



ABVIMS and Dr RML Hospital

New Delhi - 110001

ECS PICU / HDU DAYCARE SHEET

DEPARTMENT OF PEDIATRICS

Name	Faith	Date / Time-	29/6/24	DOA-
Age/Gender	2y51F	CR. No. -	41757	DOICU / HDU
Weight	8 kg	Bed number	①	DOMV-
Diagnosis	GDD & seizure Disorder (2 to HIE) & sepsis & status Dystonic & MODS & rhabdomyolysis & Breakthrough seizure & Resp. failure & Aspiration pneumonia & Hypokalemia (R) & poor Deglutition Reflex			

Current issues

Issue	Intervention	Current status
	1) sepsis - on iv Antibiotics - on mero	
	2) Resp failure on HzA/C - Flow - 10 L/min - FiO2 - 40%	
	3) Status Dystonic - on Baclofen + pentane + clonazepam	
4) Dystonic CP → No rec episodes of seizure		
		Bill knee flexion
		con contractures
	5) Hypokalemia (Resolved)	

Respiratory system

Support	SIMV/PSV/CPAP/HFNC		ABG/VBG	Time-		ET size	Fixed at
	Morning	Evening		Morning	Evening		
Delta P/PS			PH				
PEEP			PCO2				
MAP			HCO3				
RR (T/Vent)			BE				VAP---
VT _E /VT _I			PO2				ICDT----
Min Vent			OI				(drain volume)
FiO2 / SPO2			ICa				other drains
C/R			P/F ratio				
CXR/USG			Anion Gap				
Examination + Other issues with Mx	BILAE ⊕		BIL conducted sounds				

Sample Profile
STP pHox Ultra

Printed: 29/06/2024 07:04:32 AM
Analyzed: 29/06/2024 07:03:40 AM
Analyzer ID: Z31B17090N

फार्म संख्या 3 (III)
FORM NO.3(III)

वी.आई.एम.एस. एवं डा. राम मनोहर लोहिया अस्पताल, नई दिल्ली
I.M.S. & DR. RAM MANOHAR LOHIA HOSPITAL, NEW DELHI

सूक्ष्म जीव विज्ञान विभाग
DEPARTMENT OF MICROBIOLOGY

Sample #: 64174
Barometer: 726.5 mmHg
Sample Type: Arterial
Operator: 123456
Releaser: auto
Patient ID: 41757
Patient Name:

आयु
AGE 2/F

लिंग
SEX

FIO2%: 20.9 %
Account#:
Accession#:
Other Flags:

बहिरंग रोगी विभाग/वार्ड
OPD/WARD

बिस्तर सं.
BED No.

यूनिट
UNIT

नमूने लेने की तारीख और समय
DATE & TIME OF COLLECTION

29/06/24,

Comments

REQUIRED

VBG

Test	Value	Units	Flags
pH	7.404		
pCO2	43.3	mmHg	
pO2	63.0	mmHg	
Hct	33	%	
Na+	135.0	mmol/L	
K+	4.73	mmol/L	
Ca++	1.22	mmol/L	
TCO2	28.6	mmol/L	
SO2%	91.7		
Hbc	10.9	g/dL	
BE-ecf	2.4	mmol/L	
BE-b	2.9	mmol/L	
SBC	26.9	mmol/L	
HCO3-	27.3	mmol/L	
RI	0.4		
pO2/FIO2	301.4	mmHg	
A	90.1	mmHg	
A-aDO2	27.1	mmHg	
a/A	0.7		

Symptoms with duration
is on similar material with date & Lab. No.
apy

SAMPLES WILL NOT BE ACCEPTED

SIGNATURE & DESIGNATION

mus dystonicus → + haloperidol
psychotropic dr → No ep seizure, 2/1 knee flexion
ambulation

(5) hypocalcemia → Resolved

Respiratory system	Support		ABG/VBG	Time-		ET size
	Morning	Evening		Morning	Evening	
Delta P/PS			PH			Changed on
PEEP			PCO2			VAP---
MAP			HCO3			
RR (T/Vent)			BE			ICDT---- (drain volume)
VT/VTi			PO2			
Min Vent			OI			other drains
FIO2 / SPO2			ICa			
C/R			P/F ratio			
CXR/USG			Anion Gap			

