





CHACHA NEHRU BAL CHIKITSALAYA

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

Geeta Colony, Delhi-110031



Treatment Sheet

No. DHRUV Age/Sex 4y / m
6403 Ward PICU Diagnosis _____

Date	Time	Rx	Dr. Name & Sign	Noted by Sister Name & Sign.
<u>1/5/22</u>		<p align="center"><u>B.T. Notes</u></p> <p>Blood bag no. → 5975</p> <p>Blood Amount → 200 ml</p> <p>Blood group → B+ve</p> <p>Blood type → PARC</p> <p>B. DOC → 05/05/22</p> <p>B. DOE → 08/06/22</p> <p>B.T. start time → 09pm</p> <p>B.T. end time → 01:00 Am</p> <p>during B.T. any reaction STOP B.T. and get duty doctor</p>		

[Handwritten signature]

INITIAL ASSESSMENT FORM

Date: 24/05/22 Time: 6:20 AM

Chief Complaints & Duration

- C/O fever since 18 days (11/05)
- C/O ~~to~~ abdominal pain & distension since 19/05
- C/O Resp distress since 22/05

History of Present illness:

History obtained from: Mother Father Grand Parents Others

- ① child was apparently alright 18 days back, when he started having high grade fever, continuous poor response to antipyretics, sick incontinence period, not associated with rash, loose stool, abnormal body temp, burning micturition or cough / resp distress.
- ② child was taking treatment with Antibiotics both IV & oral but symptoms do not resolve.
- ③ He started having abdominal pain - generalized, dull aching, non radiating, no aggravating precipitating factors, associated with abdominal distension which was progressive.
- ④ child also had resp distress since 22/05

H/O Previous Hospitalization:

admitted to Kalawati on 17/05-18/05 - took LAMA

PAST HISTORY:

H/O Tia (+)

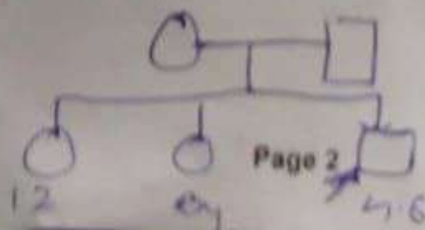
↳ Inj. Taxim, Amikacin, Metrogel

FAMILY HISTORY

No H/O similar complaints, No H/O Kochs in family

BIRTH HISTORY:

NVD / CIAB / (+) neonatal period





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 Affiliated to Delhi University,
 Geeta Colony, Delhi 110031
Surveillance and Infection Control Division



VAP SCORE SHEET

NAME: Shreya Age/ Sex: 4y/M R. No: 6403 Bed No: 6 Unit: ICU/NICU
 Prev. Diagnosis: Septicemia Final Diagnosis: Line associated Pyopneumothorax
 Date & Time Intubation: 24/5/22 Date of Admission: 24/5/22
 Date & Time of Extubation: 27/5/22 Place of Intubation / Dept:

S.No	Date of sampling	Type of specimen	Report	HAI

VAP Screening Criteria

MV criteria Patient on mechanical ventilation for ≥ 2 days. If removed on the day of sample or day before patient on mechanical ventilation. D-1 D-2 D-3 D-4
24/5 25/5 26/5 27/5

Chest X ray In 2 or serial chest X-ray; atleast one of the following: New & persistent OR Progressive & persistent.

1. Infiltrate	clear	clear	clear	clear
2. Consolidation				
3. Cavitation				
4. Pneumatoceles in ≤ 1 year				

PNEU-1 (<1yr) Signs and symptoms

PNEU-1 (<1yr) Worsening of gas exchange.

