



EK PARIVARTAN

F O U N D A T I O N

Working for a Better Tomorrow

EK PARIVARTAN FOUNDATION REGISTRATION NO: 130

EK PARIVARTAN FOUNDATION PAN NO: AAATE9879M

EK PARIVARTAN FOUNDATION 80G NO: AAATE9879MF20221

EK PARIVARTAN FOUNDATION NGO DARPAN : DL/2019/0230573

EK PARIVARTAN FOUNDATION GUIDESTAR INDIA : 11308

EK PARIVARTAN FOUNDATION CSR REG NO : CSR00040314

EK PARIVARTAN FOUNDATION TM APP NO : 5822870

EK PARIVARTAN FOUNDATION MSME NO : DL-02-0040746

EK PARIVARTAN FOUNDATION WEBSITE : WWW.EPFNGO.ORG

EK PARIVARTAN FOUNDATION E-MAIL : INFO@EPFNGO.ORG

PATIENT NAME	MASTER ABHINAV
PATIENT FATHER NAME	MR. CHIRAG SINGH
DOB AND GENDER	4 YR / MALE
DISEASE NAME	BLOOD CANCER B-ALL WITH COLOSTOMY
TREATMENT HOSPITAL	PGICH HOSPITAL (NOIDA UP)
UHID NO	44616
DEPARTMENT NAME	(HDU) PAEDIATRIC SURGERY
TREATMENT COST	APPROX 2.5 TO 3 LAKH
PATIENT FATHER OCCUPATION	LABOR
PATIENT ADDRESS	MUJAFFAR NAGAR (UP)



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Department of Paediatric Surgery
Super Specialty Paediatric Hospital & Post Graduate
Teaching Institute, Sector-30 Noida. U.P.

OPERATION NOTES

Name- Abhinav
C.r. No. 981162300044616
Surgeon-1. Dr Sheetal (AP)
2. Dr Pragya (RT)
3.
Scrub Nurse-1. Karampal
2.

Age/Sex- 4 yr / M Wt.- 12 kg
Ward- Paed surgery DOS-
Anaesthetist-1. C.H. Dey
2. Dr Sonakshi
3. Dr Shambhavi
Floor Nurse-
O.T. Technician-

Pre-operative Diagnosis- Intestinal obstruction

Operation Proposed-

Operative Diagnosis- KIC/O BALL i Heat perforation status ileostomy

Operation Performed- Ileostomy closure ↓ GA + RA

Operative Findings-

- Stoma mobilised
- Stoma 40 cm proximal to IC J
- End to end anastomosis done after margin freshened

Operative Procedure-

Findings-

Course at hospital:

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Postop orders

Wt - 12kg

Advice on discharge :

- NPO T/F/D 1VF DNS 45 ml/hr
- Inj Pipetas 1.2 gm $\frac{1}{2}$ TDS
- Inj Amika 180mg $\frac{1}{2}$ OD
- Inj PCM 180 mg $\frac{1}{2}$ OD
- Inj Metro 120 mg $\frac{1}{2}$ TDS
- Inj Pantop 10mg $\frac{1}{2}$ OD
- NG aspiration to bulky & replace it
- AC charting

TO GET DISCHARGE CARD LAMINATED

TO FOLLOW UP IN PSOPD, R.NO 8, SPL CPD on-

Senior Resident

Department of Pediatric Surgery

Pragya or SOS
SR

Consultant

Department of Pediatric Surgery

c/o BALL

On maintenance chemotherapy
Colostomy in situ.

c/o fever x 1 day
poor oral intake.

11kg

↓
child presented in PHO daycare in shock.

HR - 140/min

SpO₂ - 70%.

Periphery - cold

CR - > 3 sec.

Pulses - feeble

Chest - Crackles

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^{Yds}
O₂ c nasal prong

- IVF Fluid DNS 100 ml iv stat -

- Iuj Magnex 500 mg PO.

- Iuj Amikacin 150 mg iv OD.

Iuj PCM 100 mg iv stat -

↓

HR - 144/min

SpO₂ - 100%.

