

Name:	Saksham	Protocol:	BFM- 2002
Age/Sex:	4y7m/ Male	Chemotherapy:	HDM- 1
MRD No.:	**3781981**	Date:	31/10/26
Wt:	12.9 kg	Ht:	103 cm
BSA:	0.60 m^2	Diagnosis:	Pre B ALL

	Antiemetics	**Dose**	**Route**	**Frequency**	**Time**	**Date**
1	Inj. Palonsetron	0.25mg	IV	Stat	In 30ml normal saline over 30mins	31/10/26
2	Syp Domstal	2ml	IV	TDS	8AM-4PM-11PM	31/10/26 onwards
3	Inj Emend	40mg	IV	STAT	4 AM	31/10/26
	Intravenous fluid & supportive medications					
1	IVF NS with Kcl 1:100 +20meq/vac NaHCO3	1800 ml	IV	Over 24 hours		31/10/26 Onwards
2	Inj. Lasix	2.5 mg	IV	BD		31/10/26 Onwards
3	Inj. NaHCO3 (if urine Ph ≤7 and repeat urine ph)	20 ml	IV in 50ml sterile water	Over 1 hour		
	Chemotherapy					
1	Inj. Methotrexate 10% of 5gm/m2	300 mg	IV	Over 30 min	6AM to 6:30AM	31/10/26
2	Inj. Methotrexate 90% of 5 gm/m2	2700 mg	IV	Over 23 hours	6:30AM	31/10/26
3	Inj. Folinic acid	9 mg	IV	6hrly	11:45 PM 6am	01/11/26 Onwards 02/11/26

Trust of Generations

DEPARTMENT OF BIOCHEMISTRY
SIR GANGA RAM HOSPITAL

Format for Methotrexate (Mtx) Samples

Name of Patient	:	SAKSHAM
Age/Sex	:	4y. 1mae
Registration No.	:	3781981
Episode No.	:	1
Dose of Mtx given	:	5g/m²
Date & time of last dose of Mtx	:	6:00am of 1/11/26
Date and dose of Folinic Acid given	:	
Date and time of collection of sample	:	6:00am of 1/11/26
Remarks (if any)	:	24hrs

Signature of Doctor on duty

Date: 6:00am

Time: 1/11/26

SIR GANGA RAM HOSPITAL

Trust of Generations

H-2008-0017
Since June 16, 2008

DEPARTMENT OF BIOCHEMISTRY
SIR GANGA RAM HOSPITAL

Format for Methotrexate (Mtx) Samples

Name of Patient	:	SAKSHAM
Age/Sex	:	4yr/Male
Registration No.	:	3781981
Episode No.	:	1
Dose of Mtx given	:	5g/m²
Date & time of last dose of Mtx	:	6:00am of 1/11/26
Date and dose of Folinic Acid given	:	
Date and time of collection of sample	:	6:00am of 2/11/26
Remarks (if any)	:	48 hrs

Signature of Doctor on duty

Date: 6:00am
Time: 2/11/26

Sir Ganga Ram Hospital Marg, Rajinder Nagar, New Delhi - 110060, INDIA
Phones : +91-11-25750000, 42254000, Fax : +91-11-25861002, Email : gangaram@sgrh.com, Website : www.sgrh.com

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Urinary : Burning with urination, bleeding into urine, kidney damage.

Endocrine : Elevation of blood sugar, impairment of reproductive functions (sterility), cessation of periods, impotence hot flashes, breast enlargement, increased facial hair.

Nerves: Tingling, numbness or weakness in the fingers, toes or extremities, pain in the jaw, muscle weakness irritability, depression, confusion, visual impairment, dizziness.

Bone marrow: Depressed blood counts including: lowering of the hemoglobin causing a tired or weak feeling that may require transfusions of red blood cells, lowering of white blood cells causing an increased risk of infection, anc lowering of the platelets leading to an increased chance of bleeding that may require transfusion of platelets.

Veins: Hardening of the veins in the area of the injection and in the veins above the injection site. Ulcer formation and discomfort in the region of the intravenous drug injection if the drug leaks out of the vein. Blood clots in legs and/or lungs.

Skeletal : Bone thinning, sometimes with fracture.

Other : Fever, chills, allergic reaction, skin rash, weight gain, fatigue, loss of weight, loss of appetite.

I am aware that without the proposed treatment, my disease may progress and endanger the life of my child. I am also aware of the probability of attaining a cure and no guarantees have been made to me concerning the results of the proposed therapy.

