



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

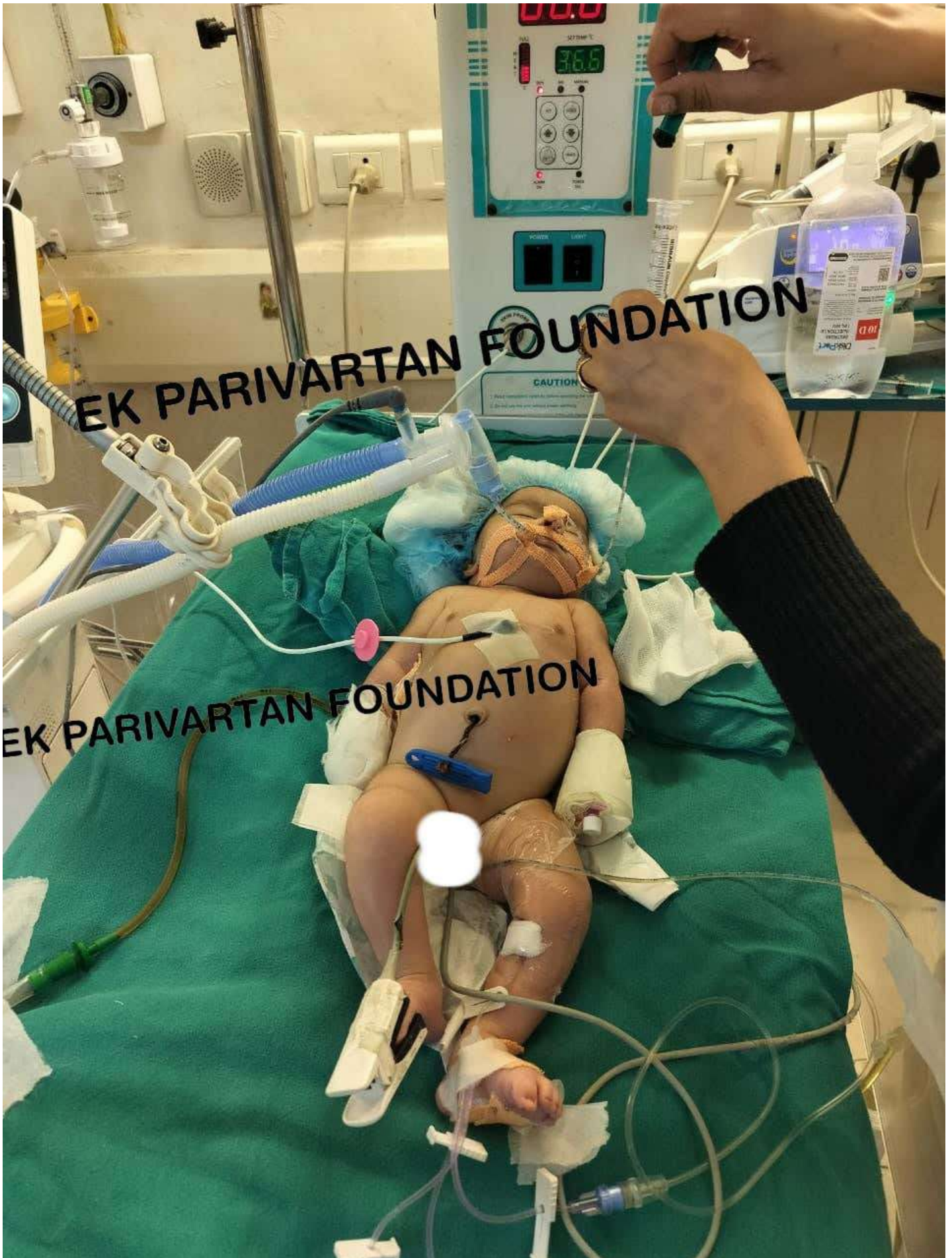
EK PARIVARTAN FOUNDATION TM APP NO : 5822870

