



ABVIMS & DR. RAM MANOHAR LOHIA HOSPITAL
NEW DELHI-110001

लगातार चार्ट / CONTINUATION CHART

9/1/2024

नाम/Name Hasan 10m/male कमरा/शय्या सं/Room/Bed No.

आहार/Diet

दिनांक/Date

प्रतिदिन विवरण और चिकित्सा/Daily Notes and Treatment

Δsis: Diss. Koch's (Pulmo + TBM Stage III) + Acinetobacter mening
 ē non-comm. HCP ē calcified granuloma
 ē raised ICP ē VP shunt in situ (17/12) ē
 refractory seizure ē SAM ē Type II RF
 ē dyselectrolytemia ē feed intolerance ē ventriculitis
 ē severe anemia ē TT insitu (7/1/2024)

① Diss. focus → on ATT ē steroid.

shunt insitu on Isoniazid/pseudoephedrine

② Ventriculitis :- CSF c/s Acinetobacter

↳ taken

cellulosem] 20 day

vanco] 22 day

mero] 3 weeks

last 3 CSF → sterile.

③ Afebrile

④ TT changed on 7/1/2024

⑤ Oral Acceptance is good.

⑥ RD → minimal (Improved after TT changes).

CR -
CSF cyto
Bio/c/s

UR -
ET c/s
Blood c/s
CRP

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|-------------|--|-----------|
|-------------|--|-----------|

11/5/25

Asis - Diss. (pneumo + TBm) stage III +
Acetobacter + non-comm. MCP + Calcified
granuloma + Raised ICP + VP Shunt in situ
(17/12) + Refractory Seizure + SAM + Type II +
RP + dysleulogues + feed intolerance +
Ventriculitis + severe Anemia + TT in situ

7/1/2024 → Replaced.

Adm:
CSF cyto
LSA BIO

① 1/E Diss. Koch → on ATT + steroid
Shunt in situ | on Leva/phenytoin

② Ventriculitis: CSF C/S → Acetobacter +
colistin } → 28 da
vanco } → 22 da
uro } → 21 days

③ A phile

④ TT changed on 7/1/2024

⑤ Oral Acetabance is good.

⑥ RD → Improved

ABVIMS & DR. RAM MANOHAR LOHIA HOSPITAL
NEW DELHI-110001

लगातार चार्ट / CONTINUATION CHART

74153

नाम/Name Hasan Iomng कमरा/शय्या सं/Room/Bed No.

दिनांक/Date प्रतिदिन विवरण और चिकित्सा/Daily Notes and Treatment आहार/Diet

02/01/24

ENT (all)


I.P.
C3F/22

To.
DDO / SR on duty
Dept of ENT
Dr RMLH,
Respected sir / Ma'am,

Above mentioned pt is c/o Disseminated Koch's
with calcified granuloma of T1CP & VP spine &
ventriculitis & severe anaemia & Tracheostomy tube in
situ.

kindly examine the TT tube for TT change and
peritubal leakage.

Thank you


P.G.,
Dr. Sahish.

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

CONSENT FORM FOR SURGICAL OPERATION AND / OR DIAGNOSTIC / THERAPEUTIC PROCEDURE

Name: Hassam Age: 10 months Sex: M
 CR No/UHID: 74138 MRD No. _____ Date: 17/12/24 Time: _____
 S/o, D/o, W/o: Faizman

Authorization for Surgical operation and / or Diagnostic / Therapeutic Procedure.

- I _____ authorize Dr. Ajay choudhary & team and who ever he / she may designate to perform the following medical treatment, surgical operation and diagnostic therapeutic procedures (V) vptp shunt - il removal @ veg.
- It has been explained to me that, during the course of the operation / procedure, unforeseen conditions may be revealed or encountered which necessitate surgical or other emergency procedures in addition to or different from those contemplated at the time of initial diagnosis. I, therefore, further authorize the above designated staff to perform such additional surgical or other procedure as they deem necessary or desirable.
- I further consent to the administration of drugs, infusions, blood or blood product transfusions or any other treatment or procedures deemed necessary.
- The nature and purpose of the operation and / or procedures, the necessity thereof, the possible alternative methods, treatment, prognosis, the risks involved and the possibility of complication in the investigative procedures, investigations and treatment of my condition/diagnosis have been fully explained to me and I have understood the same.
- I have been given an opportunity to ask all/any questions and I have also been given option to ask for second opinion.
- Please tick, if applicable. I have been informed that _____ (name of item/device) being used for the Suregery/Diagnostic/Therapeutic Procedure is -
 Fresh
 Reprocessed number of times for re-use.
- I acknowledge that no guarantee and promise has been made to me concerning the result of any procedure or treatment.
- I consent to the photographing or televising of the operation or procedures to be performed, including appropriate portions of my body, for medical, scientific or educational purposes, provided my identity is not revealed by pictures or by descriptive texts accompanying them.
- I also give consent to the disposal by hospital authorities of any deceased tissues or parts thereof necessary to be removed during the course of operative procedure/treatment.