BP - 99/18 mmHg

Periphery - cold

Ij

CBC

S/E - Na/K

Blood c/s

Preoperative

Wt:- 12kg

- **EM PARIVARTAN FOUNDATION** from 12MM, clear fluids upto 6am
- DNS @ 4ml/hr IVF
- Inj. cefotaxime 600mg i.v. AST
- Written and informed consent
- Surgery and anesthesia billing
- Shift to OT @ 8:30m

|

410120

Date & Time	Progress Notes	Orders
<u>11/10/24</u>	<p>PODS ESTB DRNAH UNOS/80.</p> <p>AC - fair tactive + alert</p>	
T - 98.6°F	. 01nj. Pipraz D ₆	4/0 ^c
HR - 106	(1mmolnj) Amikacin D ₆	
RR - 24b/min	. 01nj. metrogyl D ₆ .	1-3ml/kg/hr
BP - 110/64	<u>Adm</u>	
SpO ₂ - 99%.	↑ increase oral intake.	
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	DU	
	DR.	



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Sector-30, Noida, G.B. Nagar (U.P.)

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Vital Chart

Patient's Name..... Abhinav C.R.No..... 4464 Ward..... S-50

Date	Time	T	P	R	BP	Level of Consciousness/ Glasgow Coma Scale	SpO2	Res
	3pm	98.6F	102	22	112/68	(78)	98%	RA
	5pm	98.6F	102	24	102/54	(78)	98%	RA
	7pm	98.4F	102	24	106/52	(78)	98%	RA
	9pm	98.2F	110	24	110/62	(74)	98%	RA
	11pm	98.4F	106	24	106/64	(70)	98%	RA
EK PARIVARTAN FOUNDATION								
11/9/2024								
	1AM	98°F	106	24	110/64	(76)	98%	RA
	3AM	98.6F	102	24	109/70	(80)	98%	RA
	5am	98.4F	102	24	104/66	(80)	98%	RA
	7am	98.6F	112	24	106/66	(72)	98%	RA
	9am	98°F	110	24	102/61	(82)	98%	RA
	11am	98.4F	102	24	102/60	(82)	98%	RA
	1pm	98°F	110	24	100/66	(82)	98%	RA
	3pm	98.4F	102	22	95/52	(82)	98%	RA

10/9/24

10/9/24

10/9/24

10/9/24

10/9/24



6/0-7.3 ml/kg/hr

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Intake Output Chart

Name: Abhinn

C.R. No. 4612 POD:

Ward: S.H.D.U.

Date: 11/9/24

Input..... Output.....
 IV..... 680ml..... Urine..... 2035ml
 Oral..... 925ml..... Stool..... 64ml
 Drain I.....
 Drain II.....
 Drain III.....

Total 1605ml Total 2035ml

Time	IV Fluid	Amount	Oral Tube	Amount	Output Urine	Output RT	Drain I	Drain II	Drain II
9 A.M.	<u>20ml</u>	<u>20ml</u>	<u>H₂O</u>	<u>50ml</u>	<u>105ml</u>				
10 A.M.	<u>20ml</u>	<u>20ml</u>	<u>juice</u>	<u>50ml</u>					
11 A.M.			<u>H₂O</u>	<u>60ml</u>	<u>50ml</u>	<u>SP</u>			
12 Mid Day			<u>juice</u>	<u>50ml</u>	<u>50ml</u>				
1 P.M.			<u>H₂O</u>	<u>200ml</u>	<u>50ml</u>				
2 P.M.			<u>H₂O</u>	<u>30ml</u>	<u>60ml</u>				
3 P.M.			<u>H₂O</u>	<u>50ml</u>	<u>80ml</u>				
4 P.M.			<u>C. water</u>	<u>100ml</u>	<u>60ml</u>	<u>S. Pass</u>			
5 P.M.			<u>H₂O</u>	<u>100ml</u>	<u>80ml</u>				
6 P.M.	<u>STOP</u>		<u>doxomb</u>	<u>100ml</u>	<u>60ml</u>				
7 P.M.			<u>H₂O</u>	<u>100ml</u>					
8 P.M.			<u>milk</u>	<u>200ml</u>	<u>100ml</u>	<u>S. Pass</u>			
9 P.M.									
10 P.M.									
11 P.M.									
12 Mid Night									
1 A.M.									
2 A.M.									
3 A.M.									
4 A.M.									
5 A.M.									
6 A.M.									
7 A.M.									
8 A.M.									
TOTAL									

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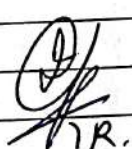

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PROGRESS NOTES AND ORDERS

Name.....Ward No.....

