
SAVE LIFE TRUST
Join Our Hands To Save Life

ABVIMS & DR. RAM MANOHAR LOHIA HOSPITAL
NEW DELHI-110001
लगातार चार्ट / CONTINUATION CHART

नाम/Name Vansh, 15yr/M, 19176. कमरा/शय्या सं/Room/Bed No. ....
आहार/Diet

दिनांक/Date	प्रतिदिन विवरण और चिकित्सा/Daily Notes and Treatment
27/03/25 @ 11:30AM	Δ - F/O/C/O LGS c̄ AGE c̄ severe dehydration (R) c̄ sepsis c̄ septic shock (R) c̄ pre-renal AKI (R) 'A1)' ① Hematochezia ⊕ Deranged INR ② Haemodynamically stable. O/E P/I/y/c/L/E ⊖ Vitals stable. Adv (13kg) ① Head end elevation / 30° midline. ② WHO ORS 200ml / each loose stool. ③ Syp. Zinc (20mg/5ml) 5ml OD. ④ Sachet Bifilac 1/2 sachet BD. ⑤ Syp. Levera (100mg/ml) 3.5ml BD. ⑥ T. Lamotrigine (25mg) 1 tab BD. ⑦ T. Zonisamide (25mg) 1 tab BD. ⑧ T. Clobazam (5mg) 1 tab BD. ⑨ T. Calcium (500mg) 1 tab OD.

ABVIMS & Dr.RML HOSPITAL, NEW DELHI

TRANSFER SUMMARY

PICU →P3B

NAME:VANSH

AGE/SEX:15YR/MALE WT-10KG

CR. NO: 19146 DO.A :23/03/2025

PICU TRANSFER-24/3/25 TRANSFER OUT-

DIAGNOSIS - F/U LGS WITH AGE WITH SEVERE DEHYDRATION WITH SEPTIC SHOCK WITH PRE RENAL AKI WITH VPC

CHIEF COMPLAINTS:VOMITING 1 DAY

LOOSE STOOLS 1 DAY

POOR ORAL ACCEPTANCE

HOPI-Pt Was Apparently Well 1 Day Age When He Experienced Loose Stools 5-6 Episodes Large Volume, Watery Yellowish ,Non Blood Stained

Vomiting 1 Episode Non Projectile Non Bilious Non Blood Stained

Birth h/o-Ft Delayed Cry ?Msl Lscs With Neonatal Jaundice With Seizure Disorder h/o Nicu Stay 4 Days

DEVELOPMENTAL H/O-GROSS-NO NECK HOLDING

FINE-PALMAR GRASP

LANGUAGE-BABBLING

SOCIAL-NO SOCIAL SMILE NO INTERACTION

k/c/o LGS On Zonasamide,Clobazam,Lamotrigine

VITALS DURING ADMISSION

HR-160/MIN

RR-32/MIN

BP-NR

CRT>3SEC

SPO2-98% ON RA E

EXT-COLD

PULSES-FEEBLE

GCS-E2 V2 M4

Patient Presented To The Emergency With Above Complaints Anwas Given Ns Bolus ,Severe Dehydration Maintenance Fluid Noradr 0.4 And Adr 0.2. Mono Vanco Doxy Started

Patient Transferred To Picu i/v/o Shock Management

RECEIVING VITALS

HR-151/MIN

RR-26/MIN

BP-95/51

SPO2-98% ON NRBM

CRT<3 SEC

GCS-E4 V2 M5

COURSE IN PICU

Pt Was Kept On Nrbm 5l Which Was Tapered To Room Air

Septic Shock- Apatient Was Continued On Noradr 1.5 And Adr 0.5 Both Were Tapered And Stopped On 24/3

Adv 13kg

NPO NG ...

