
SAVE LIFE TRUST
Join Our Hands To Save Life

75 साल से अधिक स्वास्थ्य सेवा में

MORE THAN 75 YEARS OF HEALTH CARE

भारत सरकार

Government of India

ए.बी.वी.आई.एम.एस. एवं डा. राम मनोहर लोहिया अस्पताल, नई दिल्ली

ABVIMS & Dr. Ram Manohar Lohia Hospital, New Delhi

जिन्दगी चुनें : तम्बाकू नहीं

CHOOSE LIFE : Not Tobacco

20250179936

केस शीट / CASE SHEET

AADHAR No. .....

(क) भर्ती संबंधी आँकड़े/Admission Data

के.पं. संख्या/CR No.	202512765 P1A Mon	वार्ड/Ward		ECS 3rd Floor Paed Department	
यूनिट सं./Unit No.		क्या चिकित्सा विधिक मामला है/If MLC	(नहीं)/(No)	हाँ/नहीं Yes/No	
यूनिट अध्यक्ष/के तहत भर्ती Unit Head/Admitted under	Dr. Dinesh Kumar Yadav - Doctor	भेजने वाले का नाम Referred from			
भर्ती की तारीख एवं समय/ Date & Time of Admission	2025-02-24 12:26 pm	स्थानान्तरण/ Transfer to			

(ख) रोगी के संबंध में आँकड़े/Patient Data:

नाम/Name	Mr. VISHNU	आयु एवं लिंग/Age & Sex	9 Months /Male
माता/पिता/पति का नाम Mother/Father/ Husband's Name	RAJA KUMAR MAHTO	दूरभाष/Phone Nos.	******7953
पता/Address	VILL HATHAURI ,BIHAR,Darbhanga,INDIA,	ब.रो.वि./आपातकालीन विभाग संख्या/OPD/ Emergency No.	
		के.स.स्वा.यो. टोकन सं. CGHS Token No.	

(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 की योजना की तिथि/ Date of Plan of Discharge		छुट्टी की योजना का समय/ Time of Plan of Discharge	
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 रेजिडेन्ट Junior Resident	वरिष्ठ रेजिडेन्ट Senior Resident	चि. अधिकारी/संकाय/यूनिट अध्यक्ष Med. Officer/Faculty/Unit Head
नाम/Name			
...क्षर/Signature			

PH.: 011-23404040, 23365525

डॉ0 राम मनोहर लोहिया अस्पताल, नई दिल्ली – 110001
DR. RAM MANOHAR LOHIA HOSPITAL, NEW DELHI - 110001

बाह्य पंजीकरण कार्ड
OPD Registration Card

Prepared by:Mr. ISWAR SINGH RML

Mobile No :

[redacted]

बा0 रो0 वि0 पंजीकरण सं/OPD Regd. No. : 20250179936 दिनांक/Date 24-02-2025

के0 स0 स्वा0 यो0 कार्ड सं. CGHS Token No. :

Dept Reg No: 2025/026/0035739

निदानशाला/Clinic : CASUALTY

कक्ष सं0/Room No. Counter / 253

निट/Unit : Casualty

दिन /Days. MON,TUE,WED,THU,FRI,SAT

रोगी का नाम Patient Name : VISHNU Vishnu.

आयु /Age : 9M वर्ष /Years माह /Month लिंग /Sex : Male

निदान Diagnosis :

9m / Male.

K/c/o pulm Kochs
ē ATT.
ē Pneumoni

H/o fever x 4 days
Cough x 4 days.
fast breathing x 1 day.
Retractn x 1 day.

by. bubble CPAP

Admit & RA
↓ Dr. OR 4 days
O/E

RR - 5

HR - 102/m
SpO2 80% RA
PP/CP - +/+ve
CRT - <3s

B/L = I/S
Rc I/S
LAP
AE ↓ ē S ē NP

1. O2 Inh. via Bubble CPAP
2. IV inj PCM 50 mg
3. IV inj Augmentin 165 mg TDS.
4. IV inj Pantop 5 mg OD.
5. Oseltamivir 20 mg BD
6. Cont ATT x 5 days

