



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

Name : <u>Ashwin</u>	Age/Sex : <u>3m / M</u>	Date : <u>8/1/24</u>
CR/REGD. No. : <u>762</u>	CGHS No. :	OPD/Wd : <u>ECU</u>
Clinical Diagnosis :		<u>URU</u>
Unit Incharge : <u>Dr. K. Udayan</u>	Signature <u>[Signature]</u>	

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)

URUG

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 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

Sample Profile
STP pHix Ultra

Printed: 06/01/2024 05:33:21 AM
Analyzed: 06/01/2024 05:30:54 AM
Analyzer ID: Z31817090N

Sample #: 33070
Barometer: 741.2 mmHg
Sample Type: Arterial
Operator: 123456
Releaser: auto
Patient ID: 762
Patient Name:

FIO2%: 20.9%

Account#
Accession#
Other Flags

Comments

Test	Value	Units	Flags
pH	7.324		
pCO2	53.9	mmHg	
pO2	51.2	mmHg	
Hct	30	%	
Na+	144.7	mmol/L	
K+	3.84	mmol/L	
Ca++	1.15	mmol/L	
TCO2	29.9	mmol/L	
SO2%	82.2		
Hbc	9.8	g/dL	
BE-ecf	2.0	mmol/L	
BE-b	2.2	mmol/L	
SBC	26.1	mmol/L	
HCO3-	28.2	mmol/L	
Ri	0.6		
pO2/FIO2	244.8	mmHg	
A	80.5	mmHg	
A-aDO2	29.4	mmHg	
a/A	0.6		

ABVIMS and Dr RML Hospital

New Delhi - 110001

3rd Floor ECS HDU DAYCARE SHEET

DEPARTMENT OF PEDIATRICS

12:05 AM

Abraham	Date / Time- 6/1/24	DOA- 3/3/24
3mth / Male	CR. No. - 162	DOPICU- 4/1/24
3kg	Bed number 6	DOMV- H/A

CHD & URTI & AKI

Intervention	Current status
On HFNC and Neb ⁿ	→ RR- 40/min SRR, ICR ⊕, NF ⊕
Nasal blockage ⊕	No CO2 reduction
Persistent ? source ? URTI	
? Prerenal Urea- 52	
Crat- 1.18 U.A - 12.2	
(24) Bronchitis - improving trend	

Respiratory system

Support	SIMV/PSV/CPAP/HFNC		ABG/VBG	Time-		ET size
	Morning	Evening		Morning	Evening	
PIP			PH		7.46	Fixed at
Delta P			PCO2		37.9	Changed on
PS			HCO3		27.3	VAP---
PEEP	P2/FALC		BE		3.3	ICDT----
VR	6L/60% FIO2		PO2			(drain volume)
FIO2 / SPO2			OI			other drains
VTe			ICa			
CXR			P/F ratio			
Examination + Other issues with Mx.	RR- 50/min Bk breath sounds ↓ → Neb Asthalin Wheez ⊕ Nasal suctioning					

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

सूक्ष्म जीव विज्ञान विभाग
DEPARTMENT OF MICROBIOLOGY

Profile
phox Ultra
05/01/2024 07:12:56 AM
05/01/2024 07:11:54 AM
Analyzer ID: Z31B17090N
Sample # 32699
Sparometer 740.2 mmHg
Sample Type Arterial
Operator 123456
Releaser auto
Patient ID 2024762
Patient Name

आयु AGE 2 mo / M

लिंग SEX
यूनिट UNIT

SpO2% 20.9%
Account#
Accession#
Other Flags

बहिरंग रोगी विभाग/वार्ड
OPD WARD 762
HCU/ECS 11/SL

बिस्तर सं. BED No.

