



- Tab Methylcellulose (Wong)
1 tab qd

- Spp A.C. 5 ml qd

- Tab riflofanis 20mg 1 tab qd

- Spp Digoxin 5ml qd

- H/C spells

- Refs to ENT O/D
EYE S/D

ly

- BERA

- Ophthalmic
evaluation

LAMA Summary

Acute Meningoencephalitis = raised ICP = Post-encephalitic sequelae = VAP (Pseudomonas) Acetabacter
 MRSA = RF = Dystonia = TT in situ

Actw (wt-15 Kg)

- Sypp Levure (100 mg/ml) 4 ml BD
- Sypp Phenytoin 60 mg TID
- Sypp Baclofen 3mg QID
- Sypp Levocarnitine 5ml TDS
- Tab Methylcobalamin 500 mg OD
- Sypp A to Z 5ml OD
- ✓ Tab Riboflavin 20 mg OD
- ~~Tab~~ Sypp Digene 5ml BD
- ~~Sypp~~ ^{Sypp} linezolid (100mg/5ml) 7.5 ml TDS
- ~~Sypp Amoxiclav~~ (
- ✓ - Sypp faropenem (50mg/5ml) 15ml TDS

Antibiogram → PTO

206/2



- Tab metoprolol sublingual 5mg OD
- Cefixime 500mg OD
- Tab atorvastatin 20mg OD
- Klorange 100mg OD
- Tab furosemide
- Leucovorin 10mg 1st, 3rd, 5th, 7th, 9th, 11th, 13th, 15th, 17th, 19th, 21st, 23rd, 25th, 27th, 29th, 31st
- Leucovorin 10mg 1st, 3rd, 5th, 7th, 9th, 11th, 13th, 15th, 17th, 19th, 21st, 23rd, 25th, 27th, 29th, 31st

Plan of management of this case

No fever reported.

OLG

Atrial, Neurodegenerative Atrial

- HR 90/min
- BP 120/80
- CRP 10
- ECG normal
- ECG
- ECG
- MS
- HR

HLA-B*57:01
Conductal handle

OLG (11/11)

1. HR in 24h for 24h.
2. Cefixime (500mg) 1st, 3rd, 5th, 7th, 9th, 11th, 13th, 15th, 17th, 19th, 21st, 23rd, 25th, 27th, 29th, 31st
3. Cefixime (500mg) 1st, 3rd, 5th, 7th, 9th, 11th, 13th, 15th, 17th, 19th, 21st, 23rd, 25th, 27th, 29th, 31st
4. Cefixime (500mg) 1st, 3rd, 5th, 7th, 9th, 11th, 13th, 15th, 17th, 19th, 21st, 23rd, 25th, 27th, 29th, 31st
5. Cefixime (500mg) 1st, 3rd, 5th, 7th, 9th, 11th, 13th, 15th, 17th, 19th, 21st, 23rd, 25th, 27th, 29th, 31st
6. Cefixime (500mg) 1st, 3rd, 5th, 7th, 9th, 11th, 13th, 15th, 17th, 19th, 21st, 23rd, 25th, 27th, 29th, 31st
7. Tab metoprolol 5mg OD
8. Tab paracetamol 500mg OD 10 days
9. Cefixime 500mg OD
10. Tab atorvastatin 20mg 1st, 3rd, 5th, 7th, 9th, 11th, 13th, 15th, 17th, 19th, 21st, 23rd, 25th, 27th, 29th, 31st
11. Leucovorin in 1st, 3rd, 5th, 7th, 9th, 11th, 13th, 15th, 17th, 19th, 21st, 23rd, 25th, 27th, 29th, 31st

246/2



11kg

Flu/c. acute meningococcal & raised CRP post biopsy for culture
= dysentery & RT in situ

Dating fine
Ab stable

Tracheostomy tube changed 13/1/23

RT changed 13/1/23.