- O₂ desaturation (SPO₂ = <94%)
- Increased oxygen demand (Pao₂/Fio₂ = <240)
- Increased ventilator demand (Fio₂)

AND three of the following:

- Temperature instability
- Leukopenia (≤ 4000 WBC/mm³) or leucocytosis ($>15,000$ WBC/mm³) and left shift ($>10\%$ band forms)
- New onset of purulent sputum or change in character of sputum, or increased respiratory secretions or increased suctioning requirements
- Apnea, tachypnea, nasal flaring with retraction of chest wall or grunting
- Wheezing, rales or rhonchi
- Cough
- Bradycardia (<100 beats/min) or tachycardia (>170 beats/min)

PNEU-1 (for 1-12 yrs.) At least three of the following:

	D-1	D-2	D-3	D-4
1. Fever ($>38.0^{\circ}C$ or $>100.4^{\circ}F$) or hypothermia ($<36.0^{\circ}C$ or $96.8^{\circ}F$)	100.8	100.6	101.6	
2. Leukopenia (≤ 4000 WBC/mm ³) or leucocytosis ($>15,000$ WBC/mm ³) and left shift ($>10\%$ band forms)	17.0	17.7	26.4	
3. New onset of purulent sputum or change in character of sputum, or increased respiratory secretions or increased suctioning requirements	thick	thick	thick	thin
4. New onset or worsening cough, or dyspnea, apnea or tachypnea	no	no	no	no
5. Rales or bronchial breath sounds	no	no	clear	clear
6. Worsening of gas exchange	96%	92%	92%	91%
• O ₂ desaturation (SPO ₂ = <94%)	30%	20%	30%	25%
• Increased oxygen demand (Pao ₂ /Fio ₂ = <240)				
• Increased ventilator demand (Fio ₂)				



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Geeta Colony : Delhi - 110031



REQUISITION FORM FOR CONSULTATION

Patient name BHURGU
 Age/Sex 44-6m/m
 Bed Side : Yes / No

Ward/Bed No: PICU

C.R. No: 6403

Department:

Consultation required from:

Senior Resident/Consultant

Surgery call

Urgent

Routine

Bed side

yes/no

Diagnosis/specific problem:

pt is a case of liver abscess & septic shock, kindly evaluate and give expert opinion

Consultant/ Option required in respect of

Request Opinion only Opinion+Follow up Transfer

Date 24/5/22 Time 5:15 pm Signature [Signature] Designation JR Name Dr. Bhavans

Report/Opinion Of The Consultant*

Date..... Time..... Signature..... Designation..... Name..... - CBC, INR awaited

*Use reverse side if required

Noted

[Signature]

Dr. Anshu Kumar

- Mean follow

mean order

[Signature]

Dr. Anshu Kumar

CNBC - 117
Version - 1.1

DOPGIP - 503 CNBC (Delhi) / 2014 - 06.02.2014 - 1,000 Pads of 100 Sheets in each.

24/5/22 8:30 pm [Signature] Chad tubl. inserted

Enzyme drawn

- CR

[Signature]
Dr. Anshu Kumar

r. Name & Sign
Noted by Name & Sign



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REQUISITION FORM FOR CONSULTATION

Patient name **DHRUV**
 Age/Sex **4y/M**
 Bed Side : Yes / No

Ward/Bed No: **PICU / Bed 6**

C.R. No: **6403**

Department: **P. Med.**

Consultation required from:

Senior Resident/Consultant	Urgent <input type="checkbox"/>
Surgery. Dr. Nijaz	Routine <input checked="" type="checkbox"/>
Bed side	<input checked="" type="checkbox"/> yes / <input type="checkbox"/> no

Diagnosis/specific problem:

Ruptured liver abscess + pyopneumothorax + septic shock.