I CERTIFY THAT THE STATEMENT MADE IN THE ABOVE CONSENT FORM HAVE BEEN READ OVER AND EXPLAINED TO ME IN MY MOTHER TONGUE AND I HAVE FULLY UNDERSTOOD THE IMPLICATIONS OF THE ABOVE CONSENT.

Name & Signature of the Witness
12/12/24

 (mother)

Signature of the Patient / Parent / Guardian or
 Thumb impression
 Name 12/12/24
 Relationship with patient: _____

I CONFIRM THAT I HAVE EXPLAINED THE NATURE AND EFFECTS OF THE OPERATION/PROCEDURE TREATMENT TO THE PERSON WHO HAS SIGNED THE ABOVE CONSENT FORM.

Signature of the Surgeon / Doctor
 Performing the procedure
 Name _____
Dr. Manoj D
17/12/24

भारत सरकार / Government of India
 ए.बी.वी.आई.एम.एस. एवं डॉ. राम मनोहर लोहिया अस्पताल, नई दिल्ली
 A.B.V.I.M.S. & DR. RAM MANOHAR LOHIA HOSPITAL, NEW DELHI
 Department of Radio Diagnosis
 CT Center, Telephones : 011-23404533, 23404534

NAME : Nasan
 CT No.: 31740

AGE/SEX: 10/M
 DATE: 17/12/2024
 Non MLC/MLC

NCCT Head

Procedure: Contiguous axial CT Section were taken from the base of skull to the vertex.

The study reveals

~~done~~ Suboptimal study d/t motion artifacts

SUPRATENTORIAL :

Rest

Bilateral cerebral parenchyma shows

Normal

- Few calcified granulomas seen in bilateral cerebral hemispheres.

Lateral & III ventricles

- V/shunt seen \bar{c} its tip seen at interventricular septum of b/l lateral ventricles

Bilateral basal ganglia and thalami

Normal

Basal cisterns and sylvian fissures

Normal

- There is dilatation of bilateral lateral ventricles, 3rd & 4th ventricles \bar{c}

Falx is in midline / not in midline

POSTERIOR FOSSA :

Cerebellar parenchyma

Not visualised d/t motion artifact

Evan's index of 0.4

Area of CP Angle

- Hypodensity noted in bilateral periventricular region \rightarrow s/o periventricular ooze.

4th Ventricle

Not visualised

Brainstem appears

d/t motion artifact

Bony calvaria

Additional Findings :

Impression:- Hydrocephalus \bar{c} periventricular oozeing \bar{c} V/shunt tip at level of interventricular septum

Komal
 Name & Signature of Resident

Name of Resident on Duty

विकृति विज्ञान विभाग
DEPARTMENT OF PATHOLOGY
डॉ. राम मनोहर लोहिया अस्पताल, नई दिल्ली
DR. RAM MANOHAR LOHIA HOSPITAL, NEW DELHI
रक्त की जाँच
EXAMINATION OF BLOOD

दिनांक
Date: 12/12/24

नाम
Patient's Name Hasan
आयु-लिंग
Age-Sex 10m/M
ब.रो.वि./के.स.स्वा.यो.
OPD/CGHS/CR NO. 74153
प्रभारी चिकित्सक
Dr. Incharge Dr Manjiv
वार्ड
Ward/OPD HDU
बिस्तर स.
Bed No. 5
रोगवृत्त
Clinical History
अन्तिम निदान
Prov Diagnosis
यूनिट अध्यक्ष
Head of Unit

