
SAVE LIFE TRUST
Join Our Hands To Save Life

DOCTOR'S SIGN.

Neurosurgery call

Hifza
44/F
47400
C/s 3rd ↓ P3

27/7/25

To
The SR/DOD
The dept of Neurosx
Dr. PMCH

Respected sir/madam,

This pt is a case of TBM c TI/CP features c/o Headache (x2 wks), fever (x10d), 3 episodes seizures (last 3d), Altered Sensorium (x3d), c H/O wt loss

O/E, E2V2M4
PR - 120
BP - 104/68
SpO2 - 98%
CNS - Menigeal signs +
B/L Ankle clonus
plantar ↑↑ Tone ↑ in LL (B/L)

MRI Brain (on stick)
- ↑ meningeal enhancement along sulci & cisterns s/o meningitis
Hydrocephalus c dilatation of 3rd & lateral ventricle c PV ooze
Acute ischemic changes in corpus callosum & R/L medial temp

Thankyou

BIOCHEMIST

PICU call

27/7/25

Hifz
4y/F
JECS 3rd floor

To
The SR/DOD
Dept of PICU
RMCH
Respected Sir/Madam,

This is a case of Acute meningoencephalitis (TBM) came c/o Headache X 2 wks, fever X 12 days 3 ep. of seizures last 3 days, altered sensorium X 3 dg Deviation of (L) eye X 3 days, H/O wt. loss (+), H/O Pulm. Kochs Bone TB in mother. 1 year back expired. Child came from Action Balaji Hospital. Fundus PE (+). Received Mono/Vanco/Acyclovir/Levera/ Mannitol/valproate (MRI- leptomeningeal enhancement HCP (+) c PV ooze)

O/E - GC sick, $E_2V_2M_4$, PR - 120, BP - 104/68, SpO_2 - 98% c RA CNS - Maingeal signs (+), B/L Ankle Clonus (+) Plantar ↑/↑ Tone - ↓ in LL

Kindly consider this pt. & transfer to your side for further management.

Thanking You

Noted!

27/7/25

HDU call

Hifza
4y/F
↓ ECS 3rd floor

To
The SR/DOD
Dept. of HDU
RMLH

Respected Sir/Madam,

This is a case of Acute meningoencephalitis (TB meningitis) came c̄ c/o headache × 2 wks, fever × 12 days, 3 episodes of seizures ∵ last 3 days, Altered sensorium × 3 days, Deviation of (L) eye × 3 days. H/O wt. loss ⊕ H/O pulm. Koch's. Bone TB in mother and she expired 1 year back.

Child admitted in CNBC → Action Balaji
fundus → PE ⊕ → Received Mono/vanco/Acyclo/Levera/Mannitol/Valproate (MRI - lepto meng. enh. HCP ⊕ c̄ PV ooze)

On examⁿ - GC - sick, $E_4V_2M_3$, PR - 120, BP - 104/68, SpO_2 - 98% ↓ RA. CNS Meningeal signs ⊕.
B/L Ankle clonus ⊕

Kindly consider this pt. & transfer to your side for further management.

Thanking You

Noted

Dr. Priyadharshini A
(PG-1)

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

Doctor's Daily Assessment Sheet

NAME: Hifza 4y/F **BED NO./WARD:** P2B **CR NO./UHID** 202547400

MLC NO. (IF ANY)

DATE & TIME	DAILY NOTES AND TREATMENT	DOCTOR'S SIGN.
~~27/7~~ 10:30am	Fever x14d.	
	Alt sensorium x 6d	
	Seizure x 6d.	
	H/O Koch's contact (+) — mother expired last year, may (Had taken ATT x14d only)	
	~~Cattle~~ Diagnosis → Diss. Koch's (TBM + CNS = TBM) c̄ ↑ICP c̄ Comm. HCP c̄ Anemia	
	Current Issues :	
	(1) ~~Afebrile~~ High grade fever spikes est	
	(2) Sensorium — $E_3 V_4 M_6$, ↓ medical management for ↑ICP	
	↓ Mannitol | ↓ 3% NaCl	
	Fundus — c/o ↑ICP (+)	

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

Doctor's Daily Assessment Sheet

NAME: Hifza **BED NO./WARD:** UG/F ! ECS - 3rd floor. **CR NO./UHID**

MLC NO. (IF ANY)

DATE / TIME	DAILY NOTES AND TREATMENT	DOCTOR'S SIGN.
9/12	HDU Call	
	To	
	The SR/DOD	
	Dept of ~~Hifza~~ HDU	
	RML H	
	Respected Sir/maam,	
	This is a case of Acute meningoencephalitis (TB meningitis) came c/o Headache × 2 wks, fever × 12 days, 3 episodes of seizures last 3 days, altered sensorium × 3 days, Deviation of (L) eye × 3 days, +/o wt loss (+) +/o Pulm. kochi Bone TB in mother expired 1yr back.	
	child admitted in CNBC → Action Balaji fundus → PE (+). - Received Mono/ vanco/ Acycl Levera / Mannitol/ valproate (MRI- Leptomeng. ent-en HCP (+) i PV ooze)	
	O/E- GC- Sick, $E_2V_2M_3$, PR-120, BP- 104/68, SpO_2 - 98% @ RA CNS. Meningeal signs (+), B/L Ankle clonus (+)	
	kindly consider this pt. & transfer to your side for further management Thanking you	
		Dr. Hanif

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

Doctor's Daily Assessment Sheet

NAME: Hifza. 4y/A **BED NO./WARD:** **CR NO./UHID**

MLC NO. (IF ANY)

DATE & TIME	DAILY NOTES AND TREATMENT	DOCTOR'S SIGN.
10:- 26/7/24	Headache x 2weeks.	
	Fever x 12days.	
	Sep Seizures last 3days.	
	altered sensorium x 3 days.	
	[redacted]	
	H/O weight loss (~5kg in 1mo) -	
	-No other CNS.	
	- No Bladder Bowel Retention.	
	⊙ H/o Mum Koch's + Bone TB (Pott's) in mother. ↓ expired 1y Back.	
	H/O ? Pneumonia 3y Back → Adm x 10 days NO ATT intake/ Documents NA.	
	↓	
	Child admitted in ENBC x 1d → NO documents	
	↓	
	admitted in Action Baby x 1d :→ active - sq -	
	· fundus – papilla Edema ⊕.	
	- received levera / 3y. ↳ @60. mono/vanco/acyclovir mannitol	

सहमति पत्र

हमें हमारी भाषा में समझा दिया गया है कि हमारे बच्चे की हालत गंभीर है, और उसका इलाज बावजूद गंभीरता और बढ़ सकती है। बच्चे को आईसीयू में भर्ती करने की जरूरत भी पड़ सकती है, लेकिन अभी आईसीयू के बिस्तर पहले से गंभीर मरीजों से भरे हुए है। बच्चे की बीमारी तथा उसके हित को ध्यान में रखते हुए बहुत भीड़ के बावजूद बच्चे को वार्ड या एच डी यू वार्ड में भर्ती किया जा रहा है। मरीजो की संख्या अधिक होने की वजह से वार्ड के एक बिस्तर पर एक से अधिक मरीज भी हो सकते है। अगर उस समय वेंटीलेटर खाली हुआ तो मरीज को लगा दिया जाएगा अन्यथा गुब्बारे से सांस देनी पड़ सकती है इन सब बातो को समझते हुए हम अपने बच्चे को इस अस्पताल में भर्ती करवाना चाहते है।

दिनांक .....

SAI LIFE TRUST
Join Our Hands to Save Life