2/1/20 @

ABVIMS and Dr RML Hospital

New Delhi - 110001

ECS PICU / HDU DAYCARE SHEET

DEPARTMENT OF PEDIATRICS

12 Pm

Name	Kirti	Date / Time-	29/6/24	DOA-	18/6
Age/Gender	2y / female	CR. No. -	41757	DOPICU / HDU	
Weight	8 kg.	Bed number	①	DOMV-	
Diagnosis	GDD - seizure disorder (2° to HIE) - septic - status dystonicus - MODS - rhabdomyolysis - Rickettsial sepsis - Resp. failure - aspiration pneumonia				

Current issues

Issue	Intervention	Current status
① sepsis	→ on 2w antibiotics → on Mero	
② resp. failure	→ on N ₃ PNC - Flow → 16 L/min P102 → 50%	
③ status dystonicus	→ on Lorazepam + Daliesen + doboram.	
④ dystonic CP	→ No ep. seizure, B/L knee flexion ambulation.	
⑤ hypocalcemia	→ Resolved	

Respiratory system

Support	SIMV/PSV/CPAP/HFNC		ABG/VBG	Time-		ET size
	Morning	Evening		Morning	Evening	
Delta P/PS			PH			Fixed at
PEEP		Flow 16 L/min	PCO ₂			Changed on
MAP		P102 → 50%	HCO ₃			VAP---
RR (T/Vent)			BE			ICDT----
VT _E /VT _I			PO ₂			(drain volume)
Min Vent			OI			other drains
FiO ₂ / SPO ₂			ICa			
C/R			P/F ratio			
CXR/USG			Anion Gap			
Examination + Other issues with Mx	B/L etc @					

ABVIMS and Dr RML Hospital

New Delhi - 110001

ECS PICU / HDU DAYCARE SHEET

DEPARTMENT OF PEDIATRICS

Name	Karti	Date / Time-	29/6/24
Age/Gender	2yrs. / Female	CR. No. -	41757
Weight	3kg.	Bed number	①
Diagnosis	GDD \pm seizure disorder (2 ^o to HIE) \pm sepsis \pm status dystonicus \pm MODS \pm Rhabdomyolysis \pm Breakthrough seizures \pm Respiratory failure \pm Aspiration pneumonia \pm Hypokalemia (R)		


Current issues

Issue	Intervention	Current status
① Sepsis -	on IV antibiotics - On-melo	fever persisting
② RF. \rightarrow	on H3FMC Flow - 16 L/min FiO ₂ - 50%	
③ Status dystonicus -	on Baclofen Pacitane, clobazam	
④ Dyskinetic CP -	no e/o seizures, Bl. knee flexion Contracture	Ankle
⑤ Hypokalemia - ②	⑥ Transaminasits - improving	
	⑦ Rhabdomyolysis	

Respiratory system

Support	SIMV/PSV/CPAP/HFNC		ABG/VBG	Time-		ET size	Fixed at
	Morning	Evening		Morning	Evening		
Delta P/PS	Flow -	16	PH			Changed on	
PEEP	FiO ₂ -	49	PCO ₂				
MAP			HCO ₃			VAP---	
RR (T/Vent)			BE				
VT _E /VT _I			PO ₂			ICDT----	(drain volume)
Min Vent			OI				
FiO ₂ / SPO ₂			ICa			other drains	
C/R			P/F ratio				
CXR/USG			Anion Gap				
Examination + Other issues with Mx	Bl. At ④ Lr. where on ④ Rr. flr.						

GOVERNMENT OF INDIA
DR. RAM MANOHAR LOHIA HOSPITAL, NEW DELHI
BIOCHEMISTRY - LAB REPORT

Name : <i>Kant</i>	Age/Sex : <i>20s/F</i>	Date : <i>27/6/24</i>
CR/REGD. No. : <i>41757</i>	CGHS No. :	OPD/Wd <i>KDU</i>
Clinical Diagnosis :		
Unit Incharge : <i>BSG</i>	Signature : 	

1. Blood Sugar :

F : mg/dl(70-110)
 PP : mg/dl(90-160)
 R : mg/dl(70-140)