Dr. AK Sharma, Dept. of Pediatrics, Atal Bihari Vajpayee Institute & Dr. RML Hospital (stamp)

DR. BABA SAHEBAMBEDKAR HOSPITAL, ROHINI
Govt of National Capital Territory of Delhi-110085
EMERGENCY REGISTRATION CARD

Date / Time : February 24, 2025 7:02:55 AM IST		MLC/MLCNO : //	Emr Regn No. : DBSAH.40387
Name : VISHNU	Age : 0 Y/5M/0D	Sex: Male	Brought By :
Father/Husband's Name :			
Address: H NO C 33 SEC 7 ROHINI DELHI	Category : General/ BPL/ EWS/ DGEHS/ Sr Citizen/Others		
	Department: EMERGENCY/CASUALTY		
Contact No:			
Date	Investigations	History/Clinical Findings	Treatment/Instructions

Time of Examination:

Pulse:........./min B.P :.........MM OF hg

Investigations
Temperature:

Haematology
Hb, TLC,DLC,ESR
PLATELETS
BT, CT, PT
Stools:
Urine Exam.
URINE SUGAR
SEROLOGY
Bio-Chemistry
SGPT (ALT)
SGOT (AST)
ELECTROLYTES
S.BILIRUBIN
S. UREA
BL. SUGAR : Fast/P.P./Rand
Blood Group
X-Ray
ECG
USG

C/o [illegible]

Complaints /History

C/o Cough x 3days
fever x 2days
↑ fast breathing x 1 day

k/c/o koch's
(on ATT).

H/O DRUG Allergy:

H/o admission for similar complaints at the age of 2 months in RML hosp.
Birth history - S/t, [illegible]

Examination

[illegible] (13/7/24)

o/e

HR 184 bpm, Pallor [illegible]
RR 68 /m
SpO2 - 93% @RA
100% O2 [illegible]
PPI - well palpable
audible

Provisional Diagnosis:

Treatment/Instruction:

RBS-
177mg/dl.

Neb c Asthalin

0 — 0 — 0
0 20 40.

Pt is taking treatment from RML hosptl.

RS - B/L [illegible], [illegible]
CVS - S1S2 +, [illegible]

Signature & Desgination of the Doctor

CNS - tone ↑
DTR - Exaggerated (++)
AF - full

RBS-

Adv
CBC (urgent)
CRP PRO

[illegible] Risk Explaining to pt attendant and advice to urgently [illegible] (PICU) [illegible] take higher centre.
(RML hosp)

शराब पीने का कोई सुरक्षित स्तर नहीं, यह हर तरह से हानिकारक
(No safe drinking alcohol, it is harmful in any way)

Print

Dr. S. VEDA KRISHNA KANTH
MBBS [illegible] Resident
[illegible]
Dr. [illegible] 24/02/2025 7:02 AM

अटल बिहारी वाजपेयी आयुर्विज्ञान संस्थान एवं डॉराम मनोहर लोहिया अस्पताल ., नई दिल्ली

विकिरण निदान विभाग

ABVIMS & DR. RAM MANOHAR LOHIA HOSPITAL, NEW DELHI

Department of Radiodiagnosis

Name: Vishnu	Age/Sex: years /male	Mobile number:
UHID/ CR No: 51908	OPD/Ward/ICU: IPD	Referred by: Dr.Sheetal
CT No. 4840	Date of CT: 22/08/2024	Date of reporting: 22/08/2024

Clinical history: Persistent pneumonia with crepts

CECT Chest + Abdomen

Focal area of collapse consolidation is seen in apicoposterior segment of left upper lobe.

Collapse of apical segment of right upper lobe is noted.

Mosaic attenuation of bilateral lung parenchyma is noted.
Trachea is central and normal in course & caliber.
Major mediastinal vasculature appears normal in course & caliber.
No evidence of pleural effusion.
No evidence of pericardial effusion/calcification seen.
No obvious mediastinal lymphadenopathy seen.
Visualized bones show no significant abnormality.

Abdomen

Liver measures 7 cm appears normal in size, morphology, outline and attenuation. No focal lesion seen. No IHBR dilatation. Hepatic and portal vein branches appear normal.

