(सहमति पत्र)

—X—

हमें इसी भाषा में समझा दिया गया है कि हमारे बच्चे की हालत गंभीर है उत्तम इलाज के बावजूद गंभीरता और बढ़ सकती है बच्चे को ICU या HDU को जरूरत भी पड़ सकती है लेकिन ICU HDU दोनों गंभीर बीमारी से भरा हुआ है बच्चे का इलाज जनरल वार्ड के एक बिस्तर पर एक से अधिक मरीजों के बीच किया जा रहा है। बच्चे को सांस लेने के लिए सांस की नली डालकर हाथ से गुब्बारा करके सांस देनी पड़ेगी क्योंकि जनरल वार्ड में वेंटिलेटर की सुविधा नहीं है। ये सब जानते हुए हम अपने बच्चे को इस अस्पताल में अपनी मर्जी से भर्ती करा रहे हैं। इसमें अस्पताल या अस्पताल के स्टाफ की कोई जिम्मेदारी नहीं है।

राजेश कुमार 12

GOVERNMENT OF INDIA
DR. RAM MANOHAR LOHIA HOSPITAL, NEW DELHI
BIOCHEMISTRY - LAB REPORT

Name : Anju	Age/Sex : 84/F	Date : 29/6/22
CR/REGD. No. : 35853	CGHS No. :	OPD/Wd :
Clinical Diagnosis : HDU 3rd floor ECS		
Unit Incharge : LFT, BIG, Q CRP	Signature :	

1. Blood Sugar :

F : ..... mg/dl(70-110)

PP : ..... mg/dl(90-160)

R : ..... mg/dl(70-140)

2. Kidney Function Test :

Urea : ..... mg/dl(15-45)

Creatinine : ..... mg/dl(0.6-1.2)

Uric Acid : ..... mg/dl(2.5-6.0)

3. Liver Function Test :

Total Bil : ..... mg/dl(0.2-1.2)

Direct Bil : ..... mg/dl(0.1-0.3)

In. D. Bil : ..... mg/dl(0.2-1.1)

SGOT : ..... U/L (15-50)

SGPT : ..... U/L (15-50)

Alk. Phos : ..... U/L (50-130)

GGT : ..... U/L (8-61M; 5-36F)

4. S. Proteins :

T Prot : ..... gm/dl (6.0-8.0)

Albumin : ..... gm/dl (3.5-5.5)

Globulin : ..... gm/dl (1.5-3.5)

5. Lipid Profile :

T. Cholesterol : ..... mg/dl(130-230)

HDL Chol. : ..... mg/dl(30-65)

LDL Chol. : ..... mg/dl(50-150)

VLDL Chol. : ..... mg/dl(upto 40)

Triglyceride : ..... mg/dl(50-200)

6. S. Electrolytes :

Sodium : ..... mmol/L (130-150)

Potassium : ..... mmol/L (3.5-5.5)

Chloride : ..... mol/L (95-110)

Calcium : ..... mg/dl (8.5-10.5)

Phosphorus : ..... mg/dl (2.5-5.5)

Dr. RITIK GARG
Junior Resident
Department of Paediatrics
ABVIMS & Dr. RML Hospital, New Delhi-01
D.M.C. No. - 74095

7. Cardiac Profile :

CPK : ..... U/L (50-200)

CK- MB : ..... U/L (upto 25)

LDH : ..... U/L (110-240)

SGOT : ..... U/L (15-50)

8. Iron Profile :

T. Iron : ..... µg/dl (60-150)

TIBC : ..... µg/dl (250-400)

UIBC : ..... µg/dl (150-250)

Saturation : ..... % (20-35)

9. Others :

S. Amylase : ..... U/L (30-110)

S. Lipase : ..... U/L (23-300)

S. Magnesium : ..... mg/dl (1.6-2.3)

Ammonia (NH_3) : ..... µmol/L (9-30)

Lactate : ..... mmol/L (0.7-

BI

ABVIMS & DR. RAM MANOHAR LOHIA HOSPITAL
NEW DELHI-110001
लगातार चार्ट / CONTINUATION CHART

नाम/Name ..... Aryan Kumar / 8Y / M ..... 35853 कमरा/शय्या सं/Room/Bed No. .....

