





114/117

भारत सरकार/Govt. of India
कलावती सरन बाल चिकित्सालय : नई दिल्ली
KALAWATI SARAN CHILDREN'S HOSPITAL : NEW DELHI
दैनिक शीट/DAILY SHEET

क्रमांक/चि-55
KSCH-55

रोगी का नाम/Patient's Name	आयु/Age अंश/प्रशंसं In/Pat Reg. एकक/Unit	लिंग/Sex	PARI
पता /Address	डॉ० का नाम/Doctor's Name		Sm/F
व्यवसाय/ Occupation	Date and Time of Admn. आरम्भ/Initials		U2C3 12/12/24. 32083

तारीख Date	दिनचर्या Daily	इलाज का आदेश Treatment Orders
	<p>To, The DOD Dept of PMR KSCH</p> <p>Respected sir /ma'am,</p> <p>Here is a</p> <p>Asis : Disseminated clo B/L LL kindly advise</p> <p>Thanking you</p> <p><u>Sunil</u> Dr. Sunil.</p>	<p>Sm / F child. Pari Koch's (Pulm Kochis + TB Mc) weakness. physiotherapy for this patient</p>



7/12/22



UHID: 20240337931

Lady Hardinge Medical College and Smt S K Hospital
Connaught Place, New Delhi-110001

CONSULTING ROOM NO :405, TOKEN NO : 9
Clinic Medicine OPD
Days: SAT

OUT PATIENT RECORD

Name : SHIVANI
Department : Medicine
Dept No. : 2024/051/0091089
Date of Registration : 07-12-2024 08:55:52 AM
Unit : Unit 3
Age : 23Y
Billing Type : General
Mobile No : *****231
Address : DELHI , Central Delhi, DELHI, INDIA
Patient Type:NON MLC

Fee : 0.00
Sex : Female
W/O kunal
Email :
Occupation : OTHER
Prepared by: Mr. Sumit Bhardwaj

PT's child has TBM

Referred from paediatric dept to
T.B.

No HO fever cough weightless
breathless, diarrhoea, constipation

NO HO T.B / T.B contact

IR

CBC + ESR

Biochem

Mantoux

WR - PA

651861
Sumit

Adv

Flu w/ reports

Dr ARNAV KHANNA
Resident Doctor (Medicine)
Lady Hardinge Medical College
SSK Hospital, New Delhi-110014

भारत सरकार/Govt. of India
विकिरण विभाग
X-RAY DEPARTMENT

क.स.बा.चि.-17
K.S.C.H.-17

कलावती सरन बाल चिकित्सालय : नई दिल्ली
KALAWATI SARAN CHILDREN'S HOSPITAL : NEW DELHI

रोगी का नाम/Patient's Name आयु/Age. लिंग/Sex
अं.रो.पे.सं./In/Pat Reg. No.
एकक/Unit
पता/Address डा. का नाम/Doctor's Name
राष्ट्र/Nationality धर्म/Religion
परिवार सदस्य सं./F.P. Status
आय/Income
आपात/Emergency
व्यवसाय/Occupation CGHS फोन नं./Tel. No. दाखिला ता.
समय/Date Time of Admn.
हस्ता/Initials

Pari
U203
32083
5/12/24
SM/R.

उपचार विवरण
Clinical Notes

दिनांक/Date.....

CR -> AP views

विकिरण परीक्षा
X-Ray Examination of

19470
8

रिपोर्ट
REPORT

विकिरण संख्या
X-RAY NO.

क्रम सं.
PLATE NO.

Contact:- 9953123231

कलावती सरन बाल चिकित्सालय

KALAWATI SARAN CHILDREN'S HOSPITAL, NEW DELHI


बंगला साहिब मार्ग, नई दिल्ली-110001 / BANGLA SAHIB MARG, NEW DELHI-110001

24 घंटे आपातकालीन प्रयोगशाला विभाग / DEPARTMENT OF 24 HOURS EMERGENCY LAB SERVICES

mothering

CLINICAL BIOCHEMISTRY REPORT

16642

Name <u>Pau'</u>	Age/Sex <u>23/F</u>
C.R. No. <u>32083</u>	Consultant <u>Dr. V Singh</u>
Ward/OPD <u>U2C1</u>	Unit/Bed No.
Date/Time <u>5/12/24</u>	Lab Reference No.
Diagnosis/History :- <u>HIV <math>1</math></u>	Signature of the Doctor 

- > Please note that incomplete test requisition form will not be accepted.
- > Samples of patient registered in KSCH will only be accepted in Lab.
- > Samples of all admitted patients and OPD patients of KSCH will be received from wards/Units and reports of same will also be dispatched in respective section by the lab auxiliary staff.
- > Duplicate Reports of admitted patients, required if any, will have to be collected by the doctors of respective units/wards.