नमूने लेने की तारीख और समय
DATE & TIME OF COLLECTION

05/01/24

Comments

Test	Value	Units	Flags
pH	7.455		
pCO2	36.0	mmHg	
PO2	50.3	mmHg	
Hct	22	%	
Na+	140.5	mmol/L	
K+	3.17	mmol/L	
Ca++	1.12	mmol/L	
TCO2	28.5	mmol/L	
SO2%	88.1		
Hbc	7.4	g/dL	
BE-ecf	3.8	mmol/L	
BE-b	4.4	mmol/L	
SBC	28.3	mmol/L	
HCO3-	27.4	mmol/L	
RI	1.0		
pO2/FiO2	240.8	mmHg	
A	101.7	mmHg	
A-aDO2	51.4	mmHg	
a/A	0.5		
a/A	0.7		

REQUIRED

UBG

Symptoms with duration
Tests on similar material with date & Lab. No.

Therapy
Doxis

RMS WILL NOT BE ACCEPTED

SIGNATURE & DESIGNATION

pepe i subtraction ⊕

3. Juice spikes ⊕

Respiratory system

Support	SIMV/PSV/CPAP/HFNC		ABG/VBG	Time-		ET size
	Morning	Evening		Morning	Evening	
PIP			PH			Fixed at
Delta P			PCO2			Changed on
PS	6L/min	90% PPO2	HCO3			VAP---
PEEP			BE			ICDT----
VR	60/min		PO2			(drain volume)
FiO2 / SPO2	92%		OI			other drains
VTe			ICa			
CXR			P/F ratio			
Examination + Other issues with Mx	⊕ Ax acc. w/pts ⊕					

Sample Profile
STP Hox Ultra

Printed: 05/01/2024 09:07:05 PM
Analyzed: 05/01/2024 09:06:11 PM
Analyzer ID: Z31B17090N

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

Sample #: 33000
Barometer: 741.2 mmHg
Sample Type: Arterial
Operator: 123456
Releaser: auto
Patient ID: 782
Patient Name:

Age/Sex: 3m/M Date: 5/1/24
CGHS No.: OPD/Wd: @SLL
HOU

FIO2%: 20.9 %
Account#
Accession#
Other Flags

Signature: *[Signature]*

1. **Comments**

Test	Value	Units	Flags
pH	7.461		
pCO2	37.9	mmHg	
pO2	121.3	mmHg	
Hct	25	%	
Na+	144.7	mmol/L	
K+	2.92	mmol/L	
Ca++	1.24	mmol/L	
TCO2	28.4	mmol/L	
SO2%	98.9		
Hbc	8.3	g/dL	
BE-ecf	3.3	mmol/L	
BE-b	3.9	mmol/L	
SBC	28.0	mmol/L	
HCO3-	27.3	mmol/L	
pO2/FIO2	580.5	mmHg	
A	99.6	mmHg	
a/a	1.2		

mg/dl(70-110)
mg/dl(90-160)
mg/dl(70-140)
mg/dl(15-45)
mg/dl(0.6-1.2)
ng/dl (2.5-6.0)

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)

[Handwritten: U/B]

7. **Cardiac Profile :**

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

4. **S. Proteins :**

T Prot : gm/dl (6.0-8.0)
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8. **Iron Profile :**

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

5. **Lipid Profile :**

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

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)

Sepsis

Fever	(+)
Focus	LRTI
Blood C/s	
Urine C/s	
Urine Eucast R/M	→ protein + WBC → absent
ET C/s	
Other C/s	
HCAI (specify)	

Date	5/1	Trend
Hb (g/dL)	8.9	
TLC/N	10200 < 37	
Platelets	5.5 lakh	
CRP	2.951	
PCT		
PT/INR		
D-Dimer		
Fibrinogen		
OT/PT		
TSP/Albumin		
CSF (Date)	Sugar/Protein	Culture
		Other investigation
EEG		
MRI	CT	

- Antimicrobials-**
1. Ceftazone Day 4
 2. Teicoplanin Day 4
 3. Taziflu Day 3
 4. _____ Day
 5. _____ Day
 6. _____ Day

Assess if they are required further	INVESTIGATION SENT TODAY	CONSULTANT DECISION
Central line days	CL Urine, Blood Cls PCT reports - CL KFT (night) → Repeat VBG, KFT in morning	
Urinary Catheter days		
Thrombophlebitis		
Bed sores		
Other drains		