दिनांक/Date	प्रतिदिन विवरण और चिकित्सा/Daily Notes and Treatment	आहार/Diet
6.6.25	HDU call To SR/DOD Dept of HDU, Paeds DR RML Hospital New Delhi Respected sir, Ma'am. The above mentioned pt is a K/C/O CAP. pulmonary Kochs ~~c~~ laryngeal stenosis. Pt intubated in RR. i.v.o respiratory. acidosis. pt was given 3 cycles of CPR in RR and received $ shifted to Paeds emergency. Kindly consider transfer to your side for critical care need. ABG (11.15am) PH - 6.92. P_{CO_2} - 97.4. P_{O_2} - 231. HCO_3 - 20.2. Now in shock. Inotropic support Manual B$T Ventilation. Noted 06/05/25 Thankyou Dr. MUSKAAN JAIN P.G. Resident Department of Paediatrics ABVIMS & Dr. RML Hospital	↓ Ees 3rd floor

ABVIMS & DR. RAM MANOHAR LOHIA HOSPITAL
NEW DELHI-110001
लगातार चार्ट / CONTINUATION CHART

नाम/Name Aryan Kumar | 8Y | M 35853 कमरा/शय्या सं/Room/Bed No.

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ABG (11.5am
H-6.92.
CO2-97.4.
O2-231.
CO3-20.2.
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support
anual
& T

Atal Bihari Vajpayee Institute of Medical Sciences &
Dr. Ram Manohar Lohia Hospital
New Delhi-110001

DOCTOR'S INITIAL ASSESSMENT SHEET

PATIENT'S NAME: ARYAN KUMAR
S/O,D/O,W/O: _____ AGE: 3yo SEX: boy
CR. NO/UHID: 85853 CONTACT NO: _____
MLC NO (IF ANY): _____ BED NO./WARD: ECS - 3rd floor
ADDRESS: _____ DATE: 6/6/25 TIME: (2pm)

patient was received in gasping state @ 11:50 am on 6/6/25 given 3 CPR; intubated

ADMITTED WITH COMPLAINT OF: He was referred from PATNA Indira gandhi institute of Medical science as a/o? pulm TB ? subglottic stenosis..

HISTORY OF PRESENT ILLNESS: Child came via ambulance 1 O2 support → own 16 km journey by road. By the time he was at the end of his journey, he became anxious, restless (? hypoxic due to equipment failure)

HISTORY OF PAST ILLNESS: ↓
patient has been symptomatic for last 1½ month..
Required ..↑ WOB x 1½ month

RISK FACTORS: • Fever x 1 month, 10 days back
Non significant cough, no sputum production,
Fever was high grade upto 102°-103°F.

LOCAL EXAMINATION child required intubation x 7 days (25/4/25 - 1/5/25) for b/l pneumonia and b/l ICD insertion & b/l pyopneumothorax.

GENERAL PHYSICAL EXAMINATION

BP(mmHg): NR
PULSERATE (PER MINUTE): 177/min
TEMPERATURE: cold by touch
pO_2% NR

PALLOR: (+)
OEDEMA:
ICTERUS: -
CLUBBING: -

[Received 1 O PRBC Tx. on First time ATT since last week of April, 2025]

रा०म०लो०अ०-11

अटल बिहारी वाजपेयी आयुर्विज्ञान संस्थान
Atal Bihari Vajpayee In[stitute of Medical Sciences]
डॉ० राम मनोहर लोहिया [अस्पताल]
Dr. Ram Manohar Lo[hia Hospital, New Delhi]

PH.: 011-23404040, 23365525

Casualty Re[gister]

UHID:20250490456
DATE:06-06-2025 11:40:26 AM
ARYAN KUMAR
Age : 8Y (Male)
S/O a
a, Central Delhi, DELHI, INDIA