EK PARIVARTAN FOUNDATION MSME NO : DL-02-0040746

EK PARIVARTAN FOUNDATION WEBSITE : WWW.EPFNGO.ORG

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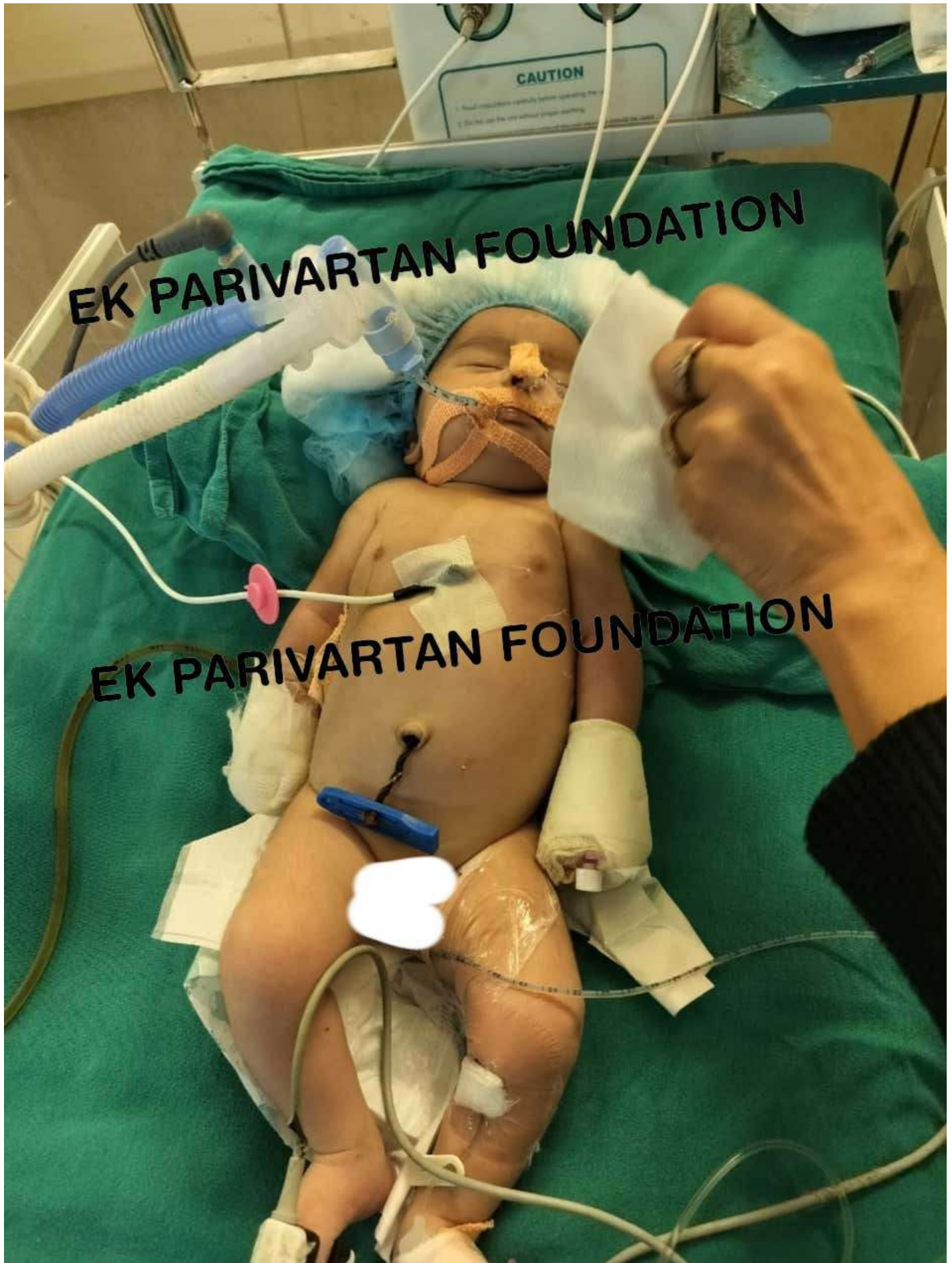
PATIENT NAME	BABY OF LEELAWATI
PATIENT FATHER NAME	MR. RAKESH KUMAR
DOB AND GENDER	6 DAYS
DISEASE NAME	TRACHEOESOPHAGEAL FISTULA (TEF)
TREATMENT HOSPITAL	(PG.I.C.H) POST GRADUATE INSTITUTE OF CHILD HEALTH
C.R NO	981162500002161
DEPARTMENT NAME	N-ICU
TREATMENT COST	APPROX 1.5 TO 2 LAKH
PATIENT FATHER OCCUPATION	LABOR
PATIENT ADDRESS	NOIDA SECTOR 39 U.P 201301