① IVF NS bolus 260ml IV stat

↓

Reassess

↓ → PP/PV faint Ext cold CFT > 3sec

Rpt

↓

Reassess → PP/PV feeble to NP Ext cold CFT -> 3s

② IVF RL @ 400ml over 30min

↓ f/b

IVF RL @ 900ml over 2.5 hrs

③ Inj N. ADR 3.7mg in 24ml D5 @ 0.5ml/hr (@ 0.1mcg/kg/hr)

④ Inj. Pantop 13mg IV OD E/S

~~⑤ Inj ... ...~~

⑥ Inj. Monocef 650mg IV BD

⑦ Inj Vancomycin 200mg IV QID

⑧ Vital monitoring

⑨ IVF N/2 D5 c 1:100 kcl @ 45ml/hr

⑩ Tab Doxycycline 100mg 3/4 tab via NG

⑪ Urine output monitoring

P3B Unit
ECS III/-

Atal Bihari Vajpayee Institute of Medical Sciences and Dr Ram Manohar Lohia Hospital
Baba Kharak Singh Marg, New Delhi-110001

CONSENT FORM FOR SURGICAL OPERATION AND / OR DIAGNOSTIC / THERAPEUTIC PROCEDURE

Name: Vamh ..... Age : 15 ..... Sex: M

CR No/UHID ..... 19146 ..... MRD No .....

Date : 24/3/25 Time .....

S/o, D/o, W/o .....

Authorization for Surgical operation and / or Diagnostic / Therapeutic Procedure.

1. I ..... authorize Dr. ..... and who so ever he / she may designate to perform the following medical treatment, surgical operation and diagnostic / therapeutic procedures ..... Cervical lymph node .....

2. It has been explained to me that, during the course of the operation / procedure, unforeseen conditions may be revealed or encountered which necessitate surgical or other emergency procedures in addition to or different from those contemplated at the time of initial diagnosis. I, therefore, further authorize the above designated staff to perform such additional surgical or other procedure as they deem necessary or desirable.

3. I further consent to the administration of drugs, infusions, blood or blood product transfusions or any other treatment or procedures deemed necessary.

4. The nature and purpose of the operation and / or procedures, the necessity thereof, the possible alternative methods, treatment, prognosis, the risks involved and the possibility of complication in the investigative procedures / investigations and treatment of my condition/diagnosis have been fully explained to me and I have understood the same.

5. I have been given an opportunity to ask all/any questions and I have also been given option to ask for second opinion.

6. Please tick, if applicable. I have been informed that ..... (name of item/device) being used for the Suregery/Diagnostic/Therpeutic Procedure is -
   - ☐ Fresh
   - ☐ Reprocessed ..... number of times for re-use.

7. I acknowledge that no guarantee and promise has been made to me concerning the result of any procedure/ treatment.

8. I consent to the photographing or televising of the operation or procedures to be performed, including appropriate portions of my body, for medical, scientific or educational purposes, provided my identity is not revealed by pictures or by descriptive texts accompanying them.

9. I also give consent to the disposal by hospital authorities of any deceased tissues or parts thereof necessary to be removed during the course of operative procedure/treatment.

I CERTIFY THAT THE STATEMENT MADE IN THE ABOVE CONSENT FORM HAVE BEEN READ OVER AND EXPLAINED TO ME IN MY MOTHER TONGUE AND I HAVE FULLY UNDERSTOOD THE IMPLICATIONS OF THE ABOVE CONSENT.

Name & Signature of the Witness

.....

.....

Signature of the Patient / Parent / Guardian o

Thumb impression

Name .....

Relationship with patient: Mother

.....

I CONFIRM THAT I HAVE EXPLAINED THE NATURE AND EFFECTS OF THE OPERATION/PROCEDURE TREATMENT TO THE PERSON WHO HAS SIGNED THE ABOVE CONSENT FORM.

Signature of the Surgeon / Doctor Performing the procedure

Name .....

सेवा में,

सेव लाइफ ट्रस्ट
F-56 लाडो सराय
नई दिल्ली - 110068

विषय - आर्थिक सहायता हेतु प्रार्थना पत्र।

महोदय,

मेरा नाम आरती है. मेरे बेटे का नाम वंश है. जो की 15 साल का है। मेरे बेटे के शरीर में रक्त प्रभाव कम होने के कारण वह दिल्ली के राम मनोहर लोहिया अस्पताल में भर्ती है। उसकी स्थिति बहुत खराब है। अतः डाक्टर ने पूरा खर्चा बहुत ज्यादा बताया है। हम यह खर्चा उठाने में असमर्थ है।

मेरी आप सभी लोगो से हाथ जोड़ कर विनती है कि मेरे बेटे की जान बचाने में जितनी ज्यादा से ज्यादा मदद करें। आप सभी की मदद से मेरे बच्चे को जिंदगी बचाने में मदद मिल जाएगी।

धन्यवाद

आपकी आज्ञाकारी
आरती
बच्चे की माता

Save life trust
27/03/2025