TOKEN NO : 345
Dept Reg: 2025/06/0122343
CASUALITY/Cas1/Casualty Counter
NON MLC

Provisional Diagnosis:

Case seen at (Time): 11:50 Am AM/PM

Patient presented with similar complaints within 72 hours ☐ YES ☑ NO

General physical examination: Pediatric apnoea
BP: mm Hg
PULSE: 180 /min
TEMP: afebrile °F
RES: 79 /min
SP O2: %
GCS- E 1 V NT M 1

Systemic Examination:
CNS
CVS
P/A

Chief Complaints:

RBS = 348 mg/dl
BP = 110/60 mmHg
ABG sent [suggestive respiratory acidosis].

Pt. came to Emergency in gasping state
Pulse was very feeble so pt. shifted to ECS RR at 11:55 pm
Case so found to ... Emergency ...

History and any major past illness/ surgery:

K/c/o pulmonary Koch
Subglottic stenosis.

Pt came from Indira Gandhi Hospital (Bihar)

History of food & drug allergy:

Not known.

3 cycle of CPR given to Pt - revived.
Patient intubated in ESC RR itself by Anaesthesia team
Soni
Referred to Pediatric Emergency.

Category of Patient: ☐ Green ☐ Yellow ☑ Red ☐ Black

Nutritional Examination:
☐ OBESE
☑ NORMAL
☐ MALNOURISHED

Pain scoring (if Applicable)
☐ Mild
☐ Moderate
☑ Severe

Referred to: ☐ Medicine ☐ Surgery ☐ Orthopaedics ☐ Paediatrics

Dept. ABVIMS

Referred time: ______ AM/PM

Signature of Triage coun[ter]

Weight	2
TF	1
R	
(%)	16
Drugs	4
Fluids	
Feed	15
Na	
K	

PLAN-

- TT care/daily dressing/Deflate TT Cuff q 2H for 5 mins/Venticare/Head end elevation (30-45°)/Eye care/oral care
- Strict I/O charting/Vitals q 2H
- Inj Tigecycline 25 mg + 10 ml NS IV OD (10)
- Inj Amikacin 375 mg + 20 ml NS IV OD (20)
- Tab Levoflox 500 mg + 10 ml DW → 7.5 ml OD via NG
- Tab Linezolid 600 mg ½ tab TDS
- Tab Ethambutol 200 mg 2½ tab OD
- Stop [Tab Rifampicin 150 mg 1½ tab OD
- Tab PCM ½ tab (500 mg) SOS
- Tab Pantop 40 mg ½ tab OD
- Tab Lorazepam 1 mg ½ tab TDS
- Syp Pediclory 4 ml TDS
- Syp Glycerol 7.5 ml TDS
- Syp Levera (500 mg/5 ml) 5 ml BD

via NG

- NG feed 190 ml q 3H
  - → 5 feed → Milk + protein powder (2 scoops) + 1 TSP cocoa
  - → 3 feed → Dal + Ghee
- Neb c Salbutamol 5 mg + 3 ml NS SOS

PLAN-

- TT Care / daily dressing / Deflate TT Cuff q 2H for 5 mins / verticare / Head end elevation (30-45°) / Eye care / oral care
- Strict I/o charting / vitals q 2H
- Inj Tigecycline 25mg + 10ml NS IV OD (10)
- Inj Amikacin 375mg + 20ml NS IV OD (20)
- Tab Levoflox 500 mg + 10ml DW → 7.5 ml OD Via NG
- Tab Linezolid 600mg 1/2 tab TDS
- Tab Ethambutol 800 mg 2 1/2 tab OD
- Tab. PCM 1/2 tab (500 mg) SOS
- Tab Pantop 40 mg 1/2 tab OD
- Tab Lorezepam 1mg 1/2 tab TDS
- Syp Pedicloryl 4ml TDS
- Syp. Glycerol 7.5ml TDS
- Syp. Levera (500 mg/5ml) 5ml BD

Via NG

- NG feed 190 ml q 3H
  - → 5 feed → milk + Protein Powder (2 scoops) + 1 Tsp Coconut oil
  - → 3 feed → Dal + Ghee
- Neb. C Salbutamol 5mg + 3ml NS SOS.