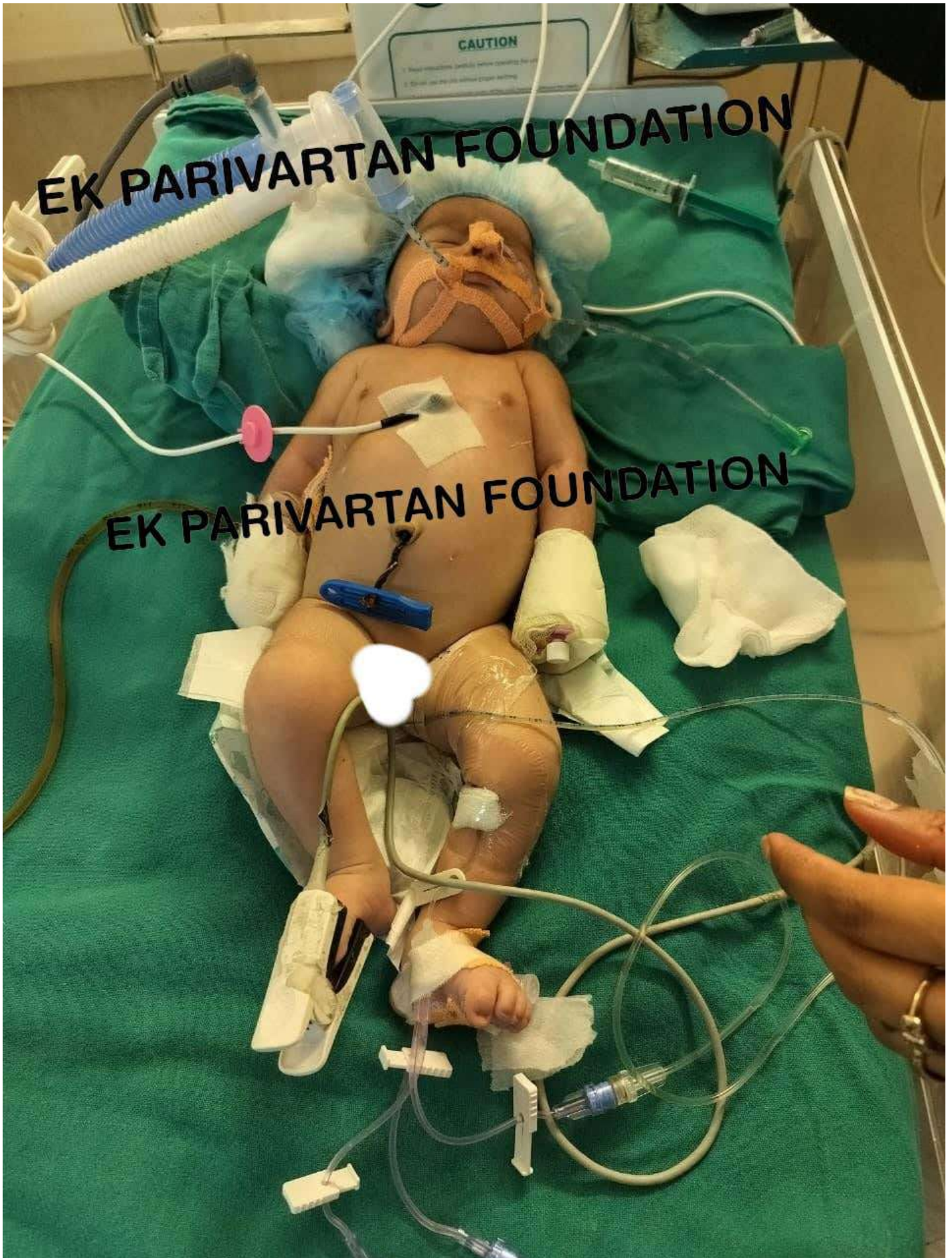
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**SUPER SPECIALTY PAEDIATRIC HOSPITAL SECTOR 30,
NOIDA, UP**