I acknowledge that the information provided to me, summarized in this form, is sufficient for me to consent to and authorize the chemotherapy described above. I have had the opportunity to ask questions concerning my condition (or the person for whom I am consenting), the chemotherapy, the alternatives and risks and all of my questions have been answered to my satisfaction.

Dr. _____ provided the information summarized above and obtained the consent.

Legal Guardian's Signature / Date / Name Radha / 31/10/26 Radha

Witness's signature / Date / Name _____ / 31/10/26 Sonam

Interpreter's signature (when required) / Name _____ / _____

PHYSICIAN STATEMENT / SIGNATURE :

I have explained the procedure(s) stated on this form, including the possible risks, complications, alternative treatments (including non-treatment) and anticipated results to the patient and/or his/her representative. The patient and/or their representative has communicated to me that they understand the contents of this form.

Doctor's Signature / Date / Name Dr. Soubik / 31/10/26 DrSoubik

SGRH/DM/Dcl-Pt-Adm-HAI/F-386

Sir Ganga Ram Hospital, New Delhi

DEMOGRAPHIC DETAILS

SAKSHAM ,
Male
Marital Status: Unmarried
Religion: Hindu
Aadhaar Card No.:
Father name: MITHUN KUMAR
Mother name: RADHA
Spouse Name:
Address: NAGLA JAWAHAR, SHIKOHABAD, FIROZABAD, UTTAR PRADESH-205141
, Uttar Pradesh, India

DOB: Mar 3, 2022
Occupation: None
Nationality: India
Contact No.: 9621512642

Date: 30/10/2026

Print Date :30/10/2026 07:27PM

ADMISSION - DECLARATION BY PATIENT / RELATIVE ON INFECTION

have been made to understand in a language that I know that I/my patient (Name)_____age_____sex____relationship_____upon admission in this hospital:-

(a) May be harboring an infection which being in the incubation period may manifest 48 hrs after admission.

(b) I / my patient may transmit my infection to attending healthcare workers/ other nearby patients during hospitalization.

c) I / my patient may acquire an infection during hospitalization especially so in case of extremes of age, if there is a compromise of immunity due to chronic allments like Diabetes, tuberculosis, cancer, HIV, fungal infection etc or in the event of any invasive procedure(s) performed despite all aseptic measures undertaken.

(d) Infection acquired by me during hospitalization may manifest during my hospital stay or 48 hrs after my discharge from the hospital.

(f) As it is an "Occupational hazard" for health care workers to acquire an infection while undertaking patient care in a hospital, I too may acquire an infection as a "Situational hazard" and will indemnify the hospital if such a situation arises.

Signature/Thumb Impression

Patient Name: SAKSHAM

Mobile no:

Address:

Radha
Signature/Thumb Impression

Attendant Name: Radha

Address: SAME

Sir Ganga Ram Hospital, New Delhi

PEDIATRIC HEMATOLOGY ONCOLOGY UNIT, INFORMED CONSENT FORM FOR CHEMOTHERAPY

Patient's Name :

MRD Number :

Legal Guardian's Name :

Relationship to the patient :

SAKSHAM
4 Y/Male CAT-3
3781981 IP01663551 CAT-3
Admit On : 30/10/2026 07:26PM
PAEDIATRIC HEMATOLOGY, ONCOLO
1277/1277-A CAT3 SP
OLD (OB)-WARD 9

Diagnosis :

Primary Physicians: Dr. Anupam Sachdeva / Dr. Manas Kalra

I have been explained in a language understood by me, by the treating team constituting of the primary physicians and their designated junior staff regarding the disease and its prognosis. The total duration of therapy is ..... and presently my child has been admitted for ..... phase/cycle of chemotherapy. This cycle of chemotherapy lasts for ..... days/hours. I hereb authorize the treating team to administer the following chemotherapy medicines to my child.

1. Inj METHOTREXATE 2. _____
3. _____ 4. _____
5. _____ 6. _____

The doctor has explained to me the expected short term and long-term side effects associated with the propo therapy. When chemotherapy is administered into a vein, there is a small risk for it leaking outside the vein causing tissue irritation or damage. I also understand that during the course of this chemotherapy, unfores conditions may arise which could require the planned chemotherapy to be stopped/altered. All alterations to proposed plan will be discussed with me.

I have been explained regarding the potential side effects of the proposed chemotherapy.

Hair : Hair loss, which may be total, but may be reversible.