2. Kidney Function Test :

Urea : mg/dl(15-45)
 Creatinine : mg/dl(0.6-1.2)
 Uric Acid : mg/dl (2.5-6.0)

3. Liver Function Test :

Total Bil : mg/dl(0.2-1.2)
 Direct Bil : mg/dl (0.1-0.3)
 In. D. Bil : mg/dl(0.2-1.1)
 SGOT : U/L (15-50)
 SGPT : U/L (15-50)
 Alk. Phos : U/L (50-130)
 GGT : U/L (8-61M; 5-36F)

4. S. Proteins :

T Prot : gm/dl (6.0-8.0)
 Albumin : gm/dl (3.5-5.5)
 Globulin : gm/dl (1.5-3.5)

5. Lipid Profile :

T. Cholesterol : mg/dl(130-230)
 HDL Chol. : mg/dl (30-65)
 LDL Chol. : mg/dl (50-150)
 VLDL Chol. : mg/dl (upto 40)
 Triglyceride : mg/dl (50-200)

6. S. Electrolytes :

Sodium : mmol/L (130-150)
 Potassium : mmol/L (3.5-5.5)
 Chloride : mol/L (95-110)
 Calcium : mg/dl (8.5-10.5)
 Phosphorus : mg/dl (2.5-5.5)

7. Cardiac Profile :

CPK : U/L (50-200)
 CK- MB : U/L (upto 25)
 LDH : U/L (110-240)
 SGOT : U/L (15-50)

8. Iron Profile :

T. Iron : µg/dl (60-150)
 TIBC : µg/dl (250-400)
 UIBC : µg/dl (150-250)
 Saturation : % (20-35)

9. Others :

S. Amylase : U/L (30-110)
 S. Lipase : U/L (23-300)
 S. Magnesium : mg/dl (1.6-2.3)
 Ammonia (NH₃) : µmol/L (9-30)
 Lactate : mmol/L (0.7-2.1)

BIOCHEMIST

ABVIMS and Dr RML Hospital

New Delhi - 110001

ECS PICU / HDU DAYCARE SHEET

DEPARTMENT OF PEDIATRICS

9:15pm

Name	Writu	Date / Time-	27/06/24	DOA-	19/06/24
Age/Gender	2yrs / Female	CR. No. -	91257	DOPICU / HDU	
Weight	8kg	Bed number	2 (2)	DOMV-	
Diagnosis	GDD ± seizure disorder (2° to NLE) ± sepsis ± status dystonicus ± Breakthrough seizures ± MODS (Shock + Transaminitis) ± Rhabdomyolysis ± Resp. failure ± Aspiration Pneumonia ± Hypokalemia (1)				

Current issues

Issue	Intervention	Current status
① Sepsis →	on IV Antibiotics - 3mg Piptraf fever ⊕ ; but spiking & frequency ↓	
② RT →	on H ₂ FNC - flow - 164ml FiO ₂ - 50%	
③ Status dystonicus →	on Baclofen, Pantone, Clonazepam.	
④ Myoclonic CP →	No repeat ep0 seizure - BIL knee flexion contracture ⊕ (on Levetra) Antile lallozoles ⊕	
⑤ Hypokalemia →	needed	
⑥ Transaminitis →	resolving	
⑦ Rhabdomyolysis →	CPK - 3431 CAMP - 44 ; LDH - 606	

Respiratory system

Support	SIMV/PSV/CPAP/HFNC		ABG/VBG	Time-		ET size
	Morning	Evening		Morning	Evening	
Delta P/PS			PH			Fixed at
PEEP	H ₂ FNC	164ml/min	PCO ₂			Changed on
MAP	on flow		HCO ₃			VAP---
RR (T/Vent)	FiO ₂ - 50%		BE			ICDT----
VT _E /VT _I			PO ₂			(drain volume)
Min Vent			OI			other drains
FI02 / SPO2			ICa			
C/R			P/F ratio			
CXR/USG			Anion Gap			
Examination + Other issues with Mx	BIL Ase ⊕, BIL air entry ⊕; air entry ↓ on Rt. side.					