112

CBC

चिकित्सक के हस्ताक्षर
Signature of Clinician

रिपोर्ट
Report

| | | | |
|---|----------------------------------|---|---|
| ई.एस. आर (वेस्टर्ग्रेन) ESR (Westergren)..... | एम. एम. प्रथम घंटा mm 1sr Hr. | पूर्ण इयोसिनोफिल गणना Absolute Eosinophil Count..... | क्यू. एम. एम. /cumm |
| हीमोग्लोबिन Haemoglobin..... | 8.6 ग्राम gm% | कुल लाल रक्त कोशिकाएँ Total RBC..... | 3.51 x 10 ⁶ क्यू. एम. एम. /cumm |
| कुल डब्ल्यू बी. सी. Total WBC..... | 10800 क्यू. एम. एम. /cumm | पी. वी. सी. PVC..... | 27.7 % |
| विशिष्ट श्वेत कोशिका गणना Differential Leucocyte Count | | एम. सी. वी. MCV..... | 78.8 FL |
| पोलीमॉर्फ Polymorphs..... | 76 % | एम. सी. एच. MCH..... | 24.5 % |
| लिम्फोसाइट Lymphocytes..... | 20 % | एम. सी. एच. सी. MCHC..... | 31.1 % |
| इयोसिनोफिल Eosinophil..... | 2 % | आर. डी. डब्ल्यू RDW..... | /cumm |
| मोनोसाइट Monocytes..... | 2 % | रेटिक्यूलोसाइट गणना Reticulocytes count..... | % |
| बेसोफिल Basophilis..... | % | रक्तस्राव का समय Bleeding Time..... | min.....sec..... |
| अन्य Other..... | % | जमने का समय Clotting time..... | min.....sec..... |
| प्लेटलेट गणना Platelet Count..... | Flaw क्यू. एम. एम. /cumm | | |

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आहार/Diet

10/12/24

Transfer call

To
The DOD/ SR
PICU
Dr. RMLH, New Delhi.

Hasan
10m/ male
HDU, Bed 5.

Respected Sir/ Ma'am,
The above mentioned ASPs of disseminated
Koch's / Pul + Stage III TBm + Non Communicable
Hep + calcified granuloma + raised ICP
Refractory status epilepticus + SAM +
Type II RT + feed intolerance + ventriculitis
+ tracheostomy tube in situ + VSG Shunt
in situ.

Kindly transfer the Pt. to your side
for better management of case.

Thanking you.

Dr. Deepika S
Senior Resident
Department of Paediatrics
ABVMS & Dr. RML Hospital
New Delhi-110001

Jahn
Noted

Hagan, 10m/male

9/12/24

To
The Duty Doctor
P1B Unit

Here is a patient named Hagan, 10 month old diagnosed as c/o DTS reimplanted Koch's (Pulm + Stage III ^{old} TBH) + Non-communicating Hep + Calcified granuloma + raised IOP + refractory status epilepticus + SAM + Type II RA. ~~It~~ + feed intolerance + ventriculoperitoneal shunt + Tracheostomy tube on SPTu. (18/11/24) + VSG shunt on SPTu. who is on VentPlator for 1 month - difficult to wean off 11v/o worsening distress & neurogenic breathing. 11v/o feed intolerance; child was on multiple infusion feeds; currently receiving 60ml/2hr feeds & tolerating the same. Infant is Hemodynamically stable, Hence shifting the case to P1B ward for continued care & support.

Thank you.

Wesley

New Delhi
Dr. S. M. ...
Department of ...
Senior ...
Dr. ...

स्ना. चि.
PGIM

Label for Patient

cha

'Slit in S

Hydrocephalus

complete set

VP Med P

SH2

LOT 23098F0 MFC 09

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दिल्ली
DELHI



जिन्दगी चुनें : तम्बाकू नहीं
CHOOSE LIFE : Not Tobacco

केस शीट / CASE SHEET

(क) भर्ती संबंधी आँकड़े / Admission Data :

AADHAR NO.....

