



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	BABY RICHIKA KUMARI
PATIENT FATHER NAME	MR. VIKASH KUMAR RAM
DOB AND GENDER	1 YR / FEMALE
DISEASE NAME	EYE CANCER
TREATMENT HOSPITAL	ALL INDIA INSTITUTE OF MEDICAL SCIENCE (AIIMS) NEW DELHI
REGISTRATION NO	107588882
DEPARTMENT NAME	PAEDIATRICS
TREATMENT COST	APPROX 2.50 TO 3 LAKH
PATIENT FATHER OCCUPATION	LABOR
PATIENT ADDRESS	KHANPUR, BIHAR- 841208



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		100ml NS over 1 hour Post hydration: 125ml/m ² /hr N/2 5% Dextrose + 1 100KCl x 4 hours
	1200 mg/m ² /day 40 mg/kg/day for Age < 36 mo	In 100ml NS iv infusion over 8 hours with cyclophosphamide
Etoposide	120 mg/m ² /dose in 200ml NS over 2 hours 4 mg/kg/day for Age < 36 mo	IV infusion over 2 hours
GCSF	5 mcg/kg/day	D3 till ANC Recovery

Chemotherapy doses should be reduced to 75 % of the dose in

- Children with Severe Acute Malnutrition
- Children with High risk FN

Cycle 3, Week 6

22/11/24

Weight 8.9 kg Kg Height: cm
BSA: m²

Hb 10.5 g/dl TLC 9.14 ANC 3.97 Plt 2.19 Lac

Urea Creat TBil AST/ALT

Drug	D0	D1	D2	GCSF until ANC recovery	D7	D14
VINCRIStINE	X				X	X
CISPLATIN	X					
CYCLOPHOSPHAMIDE	X	X	X			
ETOPOSIDE	X	X	X			

22/11/24 20 20 20 20 20 20
Inj GCSF 5mg - 20.11 add

Drug	Dose	Route
Vincristine	1.5 mg/m ² /dose (max - 2mg) 0.05 mg/kg/day for Age < 36 mo	IV slow push
Cisplatin	105 mg/m ² /dose in 500ml NS over 6 hours 5 mg/kg/day for Age < 36 mo	Prehydration: 125ml/m ² /hr N/2 5% Dextrose + 1 100KCl + 0.5 100 MgSO ₄ (50%) x 2 hours Cisplatin infusion in 500ml NS over 6 hours Post hydration: 125ml/m ² /hr N/2 5% Dextrose + 1 100 KCl + 0.5ml 100 MgSO ₄ (50%) + 3.8ml 100 Mannitol (20%)
Cyclophosphamide	1950 mg/m ² /dose in 100ml NS over 1 hour 6.5 mg/kg/day for Age < 36 mo	Prehydration: 125ml/m ² /hr N/2 5% Dextrose + 1 100KCl x 2 hours Cyclophosphamide infusion in 100ml NS over 1 hour Post hydration: 125ml/m ² /hr N/2 5% Dextrose + 1 100KCl

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18/11/24

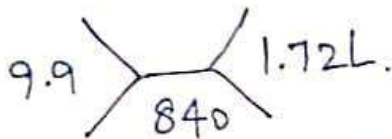
(L) EORPs

Enucleation ✓ - cut end positive.

Post 2# ARET.

EBRT: Registration done.

off Abx
No fever/focus of infection at present.

9.9  1.72L.
840

Monocytes: 33 %

(recovered marrow)

Advice:

To CHECK CBC

1. To proceed with cycle 3 ARET.

To get date for d₀, d₁, d₂ chemo from

Daycare after 20/11/24 22/11 - 24/11

2. Do chemo

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Inj. Emeset 2mg iv

Inj. Dexa 2mg iv

C. Aprecap 120mg

80mg

18 80mg

1/2 tab - D₁

1/2 tab - D₂

1/2 tab - D₃



अ० भा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL
 वहिरंग रोगी विभाग / Out Patient Department



शुभ्राग्निं प्रज्वालयेत् / SMOKING IS PROHIBITED IN HOSPITAL PREMISES

रोगी विभाग / UHID: 107568682

कमरा / Room
C-210

Queue / संख्या
F13

OPR-6

Dept No: 2024030024489
 Clinic No: 2024/299

Unit-I POC

RICHIKA KUMARI

रोगी संख्या / O.P.D. Regn. No.