Patient informed Consent From

Department Pediatric Surgery Consultant Incharges Dr. Heli
 CR No./OPD No. 002161
 Patient Name B/B Lalwani Age/Sex 2 days / F

Patient's guardian Name

Address Noida

Phone No. Relationship with the patient father

Scheduled date for the proposed intervention / procedure / surgery

Name/s of the proposed / procedure / surgery

..... TEF Repair

Possible Complications Blinding infection pain SSF

..... keocumca injury to nearby organs

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) that is spoken and understood by me.
2. I have been explained; I have been provided with the requisite information; I have understood, and thereafter I consent, authorize and direct the above named doctor-in-charge/principal surgeon / principal interventionist and his / her team with associates or assistants so his / her choice to perform the proposed/ procedure / surgery / mentioned here in above
3. I have been explained and have understood that due to unforeseen circumstances during the course of the proposed 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 authorize and give my consent to the medical/

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Consent for TEF Repair

I have been explained by my doctor in my native language of my pt. My pt is planned for TEF repair and will be proceeded accordingly.

the following complications associated with surgical procedure.

- Bleeding
- Respiratory injury
- Need of ventilatory support
- Dysphagia
- Esophageal stricture
- Anastomotic leakage
- Tension pneumothorax
- Spells

Need of Blood transfusion
SSI.

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Understanding all consequences of the surgery, I give my consent with sound mind to proceed with the treatment

ऊपर लिखी गईं सारी बातें हमें हमारी भाषा में समझा दीसकरी हैं। हम अपने बच्चे का आपसे रक्षक ज्ञान प्राप्त हैं।

रविश

Consent for surgery

Name :- B/o Kulawati

- Age/Sex :- 20 days IF

- CRNO :- 00 2161

→ Management = FI → proceed.

I have been explained by my doctor in my native language (hindi) regarding diagnosis & ongoing proposed management of my pt. My pt is planned for exploratory laprotomy & will be proceeded accordingly.

The surgery will be done I, GA by open approach.

The following complications associated to surgical procedure

Bleeding

Neurovascular injury

Injury to bowel & bladder

Injury to adjacent organ

Need of Blood Transfusion

Need of Anastomy/Colostomy

Need of mechanical ventilatory support

SST

Recurrence

Need of Revision of surgery

Understanding all consequences, I give my full consent & sound mind to proceed to the treatment

21/02/21

Date & Time

Progress Notes

7/1/20

10:00am

Prognosis consent

क. हमें हमारे करीब की गंभीर
 हालात का पता लगाना होगा
 जो कि मरीज को देखना भी मुश्किल
 है जिसका कारण अपरेशन करना
 जाता है।
 साथ में मैं विकृत हो जाऊंगा
 मरीज को साथ में रखना मुश्किल
 पर जो डॉक्टर जा रहा है रूबन को
 साथ जरूरत पड़ने पर रूजा रही
 है।

Infection से पड़ने की चोखी
 रहे रहे।
 जरूरत पड़ने पर मात और
 जो कि रूबन को चोखी रूजा सही
 है। इन रूजा सही रूजा सही
 और शमल व दूसरे में मेरे मरीज
 का रूजा आगे कराना चाहिए।

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शकेरा



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: Bal Ugrwati Ward No. _____
Sex: _____ Age: _____ C.R.No. _____ Bed No. _____

Date & Time	Progress Notes	Orders
2:00 pm	IVF @ 1ml/h. Catheterisation done. ↓ ↓ аьрiчнi cомоллi2 У/о Нашишиг. Ивичи Нашишиг.	

