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1932 से स्वास्थ्य सेवा में

IN HEALTH CARE SERVICES SINCE 1932

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

केस शीट / CASE SHEET

UHID: 20262311144 IPD ID: 260042698 Fees: ₹ 0
Admission Date:14/07/2026 08:34 AM General
Ms. bhumik (FEMALE) Male
Age :4Y 6M 1D
Guardian : LOKESH (Father)
Address :1674 GALI HIMMAT GARH SITA RAM BAZAR AJMERI GATE , NEW DELHI, DELHI
Citizenship : INDIA

Paediatrics
Unit : p3-B sat
ECS 3rd Floor Paed Department
DRR_SA_1357
Bed :

NON MLC
Scheme : No Scheme
Jatin Rai roll

(क) भर्ती संबंधी आँक — AR No. .....

के.पं. संख्या/CR No.			
यूनिट सं./Unit No.		(नहीं)/(No)	हाँ/नहीं Yes/No
यूनिट अध्यक्ष/के तहत Unit Head/Admitted u			
भर्ती की तारीख एवं सम Date & Time of Admis			

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

नाम/Name		आयु एवं लिंग/Age & Sex	
माता/पिता/पति का नाम Mother/Father/ Husband's Name		दूरभाष/Phone Nos.	
पता/Address		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 ...of Discharge		छुट्टी की योजना का समय/ Time of Plan of Discharge	
...गार		अस्पताल में भर्ती रहने की अवधि/ Hospital Stay	
		मृत्यु का कारण/ Cause of Death	

	वरिष्ठ रेजिडेन्ट Senior Resident	वि. अधिकारी/संकाय/यूनिट अध्यक्ष Med. Officer/Faculty/Unit Head

Page 2 of 2

RMLH/GF/FM/23/, VE...

विकृति विज्ञान विभाग
DEPARTMENT OF PATHOLOGY

डॉ. बी.आर.अम्बेडकर इंस्टीट्यूट ऑफ रेडियोलॉजी, नई दिल्ली
A.B.V.I.M.S. & DR. RAM MANOHAR LOHIA HOSPITAL, NEW DELHI

दिनांक
Dated 20/7/24

मूत्र जाँच
EXAMINATION OF URINE

नाम Bhavnik आयु-लिंग 52/M ब.रो.वि./के.स.स्वा.यो. 2404231144
Patient's Name Age-Sex OPD/CGHS/CR No.

प्रभारी चिकित्सक वार्ड Ecs Priv/ बिस्तर सं.
Dr. Incharge Ward/OPD Bed No.

रोगवृत्त
Clinical History

अन्तिम निदान
Prov. Diagnosis

यूनिट अध्यक्ष
Head of Unit

KFT/LFT/SE/Ca++/PO4/Q/CRP/LDH/RA6/TSP

चिकित्सक के हस्ताक्षर
Signature of Clinician

रिपोर्ट
Report

भौतिक जाँच
Physical Examination

रंग
Colour

प्रतिक्रिया
Reaction

विशिष्ट भनत्व
Specific Gravity 269

रासायनिक जाँच
CHEMICAL EXAMINATION:

विशेष जाँच
SPECIAL EXAMINATION:

एल्बुमिन (प्रोटीन)
Albumin (Protien)

शर्करा
Sugar

सूक्ष्मदर्शी जाँच
MICROSCOPICAL EXAMINATION

विकृति विज्ञानी
PATHOLOGIST

दिनांक/Dated

Atal Bihari Vajpayee Institute of Medical Sciences & Dr. Ram Manohar Lohia Hospital, New Delhi – 110001

REFERRAL FORM FOR INTERDEPARTMENTAL REFERRAL

Department Paediatrics Location of patient ECS 3rd floor

Name of the patient: Bhumik | Age and gender: 4/M | UHID: 2026231144

Referral from: Paeds | Unit: B3

Date of admission: 19/7/26 | Date and time of referral: 25/7/26 4:20 PM

Type of Reference: Immediate/Urgent/ Routine Bedside- Yes/No Medico-legal- Yes/No

Consultation required from:

Faculty/ Senior resident, Unit-_____, Department of Ophthalmology

Admission diagnosis and procedure (if any)

K/C/O ALL with very early contractures

JALL-R3 with FN.

