



Shift to 4th floor



CHACHA NEHRU BAL CHIKITSALAYA

(An Autonomous Institute under Govt. of NCT of Delhi)

Affiliated to Delhi University

An Associate Hospital of Maulana Azad Medical College
Geeta Colony, Delhi-110031



ADMISSION SHEET

NAME: Bhoomi

UNIT HEAD:

AGE/SEX: 7M/F

DEPT: EM-100

UNIT: IInd

C.R.NO: 13907

D.O.A: 24/12/21

D.O. Discharge:

Provisional Diagnosis: <u>? CLD & Pneumonia</u>	
Final Diagnosis	ICD-10
Primary Diagnosis: <u>FTT / neonatal cholestasis / pneumonia</u>	
Associated Diagnosis:	
Complications:	

Surgical / Medical Procedures Done		Blood Components Therapy	
Date	Name of Surgery / Procedure	Date	Name of Blood components transfused

Weight Chart

Date									
Weight									

Anthropometry					Antibiotics Therapy		
	Observed	Expected	%	Other Anthro	Name	Started on	Stopped on
Wt (Kg)							
Ht/L (cms)							
HC (cms)							

Immunization (tick ✓): Unimmunized ()
 Partially immunized ()
 Immunized for age ()

Discharge Plan

Readmission within 48 Hrs. of discharge from CNBC (Yes/NO): _____
 PICU transfer (Yes/No): _____ DOT in: _____ DOT out: _____



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REQUISITION FORM FOR CONSULTATION

Patient name Bhishma
 Age/Sex 7m/F
 Bed Side (Yes/No)

Ward/Bed No IV floor
 C.R. No. 13407
 Department Ped. Med. Unit II

Consultation required from

Senior Resident/Consultant <u>Ophthalmology</u>	Urgent <input checked="" type="checkbox"/>
Bed side	Routine <input type="checkbox"/> yes/no

Diagnosis/specific problem:

FTT / Neonatal Cholestasis / pneumonia
kindly do fundus examination of patient

Consultant/ Option required in respect of

Request Opinion only Opinion+Follow up Transfer

Date 27/12/21 Time 10:30 Signature [Signature] Designation IF Name Dr. Khatak

Report/Opinion Of The Consultant*

Date 27/12/2021 Time 2:30 PM Signature AP, ophtha Designation [Signature] Name Dr Meenakshi

*Use reverse side if required

Dilute B/S c T plus

And logue

Dr. Khatak
Adv

Fundus CRB
FF
1000 (2000)

E/d Tobramycin 0.3%

[Signature]



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(DEPARTMENT OF RADIODIAGNOSIS)

ULTRASOUND REPORTING FORM

Name Bhoomi Date 28/12/21 Age, Sex 7m/f

CR No 13907 Report No. Ref by Ind

USG Abdomen + SKULL

Liver - measures 7cm in span & shows altered echopattern.

GB contracted. Portal structures not adequately evaluate - Baby crying & moving

Pancreas - obscured.

Spleen - 6cm span, (N) echopattern.

RK - (N). LK shows prominent renal pelvis & AP diameter of renal pelvis = 7mm

Gross Ascites Noted.

UB partially full.

- Prominent (N) renal pelvis (APD = 7mm)

- Hepatosplenomegaly & ? Altered echopattern of liver

- Gross Ascites.

Review after Sedation for Portal structures

PTO

Dr. V. Gupta
28/12/21

415

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 Gurgaon Colony, Delhi - 110031



INTAKE OUTPUT CHART

29/12

Bhoomi

Name: <u>Bhoomi</u>		Age/Sex: <u>7m/F</u>		CR No.: <u>12952</u>		Diagnosis: <u>Pneumonia</u>		Ward/Unit: <u>II</u>		Date of Admission:		
Date		Intake				Output						
Time	IV/Fluid	Amount	Oral/NGT	Amount	Time	Urine	Respiration (Drainage)	Vomitus	Stool	Order/ST Notes		
11 AM	DRI (100ml) ON X-ray				RD				0/1	O ₂ by mask		
7 P					DR					DMS EXCEL (1/100)		
											① 100ml IV X 4x	
	Total IV/Oral/NGT Intake									4/0/1	MEBZ Aspirin 15mg 13ml NS X 4x	
Blood/Blood Components												
3 AM	WBC											
11 AM												
	Grand Total Intake					Total Output						