Consultant/ Option required in respect of

Request Opinion only Opinion+Follow up Transfer

Date: **9/5/22** Time: **10:30** Signature: **[Signature]** Designation: **Dr. Nijaz** Name: **[Name]**

Report/Opinion Of The Consultant*

[Signature]
Dr. Nijaz

Date: Time: Signature: Designation: Name: **[Signature]**

*Use reverse side if required

9/5/22 Dr. Nijaz
[Signature]

JCB in situ

- **x-ray Chest Parallel**
- **Ran ss in PSW**
[Signature]



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गहन चिकित्सा इकाई मरीज हेतु स्वीकृति प्रपत्र

रोगी का नाम Mahesh Dhruv उम्र/लिंग 4y6m Male सीआर नं० 6403 वार्ड PCU

- मुझे मेरी भाषा में यह स्पष्ट कर दिया गया है और मैं भली प्रकार समझ गया हूँ कि मेरा पुत्र / पुत्री की गंभीर रोग दशा के कारण मुझे गहन चिकित्सा इकाई में रखना आवश्यक है।
- मुझे पता है कि रोग नियंत्रित करने के लिए एक या अधिक निम्नलिखित प्रक्रियाओं की मरीज के गहन चिकित्सा इकाई में प्रवास के दौरान आवश्यकता हो सकती है।
 - कृत्रिम श्वसन (मशीनी श्वसन) चौरफाड़ मुक्त पॉजिटिव दाब श्वसन।
 - शिरा नलिका, केंद्रीय शिरा नलिका घमनी नलिका
 - स्वान-गेन्ज कोन्वेत्तर, परव्यूटेनियस ट्रकिओस्टमी
 - श्वसन हेतु नलिका डालना, मूत्र निकाल नलिका, शल्य क्रिया द्वारा श्वसन नली छिद्र निर्माण, पसली मध्य निकाल नलिका, रसायन नलिका, रोन्गसटेकन नलिका, ब्रोकोस्कोपी।
 - रीढ़ की हड्डी का पानी, पेट का पानी, फेफड़ों का पानी
 - एपीडीयूरल निकाल नली आरोपण।
 - खून का बदलाव प्रक्रिया
 - क्रिया अवरोधन
 - इलाज कर रहे चिकित्सक द्वारा समझी गई कोई अन्य अति आवश्यक प्रक्रिया:
- मुझे मेरे चिकित्सक द्वारा मौखिक रूप से, मरीज के गहन चिकित्सा इकाई में रखने के दौरान होने वाले ऊपर लिखित प्रक्रियाओं से हो सकने वाले जोखिमों से भली प्रकार से अवगत करा दिया गया है। और मैं इसे अपनी भाषा में अच्छी तरह से समझ चुका हूँ।
- मैं अपनी ओर से ऊपर लिखित चौरफाड़ / चौरफाड़ मुक्त प्रक्रियाओं हेतु या कोई अन्य चिकित्सकीय प्रक्रिया जो मेरे सम्बन्धी _____ (मरीज का नाम) _____ जो _____ (वार्ड का नाम) में भर्ती है, के श्रेष्ठ हित में हो हेतु इच्छापूर्वक अपनी स्वीकृति प्रदान करता हूँ। मैं चिकित्सक द्वारा समझाये गए सम्बन्धित जोखिमों को अपनी भाषा में भली प्रकार समझ गया हूँ।
- मैं अपने सम्बन्धित के गहन चिकित्सा इकाई में प्रवास के दौरान उसके इलाज हेतु इच्छापूर्वक स्वीकृति प्रदान करता हूँ।

हस्ताक्षर _____

चिकित्सक के हस्ताक्षर _____

नाम _____

चिकित्सक का नाम _____

(माता-पिता/सम्बन्धी/अभिभावक)