PLAN-

- ① Propped up position.
- ② Nurse in lateral & semiprone position alternately q 2 hrs.
- ③ inj Peptax 80mg + 10ml $\frac{N}{2}$ iv TDS.
- ④ inj diclo 80mg + 20ml $\frac{N}{2}$ iv BD.
- ⑤ inj pantop 10mg iv on.
- ⑥ inj pcm 80mg iv BD.
- ⑦ NG feed 70ml q 3hrs.
- ⑧ IVF $\frac{N}{2}$ + DS + KCl (1:10) @ 11ml/hr.
- ⑨ Tab Pantone (2mg) $\frac{1}{2}$ tab TDS.
- ⑩ Syb Baclofen (1mg/1ml) 1.25ml BD.
- ⑪ Syb Clonazepam (2.5mg/1ml) 1ml BD.
- ⑫ Neb = Asthalin (2.5mg) + 3ml NS q 4hrs
Acho (1mg) + 3ml NS q 4hrs.
- ⑬ RBS monitoring q TDS.
- ⑭ w/o worsening of RD / ~~qs~~ GCS.
w/ vital monitoring / IO chardny.

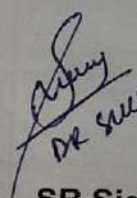
8:00 AM

• Stop IVF

• ↑ NG feeds 90ml q 3hrs (TFR = 100%).

Weight	8kg
TF	120%
R (%)	960ml
Drugs	70ml
Fluids	230ml
Feed	560ml
Na	meq/kg/day
K	meq/kg/day

PG/JR Signature &
Name in Capital / Stamp



DR SUMANIKA
SR Signature
& Name in Capital / Stamp

GOVERNMENT OF INDIA

7:00 PM

R. RAM MANOHAR LOHIA HOSPITAL, NEW DELHI

BIOCHEMISTRY - LAB REPORT

Name : KATH	Age/Sex : 20/F	Date : 26/06/24
CR/REGD. No. : 41757	CGHS No. :	OPD/Wd : HDU/ECS-III
Clinical Diagnosis :		
Unit Incharge :		Signature : 

1. Blood Sugar : VBC
 F : mg/dl(70-100)
 PP : mg/dl(90)
 R : mg/dl(70-100)

2. Kidney Function Test :
 Urea : mg/dl(15-45)
 Creatinine : mg/dl(0.6-1.2)
 Uric Acid : mg/dl (2.5-6.0)

3. Liver Function Test :
 Total Bil : mg/dl(0.2-1.2)
 Direct Bil : mg/dl (0.1-0.3)
 In. D. Bil : mg/dl(0.2-1.1)
 SGOT : U/L (15-50)
 SGPT : U/L (15-50)
 Alk. Phos : U/L (50-130)
 GGT : U/L (8-61M; 5-36F)

4. S. Proteins :
 T Prot : gm/dl (6.0-8.0)
 Albumin : gm/dl (3.5-5.5)
 Globulin : gm/dl (1.5-3.5)

5. Lipid Profile :
 T. Cholesterol : mg/dl(130-230)
 HDL Chol. : mg/dl (30-65)
 LDL Chol. : mg/dl (50-150)
 VLDL Chol. : mg/dl (upto 40)
 Triglyceride : mg/dl (50-200)

6. S. Electrolytes :
 Sodium : mmol/L (130-150)
 Potassium : mmol/L (3.5-5.5)
 Chloride : mol/L (95-110)
 Calcium : mg/dl (8.5-10.5)
 Phosphorus : mg/dl (2.5-5.5)

7. Cardiac Profile :
 CPK : U/L (50-200)
 CK- MB : U/L (upto 25)
 LDH : U/L (110-240)
 SGOT : U/L (15-50)

8. Iron Profile :
 T. Iron : µg/dl (60-150)
 TIBC : µg/dl (250-400)
 UIBC : µg/dl (150-250)
 Saturation : % (20-35)

9. Others :
 S. Amylase : U/L (30-110)
 S. Lipase : U/L (23-300)
 S. Magnesium : mg/dl (1.6-2.3)
 Ammonia (NH₃) : µmol/L (9-30)
 Lactate : mmol/L (0.7-2.1)

ABVIMS and Dr RML Hospital

New Delhi - 110001

ECS PICU / HDU DAYCARE SHEET

DEPARTMENT OF PEDIATRICS

11:45 Am

Name	Kriti	Date / Time-	27/6/24	DOA-	19/6/24
Age/Gender	2yr / female	CR. No. -	41757	DOPICU / HDU	
Weight	8 kg	Bed number	(2)	DOMV-	
Diagnosis	GOD c seizure disorder (20 to 118) c septic c status dystonicus c breathlength seizure c MODS (shock + Trans + anuria) c Resp failure c aspiration pneumonia c Hypocalcaemia (L).				