Weight	43 K
TF	100 t.
R (%)	1600 ml
Drugs	40 ml
Fluids	
Feed	1520 m
Na	meq/K
K	meq/kg

PG/JR Signature & Name in Capital / Stamp

Dr Rithi.

PLAN-

- TT Care / Daily dressing / Deflate TT cuff q 8H for 5mins / Vent Care / Head End Elevation (30-45°) / Eye Care / oral Care.
- Strict I/o charting / VITALS q8H.
- Inj. Tigecycline 25 mg + 10 ml NS IV OD.
- Inj. Amikacin 375 mg + 20 ml NS IV OD.
- Tab. Levoflox 500 mg + 10 ml DW → 7.5 ml OD via NG.
- Tab. Linezolid 600 mg ½ tab TDS.
- Tab. Ethambutol 400 mg 2½ tab OD.
- Tab. PCM ½ tab (500 mg) SOS.
- Tab. Pantop 40 mg ½ tab. OD.
- Tab. Lorazepam 1 mg ½ tab. TDS.
- Syp. Pediclonyl 4 ml TDS.
- Syp. Glycerol 7.5 ml TDS.
- Syp. Levera (500 mg / 5 ml) 5 ml BD.

} Via NG.

- NG feed 190 ml q3H.
  - 5 feed → milk + Protein Powder (2 Scoops) + 1 TSP Coconut oil
  - 3 feed → Dal + Ghee.
- Neb. c Salbutamol 5 mg + 3 ml NS SOS.

Weight	25 K
TF	
R	
(%)	
Drugs	
Fluids	
Feed	
Na	meq/l
K	meq/l

PG/JR Signature &

Weight	25 kg.
TF R (%)	
Drugs	
Fluids	
feed	
	meq/kg/day
	meq/kg/day

ABVIMS and Dr RML Hospital

New Delhi - 110001

ECS PICU / HDU DAYCARE SHEET

DEPARTMENT OF PEDIATRICS

Name	Aryan	Date / Time- 29/6/25, 8:30pm	DOA- 6/6/25
Age/Gender	8yr/M	CR. No. - 35853	DOPICU / HDU
Weight	25 kg	Bed number 2	DOMV-
Diagnosis	K/C/O pulmonary TB (AFB +) on ATT (∵ 25/6/25) c̄ B/L pyopneumothorax c̄ subglottic stenosis, now c̄ hypoxic cardiac arrest (post CPR) c̄ RF c̄ dev. bronchospasm c̄ Sepsis c̄ septic shock (R) c̄ transaminitis c̄ ↑ ICP c̄ diffuse cerebral edema c̄ TT insitu (16/0) c̄ UTI (Klebsiella +)		

Current issues

Issue	Intervention	Current status
- Pulm. TB c̄	transaminitis → On mod. ATT + Rifampicin	
	OT/PT - 186/21 → 212/19 → 216/20	
- ↑ICP c̄ RF	→ Intermittent spont mode	on venti &
	T-piece trial	
- Afebrile		

Respiratory system

Support	SIMV/PSV/CPAP/HFNC Morning	Evening	ABG/VBG	Time- Morning	Evening
Delta P/PS	8		PH	7.443	
PEEP	5		PCO2	30.1	
MAP			HCO3	20.8	
RR (T/Vent)			BE		
VTE/VTi			PO2		
Min Vent			OI		
FiO2 / SPO2	30/98%		ICa		
C/R			P/F ratio		
CVP/USG			Anion Gap		