3 kg
3000 ml

Bed 6

ABVIMS and Dr RML Hospital

New Delhi - 110001

3rd Floor ECS HDU DAYCARE SHEET

DEPARTMENT OF PEDIATRICS

1:25 PM

Name	Arhan	Date / Time- 5/1/24	DOA- 3/1/24
Age/Gender	3/M	CR. No. - 762	DOPICU-
Weight	8kg	Bed number 6	DOMV-
Diagnosis	ACUTE LRTI (likely viral) + AKI + Septic		

Current issues

Issue	Intervention	Current status
→ Respiratory distress	ON HFNC @ 6L/min FIO ₂ - 60% RR - 58/min, SpO ₂ 100%	
→ High grade fever		
→ Signs of dehydration - excessive thirst	→ fluid ↑ to 100%	

Respiratory system

Support	SIMV/PSV/CPAP/HFNC		ABG/VBG	Time-		ET size
	Morning	Evening		Morning	Evening	
PIP			PH	7.485		Fixed at
Delta P	6 cm H ₂ O @ 80%		PCO ₂	36		Changed on
PS			HCO ₃	22.4		VAP---
PEEP			BE	3.8		ICDT---- (drain volume)
VR			PO ₂	50.3		other drains
FIO ₂ / SPO ₂			OI			
VTe			ICa	1.12		
CXR			P/F ratio			
Examination + Other issues with Mx	B/L wheeze. No k 140/12					

4/1/23

Currently,
Child is on

- * O₂ vial NP @ 2l/min
- * Neb - albuterol 1.25mg + 3ml NS at 0, 20, 40 min → 2nd hourly
- * Neb - Ipratrop 1.25mg + 3ml NS at 0, 20, 40 min → 2nd hourly
- * Inj Hydrocort 15mg IV 6 hourly
- ~~* Inj MgSO₄ (10%) 150mg + 20ml NS IV over 1 hour stat~~
- * Inj Monocel 150mg IV BID
- * Inj dexix 3mg IV BID
- * Inj PCM 30mg IV qd.

Transferring vitals :

- GC → side
- RR → 80/min
- SCR - ⊕ ⊕
- SpO₂ - 99% on ^{NP 2l/min} RA.
- HR - 150/min
- PP/PV → ⊕ / ⊕
- CRT < 3 sec.

- R/S → B/C Crep ⊕
- B/LAE ⊕
- Bronchospasm
- liver → 2cm BRCM
- CVC → S₁ S₂ ⊕ 15m ⊕

Transfer Summary
 (P3B → ADU)

Asham
 3mo/M
 2024762

Δ: Large VSD (5mm) → (L) → (R) shut
 ± moderate PAH ± CHF ± pneumonia

3/1/24

The child presented ± C/O fever on-off since birth
 cough, cold on-off since birth
 fast breathing x 2 months.

C/O Large VSD (L→R) ± mod PAH/LVVO (+) / Mild TR

O/E

GC → sick

SpO₂ → 89% ↓ RA → 93% ↓ NP
 @ 2L/min

KR → 50/min

HR → 130/min

Ext warm

PP/PV → (+) / (N)

Respi → B/L AC (+)

occ. creps (+)

CVS → S₁, S₂ (+) PSM (+)

at mitral region

PIA → soft NT,

L+2cm BRCM

S → NP

CNS → Active alert

moving limbs

spontaneously

ECHO → Large VSD ± mod PAH/LVVO (+) / Mild TR
 (A1M) (L→R)

Child started on Inj Moxif, Inj Dalix, Inj Hydrocort,
 Inj MgSO₄, Nebulisation asthalin, Nebulisation Ipratent, Nebulisation
 Adrenaline.