Current issues

Issue	Intervention	Current status
① sepsis	→ on IV Ab → piptaz → fever (38.4) - spikes yesterday → low grade	→ Calbet culture
② Resp. failure	→ on H ₂ fnc → Resch settings	→ Plan CRP
③ status dystonicus	→ Dystonia based, Tone p	in all 4 limbs.
Dyskinetic CP c	→ No repeat epi seizure → antiepile	b/c knee flexion c contractures c + ankle clonus
④ hypocalcaemia	→ treated with Vit D	(17.2)
⑤ Transaminases	→ Impression	

Respiratory system

Support	SIMV/PSV/CPAP/HFNC		ABG/VBG	Time		ET size	Fixed at
	Morning	Evening		Morning	Evening		
Delta P/PS			PH				
PEEP		Flow - 16L/min	PCO2				Changed on
MAP			HCO3				
RR (T/Vent)		P1.2 - 50%	BE				VAP---
VT _E /VT _I			PO2				ICDT----
Min Vent		↓	OI				(drain volume)
FiO ₂ / SPO ₂		SpO ₂ - 98-99%	ICa				other drains
C/R			P/F ratio				
CXR/USG			Anion Gap				
Examination + Other issues with Mx	b/c Ate c wheeze c						

ABVIMS and Dr RML Hospital

New Delhi - 110001

ECS PICU / HDU DAYCARE SHEET

DEPARTMENT OF PEDIATRICS

Name	Kritik	Date / Time- 26/06/24	DOA- 19/06/24
Age/Gender	2yrs / F	CR. No. - 41757	DOICU / HDU
Weight	8kg	Bed number ①	DOMV-
Diagnosis	GDD ± seizure disorder (2° to HIE) ± Sepsis ± Status dystonicus ± Breathtrough seizure (non compliant) ± MODS ± shock ± transaminitis ± RF ± aspiration pneumonia ± hypocalcemia (R).		

Current issues

Issue	Intervention	Current status
① RF (R) →	Extubated @ 9:00 AM yesterday on H ₂ FRC support @ 15 L/min; FiO ₂ - 35%.	
② Sepsis →	on IV antibiotics - 3mg Pipraz	
③ Status dystonicus →	on Baclofen, Levetiracetam, Clonazepam.	
④ Seizure —	no fresh episode - on levetir.	
⑤ Hypocalcemia -	improving	
⑥ Transaminitis -	improving.	

Respiratory system

Support	SIMV/PSV/CPAP/HFNC		ABG/VBG	Time		ET size	Fixed at
	Morning	Evening		Morning	Evening		
Delta P/PS			PH	7.48			
PEEP	on H ₂ FRC		PCO ₂	31.4			
MAP	@ 15 L/min (flow)		HCO ₃	23.8			
RR (T/Vent)	35% (FiO ₂)		BE				
VT _E /VT _I			PO ₂				
Min Vent			OI				
FiO ₂ / SPO ₂			ICa				
C/R			P/F ratio				
CXR/USG			Anion Gap				
Examination + Other issues with Mx	BIL ACCE ①						

VAP---
ICDT----
(drain volume)
other drains

ABVIMS and Dr RML Hospital

New Delhi - 110001

ECS PICU / HDU DAYCARE SHEET

DEPARTMENT OF PEDIATRICS

11:30

Name	Knit	Date / Time-	25/06/24	DOA-	19/06/24
Age/Gender	2y/f	CR. No. -	41757	DOPICU / HDU	
Weight	8 kg	Bed number	①	DOMV-	
Diagnosis	GDD & seizure disorder (? 2° to HIE) & sepsis status dystonicus & ? breakthrough seizure. (non compliant) & MODS & shock & transaminitis + R2 & aspiration pneumonia & hypokalemia (R).				