Sex.....Age.....C.R.No.....Bed No.....

Date & Time	Progress Notes	Orders
10/10/24	POD 4 C/S/B D/MATUBS/SD	
	U1 = fair. Adult + adult +.	U/O = 4.5 ml/kg/d.
Jump 90.2F HR 106 RR 22		
BP 100/67 SPO2 90% @ RA	Adv	
	→ Medicine consult	
	→ Nebulization as advised	
 N.R.		
6:30		U/O = 3.1 ml/kg/d.
Jump = 90.2F		
HR = 108		
RR = 24	Adv	
BP = 100/68	CST	
SPO2 = 90% @ RA		

Date & Time	Progress Notes	Orders
9/9/24	POD3 (151B-D4MAIUBS/SD)	
	4C = Jatin Aedut adut +	
Temp 98.2F	Jmy Piploz D4	
HR 22	" amika D4	
RR @ 4/53 22	" mthogy D4	U/O = 2.4 ml/h
BP 94/52 (63)		
SPO2 98 + O2RA		

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→ Jmy PCM SOC

↑ anal sups

- CST -

Ⓢ
/PR



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PROGRESS NOTES AND ORDERS

Name..... Abhinav Ward No. S. HDU
Sex..... Age..... C.R.No..... Bed No.....

Date & Time	Progress Notes	Orders
	<p><u>HISTORY for Discharge (Summary)</u></p> <ul style="list-style-type: none"> -> Pt operated on 16/May/2023 -> KILLO B-ALL \bar{c} Stool perforation. -> C/o Vomiting, abdominal pain, loose stool. 	
8/9/24	<p><u>POD2</u> GI = fair. Accut. abt. 1.</p>	
	<p><u>C/SIBD/MAL/D/S/SU</u></p>	
Temp 98.2	<p>EK PARIVARTAN FOUNDATION</p>	<p>U/O = 3.03ml/kg/hr</p>
HR 100		<p>Oral Pipraz D3</p>
RR 22		<p>Oral Amikacm D3</p>
BP 106/68		<p>Oral Muthogyl D3.</p>
SPD2 987 @ RA		
	<p><u>Medb</u></p>	
	<p><u>CST</u></p>	
	<p>Next purch Nat kit</p>	
	<p><u>DR.</u></p>	

7/9/24 PODL 4L-farm Asunt + alunt +
(SIBOHMA)UBS/SU

Jumb 98.6F
HR 116
RR 24
BP 113/73
SPO₂ 99.1@RA

Imy Piptaz D₂
" Amtrakam D₂
" Mithogyl D₂

U/O = 25

Adv

→ Na 1W on next price - send 

→ CST

- nebulizatⁿ

- chest physiotherapy

→ BC next price.


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5:00

4L-farm Asunt + alunt +

Jumb = 98.4F

HR = 114

RR = 24

BP = 100/68

SPO₂ 99.1@RA

Adv

→ CST

~~BC~~


TR.

U/O =



Super Specialty Paediatric Hospital
and Post Graduate Teaching Institute, Sec-30 Noida.

Department of Paediatric Surgery
Pro-O.T. Check list

05/9/24.

1.	Informed written consent	✓	
2.	NPO	for 6 hours for liquid - 6am	
3.	PAC Orders followed	✓	
4.	Parts Prepared	unit PRBC	unit FFP arranged
5.	Blood Components		
6.	Sensitivity (Antibiotics)	Penicillin cefotaxime AST NR	
7.	O.T. Medicines / Sutures Arranged	✓	
8.	Metallic Objects and Clothes	✓	
9.	Surgery / Anesthesia Fee Payment	done	
10.	Any Special Instructions	✓	
11.	Shift with All documents (Dress+ Documents)	✓	
12.		Um	LIBS Ag (+ve)
13.			
14.			
15.			

