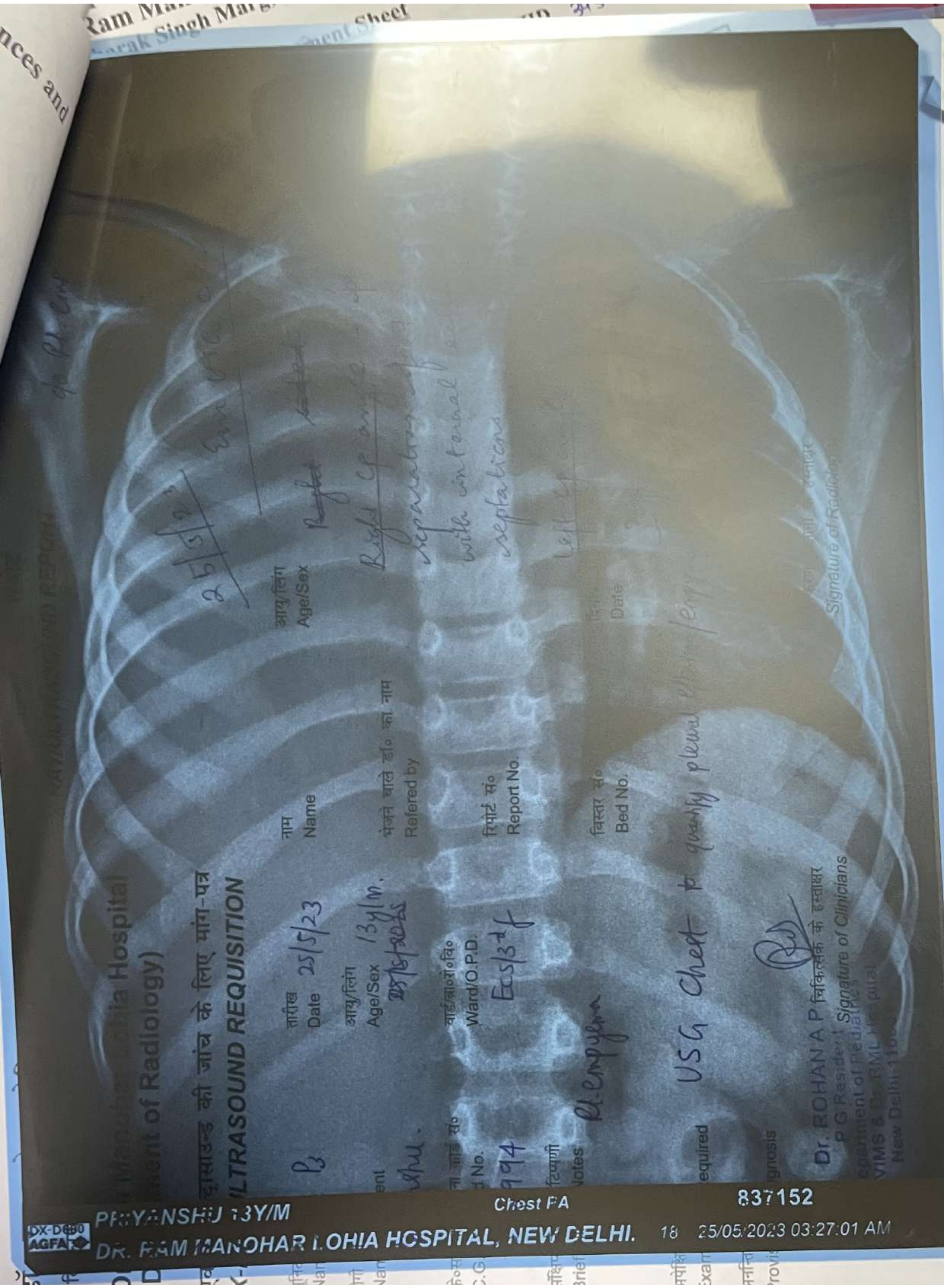
Signature of the Doctor

Name ....Dr Jyoti....

Date :

Time :

Stamp : Dr. Jyoti Pattar, PG Resident, Dept. of General Surgery, ABVIMS and Dr. RML Hospital, New Delhi - 110001


PRIYANSHU 13Y/M
Chest PA
837152
DR. RAM MANOHAR LOHIA HOSPITAL, NEW DELHI.
18
25/05/2023 03:27:01 AM
ULTRASOUND REQUISITION
तारीख Date 25/5/23
नाम Name
आयु/लिंग Age/Sex 13y/m.
आयु/लिंग Age/Sex
भेजने वाले डॉ० का नाम Refered by
वार्ड/ओ०पी०डी० Ward/O.P.D.
रिपोर्ट सं० Report No.
बिस्तर सं० Bed No.
टिप्पणी Notes
USG Chest to quantify pleural effusion/empyema
Right sided pleural effusion with internal septations
Dr. ROHAN A P
P G Resident
चिकित्सक के हस्ताक्षर Signature of Clinicians
Signature of Radiologist

DATE : 31-05-2023

सेवा में
अध्यक्ष महोदय,
सेव लाइफ ट्रस्ट
लाडो सराय नई दिल्ली

सर

मेरा बेटा प्रियांशु जो आर एम एल अस्पताल में भर्ती है, इसका इलाज लम्बे समय से चल रहा है, हमारा बच्चा बहुत गम्भीर बिमारी से जूझ रहा है, अतः बेटा बहुत कमजोर भी है,

कृपया करके हमारे बच्चे का इलाज के लिए सहायता प्रदान करें, हम आप के जीवन भर आभारी रहेंगे।

धन्यवाद

प्रार्थी
कन्हैया

SAVE LIFE TRUST New Delhi Regd. No. 402

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