GB appears partially distended. Wall thickness appear normal.
CBD appears normal.

Spleno portal axis appears normal in course, caliber and contrast opacification.
Spleen measures 4.5 cm, appears normal in morphology and attenuation and post contrast enhancement.

Pancreas appears normal in morphology, attenuation and post contrast enhancement.

B/L kidneys appear normal in size, shape, position and post contrast enhancement. **Mild dilation of bilateral pelvicalyceal system is noted (right>left). APD on right – 8.5 mm; left – 8mm.**

Note made of Ryle's tube in situ. No obvious wall thickening and dilatation seen in the small bowel loops and they appear normal on contrast opacification.
No free fluid noted in peritoneal cavity.
Aorta and retro peritoneum are unremarkable.
No obvious mesentric lymphadenopathy seen.
Pelvis: - Urinary Bladder is partially distended. No wall thickening and perivesical fat planes appear normal.

Impression: - In a patient with history of persistent pneumonia, current scan reveals -

- **Collapse/consolidation of bilateral upper lobes as described – likely infective etiology.**
- **Mild bilateral hydronephrosis.**

Advise: - Clinical correlation.

Seema
Dr. Seema Kamee
CMO NFSG
Radiology

PICU

Weight	3.8
TF	
R	~~100%~~
(%)	90
Drugs	35
Fluids	45
Feed	240
Na	meq
K	meq

PLAN-

① H_3 FNC support - Flow - 8L/min , head end elevation.
\ FiO_2 - 45%.

② RBS q 8hrly / I/O charting.

③ Inj Monocef 200mg + 10ml NS iv BD. (20)

④ Inj Amikacin 60mg + 15ml NS iv OD. (15)

⑤ Syp Oseltamivir (12/1) 2ml BD via NG.

⑥ Inj PCM 60mg iv SOS.

⑦ ATT - Pediatric FDC Continuation phase 1P + 1E ; Tab Ethambutol (100mg) 1

⑧ IVF DNS + KCl (1:1w) @ 2ml/hr.

⑨ Inj Pantop 5mg iv OD

⑩ NG feed 20ml q 2hrly

⑪ Neb ± Asthalin (2.5mg) + 3ml NS q 4hrly
Neb ± Ipravent (250µg) + 3ml NS q 8hrly

⑫ Transfuse 1⊙ PRBC ± mid transfusion Lasix 4mg iv stat. (60ml over 6hrs)

JR Signature

SR Signature

...rever } x 4 days
...ough }
...P.B x 1 day.

ABVIMS and Dr RML Hospital

New Delhi - 110001

3rd Floor ECS HDU DAYCARE SHEET

DEPARTMENT OF PEDIATRICS

Name	Vishnu.	Date / Time- 24/12, 9:15p		DOA–
Age/Gender	→ 9 mon/M	CR. No. - 2025/12765		DOPICU-- D1
Weight	→ 3.8 kg	Bed number → (8)		DOMV– H3 FNC-1.
Diagnosis	+ 9 O Recurrent pneumonia (?) [pulm. kochs on ATT x 6 months [clinically dxed] since [september] 19/8/24] with failure to thrive			

Current issues

Issue	Intervention	Current status
pulm. kochs (clinically dxed) → on ATT x 6 months – pediatric PDC		
		IP 11 G
Recurrent pneumonia –	CECT chest (22/8/2025) → B/L upper lobe collapse + consolidation – likely infective + Abd	
	ē mild B/L hydronephrosis.	
PTT →	PID → Neg.	
	? Nutritional	

Respiratory system

Support	SIMV/PSV/CPAP/HFNC Morning	Evening	ABG/VBG	Time- Morning	Evening
PIP			PH		
Delta P	16 L/min		PCO2		
PS	45% FiO2.		HCO3		
PEEP			BE		
VR			PO2		
FiO2 / SPO2			OI		
VTe			ICa		
CXR			P/F ratio		
Examination + Other issues with Mx					

ET size	
Fixed at	
Changed on	

VAP---

ICDT----
(drain volume)

other drains