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Name : Abhinav
Age/Sex : 4y/m
IPD No. : 981162300044616

Neha
Shifting Staff nurse
Name & Signature



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SECTOR-30, NOIDA-201303 (U.P.)
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NURSE RECORD FOR INDOOR PATIENTS

Name..... Abhinav Age 4yr Sex m C.R No. 4616

Date of Admission..... 14/8/24 Date of Operation..... 06/9/24 Date of Transfer..... Room No.....

Bed No.....

Medication Injections	PODS 1119124	Special Points
<u>IVF DNS @ 20ml/hr</u> <u>+mvst+kcl (1100)</u>	<u>✓</u> <u>(D6)</u>	
<u>Inj - Piptaz 102 gm IV</u> <u>x TDS</u>	<u>2am 10am</u> <u>6pm</u>	
<u>Inj - Amikacin 180mg</u> <u>W x OD</u>	<u>(D6)</u> <u>5pm</u>	
<u>Inj - metrogyl 120mg</u> <u>Oral</u>	<u>(D6)</u> <u>6-10</u>	
<u>Inj. Pem 180mg IV</u> <u>SOS</u>		
<u>Inj. Pantop 10mg</u> <u>Stat Orders</u>	<u>6am</u> <u>IV x OD</u>	
<u>Inj. Leveng 100mg</u> <u>W x BD</u>	<u>7am 7pm</u>	
<u>Drip - Promethazine</u> <u>205ml P/O x TDS</u>	<u>6-10</u>	
<u>S^{Ab} Levosulbutamol</u> <u>4ml P/O</u>	<u>6-10</u>	
Physiotherapy	<u>W/O</u> <u>11.6kg</u> <u>(12hr)</u>	

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P.T.O.

Meb. 2.5g TDS 5pm-10pm

2 4/9/24 nos 2 GCSB Dr NAPUBS/80.

GC: faint active & alert.

T - 98°F
HR - 112 bpm
RR - 22 bpm
BP - 102/70
SpO₂ - 98%

UO: - 3.7ml
kg/hr.

- APTT Replat
- Max fluids from Jemmanow
- Arrange FFP
- Plan for Friday surgery
- From morning clear liquids allowed.

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JR.

5/9/24

- send PT/INR afternoon
- Syp Ambroxal 5ml BD
- Max fluid allowed
- Milk don't give
- Paeds Reference for URI
- Share OT notes of previous admission

Sector-30, Noida-201303

Name : Abhinav
OPD/IPD/UHID No: HDU-44616
Age/Sex: 4y / M
Consultant in charge.

Sample.ID. : Coag-2529/24
Received on : 03/09/2024
Reporting Date: 03/09/2024

Coagulation

PT (Prothrombin Time)
(Prothrombin Time) Test
Control
INR
ISI Value - 1.04

..... 23.6 Sec.
..... 13.3 Sec.
..... 1.81

APTT
APTT-Test
Control

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..... 42.1 Sec.
..... 32.0 Sec.

Note:- Clinical correlation and repeat sample if clinically indicated.

Ab
TECHNICIAN

PATHOLOGIST

Thank you for reference

1:30 pm
3/9/21.

To convert oral leuca → into injectable
is on leuca cl.

Adm

- inj leuca 100 mg iv BD. (e 18 mg/kg/d)
in maintenance dose.

- Ren sos

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Handwritten signature

3/9/24 Paeds Surgery

HOD

C/S/B Paeds Surgery consultant
D&NA / OBS / SO

U1 = fair Aetm + Aetm +

Temp	98.2F
R	94
RR	24
BP	93/64
SPO ₂	99+ @RA

U/O = 3.3m
kg

Adv

- Prepare for prep.
- Medicine / PHO reference to convert medication into injectable
- CST

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HR

- PHO reference (Dearanged. PT/INR) - CASE SEEN BY PHO TEAM
- Arrange kits.
- ⊙ Inj Leuca 100mg IV - BD
- Ask about Pre aponals

Sudip
3-9-1

HR

POST GRADUATE INSTITUTE OF CHILD HEALTH SECTOR-30, NOIDA-201303 (U.P.)