साक्षी के हस्ताक्षर _____

साक्षी का नाम _____

दिनांक 24/05/2022

समय 4:50 PM

LABORATORY :: PRINT REGISTER

BATCH No./BENCH No.	DATE	UHID	NAME	
714151/BR-4307	24/MAY/2022	1099160	MASTER DHURUV	
S.ELECTROLYTES:-	-,SODIUM(NA)-126 ,POTASSIUM(K)-6.82(KINDLY CORRELATE CLINICALLY) ,CHLORIDE(CL)-			
714151/BR-4307	24/MAY/2022	1099160	MASTER DHURUV	
KIDNEY FUNCTION TESTS (KFT):-	-,UREA-28 ,CREATININE-0.17 ,URIC ACID-4.1			
714151/BR-4307	24/MAY/2022	1099160	MASTER DHURUV	4
LIVER FUNCTION TESTS (LFT):-	-,SGOT-847 ,SGPT-199 ,TOTAL PROTEIN-5.48 ,ALK. PHOSPHATASE-450 ,INDIRECT BILIRUBIN-BILIRUBIN-0.91 ,DIRECT BILIRUBIN-0.60 ,ALBUMIN-2.51 ,GLOBULIN-2.97 ,A:G RATIO-0.85 ,GGT-198			
714151/BR-4307	24/MAY/2022	1099160	MASTER DHURUV	4 Y/M
S. CRP:-	298.7			
714151/E-3756	24/MAY/2022	1099160	MASTER DHURUV	4 Y/M
PERIPHERAL SMEAR FOR MALARIA:-	NEGATIVE			
714151/E-3756	24/MAY/2022	1099160	MASTER DHURUV	4 Y/M
PERIPHERAL SMEAR:-	-,RBC -MICROCYTIC HYPOCHROMIC. ,TLC-INCREASED ,PLT-INCREASED			
714151/E-3756	24/MAY/2022	1099160	MASTER DHURUV	4 Y/M
COMPLETE BLOOD COUNTS / COMPLETE HAEMOGRAM:-	-,TLC-35.40 ,NEUTROPHIL-73.9 ,LYMPHOCYTES-17.6 ,MONOCYTES-7.8 ,EOSINOPHILS-0.7 ,BASOPHILS-0.0 ,RBC-3.37 ,HGB-5.3 ,HCT(PCV)-17.5 ,MCV-51.8 ,MCH-15.6 ,MCHC-30.2 ,PLT-803 ,RDW-18.1			
714151/SDEN-369	24/MAY/2022	1099160	MASTER DHURUV	4 Y/M
DENGUE:-	-,DENGUE IGM-NEGATIVE ,DENGUE NS1-NEGATIVE			
714151/BCR-578	24/MAY/2022	1099160	MASTER DHURUV	4 Y/M
BACTEC BLOOD C/S:-	NO GROWTH			
CULTURE REPORT	NO GROWTH AFTER 48 HRS INCUBATION			
714151/BR-4307	24/MAY/2022	1099160	MASTER DHURUV	4 Y/M
S.AMYLASE:-	16.5			
714151/SWI-607	24/MAY/2022	1099160	MASTER DHURUV	4 Y/M
WIDAL TEST:-	-,TYPHI O ANTIGEN-<1/40 ,TYPHI H ANTIGEN-<1/40 ,PARATYPHI A H ANTIGEN-<1/40			
714151/-0	24/MAY/2022	1099160	MASTER DHURUV	4 Y/M
CONVENTIONAL BLOOD CULTURE:-				
714352/BCR-585	24/MAY/2022	1099160	MASTER DHURUV	4 Y/M
BACTEC BLOOD C/S:-	GROWTH			
CULTURE REPORT	GROWTH AFTER 48 HRS INCUBATION			
ORGANISM 1.	STAPHYLOCOCCUS HOMINIS Ss. HOMINIS			
COMMENT	?CLINICAL SIGNIFICANCE			
714352/BR-4339	24/MAY/2022	1099160	MASTER DHURUV	4 Y/M
S.MAGNESIUM:-	NA			
714352/BR-4339	24/MAY/2022	1099160	MASTER DHURUV	4 Y/M