ABVIMS and Dr RML Hospital

New Delhi - 110001

3rd Floor ECS HDU DAYCARE SHEET

DEPARTMENT OF PEDIATRICS

7:30pm

Name	Arham	Date / Time- 4/1/24	DOA- 3/1/24
Age/Gender	3mth / Male	CR. No. - 2024-762	DOICU-- D1
Weight	3kg	Bed number 6	DOMV- N/A
Diagnosis	ACHD [VSD + mild MR + PAH] with pneumonia		

Current issues		Current status
Issue	Intervention	
① Resp. distress	pneumonia + bronchospasm requiring MgSO ₄ Antibiotics + Neb"	→ spasms resolved.
	RR - 52/min SCR ⊕, ICR ⊕, NF ⊕	
② Fever	→ high grade spikes ⊕ upto 104°F. focus - VERT1	
③ ACHD	→ not in CHF. ? pushed down liver.	

Respiratory system							
Support	SIMV/PSV/CPAP/HFNC		ABG/VBG	Time-		ET size	
	Morning	Evening		Morning	Evening		
PIP			PH			Fixed at Changed on VAP--- ICDT---- (drain volume) other drains	
Delta P			PCO2				
PS			HCO3				
PEEP			BE				
VR	M3 FNC		PO2				
FIO2 / SPO2	@ 6Ltr		OI				
VTe	60% fio ₂		ICa				
CXR			P/F ratio				
Examination + Other issues with Mx	Bk crepts ⊕, wheez ⊕.						

75 साल स्वास्थ्य सेवा में—1933-2008
75 YEARS OF HEALTH CARE 1933-2008

भारत सरकार

GOVERNMENT OF INDIA

स्ना. चि. शि. अनु. सं.—डा. राम मनोहर लोहिया अस्पताल, नई दिल्ली
PGIMER - DR. RAM MANOHAR LOHIA HOSPITAL, NEW DELHI

जिन्दगी चुनें : तम्बाकू नहीं

CHOOSE LIFE : Not Tobacco

केस शीट / CASE SHEET



20240009471

(क) भर्ती संबंधी आँकड़े / Admission Data :

कें. पं. संख्या / CR No.	2024762	AADHAR NO.	ECS 3rd Floor Paed Department	
यूनिट सं. Unit No.	P3AWcd	वार्ड / Ward		
यूनिट अध्यक्ष Unit Head	Dr. Bijoya Patra -	क्या चिकित्सा विधि Doctor / if MLC	नहीं (No)	हाँ/नहीं Yes/No.
भर्ती की तारीख एवं समय Date & Time of Admission	2024-01-03 8:47 pm	भेजने वाले का नाम Referred from		
		स्थानान्तरण Transfer to		

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

नाम / Name	SARVAR	आयु एवं लिंग / Age & Sex	3 Months / Male
माता-पिता/पति का नाम Mother / Father / Husband's Name	DIST - ARARIA, THANA- R	ब.रो.चि. / आपातकालीन विभाग संख्या / OPD / Emergency No.	
पता / Address	S, BIHAR, Araria, INDIA,	के.स.स्वा.यो. टोकन सं. CGHS Token No.	
		दूरभाष / Phone Nos.	

(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/भेजे जाने/लामा/फरार/ मृत्यु होने की तारीख एवं समय Date & Time of Discharge Referral/LAMA/Abse/Death		अस्पताल में भर्ती रहने की अवधि / Hospital Stay	
मृत्यु का कारण Cause of Death			

	कनिष्ठ रेजिडेंट Junior Resident	वरिष्ठ रेजिडेंट Senior Resident	चि. अधि/विशेषज्ञ/यूनिट अध्यक्ष M.O. / Specialist / HOU
नाम / Name			
हस्ताक्षर / Signature			

PLAN-

① H_2FNC 6 ltr/60% F_{O_2}

② iij ceftriaxone 150mg + 10ml N/2 i-v
BD — 20

③ iij Teicoplanin 12mg + 10ml N/2 q 2 hourly
10

④ Syp Tamiflu (12mg/1ml) 1ml q 12 hourly

⑤ Nebⁿ. Asthalin 2.5mg q 4 hourly
Budesonide 500mcg q 1 hourly

⑥ iij hydrocortisone 6mg i-v stat

⑦ iij $MgSO_4$ 150mg + 20ml N/2 i-v SOS

⑧ IVF N/2 + D5 (1:100) Kel @ 8me/hr.