ET size	
Fixed at	
Changed on	

VAP---

ICDT----
(drain volume)

other drains

PLAN-

Weight	25 kg
TF R (%)	
Drugs	
Fluids	
Feed	
Na	meq/kg/day
K	meq/kg/day

- TT care / Daily dressing / Deflate TT cuff q 2H for 5 min / neuti care / Head end elevation (30-45°) / Eye care / oral care
- Strict I/o charting / vitals q 2H
- Inj. Tigecycline 25 mg + 10 ml NS IV OD
- Inj. Amikacin 375 mg + 20 ml NS IV OD
- Tab. Levoflox 500 mg + 10 ml DW → 7.5 ml OD via NG
- Tab. Linezolid 600 mg ½ Tab TDS
- Tab. Ethambutol 200 mg 2½ Tab OD
- Tab. PCM ½ Tab (500 mg) SOS
- Tab. Pantop 40 mg ½ Tab OD
- Tab. Lorazepam 1 mg ½ Tab TDS
- Syp. Pedicloryl 4ml TDS
- Syp. glycerol 7.5 ml TDS.
- Syp. Levera (500mg/5ml) 5 ml BD

} via NG

- NG feeds 190 ml q 3H
  - 5 feeds → milk + protein powder (2 scoops) + 1 TSP coconut oil
  - 3 feeds → Dal + Ghee
- Neb. c Salbutamol 5 mg + 3ml NS SOS

PG/JR Signature & Name in Capital / Stamp

Resident

ABVIMS and Dr RML Hospital

New Delhi - 110001

ECS PICU / HDU DAYCARE SHEET

DEPARTMENT OF PEDIATRICS

Name	Aryan	Date / Time- 30/6/25	DOA- 6/6/25
Age/Gender	8yr/Male	CR. No. - 35853	DOPICU / HDU
Weight	25kg	Bed number (2)	DOMV-
Diagnosis	K/c/o Pulmonary TB (AFB +) on ATT (:25/4/25) T B/L hydrothorax T Subglottic stenosis, now T hypoxic cardiac arrest (Post-CA T RF T Sev. Bronchospasm T Sepsis T Septic shock (R) T transaminitis T ↑ICP T diffuse cerebral edema T TT insitu (16/6) T UTI (Klebsiella		

Current issues

Issue	Intervention	Current status
– Pulm TBT transaminitis	— on mod. ATT + Rifampicin	
	on OT/PT- 18/21 → 212/19 → 216/20	
– ↑ICP T RF	→ Intermittent sprat Mode on Ventil	
	T-piece trial.	
– Afebrile		

Respiratory system (sprat- mode)

Support	SIMV/PSV/CPAP/HFNC Morning	Evening	ABG/VBG	Time- Morning	Evening
Delta P/PS	PSV- 6		PH		
PEEP	Peep-5		PCO2		
MAP	FiO_2 - 30%		HCO3		
RR (T/Vent)			BE		
VT_E/VTi			PO2		
Min Vent			OI		
FiO2 / SPO2			ICa		
C/R			P/F ratio		
CXR/USG			Anion Gap		
Examination +	BL AE ⊕, equal.				

ET size	
Fixed at	
Changed on	

VAP---

ICDT----
(drain volume)

other drains

PLAN-

Weight	25kg.
TF	
R	
(%)	
Drugs	
Fluids	
Feed	
Na	meq/kg/da
K	meq/kg/da

- TT care / Daily drawing / Deflate TT cuff q 2H for 5 mins / Ventricare / Head end elevation (30-45°) / Eye care / oral care.
- Strict I/o charting / vitals q 2H.
- Inj. Tigecycline 25mg + 10ml NS IV OD.
- Inj. Amikacin 375mg + 20ml NS IV OD.
- Tab. Levoflox 500mg + 10ml DW → 7.5ml OD via NG
- Tab Linezolid 600mg ½ tab TDS
- Tab Ethambutal 200mg 2½ tb OD.
- Tab PCM ½ tab (500mg) SOS.
- Tab Pantop 40mg ½ tab OD
- Tab Lorazepam 1mg ½ tab TDS
- Syp Pedicloryl 4ml TDS → (Stop).
- Syp glycerol 7.5ml TDS
- Syp Urea (500mg / 5ml) 5ml BD.

Via NG.

- NG feeds 190 ml q 3H.
  - 5 feeds → milk + protein Powder (2 scoops) + 1 tsp coconut
  - 3 feeds → Dal + Ghee

- Neb t Salbutamol 5mg + 3ml NS SOS.