✓ Please tick marks the required investigation in the box. Please don't write anything on back side of requisition form. Lab Report is to be printed there.

	Reported Value	Units	Normal Range
Glucose (Fasting)		Mg/dl	60-100
Glucose (PP)		Mg/dl	65-140
Glucose (R)		Mg/dl	60-140
Sodium		MEq/l	130-149
Potassium		MEq/l	3.5-5.0
Chloride		MEq/l	98-108
Urea		Mg/dl	10-40
Creatinine		Mg/dl	0.5-1.0
Uric Acid		Mg/dl	3.0-6.5
Serum Bilirubin-Total		Mg/dl	0.2-1.0
Serum Bilirubin-Conjugated		Mg/dl	0-0.2
Serum Bilirubin-Unconjugated		Mg/dl	Up to 1.0
SGOT (AST)		IU/L	10-40
SGPT (ALT)		IU/L	10-45
Alkaline Phosphatase (ALP)		IU/L	Up to 350
Total Protein		gm/dl	6.6-8.0
Albumin		gm/dl	3.5-5.0
Globulin		gm/dl	1.8-2.5
Serum Calcium		Mg/dl	9-11
- Ionized Calcium		Mg/dl	4.0-5.5
- Unionised Calcium		Mg/dl	4.5-5.5
Inorganic Phosphorus		Mg/dl	2.5-5.0
Total Cholesterol		Mg/dl	150-250
HDL		Mg/dl	40-60
LDL		Mg/dl	130-190
Triglycerides		IU/L	50-150
CPK Total		IU/L	20-195
CPK-MB		IU/L	0-24
CSF Protein		Mg/dl	15-40
CSF Sugar		Mg/dl	40-70
Other Body Fluids, (Please Mention the type of body fluid)		Mg/dl	

Signature of the Doctor

LADY HARDINGE MEDICAL COLLEGE & SMT. SUCHETA KRIPLANI HOSPITAL

CLINICAL BIOCHEMISTRY LABORATORY

New IPD Block, 11nd Floor, Wing-4, New Delhi-01

DIABETES PROFILE

Lab Reference No.:
(Only For Laboratory Use)

Name of the patient..... Shivani Age/Sex..... 23/F UHID No..... 0337821
 Ward/OPD..... M-010 Date..... 7/11 Name & Sign of doctor..... [Signature]
 Provision Diagnosis/Clinical history/Drug Intake
Montone
 Time of Sample Receiving

Parameter	Reported Value	Reference Range
Glucose		
<input type="checkbox"/> Random		<140 mg/dL
<input type="checkbox"/> Fasting		70-100 mg/dL
<input type="checkbox"/> Postprandial		<140 mg/dL
GCT* (50 gm glucose)		<140 mg/dL
GTT* (100 gm glucose)		
<input type="checkbox"/> Fasting		<95 mg/dL
<input type="checkbox"/> 1 hour		<180 mg/dL
<input type="checkbox"/> 2 hour		<155 mg/dL
<input type="checkbox"/> 3 hour		<140 mg/dL
	Special tests**	
Glycated haemoglobin(HbA1C)		4-6%
Microalbuminuria		30-299 mg/dL

*The provided reference range of GTT/GCT is for pregnant women

** Only by order of consultant

Remarks (if any)

Performed By:
(Technologist)

Reported & Approved by
(Doctor on Duty)

	BP	PR	SPO ₂	Retractions	RR	Px
10:00 Am		148	100% on O ₂		48	52
2:00 Pm		126	100%		42	82
6:00		144	100%		44	74
10:00 Pm		131	100%		42	73
2:00 Am		145	100%		44	84
6:00 Am		166	99%		46	113

भारत सरकार/Govt. of India
विकिरण विभाग
X-RAY DEPARTMENT

क.स.बा.चि.-17
K.S.C.H.-17

कलावती सरन बाल चिकित्सालय : नई दिल्ली
KALAWATI SARAN CHILDREN'S HOSPITAL : NEW DELHI

रोगी का नाम/Patient's Name	आयु/Age.	लिंग/Sex	Pain	SM/R
	अं.रो.पे.सं./In/Pat Reg. No.		U203	
	एकक/Unit		32083	
पता/Address	डा. का नाम/Doctor's Name			
	राष्ट्र/Nationality	धर्म/Religion		
	परिवार सदस्य सं./F.P. Status			
	आय/Income			
	आपात/Emergency			
व्यवसाय/Occupation CGHS	फोन नं./Tel. No.	दाखिला ता.	5/12/24	
	समय/Date	Time of Admn.		
	हस्ता/Initials			

उपचार विवरण
Clinical Notes

दिनांक/Date.....