DR. VIKASH RAM
 1Y 3M 20D / F (महिला)
 KALAN KHANPUR, BHALUA BUZURG,
 MANJHI SARAN BHAR, INDIA
 General. Rs 0

MON रोग

आयु
Age

पता / Address



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निदान / Diagnosis

दिनांक / Date

उपचार / Treatment

(30)

8. 9/11/24

N/V 27/11/24 C CBC
 RFT
 LFT

[Handwritten signature]



CBC
 = on 27/11/24

1
 1/2
 4

↓

Inj. VINCRISTINE 0.5mg iv slow push.

ivf: DNS + (1:100) KCl + (0.2:100) MgSO₄ @ 50ml/hr x 2hr

↓

Inj. CISPLATIN 30mg iv

300ML of DNS + (1:100) KCl + (0.2:100) MgSO₄

iv over 6h

Inj. MANNITOL 15ml iv over 6h

↓

ivf: DNS + (1:100) KCl + (0.2:100) MgSO₄ @ 50ml/hr x 2hr

3. D₁ and D₂

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Inj. EMESET 2mg iv

Inj. DEXA 2mg iv

↓

Inj. ETOPOSIDE 35mg / 200ml NS iv over 2hr.

ivf: DNS + (1:100) KCl @ 50ml/hr x 6 hours total

2h after hydration starts:

Inj. CYCLOPHOSPHAMIDE 560mg / 200ml NS iv over 1hr.

→ Inj. VCR 0.5mg slow iv push
 $D_0 \rightarrow D_2 \rightarrow D_{14}$
 16/10 23/10
 → Inj (N₂ + DS) + 1:100KCl + 0.5:100
 50ml/hr x 2hrs

↓

Inj. LISPLATIN 30mg im
 Inj (N₂ + DS) + 1:100KCl + 0.5:100
 MgSO₄
 + 3.8:100 Mannitol
 50ml/hr x 6hrs

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Daycare slot ~

16/10 to 17/10/24, 18/10/24

D₁ & D₂

- Inj. ETROSIDE 35mg / 20ml NS over 2hrs

- Inj (N₂ + DS) + 1:100KCl 50ml/hr x 6hrs

- Inj. CYCLOPHOSPHAMIDE 50mg / 100ml NS over 2hrs of 2hrs of hydration

To, The Cankid's
 Kindly assist

POH clams Inj G-CSF 50mg 5/10 AM therapy

13/11/24

① eye EORB post Cycle 2 ARET

on 30/10/24

Has MS-CONS (S) to Teicoplanin.
on D10 Inj. TEICOPLANIN.

Child afebrile x 9 days
c/o cough bed.

O/E:- vitals stable

Chest - B/L post
intercostular
o/c crepts ⊕.

crs /
P/A / WNL.
crs

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Adv.

- U. I. v a/b

till 17/11/24.

- N/v on 18/11/24

in POC clinic 2pm

CBC / LFT / KFT.

Manasee

DR. MANASEE DEKA
Senior Resident
DM Pediatric Oncology
AIIMS, New Delhi-110029

Advise

3 ml P/O q 8hrly

- ① Syf ondansetron [4 mg/5 ml] 3 ml
- ② stop inj. zosyn
- ③ 710 inj. Teicoplanin [D2114]
- ④ if complaints persist ~ to Review for NG feeding Report @ ER if any danger signs
- ⑤ flu on daycare on 7/11/24 for follow up.
- ⑥ Syf Cetirizine 2.5 ml b.s x 3 days

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8/11/24
 Vitals - stable
 chet - clear
 P/A - Soft, BS @
 mntzdr