S.IONISED CALCIUM:-	1.30			
714352/E-3787	24/MAY/2022	1099160	MASTER DHURUV	4 Y/M
COMPLETE BLOOD COUNTS / COMPLETE HAEMOGRAM:-	-,TLC-17.0 ,NEUTROPHIL-73.2 ,LYMPHOCYTES-22.5 ,MONOCYTES-3.0 ,EOSINOPHILS-1.2 ,BASOPHILS-0.1 ,RBC-3.33 ,HGB-5.3 ,HCT(PCV)-18.7 ,MCV-56 ,MCH-15.9 ,MCHC-28.3 ,PLT-540 ,RDW-15.5			
714352/FCR-104	24/MAY/2022	1099160	MASTER DHURUV	4 Y/M
BACTEC FUNGAL C/S:- (INITIAL)	GROWTH			
CULTURE REPORT	GROWTH AFTER 48 HRS INCUBATION			
COMMENT	CANDIDA CIFERRI GROWN ON CULTURE. ? CLINICAL SIGNIFICANCE.KINDLY SEND A REPEAT SAMPLE			
714352/BR-4339	24/MAY/2022	1099160	MASTER DHURUV	4 Y/M
S.ELECTROLYTES:-	-,SODIUM(NA)-128 ,POTASSIUM(K)-4.07 ,CHLORIDE(CL)-100			
714352/BR-4339	24/MAY/2022	1099160	MASTER DHURUV	4 Y/M
S.CALCIUM:-	9.1			
714352/BR-4339	24/MAY/2022	1099160	MASTER DHURUV	4 Y/M
S. CRP:-	237.7			
714352/BR-4339	24/MAY/2022	1099160	MASTER DHURUV	4 Y/M
LIVER FUNCTION TESTS (LFT):-	-,SGOT-2508(KINDLY CORRELATE CLINICALLY) ,SGPT-500 ,TOTAL PROTEIN-4.77 ,ALK. PHOSPHATASE-351 ,INDIRECT BILIRUBIN-0.27 ,TOTAL BILIRUBIN-0.76 ,DIRECT BILIRUBIN-0.49 ,ALBUMIN-2.06 ,GLOBULIN-2.71 ,A:G RATIO-0.76 ,GGT-160			
714352/BR-4339	24/MAY/2022	1099160	MASTER DHURUV	4 Y/M
KIDNEY FUNCTION TESTS (KFT):-	-,UREA-21 ,CREATININE-0.10 ,URIC ACID-4.0			
714375/FC-106	24/MAY/2022	1099160	MASTER DHURUV	4 Y/M
US CYTOLOGY:-	-,REMARKS-TLC- 600 CELLS/CUMM, L- 80% , N- 20% , CYTOLOGICAL SMEARS SHOW MAINLY DEGENERATED CELLS FEW VIABLE LYMPHOCYTES ALONG WITH OCCASIONAL POLYMORPHS ON A NECROTIC BACKGROUND.			
714375/TBM-337	24/MAY/2022	1099160	MASTER DHURUV	4 Y/M
CID FAST STAINING (SMEAR OR AFB) :-	NEGATIVE			
714375/W-155	24/MAY/2022	1099160	MASTER DHURUV	4 Y/M
AS CULTURE C/S:-				
4396/BR-4386	25/MAY/2022	1099160	MASTER DHURUV	4 Y/M
ELECTROLYTES:-	-,SODIUM(NA)-137 ,POTASSIUM(K)-2.63(KINDLY CORRELATE CLINICALLY) ,CHLORIDE(CL)-106			
4396/BR-4386	25/MAY/2022	1099160	MASTER DHURUV	4 Y/M
CALCIUM:-	7.70(KINDLY CORRELATE CLINICALLY)			
4396/BR-4386	25/MAY/2022	1099160	MASTER DHURUV	4 Y/M
CRP:-	130.5			
4396/BR-4386	25/MAY/2022	1099160	MASTER DHURUV	4 Y/M
KIDNEY FUNCTION TESTS (KFT):-	-,UREA-9 ,CREATININE-0.05 ,URIC ACID-1.4			
4396/BR-4386	25/MAY/2022	1099160	MASTER DHURUV	4 Y/M

