





YES VERMA

PAEDIATRIC HEMATOLOGY, ONCOLOGY

OLD (OB)-WARD 9

[illegible]



Sir Ganga Ram Hospital

YES VERMA

2 Y/Male CAT-3

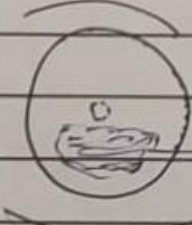
3780963 IP01642723 CAT-3

Admit On: 29/08/2026 09:24AM

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Medication orders in capital letters to prevent occurrence of medication errors with your patient

Date and Time	Progress Notes and Investigation Orders	Name of drug Cap / tab / inj.	Dose	Route	Freq.
30/8/26	C/S/S DOD ophthalmology				
	can of ATRT - CNS (on chemo)				
	informant → written C/S white houses in RE x 3 days				
	(on both light) RE no trauma.				
	Prosis ⊕ RE (improved)				
	 Iritis ? conjunctiv. Corneal stain +ve AC formed Pupil NSR				
	Adv				
	(RE) [• e/d Tobramycin 6 TD • e/d Eymist gel 4 TD • e/d Tobramycin NS • Syp vit A 0, 10, 14th day Review in OPD tomorrow for				

1 note by SLE noted by H-15
 H-15



SGRH/PT.FAMILY/EDU/F-216

Sir Ganga Ram Hospital**सर गंगा राम अस्पताल**Rajinder Nagar, New Delhi-110060. Ph. 25750000, 42254000, 42251870
राजेंद्र नगर, नई दिल्ली-110060 फोन: 25750000, 42254000, 42251870

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PATIENT AND FAMILY EDUCATION FORM

रोगी और परिवार शिक्षा फार्म

Date / दिनांक : 29/8/26

Diagnosis / Procedure / निदान / प्रक्रिया :

FEBRILE NEUTROPENIA

Sl. No. / क्रमांक सं.	Subject / विषय	PROVIDED BY / द्वारा उपलब्ध कराया गया (Write Name / नाम लिखें)	Yes / No / NA* हाँ / नहीं
1	Patient Rights & Responsibilities/ रोगी अधिकार और उत्तरदायित्व	PCC / पी.सी.सी.:	
2	Voicing of complaint, Feedback/ Suggestions and Visitor's Policy/ शिकायत की आवाज, प्रतिक्रिया / सुझाव और विजिटर की नीति	PCC / पी.सी.सी.:	
3	Infection Control Practices / संक्रमण नियंत्रण व्यवहार • Hand Hygiene / हाथ स्वच्छता • Overcrowding near the Patient / रोगी के पास भीड़	Nursing Staff / परिचर्या कर्मचारी: MID SARDAR	Yes
4	Pain Assessment / दर्द आकलन	Nursing Staff / परिचर्या कर्मचारी: MID SARDAR	Yes
5	Fall Prevention / दर्द आकलन • Importance of bed-side railing / बेड-साइड रेलिंग का महत्व	Nursing Staff / परिचर्या कर्मचारी: MID SARDAR	Yes
6	Pressure Ulcer Prevention / दबाव अल्सर की रोकथाम	Nursing Staff / परिचर्या कर्मचारी: MID SARDAR	Yes
7	Medications / Blood Donation / दवाएं / रक्तदान	Nursing Staff / परिचर्या कर्मचारी: MID SARDAR	Yes
8	Disease Specific Information / रोग विशिष्ट जानकारी	Doctor / डॉक्टर :	
9	Any special devices used/ Immunization/ Organ donation, if required / उपयोग किए जाने वाले किसी विशेष उपकरण / टीकाकरण / अंगदान यदि आवश्यक हो तो	Doctor / डॉक्टर :	
10	Nutrition Education Food / Drug interactions / पोषण शिक्षा खाद्य / दवा बातचीत	Dietician / आहार विशेषज्ञ : Jyoti	Yes

***NA: Not Applicable / लागू नहीं है**I have been educated and informed of above in the language understood by me.
मेरे द्वारा समझा जाने वाली भाषा में मुझे ऊपर और शिक्षित किया गया है।

Name of Patient/ Attendant (Relationship) /

रोगी का नाम / उपस्थिति (रिश्ते)

Date / दिनांक : 29/8/26

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SGRH/Ad/Ass P/F-006/2024

11



Sir Ganga Ram Hospital

Rajinder Nagar, New Delhi - 110060

Tel.: 25868671, 52251252, 52251389, Helpline : 9312943734

ADMISSION ASSESSMENT (PAEDIATRICS NURSING)

VULNERABLE: Yes (Health Education given)
RESTRAINT: No

ADMISSION THROUGH:

CASUALTY ☐

Manish (father) ELECTIVE ☒

Provisional Diagnosis: ? FRIE NEW-PROGENIA

Emergency Contact No.:

Patient Orientation to Environment

- Nurse Call Bell..... ☒
- Side Rails..... ☒
- Visiting Time..... ☒
- Telephone Facilities..... ☒
- Information Booklets..... ☒
- Pharmacy Policy..... ☒
- Cafeteria Services..... ☒

MENTAL PROBLEMS

Sup. Leena J. and BD

Sup. Supriya D. and M/WF

Sup. Sonali and BD

inform to Mr. Manish

I Have been explained about the above facilities provided in the room.