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7/1/5	POD3 (15) B.D.H.S.U	
Temp	36.4	Игч мичо Мичагч 104 Cошлiчмдэ
HR	130	
AR	60	
BP	74/42(57)	
SpO2	100 I.T Vent (40/5/9/35)	
прирiчнiлiш оошм		
<u>AelV</u>		
<ul style="list-style-type: none"> → Иагч ошлiчмдэ. → Зичнашиг ошлiчмдэ. → EBM 5ml шичи зхичи → Сиоланом SOS → У/о Нашишиг. 		
V.B.H task in evening session.		

У/о = 3.5ml/h

25
10:00 PM
मुझे

Counseling

मेरी भाषा में लिखा गया है कि मेरा क्या condition है वैसे को देख है। जिसके लिए operation के जरूरत है।
वैसे को जानना भी जरूरत है।

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(An Autonomous Institute under G

DAY	SECRETIONS	MUCOID/BLOODY/PURULE NT/MILKY	SMALL MODERATE	8:00 AM	9:00 AM	10AM	11:00 AM	12:00 PM	1:00 PM	2:00 PM	3:00 PM	4:00 PM	5:00 PM	6:00	
				ET/O	/	/	/	/	/	/	/	/	/	/	
I N T A K E	REPLACEMENT FLUID <i>DOP</i>														
	IV-1 IVF <i>D10% @ 6ml/hr.</i>			<i>6w</i>	<i>6w</i>	<i>6w</i>	<i>6w</i>								
	IV-2														
	IV-3														
	IV-4														
	IV-5														
	PRBC														
	OTHER BLOOD PRODUCTS														
O U T P U T	FEED <i>OG Feed w/H.</i>			<i>M - P - O -</i>											
	URINE : (1-4ml/kg/hr														
	NG ASPIRATION														
	ICD (Column Movement /Color/Amount														
	STOOL (color/Amount/Consistency)														
	E														
M E D I C A T I O N	D ₂ <i>Inj Ampicillin 135 mg IV x TDS. 6am</i>								<i>2pm</i>					<i>10</i>	
	D ₂ <i>Inj Gentamycin 14 mg IV x OD.</i>									<i>6pm.</i>					
RBS x QID.			<i>6am</i>	<i>45/100</i>				<i>12pm</i>				<i>6pm</i>			
BP x BD			<i>6am</i>	<i>10/40</i>								<i>6pm.</i>			

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

Name B/o Lilawati Age 2 day Sex F C.R No. 002161

Date of Admission 4/1/24 Date of Operation 4/1/24 Date of Transfer Room No.

Bed No.

Medication Injections	POV-00 4/1/25	Special Points
IVF DN/3 @ G. Sully	✓	
Ij Meropenem 4mg IV TDS	(DI) 5PM	
Ij Metrogyl 2mg IV TDS	(DI) 7PM	
Ij PCM 3mg IV Oral TDS	✓ 6PM	
Ij Pantop 2mg IV TDS	✓ 6PM	
Stat EK PARIVARTAN FOUNDATION		
RBS QID	✓ 4PM	
Diet		
Ambulation		
Physiotherapy	wt	

CT 11.5 kg / vol 5/3 SR 2 TGF on duty

24.50 pm

ac - anak

↓ med support

(SIMV-PC mode 40/15/5/40)

PR = 138 / min

SpO₂ = 96%

Eutrofik

CR 2 ml

Pediatrik Surgery

reference: Semb

CR - cath of or tube (ant)

R

1) Kup WPO

2) IVP DIT 6 ml

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3) CT med ventilator support

4) regular suctioning 2x half
SAD

5) Lateral Decubitus

6) arrange PRBC 10-40 ml

7) PRam = 2D-echo

8) eye vit k lung saat

Fancy

CPTZ 55

Adc

D with feed

2) 1.2 ~~1.5~~ Do @ 6mef h
LTPR 2 800

3) 2' Ampicillin 135mg iv TDS
Gentamicin 14mg iv OD

4) Chest x-ray i OG in situ

5) Clinical condit explain

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Dr. Anur

5,000/-
लक्ष्मी दीन

बच्चे की एल्ट रोगों हे कंटीलेर
पर प्रत्ये की आवश्यकता पड़ी - है।

SUPER SPECIALITY PAEDIATRIC HOSPITAL & POST GRADUATE TEACHING INS
SECTOR-30, NOIDA-201303 (U.P.)