(S/E): Systemic Examination:

1. Central Nervous system:

Higher Mental Function: \odot Intubated on BMV
Cranial Nerve Examination: E₁ V_T M₃.

Motor System Examination:
Planters:
Meningial Signs:

2. Respiratory System

Inspection:
Percussion: \Rightarrow B/L air entry \oplus
Auscultation: Conducted sound \oplus .

3. Cardio Vascular System:

Inspection: \rightarrow S₁ S₂ \oplus , pulses low volume
Palpation:
Auscultation: \rightarrow CRT prolonged

4. Per Abdomen Examination:

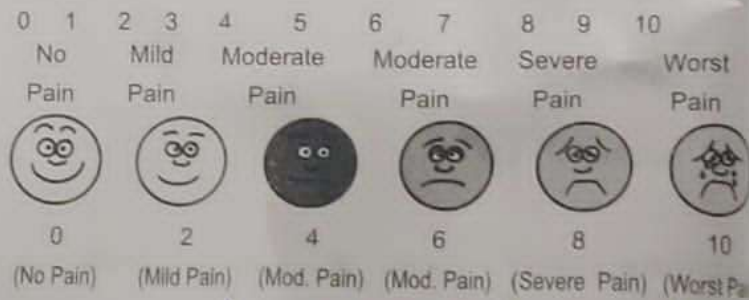
Liver: abdomen distended
Spleen:

5. Others:

Pain Assessment:

Verbal Analogue Scale

Wong-Baker
Facial Grimace
Scale



(Provisional Diagnosis)

With co morbidities/Complications:

Liver abscess + septic shock

PLAN OF CARE:

Desired outcome/Goals

Ident Sign: Initial Assessment

Date/Time:

Consultant Sign.

Date/Time:

LABORATORY :

BATCH NO./BENCH
714151/BR-4307
S.ELECTROLYTES:-
714151/BR-4307
KIDNEY FUNCTION TEST (KFT):-
714151/BR-4307
LIVER FUNCTION TEST (LFT):-
714151/BR-4307
S. CRP:-
714151/E-3756
PERIPHERAL SMEAR
MALARIA:-
714151/E-3756
PERIPHERAL SMEAR:
714151/E-3756
COMPLETE BLOOD COUNT
COMPLETE HAEMOGLOBIN
714151/SDEN-369
DENGUE:-
714151/BCR-578
BACTEC BLOOD CULTURE REPORT
714151/BR-4307
S.AMYLASE:-
714151/SWI-607
WIDAL TEST:-
714151/-0
CONVENTIONAL BLOOD CULTURE:-
714352/BCR-585
BACTEC BLOOD CULTURE

CULTURE REPORT
ORGANISM 1
COMMENT
714352/BR-4339
S.MAGNESIUM:-
714352/BR-4339
S.IONISED CALCIUM
714352/E-3787
COMPLETE BLOOD COUNT
COMPLETE HAEMOGLOBIN
714352/FCR-104
BACTEC FUNGAL CULTURE (INITIAL)
CULTURE REPORT
COMMENT

714352/BR-4339
S.ELECTROLYTES:-
714352/BR-4339
S.CALCIUM:-
714352/BR-4339
S. CRP:-
714352/BR-4339

LIVER FUNCTION TEST (LFT):-
714352/BR-4339
KIDNEY FUNCTION TEST (KFT):-
714375/FC-106

PUS CYTOLOGY:-
714375/TBM-337
ACID FAST STAIN FOR AFB):-
714375/W-155
PUS CULTURE C

714396/BR-4386
S.ELECTROLYTES:-
714396/BR-4386
S.CALCIUM:-
714396/BR-4386
S. CRP:-
714396/BR-4386
KIDNEY FUNCTION TEST (KFT):-