DEPARTMENT OF ANAESTHESIOLOGY

PRE-ANAESTHETIC CHECK UP

Abhinav
3.5 yrs
2/9/24
CR No - 981162300044616

Ward & Bed:

Pediatric Surgery

Height:

Weight: 12 kg.

Clinical Diagnosis:

K/C/O BALL with colostomy.

BSA:

Proposed Operation:

Colostomy closure

Significant History (Present/Past) FTNVD/2.5kg/♂/CAB(+) Development/Immunisation: complete
 - No NICU admission/jaundice/BA/Thyroid/
 - h/o seizures but and on meds started @ 7 month age & last seizures 7.8m.
 - No URTI/No cardiac history/fever.

Medication Tab levofloxacin 2 episodes of febrile seizures, has been on Eng
 Syp - Luvax daverol 100g
 T. Septan
 T. Voriconazole.

General Examination
 P I C C L E
 Systemic Examination
 HS - B/L clear chest
 CVS - S₁S₂ +wt

INVESTIGATIONS

Reports awaited.

HAEMATOLOGICAL 2/9

Hb% 12.9
 Haematocrit
 TLC/DLC 6500
 PT/PC 11.1-6.7L
 BT/CT
 Blood urea
 Blood Sugar - NAT 135
 Fasting 100.50
 Pp

Blood Urea/S.Creat

S. Proteins & A/G
 S. Electrolytes

LIVER FUNCTION TESTS

URINALYSIS

Alb.
 Sugar

CXR

ASA Grading, Anaesthetic Problems, Advice & Plan:

M.P.G. II
 No loose teeth

Pre operation orders NPO after..... a.m/p.m.....

Consent for ga/regional block/sab/ep. Block medication night before operation

Parts to be prepared:

Premedication

A1

[Signature]
 Signature & Name

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Sector-30, Noida, G.B. Nagar (U.P.)
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PATIENT INFORMED CONSENT FORM

Department..... Pediatric surgery..... Consultant In Charge..... Dr Neel
 CR No. / OPD No. 9811623000446160..... Date of Admission..... 02/09/24
 Patient Name..... Abhinav..... Patient Age/Sex..... 4yr.M
 Patient's Guardian Name:..... Chirag Singh
 Address:..... Budhana, Mirzapur nagar, U.P.
 Phone No. [] [] [] [] [] [] [] [] [] [] Relationship with the patient..... Father
 Scheduled Date for the Proposed intervention / Procedure / Surgery.....
 Name's of the Proposed Treatment Intervention / Procedure / Surgery..... ileostomy closure

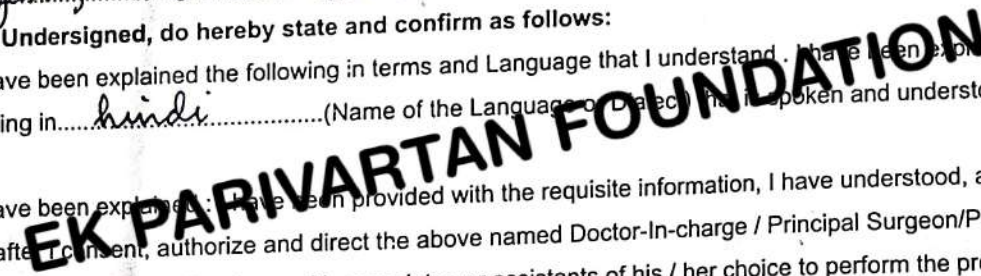
Possible Common Complication..... Bleeding, Infection, pain, SSI, Injury to nearby organ, Anastomosis leaks

I, the Undersigned, do hereby state and confirm as follows:
 1. I have been explained the following in terms and Language that I understand. I have been explained the following in..... hindi..... (Name of the Language or Dialect in which spoken and understood by me.)