Indication for Reference & Expected Outcome:

Kindly do the fundus examination for Papilledema (IIEP)

Consultation required for: Fresh Opinion/ Follow-up opinion/**Transfer**

25/7/26 @ 6:51 PM

डॉ यिर्मयाह ई. नुनिस/Dr. Jeremiah E. Nunes
पी.जी. रेजीडेन्ट/ P.G. Resident
बालरोग विभाग/Department of Pediatrics
ए.बी.वी.आई.एम.एस. एवं डॉ. आर.एम.एल. अस्पताल
ABVIMS & Dr. RML Hospital
नई दिल्ली / New Delhi-110001

Sent by: _____ (Faculty / Senior resident)

Signature/Name/Date/Time/Stamp

RE Red glow
medicles
Disc margin well def
CDR 0.3:1
AVR 2:3
RAT
BH WNL

Reference noted by: _____ Sign, Name and Stamp

(Faculty/Senior resident)

Unit: Date and time:

Reminder sent on (Date and time): No e/o ↑ ICP sx

Noted by: Name, date and time:

Bhuvika
25/7

Δ- ALL c very early relapse (combined)

UK ALL R_3 (WT) c FN

c ? meningitis
? ICBleed
? Hypocalcaemia
? CNS

A/E:

) FN c ? abs body movement :-

? meningitis

10.1 — 380 — IL
ANC-209

) allergic reaction
cyclophosphamide

) Look Stool :- 3 episodes
loosely formed

) shock → ? septic → cat → 0.3
neutr → 0.3

	SBP	DBP
5	85	47
50	96	58
90	106	67
95	109	69.

Vitals

PR-138
RR- 28
SpO_2 - 99% ↓ NRM
BP- 90/40

SIE

P/A - soft NT
no OM

CNS: Sedated

Pupil - 3mm NSNR

GCS - $E_2V_2M_5$ → $E_3V_4M_6$

Licence No. 768/82

DR. RAM MANOHAR LOHIA HOSPITAL

New Delhi-110001

Name of Patient ..... Bhumik

Ward & Bed No. 42698

C.R. No. .....

Blood Bag No. ..... 11260 Bl Rh

Unit Incharge .....

Cross matching done & Found Compatible with sample.

30/7/26 at 1 pm

Signature of Lab Technician issuing the blood

Date & time of issue .....

Licence No. 768/82

DR. RAM MANOHAR LOHIA HOSPITAL

New Delhi-110001

Name of Patient ..... Bhumik

Ward & Bed No. 42698

C.R. No. .....

Blood Bag No. ..... 11203 Bl Rh

Unit Incharge .....

Cross matching done & Found Compatible with sample.

30/7/26 at 1 pm

Signature of Lab Technician issuing the blood

Date & time of issue .....

& DR. RAM MANOHAR LOHIA HOSPITAL, NEW DELHI
.वी.एम.एस.और डॉ राम मनोहर लोहिया अस्पताल, नई दिल्ली

DEPARTMENT OF MICROBIOLOGY

MYCOLOGY REQUISITION FORM/ माइकोलॉजी मांग प्रपत्र

LAB ID NO/ प्रयोगशाला पहचान संख्या :

NAME/नाम: Bhumika

ADDRESS/ CONTACT NO/ पता / संपर्क संख्या:

AGE/SEX आयु / सेक्स: 4y/m

UHID/REGN NO. यूएचआईडी / पंजीकरण संख्या: 20 26 23111 44

DEPT/UNIT विभाग / इकाई: Med

DATE OF ADMISSION/ प्रवेश की तिथि:

OPD/WARD ओपीडी / वार्ड: Emerg

DATE & TIME OF SPECIMEN COLLECTION/ नमूना संग्रहण: 29/2/26

NATURE OF SPECIMEN/ नमूने की प्रकृति:

INVESTIGATIONS/TESTS NAME जांच परीक्षण नाम: CBC

ANY RELEVANT CLINICAL HISTORY:

- O Respiratory: fever/cough/any discharge/oral ulcers/dyspnoea/expectoration/weight loss/any other
- O Gastro-intestinal: painful swallowing/vomiting/diarrhoea/any other
- O CNS: neck rigidity/headache/altered sensorium
- O Eye: diminished vision/swelling/discharge/ocular pain/trauma or injuries to eye/any other
- O Bone & Joints: mobility/fracture/trauma/any other
- O CVS: breathlessness/any other
- O Skin: rash/eczema/any other
- O Any surgery/transplant:
- O Antimicrobial /ongoing therapy:
- O Steroid/immunosuppressant therapy:
- O Immunocompromised status: STD/HIV/viral diseases/others
- O In-situ devices/catheters/others:
- O Occupational exposure:
- O Any other history:
- O Family history:

CULTURE & SUSCEPTIBILITY REPORT (VITEK/CONVENTIONAL)

ORGANISM IDENTIFIED:

S.NO.	DRUGS	INTERPRETATION [S=sensitive, SDD=susceptible dose dependant, R=resistant]
1.	FLUCONAZOLE	
2.	VORICONAZOLE	
3.	CASPOFUNGIN	
4.	AMPHOTERICIN B	
5.	FLUCYTOSINE	
6.	MICAFUNGIN	

GALACTOMANNAN REPORTS :

SIGNATURE & DESIGNATION


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