DIETARY HISTORY:

Breast Feeding Top Milk Feeding (Diluted/Undiluted) Weaning Full C

Type of diet - mixed diet

Average Calorie Intake per day $\frac{H/O Pica}{\oplus}$

IMMUNIZATION:

(Please tick \checkmark cells of doses given)

immunised till date

BCG			
DPT 1	DPT 2	DPT 3	MMR
OPV 1	OPV 2	OPV 3	DPT B
HIB 1	HIB 2	HIB 3	OPV B
Measles			Typhoid

Any other vaccine: HEPATITIS A VACCINE, PCV, ROTAVIRUS VACCINE, Other _____

DEVELOPMENT:

A. GROSS MOTOR

B. FINE MOTOR

C. LANGUAGE

D. SOCIAL

$\left. \begin{matrix} A \\ B \\ C \\ D \end{matrix} \right\} \textcircled{N} \text{ } \text{fear age}$

NO DRUG ALLERGY - Yes/No (If yes please write the drug name):

EXAMINATION: poorly built & nourished

General Physical Examination: sick, peripheries cold

General Condition:

Signs:

Temp: Hypotensive

B.P. 80/40 mmHg

HR: 109/min

Pulse: low volume

RR: gasping on BMV

Icterus: \oplus

Cyanosis: \ominus

Pallor: $\oplus \oplus$

Lymphadenopathy (Y/N), if Yes which nodes

S/o Dehydration: -

S/o Vitamin Deficiency: -

Others: -



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REQUISITION FORM FOR CONSULTATION

Patient name Dhruv
 Age/Sex 4y/M
 Bed Side Yes / No

Ward/Bed No: PICU/Bed 6
 C.R. No: 6403
 Department: P. Med

Consultation required from:

Senior Resident <input checked="" type="checkbox"/> <u>Consultant</u>	Urgent <input type="checkbox"/>
<u>Surgery Dr. Vinek.</u>	Routine <input checked="" type="checkbox"/>
Bed side <input type="checkbox"/>	yes/no <input checked="" type="checkbox"/>

Diagnosis/specific problem:

Ruptured Liver abscess + pyopneumothorax + septic shock.

Consultant/ Option required in respect of

Request Opinion only Opinion+Follow up Transfer

Date 25/5/22 Time 11:00 am Signature [Signature] Designation [Signature] Name [Signature]

Report/Opinion Of The Consultant*

Dr. Arpita Chattopadhyay
M.D.(Pediatrics)
Assistant Professor
CNBC, Geeta Colony
New Delhi-110031

Date _____ Time _____ Signature _____ Designation _____ Name _____

*Use reverse side if required

MEB
25/5/22



Govt. of NCT of Delhi
CHACHA NEHRU BAL CHIKITSALAYA
 (An Autonomous Institute under Govt. of NCT of Delhi)
 Geeta Colony, Delhi-110031



ADMISSION SHEET

NAME: Mahtee DHURUV

UNIT HEAD:

AGE/SEX: 4 yr 6 month / male DEPT: PIU

UNIT: II

C.R.NO: 6403

D.O.A: 24/05/2024

D.O. Discharge:

Provisional Diagnosis: <u>Liver abscess & septic shock.</u>		ICD - 10	
Final Diagnosis			
Primary Diagnosis:			
Assodated Diagnosis:			
Complications:			
Surgical/Medical Procedures Done		Blood Components Therapy	
Date	Name of Surgery /Procedure	Date	Name of Blood components transfused
<u>25/5/20</u>	<u>Right Thoracotomy</u>		

Weight Chart

Date	<u>24/5/24</u>						
Weight	<u>12kg</u>						

Anthropometry

	Anthropometry				Antibiotics Therapy		
	Observed	Expected	%	Other Anthro	Name	Started on	Stopped on
Wt (Kg)					<u>Vancomycin</u>	<u>24/05</u>	
H/L (cms)					<u>Mesopenem</u>	<u>24/05</u>	
HC (cms)							