⑨ Syp Salbutamol 1.5ml q 3 hourly through NG

⑩ NG feeds 10ml q 3 hourly — plan to ↑ if tolerating well
and not in spasm.

⑪ v/m. w/p bronchospasm

⑫ Nasocheal drops of H₂O nasal q 4 hourly

5PM RR-52/min
Sunat SCR, ICR
XIF
fever - 101°F

Chest: Bil Breaca
stomat⁺, wheez⁺
++ BR

- continuous asthalin Nebⁿ
- $MgSO_4$ infusⁿ
- Nebⁿ Asthalin 2.5mg/3ml NS q 4 hourly

439
PH - 7.32
PCO₂ - 53.9
HCO₃ - 28.2

SR peals
SR Signature

JR Signature

SR Signature

Weight	32
TF	350
R (%)	350
Drugs	50 mg
Fluids	50 ml
Feed	80
Na	meq/kg/day
K	meq/kg/day

Name	
Age/Gender	
Weight	
Diagn	

Arham 3mo/19

large VSD (5mm) \rightarrow L \rightarrow R Shunt with moderate
PAH with CHF & pneumonia

at: ~~CC~~ LADW: CHF
RD
fever

OLB: CC - sick
RR - 22/min
SCR - $\oplus\oplus$
SpO₂ - 99% on RA
HR - 152/min
AB - ~~normal~~ Good UO₂

CRT - < 3 sec
PLS - Blu crepe \oplus
B/L AB \oplus
Bronchov
Lungs - Lungs to her 2cm
below \oplus crepe
CVS - S₂ S₃ UHF PSM \oplus

Plan

- Keep NPO till further O₂
- O₂ via Nasal Prong @ 2L/min
- Morph & Ativan ~~at~~ 2.25 mg + 3 mg MS At
0, 20, 40 mins \rightarrow 2nd hourly
- Morph & Ativan 125 ug + 3 mg MS At 0, 20,
40 mins \rightarrow then 2nd hourly
- Inj Hydrexat 30 mg IV stat \rightarrow Inj Hydrexat
15 mg IV 6m hourly
- Inj Fentanyl - 50-1. 150 mg IV + 20 mg MS IV
over 1 hour \rightarrow ~~2nd hourly~~ stat B.D.
- Inj Propofol 150 mg IV B.D.
- Inj C_{in} 10 mg D-5-10 IV B.D.
- Inj Lidix 3 mg IV SAS
- Inj PCM 30 mg IV

Cardiovascular System

Macro-circulation		Microcirculation	
Morning	Evening	Morning	Evening
HR	124	CFT	13 sec
SBP/DBP/ MAP		Central to peripheral temp difference	warm cp/pp + + / + +
CVP		Perfusion index	
Lactate		Hb	8.9
SCVO2		ECG	
POCUS- IVC/Cardiac contractility--		ECHO	

Shock-Hypovolemic/cardiogenic/distributive/obstructive
Hypotensive/Compensated

Bolus-

Vasoactives	Adrenaline	
	Noradrenaline	
	Dobutamine	
	Milrinone	
	Vasopressin	
Steroids	Hydrocortisone	
Myocarditis	CK-MB	
	ProBNP	
	Trop I	

CVS examination---
+
Other issues & Mx

Sepsis

Fever \oplus

Focus \oplus CRTI

Blood C/s	
Urine C/s	
Urine Eucytes #/µl	→ protein lab
ET C/s	
Other C/s	
HCAI (specify)	
Antimicrobials-	