Current issues

Issue	Intervention	Current status
① R.F. →	(R) → Extubated at 9:00 AM.	
	on HBNC, maintaining spo ₂ > 95%.	
② sepsis -	on Piptar	
③ status dystonicus →	on relaxants	
④ seizure -	no fresh episodes. → on levet	
⑤ Hypokalemia -	Improving	
⑥ Transaminitis -	Improving	

Respiratory system

Support	SIMV/PSV/CPAP/HFNC		ABG/VBG	Time-		ET size
	Morning	Evening		Morning	Evening	
Delta P/PS	HBNC	.	PH			Fixed at
PEEP	Flow -	15 lit/min	PCO ₂			Changed on
MAP	fiO ₂ -	35%	HCO ₃			VAP---
RR (T/Vent)			BE			ICDT----
VT _E /VT _I			PO ₂			(drain volume)
Min Vent			OI			other drains
FiO ₂ / SPO ₂			ICa			
C/R			P/F ratio			
CXR/USG			Anion Gap			
Examination + Other issues with Mx	B/L A+@W.					

ABVIMS and Dr RML Hospital

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ECS PICU / HDU DAYCARE SHEET

DEPARTMENT OF PEDIATRICS

Name	Kyri ^{ti}	Date / Time-	24/06/24	DOA-	19/06/24
Age/Gender	2y (Female)	CR. No. -	41257	DOICU / HDU	5
Weight	8 kg	Bed number	1	DOMV-	5
Diagnosis	GDD & seizure disorder (? 20 to 41E) & seizures & status dyakonicus (?) & ? Breakthrough seizures (non-compliance to medication) & MODS (Abck + transaminitis + sepsis) & Aspiration pneumonia (Aspt & resp. failure & hypokalemia (K) → mild				

Current issues

Issue	Intervention	Current status
GDD & Seizure disorder	on levetir, clonazam, Amiture,	Midaz tapered off
? Status dyakonicus ? Break through Seiz	Amelgen, Midaz	today at evening no further Seizure.
sepsis & thrombocytopenia	on piptaz, fluropikis - 4	last ptt - 1.3 lach
transaminitis	last 252/363	
hypokalemia	last K ⁺ - 3.56	
Aspt pneumonia & resp. failure	on SIMV + PS (Minimal support and Minimal flow) B/c already ⊕, kept with oxygen ⊕	

Respiratory system

Support	SIMV/PSV/CPAP/HFNC		ABG/VBG	Time		ET size
	Morning	Evening		Morning	Evening	
Delta P/PS	6/5		PH	7.46	7.50	Fixed at
PEEP	5.0		PCO2	34.5	33.8	Changed on
MAP			HCO3	24.8	26.9	VAP---
RR (T/Vent)	20/min		BE			ICDT----
VT _E /VT _I	4.0-4.2ml		PO2			(drain volume)
Min Vent			OI			other drains
FiO2 / SPO2	21% / 99%		ICa			
C/R			P/F ratio			
CXR/USG			Anion Gap			
Examination + Other issues with Mx	B/c already ⊕ occ. wheezes ⊕, occ. low cap ⊕					



Muskurata Bachpan Trust

Ref no. 08

Date 29/06/2024

सेवा में

मधोदय जी,

मुस्कुरता बचपन ट्रस्ट

लाडा सराय, महरीली 110030

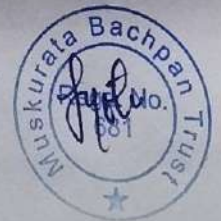
मधोदय,

मैं ज्ञानती देवी, मेरी पोती की दीमागी हलात ठीक नहीं है। जिसकी वजह से उसका शरीर में लकवा मार गया है और शरीर का आधा भाग काम नहीं कर रहा है। जिसकी वजह से बच्ची को लगातार दौरा पड़ रहा है। मेरी पोती कीर्ति सिर्फ 2 वर्ष है कि है मेरा परिवार बच्चे का इलाज करवाने में सक्षम नहीं है, मेरा आप सभी डोनर से निवेदन है कृपया मेरे बच्चे के इलाज में सहायता प्रदान करें।

धन्यवाद,



ज्ञानती देवी



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