Ear : Decreased hearing, loss of balance

Mouth : Ulcers, unusual taste, sore throat

Lungs : Lung damage

Heart : Changes in heart beat, heart failure with shortness of breath

Digestive : Constipation, ulcers, heartburn, nausea, vomiting, diarrhea, liver damage, jaundice

1277/1277-A CAT3 ... WARD 9

SGRH/Nursing/VSMS/F-449/Nov 2023

SGRH/Ped/PSA/F-288

Sir Ganga Ram Hospital

Pediatric Sedation and Analgesia Services

Institute of Child Health

"Total Care from Birth to 18 Years"

PRE-SEDATION ASSESSMENT

(For Pediatric Procedural Sedation and Analgesia)

Name Sallsharm Age ..... Sex Male

Date / Time 31/10/2026 Weight 12.9 kg Attendant Radha

Underlying Diagnosis

Planeed Procedures: 1. Bone marrow aspiration

2. LP + IT chemo

Medical History Cardio Vascular Dz Pulmonary Dz Renal Dz

Neurologic Dz Congnitive/behavioural Disorder

Previous Sedation or Anesthesia WITH / WITHOUT complications

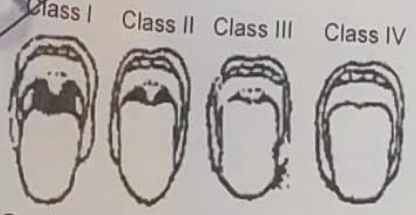
Medications 1. ..... 3. .....

2. ..... 4. .....

Allergy(s) 1. ..... 2. .....

PE: Wt 12.9 kg, BP..... RR..... SpO2 ..... T.....

Airway



Malampati Examination (Mal. I II III IV)

Oral Aperture : Normal / Decreased

Neck extension : Normal / Decreased

Cardiopulmonary Examination:

NAD

ASA Classification

Class I	A normally healthy child
Class II	A Patient with mild systemic disease
Class III	A Patient with severe systemic disease
Class IV	A patient with severe systemic disease that is consent threat to life
Class V	A morbund patient who is not expected to survive without operation

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SGRH/Nursing/VSMS/F-449/Nov 2023

SIR GANGA RAM HOSPITAL

VITAL SIGNS MONITORING SHEET FOR CHEMOTHERAPY

Date 31/10/26 1mg METHOTREXATE.

Frequency	Time	BP mm/Hg	Pulse /min	RR /min	SPO2 %	Temp	Pain Score	In case of Anthracycline class Drugs (cardiotoxic) Irregular hear beat/Chest pain/ECG Changes	Sign of N/O
Pre	5:30 Am	90/60	118bm	28bm	98%	97.1	0		
Start	6 Am	90/60	114bm	28	98%	97.4	0		
15 min.	6:15	90/60	118bm	28	98%	97.4	0		
15 min.	6:30	98/60	120bm	30bm	98%	97.4	0		
30 min.	7 AM	90/60	118bm	30bm	97%,	97.6			
30 min.	7:30	90/60	120bm	30bm	98%	97.6			
30 min.	8 Am	90/60	120bm	28bm	98%	97.4			
30 min.									
4 hrly									
Post									

NGA RAM HOSPITAL

Trust of Generations

H-2008-0017
Since June 16, 2008

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SAKSHAM,

Kindly admit in 1277(A)
semipaying
↓ PHO consultant c
ist. duration
3-4 days & cost
1-1.5 lakhs &
& fixed deposit
2000/-

Sir Ganga Ram Hospital Marg, Rajinder Nagar, New Delhi - 110060, INDIA
Phones : +91-11-25750000, 42254000, Fax : +91-11-25861002, Email : gangaram@sgrh.com, Website : www.sgrh.com

Muskurata Bachpan Trust

Ref no.....22

Date 31.10.2026

सेवा में,

मधेश्य जी,
मुस्कुराता बचपन ट्रस्ट
लाडो सराय, महरौली. 110030



मधेश्य,

मैं राधा, मेरा बेटा ~~सत्यम~~ जिसे ब्लड कैंसर है, जो सर गंगा राम हॉस्पिटल में ~~रजिट~~ है जहाँ उसका इलाज चल रहा है। मैं एक घरेलू महिला हूँ एवं मेरे पति प्राइवेट काम करते हैं। और बच्चे का कीमो थेरेपी चल रही है। बच्चे का इलाज का खर्ची बहुत ज्यादा है।

आपकी संस्था एवं आप सभी डानरों से अनुरोध है कृप्या आप हमारी सहायता करें मैं और मेरा परिवार सदैव आपके आभारी रहेंगे।

धन्यवाद,

Jyoti

Radha

F-179 LADO SARAI POST OFFICE MEHRAULI, SOUTH DELHI-110030
+91 9560900936
info@muskuratabachpan.com
www.muskuratabachpan.org