No visible necrotics

O/E

Dysentery not

UL contracted not

Adv

- ① Syt dexa (100mg/ml) 4ml \rightarrow
- ② Syt phenytoin (30mg/ml) 10ml \rightarrow
- ③ Syt Baclofen (5mg/5ml) 5ml \rightarrow (10)
- ④ Syt zincovit 5ml \rightarrow
- ⑤ Tab Methylcobalamine 500mg od
- ⑥ Syt A to Z 5ml od
- ⑦ Syt ~~idigate~~ tab Mboflavin 20mg 1 tab od
- ⑧ To change tracheostomy tube every 20-21 days
- ⑨ To change feeding tube every 3 weeks
- ⑩ Limb physiotherapy
- ⑪ RIV after 1 month in bed od wed/sat
- ⑫ Syt ASCALIN 3.5ml 700 x 5 days

Small
to

Antibiogram

Ankit 66209

	24/10	27/10	28/10	29/10	2/11	8/11	8/12	10/12
Monocly	9 d.		//					
Vancomycin	15 d					//		
Aciclovir		9 d.			//			
Azithro	1 d		//					
Meropenem	10/10	Meropenem	3 d.	//				
		Doxycycline	6	//				
			Colistin					

Aztreonam

Piptax

Linezolid

09
 stopped
 on
 20/12

202A/9



patient referred from Paeds
w/ T-tube downsizing

Please large T-tube
for new patient.
(204-A)



4.5cm waffle Tube
inserted

Air Heat ⊕
B/L ALE ⊕

T-tube downsizing done

S. P. S.
M. S.

2024/11



- 2116 acute noncompressible,
fast response signal i
VAP 7 AF 1 system

- 1 tube changed on 10/10/22

0/11
- 1 tube of dry
4.3 - - - - -
unclipped

Kindly change

1 tube 10

dry 4.3 - - - - -
(204-11)

↓
Zone 4.3 - - - - - unclipped tube
- Bio Blast (2)

CCPA dated

on 7/6/23

PG2

Dr. Kater
12/10/23

Dr. Kater
12/10/23
12/10/23
12/10/23
12/10/23
12/10/23

2/12/11

CU/B (RTDND)

CU/B
Dr. Anwar
Specialist RT
Respiratory
Hospital, ...

TFR

CU Acute Vocal Dyspareunia
2.9.11 2 respiratory failure.
on PS/CPAP 2 ET tube in situ.
(5mm uncuffed)
Referred to ENT for elective tracheostomy.

Plan

- 1) As per patient attendant,
4.5mm cuffed T-tube will be
arranged on Sunday (12/12/11)
RTU in RT 2 cuffed 4.5mm T-tube
on Sunday (12/12/11) for tracheostomy.
- 2) SpO2 monitoring.
- 3) RTU in RT 2.5cm in respiratory distress

Dr. Anwar
Respiratory



अस्पताल में धूम्रपान निषेध है
HOSPITAL IS NO SMOKING ZONE



स्ना० चि० शि० अनु० सं० और
डॉ० राम मनोहर लोहिया अस्पताल, नई दिल्ली

ENGINEER & Dr. Ram Manohar Lohia Hospital, New Delhi
वार्ड सं./Ward No. 102

परिचर पास

ATTENDANT'S PASS

रोगी का नाम

Name of the Patient

Amal

बिस्तर सं०

Bed No.

दिनांक तक वैध/Valid upto

3/11/22

सिस्टर इन्चार्ज/उपस्थित वरि० सिस्टर के हस्ताक्षर

Sign. of Sister I/C/on duty Sr. Sister

ABHISHIKHA TRUST

S. No. 4.....

Date: 02/11/2022.....

श्रीवा में

श्रीमान दूरी महेष्य जी

ABHISHIKHA TRUST

G-3, Gali No. 7 Pusta

Sonia Vihar, Delhi - 110094

महेष्य

मैरा नाम हरिहर है मैं विहार का निवासी हूँ मेरे बच्चे का नाम अंकित है जिसका उम्र 3 साल है डॉक्टर ने अंकित को ब्रेन फ्लिटर कि शिकायत बताई है जिसके कारण उसके दिमाग की नस काक हो गई है और उसे पॉरे भी पडने लगे है। हमारी अधिक शिखात सही ना होने के कारण मैं हम इसका इलाज कराने में असमर्थ है अभीखिका दूर वाले ने हमारी मदद की है और हमें आगे भी मदद कि जाके जिससे हम अपने अंकित का इलाज अच्छे से करा सके

धन्यवाद

हरिहर





भारत सरकार

Government of India



हरिहर सिंह

Harihar Singh

जन्म तिथि/DOB: 31/10/1984

पुरुष/ MALE

4417 8353 7919

VID : 9129 8520 1504 0445



मेरा आधार, मेरी पहचान