Neurological system

Sedoanalgesia	Midazolam	ug/kg/min
	Fentanyl	ug/kg/min
	Dexmedetomidine	ug/kg/min
	Ketamine	ug/kg/min
COMFORT SCORE		
GCS	awake, obeys	
Pupils	BIL NDR	
Fundus		
Tone	$\textcircled{2}$ / $\textcircled{2}$	
Power	>3/5	>3/5
DTR	++	+
Plantars	↓	↓
Clonus		
Meningeal sign		
Cerebellar signs		
Focal deficit		
Seizures/type/ Number of episodes		
AED		
Anti raised ICP measures		

Gastrointestinal System

Examination	soft, non tender liver - 3cm + Rem	
Feed (type + fortification)	NG feeds 10 ml 3hrly	TPN-
NG aspirates		1. Na-
Stool		2. K-
Calorie	Kcal/kg/day	3. Calcium-
Protein	gm/kg/day	4. Aminoven-
GIR	mg/kg/min	5. Lipids-
		Bowel Sounds \oplus

RENAL System & Fluids

6hrly urine output ↓	
Fluid Charted (type)	100%
AKI (KIDGO stage)	
Total intake	
Total output	
Net balance	
Cumulative balance	
FO %	

1. Na	5.14	9
2. K	3.78	
3. Ur	52	→ 8
4. Cr	1.18	→ 0

Syrup Amplic (12 mg/ml) 1 ml q.o B.D.

— Menⁿ e Nehenalin 1 ml + 3 ml NS
0, 20, 40 min → 6th Hourly

— Cardiology Reference.

— Inj Amikacin 45 mg IV. OD.

— WF N/2 + D.S.I. + KCl (1:100) @ 10 ml/hr
(@ 2/3rd hr)

D. Jay
15/11/21

Adm (34)

- nro | o₂ by CPAP.

- ① inj monocy 150 mg iv BID
- ② inj lasix 3 mg iv BID
- ③ inj Pen 30 mg iv SOS
- ④ IVF (D₅S + 1:100 KCl) @ 10 ml/hr
- ⑤ nit₂ drops (400/ml) 1 ml BID

Water charging

peptic
ul

~~12:50 pm~~
Naru

inj Hydrocortisone 300 mg IV stat

inj MgSO₄ - 50-1. 150 mg IV in
20 ml NS over 9. KCl stat

Neph \bar{e} Atthalin 2.5 mg + 3ml NS 40 → 2mg
0, 20, 40 hr → 2nd hr

Neph \bar{e} Esmolol 125 mg + 3ml NS 0, 20, 40
→ 2nd hr

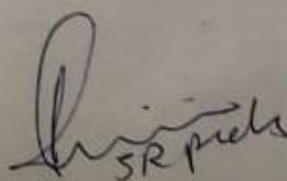
75 YEARS OF INDEPENDENCE
GOVERNMENT
PGIMER - DR. RAM MANOHAR

NPO

- PLAN-
- ① H₃FNC @ 6Ltr / 60 l. FiO₂
 - ② iij monocef 150mg in 10ml NS i.u BID (20)
 - ③ iij amikacin 45mg in 10ml NS i.u 24hrly (10)
 - ④ iij lasix 3mg i.u BID
 - ⑤ IUF 1/2 + D5 = (1:100 Kel) @ 8ml/hr.
 - ⑥ Syt famiflu (12mg / 5ml) 1ml PO BID (through NG)
 - ⑦ Nebⁿ Asthalin ~~1mg~~ 125 1mg / 3ml NS @ 2hrly
 Ipratent ~~250mcg~~ 125 9 8hrly
 Budecort 250mcg 9 12hrly
 - ⑧ iij hydrot 6mg i.u ~~BID~~ SOS → (20)
 - ⑨ iij PCM 30mg i.u SOS
 - ⑩ v/m. No charring
 - ⑪ RBS 24hrly

Weight	3kg
TF	2hrly
R (%)	80%
Drugs	30+20
Fluids	
Feed	
Na	meq/kg/day
K	meq/kg/day