Explain about all valuable
like yellow & white
m and.

Manish (father)

Patient's / attendant
Signature

Sup. Ashwini

Staff Nurse
Signature

NURSING CLINICAL ASSESSMENT

Date / Time 29/1/2018 at 9:30 AM

Vitals

Temperature 103.6 Pulse: 150 bpm BP:

Respiration 24, Height 75 cm Weight

FALL RISK ASSESSMENT

Age: 74

Previous fall:

Bowel / Bladder Needs: 3/0

Impaired Judgment

CVS / CNS Medication: 3/0

Other:

Sensory Deficit:

Muscular Weakness: 5/0

PAIN

Acute (< 6 wks. Duration)

Chronic (> 6 wks. Duration)

None 0

Annoying 02

Uncomfortable 04

Dreadful 06

Horrible 08

Agonizing 10

PSYCHOLOGICAL STATUS

CHILD

Anxious

Depressed

Angry

Combative

Sleep Disorder

Other

PARENTS

Anxious

Depressed

Angry

Combative

Sleep Disorder

Other

NURSING NEEDS

1. Is there a language problem Yes/No
2. Any cultural / religious barriers? Yes/No
3. Is the patient at risk for falls? Yes/No
4. Can patient perform routine Personal activities independently? Yes/No
5. Is the patient incontinent? Yes/No
6. Does patient require oxygen therapy? Yes/No
7. Is the patient on tracheostomy? Yes/No
8. Any psychological problem? Yes/No
9. Is the patient in pain? Yes/No
10. Is the patient at risk for pressure ulcers? Yes/No
11. Any special nutrition needs? Yes/No
12. Does the patient has any artificial prosthesis? Yes/No
13. Any other needs? Yes/No

patient received in ward @ 9:30 AM
inform to doctor @ 9:45 AM
doctor came @ 10 AM

Form Completed by: SARA ABW-13 Date: 29/1/2018 Time: 10 PM



Sgrh/NA-P/F-084

Sir Ganga Ram Hospital

Department of Dietetics & Nutrition

NUTRITIONAL ASSESSMENT PROFORMA (PEDIATRICS)

Particulars of the Patient : _____

Diagnosis : *febrile neutropenia*

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3780963 IPD1642723 CAT-3

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Medical & Nutritional History :

*H/O high grade fever**K/O ART-CNS (D₃)**No food allergy**Vegetarian*Height (cms) : *75 cm*Present Weight (kg) : *6.2 Kg*Ideal Body Weight (Kg) : *12.3 kg*Ideal Height for age (cms) : *85.6 cm*Step 1 : - BMI Score Kg / m² (Birth - 17 years)

Score

Obese (> 95th percentiles)

2

Over Weight (85th - 95th percentiles)

1

Normal (5th - 85th percentiles)

0

Under Weight (< 5th percentiles)

1

Severely Underweight (< 3rd percentiles)

2

or Weight for Age

Score

Obese (> 95th percentiles)

2

Over Weight (85th - 95th percentiles)

1

Normal (5th - 85th percentiles)

0

Under Weight (< 5th percentiles)1Severely Underweight (< 3rd percentiles)

2

SIR GANGA RAM HOSPITAL

Trust of Generations



H-2008-0017
Since June 16, 2008

↓ YES VERMA

29/08/2026

Kindly please admit Yes Verma 2 years of
age ↓ PHO consultant
at 1277 (Spare)

approximate duration of stay : (4-5 days)
approximate cost : ₹ 40000 - 50000

fixed deposit : ₹ 2000

Sr/
29/08/2026



Sir Ganga Ram Hospital

Rajinder Nagar, New Delhi - 110 060

CHECKED OK

ADMISSION / DISCHARGE RECORD

Age of Patient - Age - Sex	YES VERMA	3780963	Marital Status-Hospital Reg. No.
Ward / Unit - Ward & Bed No.	2 Y Male None	IP01642723 CAT-3	Head of Service
Father / Husband Name	Father's name: MANISH KUMAR VERMA		Name of Employee Institution
Address	Religion: Hindu OLD (DB) WARD 9 CAT-3 AMETHI DHRAURAHRA PRATAPGARH U.P. - 230601	PAEDIATRIC HEMATOLOGY, ONCOLOGY & BMT Dr. A.	Admission Form
	Dr. Anupam Sachdeva Dr. Manish Kalra		Room / Bed Charges
Age No.	7066106627 Pvt OPD		MRD No. & Re-Admission
Religion	India		Booking Adv. Rect. No. & Date
Occupation	29/06/2026 09:24		Adv. Paid Rect. No. & Date
Nationality		(GAA5556)	
Date & Time of Admission			

Date of Discharge	Time	Total Days	Financial Arrangement
Provisional Diagnosis			International codes
FINAL DIAGNOSIS			
Write			
Principal Diagnosis			
First			
OPERATIVE SPECIAL PROCEDURES			
RESULT	CURED	RELIEVED	L.A.M.A. INVESTIGATION ONLY
			D.O. EXPIRED

Signature & Name
Resident Dr.

