ABVIMS and Dr RML Hospital

New Delhi - 110001

3rd Floor ECS HDU DAYCARE SHEET

DEPARTMENT OF PEDIATRICS

Name	Arya Singh	**Date / Time-**	28/11/23/10am	**DOA–** 20/11/23	
Age/Gender	3m/M	**CR. No. -**	77506	**DOPICU--**	
Weight	4 Kg	**Bed number**	6	**DOMV–**	
Diagnosis	~~[illegible]~~ IVH c̄ VP shunt in situ c̄ Complex Hydrocephalous c̄ EVD In situ c̄ Pneumonia c̄ AGE c̄ Hypoglycemia				

Current issues

Issue	Intervention	Current status
Extubated Ardday → Put on Nasal Prong → No RD Retained		
CNS → Activity Improved / No tonic posturing / No seizures		
No fresh c/o Hypoglycemia		
Hyponatremia / Hypokalemia		
↓ 3% NS Restarted	→ K+ free fluid started	
	→ Neonn c̄ ARTHALIN	
Had 1 c/o Seizure → Inj Levera (Loading was Given)	→ Activity ↓ after the	] 29/11/23 At 3Am
→ Pupil → B/L Constricted Dose ↑ to 30 mg/kg/day		

6. Had 1 c/o Hypoglycemia → SRTL RBS → 44 mg/dl → D10% Bolus Given → At 8Am (29/11/23)

Respiratory system

Support	SIMV/PSV/CPAP/HFNC Morning	Evening	ABG/VBG	Time- Morning	Evening
PIP	On Nasal Prong @ 4L/M		PH		7.468
Delta P			PCO2		31.9
PS			HCO3		23.3
PEEP			BE		-0.6
VR			PO2		133
FiO2 / SPO2			OI		
VTe			ICa		
CXR			P/F ratio		
Examination + Other issues with Mx	B/L Conducted sound (+)				

ET size	
Fixed at	
Changed on	

VAP---

ICDT----
(drain volume)

other drains

Aryan
3y/M
77506
28/11/23

1/12/23

C/o Neurosurgery

D/c/o lower end reversing

? (R) VP shunt
ī (L) EVD insertion

Pt reviewed

Fresh complaints - 1 episode of seizures
& activity since morning.

O/E

T 40.8 / 26 C.

Pulse 130 bpm

GCS: E4 V(trach) M(spont)

Pupils: B/L NR sluggish.

Adv

- Rx as per your chart
- Continue antiepileptics
  consider escalating the dose if required
- Monitor vitals
- GCS charting
- Inform NS
- Trach care

Dr Monica
Neurosurgery

Weight	4kg
TF R (%)	400ml
Drugs	140 ml
Fluids	
Feed	
Na	meq/kg/day
K	meq/kg/day

PLAN-

Adv

1. Inj MEROPENEM 160mg in 10ml D-5-I. I.V. → TDS
2. Inj VANCOMYCIN 60mg in 10ml D-5-I. I.V → QID
3. Intraventricular VANCOMYCIN 10mg in 3ml D-W. I.V. → O.D.
4. Intraventricular Amikacin 10mg in 3ml D-W I.V. → O.D } Stop
5. Infusion 3-I. NS @ 2ml/kg → ↑ to 4ml/kg
6. Inj PANTOP 4mg I.V. O.D
7. Inj LEVERA 40mg in 10ml D-5-I. I.V. → B.D
   ↳ ↑ to 60mg I.V. B.D. @ 30mg/kg/day
8. Syrup Zinc 2ml Via NG → O.D. (14 days)
9. SVD Pain 5ml/6hr Hourly
10. Infusion ADR 0.6mg + 24ml D-5-I. @ 0.5 ml/h.
11. Drop D_3/MVI/Calcium as advised
12. Inj DEXONA ~~2.4mg~~ 0.6mg I.V. QID
13. Neb ⊕ ASTHALIN 1.25mg + 3ml NS 0, 20, 40 min → Then 6th Hourly

    Neb ⊕ ADR 1mg + 3ml NS → 2nd Hourly

    Neb ⊕ Ipravent 125 µg in 3ml NS I.V. → QID

    Neb ⊕ Budecort 0.5mg + 3ml NS → BD
14. IVF N/2 + D-5-I. ⊕ MVI @ 8.5ml/kg
15. RBS Charting/3rd Hourly → N/2+D-10-I.
16. RD monitoring
17. V/O monitoring

JR Signature

SR Signature

D. Ray

ABVIMS and Dr RML Hospital

New Delhi - 110001

3rd Floor ECS HDU DAYCARE SHEET

DEPARTMENT OF PEDIATRICS

Name	Arya Singh	Date / Time- 25/11/23.	DOA– 20/11/23.
Age/Gender	3m/M.	CR. No. - 71986.	DOPICU--
Weight	4Kg.	Bed number (6).	DOMV–
Diagnosis	Post meningitis c IVH c VP shunt c complex UCD c EVD c/o c AGE.		