2. I have been explained: I have been provided with the requisite information, I have understood, and hereafter I consent, authorize and direct the above named Doctor-In-charge / Principal Surgeon/Principal Interventionist and his / her team with associates or assistants of his / her choice to perform the proposed treatment / intervention procedure / surgery mentioned herein above.

3. I have been explained and understood that due to unforeseen circumstances during the course of the proposed treatment / intervention / procedure / surgery something more or different than what has been originally planned and for which I am giving this consent may have to be performed or attempted. In all such eventualities, I authorised and give my consent to the medical / surgical team to perform such other and further acts that they may deem fit and proper using their professional judgement.

Understanding all the consequences of the surgery & anesthesia. I give consent with sound mind for the doctor to perform the surgery on my patient.
11PM





SUPER SPECIALITY PAEDIATRIC HOSPITAL & POST GRADUATE TEACHING INSTITUTE
SECTOR-30, NOIDA (U.P.)

REQUISITION FORM FOR CONSULTATION

Name: Abhinav
Age/Sex: 4yr/M
CR No.: 981162300044616

Ward No. 4th floor-PVT & General ward

Bed No. Bed no 1

Department PHO (4th floor PA & General ward)

Consultation required from :

<u>Pediatrics Surgery</u>	Urgent <input type="checkbox"/>
	Routine <input checked="" type="checkbox"/>

Diagnosis/Specific problem

child has colostomy insitu, advised for surgery on 06/09/24 kindly tell the date of PAC & transfer to peds surgery for pre op. formalities

Consultation/Opinion required in respect of :

Request Opinion only Opinion - follow up Transfer

Date 02/09/2024 Time 10:30 AM Signature [Signature] Designation SR

Name NEHA T. AGI

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Report/Opinion of the consultant *

Date..... Time..... Signature..... Designation.....
Name.....

Use reverse side if required



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PROGRESS NOTES AND ORDERS

Name.....Ward No.....
Sex.....Age.....C.R.No.....Bed No.....

Date & Time	Progress Notes	Orders
01.09.24 6:25 AM	B-ALL / maintenance / colostomy in situ	
- No flc	Colostomy closure - 06/09	
- BP - 96/57 mmHg		Cont. oral medications
		Sudipra
02/9/2024 @ 8:30 AM	B-ALL Maintenance colostomy in situ colostomy closure + 06/09/2024	
	BP - 94/60 mmHg	T. GMP
	no issues	T. valproate
		T. Levofloxacin
		T. Whismazole
		Whismazole for LIA
2/9/24 10am	B-ALL for colostomy closure.	
		CST. CBC C/M
	no fever	Can be shifted ↓ Ped surgery

55+6

Inj Nor Adr 1.5ml + 22.5ml NS @ 1ml/hr → w/h

(@0.1mg/kg/min)

5m - 70/60

BP centiles : 50m 91/46

90m 105/61

95m 109/65 mmHg

3
ot

pulses better after fluid bolus.

Signature

4:45M

14/08/2024

@ 5:30PM

pulse - narrow/normal

Tachycardia +nt

HR - 156 bpm

RR - 30/min

BP - 91/55 mmHg

parsed urine 1h ago
in emergency

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Adv: 1) IVF DNS + 1:1 w/col @ 1000 ml over 24 hours

2) cont. inj Cefepime & Amikacin

3) hourly vital monitoring BP/0-0

Signature



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 SECTOR-30, NOIDA-201303 (U.P.)
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Continuation Sheet

Name _____ Age _____ C.R.No./UHID _____

15/8/24

10:05 am

Kiclo BALL

on maintenance chemotherapy

Colostomy in situ

C/O fever, last spike at 8 am today

Afebrile at present (96°F)

Temp - 96°F Poor oral intake

BP - 94/50 mmHg

SPO₂ - 98%

HR - 124 bpm

Adv - ① I/V DNS + 1:100 KCl @ 1000ml over 24.

② continue Inj Cefoperazone & Amikacin

③ hourly vital monitoring BP/VO

Monitor colostomy output.