Signature of
Senior Dr.

AUTHORISATION FOR OPERATION / TREATMENT

Permission is hereby given for the performance of any diagnostic examination, biopsy, transfusion of blood & its products, operation and for the administration of any anaesthetic as may be deemed advisable in the course of this hospital admission. The risk of various procedure has been explained to me and I am willing to undertake the risk.

Whatever money and valuables I bring into the hospital with me will be kept at my own risk and the hospital will not any way be responsible for its loss / damage.

I fully understand that Sir Ganga Ram Hospital Does not grant any credit to patient unless a letter of authority from the agency or party responsible for payment is received before the time of patient leave of the hospital and I will be responsible for making full Payment at the time of discharge from the hospital.

All legal matters are subject to Delhi Jurisdiction only.

I have received _____ visitors pass, attendant pass, food pass and agree to abide by hospital rules and regulation.

Signature of Patient or Representative

Signatory Relationship

Signatory of Admitting Clerk



For internal use only for hospital



SIR GANGA RAM HOSPITAL

Rajinder Nagar, New Delhi-110060

INITIAL ASSESSMENT SHEET (Paediatrics)

Name of Patient YES VERMA

Ward/Bed 1278-C

Date/Time 29/08/26

Vulnerable - Yes/No ☒ Yes ☐ No

Restraint - Yes/No ☒ Yes ☐ No

Reg No 3720163

Resident: DR. Anshu

Informant MOTHER

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Allergy

NK

If patient has bleeding disorder, metal implant, pacemaker, HbsAg or any viral marker positive, write them in the ALERTS box below

Write generic name (e.g. paracetamol)

Allergy Reaction

NK

Alert

NIL

Anaphylaxis, Urticaria, Bronchospasm, 'Diarrhoea', etc.

Presenting complaints

1	H/O high grade fever ~102°F - one
2	spike
3	in a K/C/O AIRT-CNS
4	<u>Dg</u>
5	

Treatment History

1	
2	
3	
4	
5	

Past History :

1	
2	
3	
4	
5	

Plan of care

Goal of Treatment :
(Tick ✓ which is applicable)

Preventive :

Curative :

Rehabilitative :

Palliative :

Investigations Advised	Treatment Advised
① B/f CBC/DLC	① Inj. MAGNEX ^{4350mg} 325mg IV BD
② blood c/s.	② Inj. PERFALGAN 60mg IV SOS.
	IVF $\frac{1}{2}$ DNS @ 18ml/hr 25ml/b
	③ Monitor vitals (1:1000ml)
	④ Inform SOS.
	Inj. Amikacin 100mg IV QD

Diet

Consistency:

Normal

Soft

Liquid

Tube feeds

Fasting

Type:

Normal

Diabetic

Low salt

Other

Nutritive diet

Procedure Planned

None

Preventive care, (e.g.)

aspirin

References

None

Resident's Name & Signature

Date

Time

Page 7 of 7

[Signature]
29/08/20

Consultant's Name & Signature

Date

Time



Muskurata Bachpan Trust

Ref no...20.....

Date 31/08/2026

सेवा में,

महोदय जी,

मुस्कुराता बचपन ट्रस्ट

लाडो सराय, महराली - 110030

महोदय,



मैं मनीष कुमार वर्मा, मेश बेव यंत्रा कुमार वर्मा जिसे सर में कैंसर था ट्यूमर है जिसका इलाज सर गंगा राम हॉस्पिटल में चल रहा है। मैं एक मजदूर पेशा व्यापक हूँ, बच्चे के इलाज के लिए हमारा परिवार सक्षम नहीं है। बच्चे को रेडियेशन थेरेपी, क्लिमो थेरेपी, दवाइयाँ और सर्जरी की आवश्यकता है जो बहुत महंगी है। मैं आपकी संस्था एवं संस्था से जुड़े लोगों से अनुरोध करता हूँ कि मेरे बच्चे के इलाज के लिए अधिक से अधिक सहायता प्रदान करें।

धन्यवाद,



मनीष कुमार वर्मा



F-179 LADO SARAI POST OFFICE MEHRAULI, SOUTH DELHI-110030

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