CXR -> AP view

विकिरण परीक्षा
X-Ray Examination of

1947
←

रिपोर्ट
REPORT

विकिरण संख्या
X-RAY NO.

क्रम सं.
PLATE NO.

भारत सरकार/Govt. of India

विकिरण विभाग

X-RAY DEPARTMENT

क.स.बा.चि.-17

K.S.C.H.-17

कलावती सरन बाल चिकित्सालय : नई दिल्ली

KALAWATI SARAN CHILDREN'S HOSPITAL : NEW DELHI

रोगी का नाम/Patient's Name	आयु/Age.	लिंग/Sex	Pam 5 m n / ♀ 32083 R R 3/12/24
	अं.रो.पे.सं. / In/Pat Reg. No.		
	एकक/Unit		
पता/Address	डा. का नाम/Doctor's Name		
	राष्ट्र/Nationality	धर्म/Religion	
	परिवार सदस्य सं./F.P. Status		
	आय/Income		
	आपात/Emergency		
व्यवसाय/Occupation CGHS	फोन नं./Tel. No.	दाखिला ता.	
	समय/Date	Time of Admn.	
	हस्ता./Initials		

उपचार विवरण
Clinical Notes

दिनांक/Date.....

CXR

विकिरण परीक्षा
X-Ray Examination of

L9363
3/12

R

रिपोर्ट
REPORT

विकिरण संख्या
X-RAY NO.

कप सं.
PLATE NO.

Medicine OPD

Department of Pediatrics (UNIT 2)

Kalawati Saran Children's Hospital & Lady Hardinge Medical College, New Delhi

INTERDEPARTMENTAL REFERRAL PROFORMA

Referral Date & Time: 07/12/24

Patient's Details: Parents of PARI

Patient Name: <u>PARI</u>	Age / Sex: <u>Sm/F</u>	UHID: <u>32083</u>	Unit Cubicle: <u>912C3</u>
Diagnosis: <u>9 TB meningitis</u>			

To,
Senior Resident / Consultant _____

Department of General medicine

Reason for referral:

- 1. Expert opinion
- 2. Surgical intervention
- 3. Ophthalmological evaluation
- 4. PMR - Therapeutic intervention
- 5. Neuro-surgical evaluation
- 6. Request for transfer
- 7. Others Contact survey for TB

The relevant clinical and laboratory details of the above mentioned patient are as follows:

Clinical details:	Child is a case of TB meningitis (Sm/F) Kindly do contact survey of both the parents
Investigations:	

Your expertise on further management is kindly requested

With regards,
Dr. Sunil
Signature with name & stamp



19470 R
5 12 4



भारतीय विनाश्ट पहचान आधिकरण

Unique Identification Authority of India

पता:

संबोधित: महावीर, मकान न-9714,
मुलतानी धान्धा, गली न-8, पहाड
गंज, पहाड गंज, स्वामी राम तीर्थ
नगर, मध्य दिल्ली, दिल्ली, 110055

Address:

S/O: Mahavir, House No-9714,
Multani Dhandha, Gali No-8,
Pahar Ganj, Pahar Ganj, Swami
Ram Tirth Nagar, Central Delhi,
Delhi, 110055

9474 4501 8898



1947
1800 300 1947



help@uidai.gov.in

www

www.uidai.gov.in



भारत सरकार

Government of India



कुणाल

Kunal

पिता : महावीर

Father : Mahavir

जन्म तिथि / DOB : 08/10/1993

पुरुष / Male



9474 4501 8898

आधार - आम आदमी का अधिकार



Regd. No. 2021

ABHISHIKHA TRUST

S. No. 17.....

Date: 12/12/2024

श्रीमान

कुशल मशहूर जी

आशिकिया ट्रस्ट

G-3, Gali No-7, पुस्ता

सोनिया विहार, Delhi - 110034

मशहूर जी,

मेरा नाम कुशल है मैं पहाड गाँव का रहने वाला हूँ मेरी तीन महीने की बच्ची को दिमाग में टाँवा हो गया और दिमाग में पानी भर गया अब जिससे द्यमर भी हो सकता है मेरी बेटी के डलाज के लिए बहुत पैसे की जरूरत है मैं एक मजदूर हूँ मेरे पास इतने पैसे नहीं हैं आशिकिया ट्रस्ट ने हमारी बहुत मदद की है हमारी आँसु भी मंजूर करें

कुशल
कुशल



Office Address : G-3, Gali No. 7, Pusta, Sonia Vihar, Delhi-110094

Website : www.abhishikha.org E-mail ID : info@abhishikha.org

Contact No. : 9958524587