Recurrent
Infections

① → C of I Neo / Amikacin

② → T. Azel (100mg) (1/2) Tab of

Syr Amlexrool 5ml TDS

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Child at present

afebrile, off O₂, tachypnea (7)

Ct same Rx

(Street Ho Charly)

ASP



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Continuation Sheet

Name _____ Age _____ C.R.No./UHID _____

15/8/24

11:00 pm

- Add ~~varicella~~^{Inj} teicoplanin 120 mg at 0, 12, 24 hr followed by 120 mg OD
- Add ^{Tab} varicella (200 mg) 1/2 tab ^q BD

B

16/8/24

c/o BAH on maintenance

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Persistent low grade fever present
 99°F

Vitals - stable

BP - 89/63 mmHg

I/O - 1250/250 / 500 ml

IVIC on 15/8/24

Blood c/s - sterile

fditi

Azithromycin D2

Inj Meropenem D3

Inj Amikacin D3

Inj Teicoplanin D2

Tab Vori conazole D3

DNS + ket 1000ml/24hr



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SECTOR-30, NOIDA-201303 (U.P.)

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Continuation Sheet

Name _____ Age _____ C.R.No./UHID _____

18/8/24

4/8/13

SN. NMO

↓ Dr. Silky M'am

C/O BAK on maintenance Chenab

Afebrile ~ 48 hr.

Oral intake better

Maintain BP > 50th centile

EK PARIVARTAN FOUNDATION

BP - 94/67 mmHg

↓
109/76 mmHg (95th centile)

HR - 92/min

SpO₂ - 100% @ nasal prong

@ 2L/min

chest - crepts ⊕

I/O - 2000 / 700 (SSD / 1650)

Blood c/s - sterile

Azithromycin D₄ ✓

Meropenem D₅ ✓

Amikacin D₅ ✓

Meropenem D₄

Voriconazole D₃

Melatonin D₂

IVF DNS / UCC

1500 / 200 hr

Norad @ 3ml/hr

(0.3 µg/kg/min)

↓
2ml/hr



POST GRADUATE INSTITUTE OF CHILD HEALTH

SECTOR-30, NOIDA-201303 (U.P.)

(An Autonomous Institute under Government of Uttar Pradesh)

Continuation Sheet

Name _____ Age _____ C.R.No./UHID _____

19.8.24

B-ALL on Maintenance

9AM

Afebulic x 72h.

BP - ~~BP~~ - 110/67

Na⁺ - 134/4.6
K⁺

I - 2030 + 800

O - 260 + 650 (bag)

KFT - 17/8 - 9.0/0.5/2.5

BP - 90/48 (9AM)

- Azithromycin D 5/5

- Im meropenem D 6.

- Im Amikacin D 6

- Im Teicoplanin D 5

- T. VORICONAZOLE D 4.

- Im ~~but~~ Metronidazole D 3

↓ - IVF DNS/KCR (1:1000)

1500 me/24h.

Im NORAD @ 2me/hour
(~~0.4~~ 0.2 ug/kg/min)

- 3% NAC nebulisaⁿ. Seldipso
19.8.24

↓ Im NORAD @ 1me/hr
for shiver

↓
Stop Azithro STOP
after today's dose

EK PARIVARTAN FOUNDATION



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Continuation Sheet

Name	Age	C.R.No./UHID
Abhinav		
21.8.24 10:25 AM		B-ALL / Maintenance / AGE ± shock
Ped Surgery - - Post for colostomy closure - HU in OPD - Afebeile - BP- 98/62 - I- 1199 + 700 O- 400 B- 24h		Inj meropenem D8 Inj Amikacin D8 Inj Teicoplanin D7 T. VORI D6 Sup Metronidazole 2.5ml PO TDS D5 STOP [IVF DNS (1:100) Kcl 500ml 24h. CBE - e/M
EK PARIVARTAN FOUNDATION		
Shift to 4th floor Sudipoo when bed is available		
22.8.24 10:25 AM		B-ALL / Maintenance / AGE ± shock
CCR - 11.0/5100/N37/66K - Afebeile - BP- 98/54 I - 400 + 1600 O - 650 Bag - 1100		Inj meropenem D9 Inj Amikacin D9 Inj Teicoplanin D8 T. VORI D7 Sup Metronidazole
Proposed date of S - 9 Sep		