→ no fresh fever spikes / vomiting / cough / cold
Adv

① 1. ch inj Teicoplanin
 15 2. ~~antibiotics~~ M/W of 11/10/24
 a 2nd P/O

→ Botulinum Toxin

→ Zylorel gel

Adu

• XXI VCR on 30/10

28/10/24 EN-05

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→ afebrile ~ 3 days

• cough/cold improved

Vitals & reports (In 6/24/10)

GT-N

CXR - (N)

Adu

PR - 142/mb

RR - 32/mb

BP - 110/74 mmHg

SPO₂ - 90% (oxygen)

SpO₂ → 98% ↓ R_{1A}

B/C ⊕ ausculting (24/10)

- C/O cough, cold.

Usual intake of oral feeds.

1. Sp + CBC

2. Ct. drug / ptoz / inj. Amikacin

3. Sp of albumin sensitivity

4. Sp of urine & stool H/S } XPR

5. Ct. soft stool / dist. belly / bowel
analysis } Sp

6. Sp of reports } the more

Uret - b/c breath sounds ⊕
clear

PIA - soft ⊕, moist tender

rest of ct was

25/11/14

c/o left EORB / MM-metastatic / post emulsiolom /
HRF(1)

→ admission 22/9 to 27/9

2/4/0 prolonged & profound
neutropenia

(OR I + AGE)

NO/ONEC

→ no frk issues

chemo

ARET cycle 1

13/9 to 27/9

IMVU

2D echo → (N) study

(18/10)

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9/11

CBC: 10.7 (3/10) $\frac{4650}{2060}$ 5.146c

Vitals - stable

Urea - clear

LFT/RFT (N)

HA - soft, BS ⊕
norm tender

Adv

1. ARET cycle 2

Do

- 7mg Emaset 2mg iv stat
- 7mg Dexa 2mg iv stat

... (1000) ...
... (1000) ...

14/10/24
P. S. M.
D. S.

14/10/24
- Broxy

(2) EORB/ Post Emulation / non metastatic
Post 1st ARET

- to get RT Registration from ICRH
for Radiotherapy.

- to CBC / LFT / RFT today

[Signature]

14/10/24

Dr. VISHAKHA VARSHNEY
Senior Consultant
Department of Paediatrics
All India Institute of Medical Sciences
New Delhi

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16/10/24

11) $\frac{8390}{4210} \leftarrow 1.90$
LFT/RFT - (2)

\Rightarrow go ahead to chemo

to complete 3 day chemo
D0, D1, D2

Inj GCSF 40mg From D3 till ANC recovery
- to visit OPD on 23/10/24 \bar{c} CBC / LFT / RFT



Dr. VISHAKHA VARSHNEY
Senior Consultant
Department of Paediatrics

23/10/24
- 17/0NR

1
@home
SK 70

23/10/24

- 2 cycles chemo received

- mabc (205)

- Immunization card

Rpt EBE
Not taking Septan

CF7
CF7 (2)
8-9 24/9/24

0-82 (0.52)

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Lyg v ik today 0.4 mg
4 pm. IV push
check count

Lyg Septan 5 ml EBE

CF7

Lyg 9 of today

PIEC done

Parivartan
m/lyg

24/10

stable
no new vomits.

EN - 9/8/24

2 cycles done. stayed
- no febrile episode 5th day
after chemo cycle now
last chemo.

CAL
CPR 1/1/24

M/UM 02/11/24

P 9 AM

OM 01/11/24

DR SAURAV
SRP



no new complaints

2 cycles ✓
last exam 23/1/24
no fever
feels

EN 9/8/24

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✓ collect Bios
yours
✓ Blr 45
2/24

1/2

to 1/2 complaints

1/2/24 (1/1/24)

Diagnosis (DQ)

Diagnosis (DQ)

Diagnosis (DQ)

not crossing done

diag treatment

see the lab

G- test using CO2

8.7

8.7

16 8.6

11.2

8.5

stop 9/6
dull grey 9/6

Under Infection
22/7
3/11

stop 10/11/24
Under HL before
Day care results

next