JR Signature


SR Signature

PLAN-

- di cefotaxime 150mg + 10ml N/2 q 8hly
- di teicoplanin ~~10mg~~ 12mg + 10ml N/2 q 24hly
- syrup amiflu (12mg/ml) 1ml q 12hly
- Neb \bar{c} Adv 1.5mg q 4hly
- Asthalin 2.5mg q 4hly
- Budeort 0.5mg q 12hly
- di hydrosaline 12mg 2u los.
- di mg los 150mg + 20ml D₅ 2u los
- Nu feed. 10ml q 3hly
- fluid N/2 D₅ (10:1) KCl @ 7.2ml/hr.
- Nuroden nasal drops 1 drop B/Nostri q 2hly
- syrup salbutamol 1.5ml q 8hly
- Stochantig
- RBS q 2hly

Weight	3.2
TF	3.2
R (%)	3.2
Drugs	ub
Fluids	ub
Feed	ub
Na	meq/hly
K	meq/hly

बी.बी.आर.ए.ए.ए.ए.
B.V.M.S. & DR. RA

JR Signature

Janu
SR Signature

PLAN-

- inj. LEFOTAXIME - 150 mg PO 10ml q12h
- inj. TENOFOVIR - 300 mg PO 10ml qd
- inj. MONOCEF - 150 mg - PO 10ml q12h
- inj. AMIKACIN - 45 mg PO 10ml q12h
- Syp. TAMIFLU - (12mg/ml) - 1ml PO qd
- Syp. LARIX - 3mg - PO qd

Weight	2 kg
VF	20%
R (%)	
Drugs	
Fluids	
Feed	
Na	meq/kg/day
K	meq/kg/day

- tab. ADR - 1mg - 2hly. (in 3ml NS.)
- tab. ASTHAXIN - 2.5mg - 6hly
- tab. SPRAYENT - 125 µg - BD → 10/H (5/1)
- tab. BUDEKORT - 0.5mg - BD

- inj. HYDROCORTISONE - 15mg - IV - stat SOL.
- inj. MgSO4 - 150mg PO 10ml D-5 - IV - SOL. → 10/H.
- NS feeds - 5ml - PO - 2hly. (breast milk)
- IV fluids - 1/2 D5W + KCl (1:100) @ 6.3ml/hr → 8.5 ml/hr (100% TFR).
- nasal clear q12h - 2hly. (1 drop each nostril)
- Syp. Salbutamol - 1.5ml - PO - TDS.

[Handwritten signature]

JR Signature

SR Signature



Muskurata Bachpan Trust

Date 06-01-2024

Ref no. 05

सेवा में,

मेधकमजी,

मुस्कुराता बचपन ट्रस्ट

लाडो सराय, महरोली - 110030

मेधकम,

मं गुलनाज शाहून, मेरा बेटा उरहम जो 3 माह का है जिसे पिछले कुछ दिनों से बुखार और निमोनिया हुआ है जब हम हॉस्पिटल आये तो डॉक्टर ने मेरे बच्चे के दिल में ज्वेद बताया है मेरे पाते शरकर आलम मजदूर है हम बिहार, हयातपुर के रहेवाले है और यहाँ दिल्ली में अपने बच्चे का इलाज करवाने आये है।

बच्चे को डॉक्टर ने बहुत सी दवाइयाँ और टेस्ट बताये है और अतत बच्चे का अपिरेशन होगा जिसका इलाज व्य शक्ती बहुत ज्यादा है जो हम नहीं उठा पा रहे है।

यहाँ हमारा दिल्ली में कोई रिश्तेदार भी नहीं, यहाँ हॉस्पिटल में रहना और खाने पीने तक खर्चा उठाना हमारे लिये बहुत मुश्किल है।

इसलिए हम आपकी संस्था के माध्यम से आप से जुड़े सभी सहयोग कर्ताओं से नम्र निवेदन करते है कि हमारे परिवार की मजबूरी को देखते हुए हमारे बच्चे के इलाज में आर्थिक सहायता प्रदान करें, हमारा परिवार आपका सदा अधारी रहेगा।

धन्यवाद,

गुलनाज

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