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

Discharge Plan

Readmission within 48 Hrs of clisharge from CNBC(Yes/No). _____

PIG) transfer (Yes/No): _____ DOT in; _____ DOT out _____



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Geeta Colony, Delhi-110031



Treatment Sheet

Name Dheer

Age/Sex 4.6y/M

CR No. B403

Ward ICU

Diagnosis Ruptured liver abscess & pyopneumothorax & septic shock

Date	Time	Rx	Dr. Name & Sign	Noted by Sign Name & Sign
		<p><u>Transfer Summary</u></p> <p>abscess abscess Dheer 4.6y/M is a case of ruptured liver abscess & pyopneumothorax & septic shock & LF came to emergency in CBC on 24/5/22 & c/o fever & pain abdomen (RSD) & difficulty breathing (3 days). He was shifted to ICU on the same day. i/v/o respiratory distress.</p> <p>He was kept on vent for 4 days & given antibiotic meropenem & vancomycin for 5 days.</p> <p>He is now stable & is on feeds.</p> <p>Kindly transfer the pt. to wards.</p>		

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Treatment Sheet

12 kg

Name Mastan Dhanu Age/Sex 4.6 yr/M

CR No. 6403 Ward PICU Diagnosis Ruptured liver abscess & hydropneumothorax & septic shock

Date	Time	Rx	Dr. Name & Sign	Noted by Sister Name & Sign.
<u>29/05/23</u>		<u>Advice Review Patient</u>		
<u>TFR → 100%</u>		<p>① TNE / IO monitoring / O₂ via face mask</p> <p>② qny. Meropenem 480 mg IV TDS</p> <p>③ qny. Vancomycin 240 mg IV QDS</p> <p>④ ICD replacement v/v N/25% (1:100 Kcl)</p> <p>⑤ syb MVI 5ml PO BD</p> <p>⑥ syb Calcium 5ml PO OD</p> <p>⑦ Vit D₃ 600 IU PO OD x 14 days.</p> <p>⑧ O₂ feed 150ml / 3 hourly.</p> <p>⑨ chest PT → Neb & Asthalin ↓ Neb & 3% NaCl ↓ Chest PT ↓ Suction</p>		

[Handwritten signatures and scribbles]

ABHISHIKHA TRUST

S. No. 3.....

Date: 03 / 05 / 2022

सेवा में

श्रीमान ट्रस्टी महोदय जी

ABHISHIKHA TRUST
G-3, Gali, No-7, Pusta
Sonia Vihar, Delhi-110094

महोदय

मैं आपका जो कि दरियाजा मैं स्नेह बली हूँ, मेरा बच्चा ध्रुव जी को चार साल का है उसे लीवर का वायरस उसके शरीर में फैल गया है और कुछ खा पी नहीं खा है और डॉक्टर ने बोला है की उसके लीवर फटा है और पेट में मवाद भर गई है जिसके लिए डॉक्टर मछरी दवाइयाँ और टेस्ट बोले और ठीक ना होने पर ऑपरेशन बोला है मुझे यहाँ की मदद चाहिए। जससे मैं अपने बच्चे को बचा सकूँ।

धन्यवाद

अंशिका





भारत सरकार

Government of India

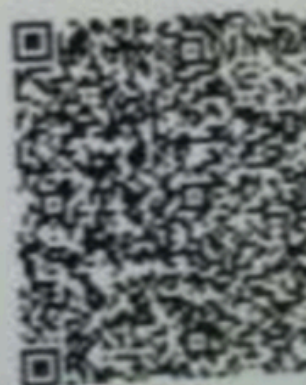


आशा गुप्ता

Asha Gupta

जन्म तिथि / DOB : 19/10/1988

महिला / Female



2806 2470 9865

मेरा आधार, मेरी पहचान