| | | | |
|---|--------------------|---|-----------------------------------|
| के.पं. संख्या/CR No | 24153 | वार्ड/Ward | 3rd floor |
| यूनिट सं./ Unit No. | P1B | क्या चिकित्सा विधिक मामला है / IFMLC | (नहीं) (No) हाँ/नहीं Yes/No |
| यूनिट अध्यक्ष/ Unit Head | Dr. | भेजने वाले का नाम/ Referred from | |
| भर्ती की तारीख एवं समय/ Date & Time of Admission | 8/11/24 3:12 AM | स्थानान्तरण/ Transfer to | |

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

| | | | |
|--|-------------------------------------|--|----------------|
| नाम/Name | Hasan | आयु एवं लिंग/Age & Sex | 10/months/male |
| माता/पिता/पति का नाम Mother/Father/ Husband's Name | Farman | ब.रो.वि./आपातकालीन विभाग संख्या/OPD/ Emergency No. | |
| पता/Address | 623 Vill: Nehal Distt: GZB UP | के.स.स्वा.यो. टोकन सं. CGHS Token No. | |
| | | दूरभाष / Phone Nos. | MAA |

(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/AMA/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/यूनि M.O / Specialist / HC |
| नाम/Name | | | |
| हस्ताक्षर/Signature | | | |

O/E:-

PR → 92/min.

RR → 28/min

SCR ⊕

CRT → C3sec

PP/PV → +/N

Ext warm

R/S → B/LA ⊕

P/A

CVS

CNS

4 EMT MG

70% Polygumby

CSP Cytb → 200 each
CSP Bio (que - 53
pro 677)

wts 5 kg

Adv:- ① TT care / o2 at 2 litr/min ViATT

② ATI as Advised

Tab pyridoxine 10mg - OD

③ Syb levera (1000mg/ml) - 1.0ml
PO - BD.

④ Syb phenytoin (30mg/5ml)

3.5ml PO BD

⑤ Neb c 3% NS

7 hourly

asthalin

6 hourly

⑥ M4 feed

5ml 7 hourly
c met oil

⑦ Tb clobazepam - 5mg + 10ml DW
2ml - PO - TDS

⑧ Tb Baclofen 10mg + 10ml DW
2ml OP

⑨ Tb paritone (2mg/10ml) 3ml

⑩ Syb PCM 3ml PO SOS

⑪ Syb Domstal 1ml PO TDS

⑫ Tb myxalone 5mg 1/2 tabs PO OB

⑬ V/m

Dr. Krishna

(P42)

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4/12/24

Hdo NSx SR¹¹

Hasan

To
The Consultant
Dept of Neuro Surgery
Dr RML Hospital

10 months / male

74183

HDU

Respected Sir,

Patient Hasan 10m / male is a case of ^{Stage III} TBM = Non communicating Hydrocephalus

Ⓡ¹¹ USG shunt done on 9/11/24

- Patient is still having features of Raised ICP despite of intermittent CSF drainage from surgical shunt.
On ~~NECT~~ (30/11/24) → there is increase in ventricular size as compared to previous NECT. ^{per ventricular ooze.}

(extubation failure)

Kindly examine the patient and give your expert opinion.

Thanking you

Dr. Arza

SR
Dept of Pediatrics

Arza

Noted @ 11:20 AM
on 4/12/24



Muskurata Bachpan Trust

Ref no. 10
सर्वो में

Date 11/01/2025

मधेदम जी,

मुस्कुरता बचपन ट्रस्ट

लोडा सराय, महराली - 110030

मधेदम

में रिजवाना, मेराबेटा हसन जो डा०शम मनोहर लोहिया हारिपत्स में ICU WORD में भर्ती है। मेराबेटा लंबे समय से सर् में पानी भर जाने की समस्या से पीड़ित है। जिसकी वजह से मेरे बच्चे व 4 बार ऑपरेशन के चुप्य है जिसे में उसके सर् में नस डाली है, बच्चे व गले में भी पाइप डाला हुआ है। बच्चे को ऑपरेशन की फिर जरूरत है और दवाइयों व सर्जरी भी हमारे लिये बहुत ज्यादा है, आपसे हमारी हाथ जोड़ कर विनती है आप हमारे बच्चे के इलाज के लिए सहायता करें। हमारा परिवार आपका सदा अंधारी रहेगा। आपकी संस्था के सभी डानरों से अनुरोध है आप सभी हमारी सहायता जरूर करें।

धन्यवाद,

प्राथी

रिजवाना



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