2218 1m - 6:30pm ; T. 6MP 1/4 OD ^{swing}
Abhinav Sudipon

23/8/24

- Afebeile
- BP-98/58
- I-250+
- 1050
- 0-450
- bag-1500

B-ALL / maintenance

- Inj Meropenem D10/10
- Inj AMIKACIN D10/10
- Inj Teicoplanin D9
- T. VORV D8
- sup metrogyl D2/5

EK PARIVARTAN FOUNDATION

24.8.24

- 8:45 AM
- Afebeile
 - BP-98/62
 - I-200+
 - 950
 - 0-300
 - bag-1450

B-ALL / maintenance

- sup levofloxacin (125mg/5m)
4me PO OD.
- T. VORV D8
- sup metrogyl D3/5
- T. 6MP 1/4 OD.



POST GRADUATE INSTITUTE OF CHILD HEALTH

SECTOR-30, NOIDA-201303 (U.P.)

(An Autonomous Institute under Government of Uttar Pradesh)

Continuation Sheet

Name Abhinav Age _____ C.R.No./UHID _____

25/8/24

8:55am

B-ALL Maintenance

Afebele

BP - 98/58 mm Hg

I - 50+1100 ml

O - 250 ml (uris)

wlostomy bag - 1450g

- Inj Teicoplanin (D10)

- Syp Metronidazole (D4/5)

- Syp Levofloxacin (D1)

- T. voriconazole (D10)

EK PARIVARTAN FOUNDATION

- T. GMP
- Syp zinc

26.8.24

B-ALL maintenance

Afebele ^{10:20} AM

BP - 98/60

I - 900

O - 100

ST - 950

Inj Teicoplanin D11

Syp metrogyl D5/5

Syp Levofloxacin D3

T. VORICONAZOLE

T. GMP

Syp zinc

Sudip
26.8.24



POST GRADUATE INSTITUTE OF CHILD HEALTH

Sector-30, Noida, G.B. Nagar (U.P.)
(An Autonomous Institute under Government of Uttar Pradesh)

PROGRESS NOTES AND ORDERS

Name.....
Sex..... Age..... Ward No.....
C.R.No..... Bed No.....

Date & Time	Progress Notes	Orders
Paediatric Surgery 28/8/24	C/S/B ALL K/C/O B ALL with colostomy in situ. Planned for colostomy closure. Adv	
* Child already dated for admission Paediatric Surgery on 6th/Sept/2024. for surgery. → Kimolly Review the pt on 6/Sept/2024.		
EK PARIVARTAN FOUNDATION		
29/8/24 10:30am	B ALL (colostomy in situ) on Maintenance fever & shock (resolved). no issues. BP- 94/60mmHg I - 1250ml O - 300ml AT - colostomy bag	- Tab CMP song 1/2 o.d - T. Vancomycin - T. Levofloxacin - T. Chloramphenicol - chloramphenicol

[Signature]

[Signature]

Date & Time	Progress Notes	Orders
30/8/24 @ 9:58 AM	B-ALL colostomy insitu on Maintenance fees & Shock (Resolved)	
	no issues planned for colostomy closure on 06/9/2024	
	I - 1250ml O - 100ml + ST colostomy bag - TT.	<ul style="list-style-type: none"> - Tab 6MP - T. Voriconazole - T. Levofloxacin - T. Cotrimoxazole - cloti'mazole for LA

Stop Syp Ambrusol

EK PARIVARTAN FOUNDATION

31.8.24 9:40 AM	B-ALL & Maintenance & colostomy in situ planned for colostomy closure on 06/09	
I - 970 O - 6 times A&I - 8 times no fresh complaints BP - 92/58 mmHg		<ul style="list-style-type: none"> T. 6MP T. VORICONAZOLE T. Levofloxacin T. Cotrimoxazole Clotrimazole LA

Surgery (colostomy closure planned on 06/09/24)