Current issues

	Issue	Intervention	Current status
1.	Extubated @ 5:30pm. → put on nasal prongs @ 4l/min. -NO distress.		
2.	Hemodynamically stable → continued Abx during post-extubation period.		
3.	No posturing / seizure / drowsiness.		
4.	Episode of hypothermia after Extubation.		
5.	No hypoglycemia today.		

Respiratory system

Support	SIMV/PSV/CPAP/HFNC Morning	Evening	ABG/VBG	Time- Morning	Evening
PIP	Spont mode.		PH		
Delta P			PCO2		
PS	5	4l/min	HCO3		
PEEP	4 →	NIP.	BE		
VR		↓	PO2		
FiO2 / SPO2	81%	94%	OI		
VTe			ICa		
CXR			P/F ratio		
Examination + Other issues with Mx	B/L conducted sounds (+).				

ET size	
Fixed at	
Changed on	

VAP---

ICDT----
(drain volume)

other drains

ABVIMS and Dr RML Hospital

New Delhi - 110001

3rd Floor ECS HDU DAYCARE SHEET

DEPARTMENT OF PEDIATRICS

Name	Arya Singh.	**Date / Time-** 28/11/23.	**DOA–** 20/11/23
Age/Gender	3m/F.	**CR. No. -** 77506.	**DOPICU--**
Weight	4Kg.	**Bed number** (6)	**DOMV–**
Diagnosis	post meningitis IVH c VP shunt Revision c complex HCP c EVD Revision c AGE		

Current issues

	Issue	Intervention	Current status
1.	Resp. failure -	Intubated for poor GCS → GCS improving after EVD Revision.	
		- Secretions copious	
		- to be just on apnea trial & give Ext. h	
2.	Central line	Insertion - done (R) jugular).	
3.	AGE - Zinc,	Enterogermina, ORS added.	
4.	hypothermia -	occasional (+).	
5.	Install - done -	EVD to be changed to VP shunt.	

Respiratory system

Support	SIMV/PSV/CPAP/HFNC Morning	Evening	ABG/VBG	Time- Morning	Evening
PIP			PH		
Delta P			PCO2		
PS			HCO3		
PEEP			BE		
VR			PO2		
FiO2 / SPO2			OI		
VTe			ICa		
CXR			P/F ratio		
Examination + Other issues with Mx	B/L crepts & conducted sounds (+)				

ET size	2.0
Fixed at	10cm
Changed on	

VAP---

ICDT----
(drain volume)

other drains

26/11/2023 10:45pm

PEADS CARDIOLOGY

HDU BED-⑥
Deva SINGH
3m/MALE
CR.NO.- 77506

To

SR ON DUTY.
CARDIO PEADS Department
Dr. RML Hospital.

Respected Sir/Madam

Above mentioned patient this is c/o IVH c VP shunt in situ c EVD in situ c ? Accidentally ? Subclavian artery cannulated VBG s/o pO_2 85.2, SO_2 - 96%.

kindly examine the patient & opinion regarding removal of line.

Thank You.

Yours faithfully

AP

Noted


SAVE THE CHILDREN

सेवा मे
सेव लाइफ ट्रस्ट
लाडो सराई नई दिल्ली

विषय, सहायता हेतु आवेदन पत्र

महोदय,

मैं राहुल सिंह, मेरे बेटे का नाम आर्या है, वह 2 माह का है, मेरे बेटे के दिमाग में जन्म से ही पानी भरा हुआ है, इस 3 बार आपरेशन भी हो गया है, परन्तु यह ठीक नहीं हो पाया, अब इसका 4 आपरेशन होना है, मैं अपनी पूरी जमा पूंजी इसके इलाज मे लगा चुका हूँ।

मैं आपकी संस्था और आपके दानकर्ता से प्रार्थना करता हूँ कि मेरी मदद करें,

धन्यवाद

Date - 29-11-2023.

SAVE LIFE TRUST New Delhi Regd. No. 402

Received by Save life Trust

आपका प्रार्थी
राहुल सिंह