Signature of Doctor
CNBC-28 Version-3

Signature of Staff Nurses

Treatment Sheet

Bisoomi 7 mo/f

CR.No. _____

Date	Time	Rx	Doctor's Name & Sign.	Noted by Sister Name & Sign.
	<p><u>24/12/21</u> 10:30 am.</p> <p align="center"><u>? CLD. & Pneumonia</u></p> <p align="center"><u>Rx</u></p> <p>1) Inj: Ceftriaxone 200mg i/v q 12 hly.</p> <p>2) IVF DNS 100 ml i/v q 8 hly (1:100 KCl)</p> <p>3) Inj: vit K 5mg i/v OD x 3 days.</p> <p>4) O₂ by mask @ 4-5 L/min</p> <p>5) Nebulizer Asthalin 1.5mg @ 0, 20 mins - + 3 ml NS q 2 hly.</p> <p align="center"><u>Noted</u> <u>d</u></p>			
	<p><u>4 pm</u></p> <p>↓ Nebulizer Asthalin 1.5mg + 3 ml NS q 4 hly</p> <p align="center"><u>Noted</u> <u>Shabs</u></p> <p><u>25/12/21</u> - STOP IVF.</p>			<p align="right"><u>Shabs</u></p> <p align="right"><u>Shabs</u></p>

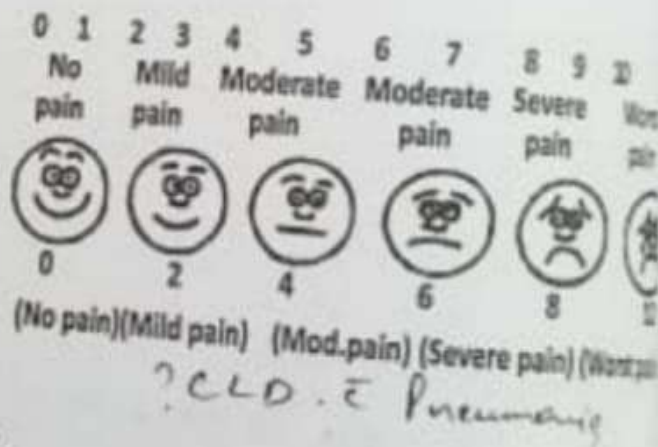
(S/E): Systemic Examination

1. Central Nervous system:
 - Higher Mental Function: Conscious
 - Cranial Nerve Examination: Tone - (P)
 - Motor System Examination: AT - open mouth finding
 - Planters:
 - Meningial Signs:
2. Respiratory System:
 - Inspection: B/L AT (P) RR - 24/min
 - Percussion: B/L crepts (P) SCL (P)
 - Auscultation: B/L Rhonchi (P) JCL (P)
3. Cardio Vascular System:
 - Inspection:
 - Paipation: G/S (P)
 - Auscultation:
4. Per Abdomen Examination: Soft,
 - Liver: Abd. Dist (P)
 - Spleen: Splen 10 cm (P)
5. Others: Spleen JP.

Pain Assessment:

Verbal Descriptor Scale

Wong-Baker Facial Grimace Scale



(Provisional Diagnosis)

With co morbidities/Complications:

PLAN OF CARE:

- CBC Bld U/s
- LFT AT/INR/APTT
- RFT CKR
- SE

Desired outcome/Goals

- Wbc keep
- (ADD) Supplement for
- TORCH / Fungal / Urine / Ab
- UIC - abd
- 3:45 PM
- 24/12/21

Resident Sign:

[Signature]

Date:

24/12/21

Time:

10 AM

Consultant Sign:

Date: Time:

Page

ABHISHIKHA TRUST

S. No. 1.....

Date: 01/01/2022

सेवा में

श्रीमान रूखी महोदय जी

ABHISHIKHA TRUST

G-3, Gali, No. - 7, Pusta

Sonia Vihar, Delhi-110094

महोदय,

मेरा नाम सोनम है मैं गाजियाबाद में रहती हूँ मेरी बच्ची भूमि जी की 7 महीने की है उसे पीलिया हुआ था जिसके कारण उसका लीवर खराब हो गया है जिस उसके पेट में इन्फेक्शन हो गया है, डाक्टर को दिखाया तो डॉक्टर ने बोला इसका इलाज करना बहुत जरूरी है और उसके लिए मंहंगी दवाइयाँ लगींगी मैं एक लेबर हूँ जो अपने घर का खाना भी बहुत मुश्किल से पला पाती हूँ, आभिशिकहा ट्रस्ट ने मुझे दिए हैं जैसे मैं अपनी बच्ची का इलाज करावा पा रही हूँ मैं दिल से सभी डोनरस और आभिशिकहा ट्रस्ट का धन्यवाद करती हूँ और निवेदन करती हूँ मुझे आगे भी पैसा दिए जाएँ जिससे मैं अपनी बच्ची का इलाज करावा सकूँ।

धन्यवाद
सोनम





भारत सरकार

Government of India

सोनम

Sonam

जन्म तिथि / DOB : 01/01/1995

महिला / Female



9712 9873 1277