DEPARTMENT OF RADIOLOGY

(Bed)

ULTRASONOGRAPHY REPORT

Patient Name..... B/o Lilawati Age/Sex..... 5D/F CR No./ UHID..... 98116250600
OPD/IPD..... IPD Department/Unit..... Ped. Surgery Referring Doctor..... Dr
Clinical Diagnosis.....
USG..... USG KUB USG No..... 061 Date..... 06/01/25

USG KUB

Kidneys: Right Kidney- 4 cm
Lefy Kidney- 3.2 cm mm

Both Kidneys are normal in size, shape and echotexture. Corticomedullary differentiation is normal. Both pelvicalyceal systems appear normal. No evidence of calculus or hydronephrosis seen.

Urinary bladder is well distended and shows echofree lumen with normal wall thickness. No w
PVRU measures- echos, no ureteric dilatation post. to

No free fluid seen in pelvis. minimal ascites.

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Impression: Normal study.

For Dr Deel
.....
Consultant Radiologist



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PROGRESS NOTES AND ORDERS

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

Date & Time	Progress Notes	Orders
8/6/25	Mung Platelet study @ 6 AM (flexible bedside USG KUB)	
EK PARIVARTAN FOUNDATION Ananya		
6/11/25	POD ₂	
	C/SIB/D/SU	
	YL = sick	U/O = 39 mmHg
Temp	36.4	Jmg Nuro PB
HR	125	Mylodex D3
RR	40	Cocillium D2
BP	86/30/48	
SpO ₂	98.7 VentH [40/5/10/40]	
Pupils	isocoric	

Date & Time

5/1/25

12:00

Progress Notes

Prognostic comment

हमें हमारे मरीज कि गंभीर हालत के बारे में बताया गया है। मरीज को TEF कि डायग्नोसिस है जिसके बिना मरीज का आपरेशन किया गया है। ऑस लंबे से विकल के कारण मरीज को मशीन पर भी डाला गया है।

मरीज कि हालत गंभीर है। जकृत पुडों पर मरीज को पीला जोर लाल खुब भी चढ़ाया जा सकता है। मरीज कि हालत गंभीर है।

Imperfection और Depress से लहरे के तिर वटाईयों भी चक रही है। इन सूखी बातों को जानते समझते दुःख में मेरे मरीज का इलाज आगे करता चलता हूँ

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15:00 Start.

Imy Collyrium 50,000 x 1ml | 3 T.V ~~BD~~ BD

$$\Rightarrow \frac{50,000 \times 1.92}{3} \Rightarrow 32000 \text{ IU}$$

→ Imy Collyrium 32,000 IU IV — ~~BD~~ BD



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DEPARTMENT OF BIOCHEMISTRY

BLOOD BIOCHEMISTRY EXAMINATION REPORT

UH.ID. / C.R. 02161 OPD/IPD HDU DATE 05 JAN 2025
 NAME/ B/o Bio Lilawati AGE 4 D/Wk/M/Y, GEN - M
 REF. BY.....

		(Normal Value)
Plasma Glucose Fasting	.....mg/dl	(70-100 mg/dl)
Plasma Post Prandial Glucose (2hrs)	.....mg/dl	(<140 mg/dl)
Plasma Random Glucose	.....mg/dl	(70-140 mg/dl)
Plasma HbA1C	.....%	(4-5.6%)
KFT PROFILE		
Blood Urea	<u>43</u>.....mg/dl	(10-45 mg/dl)
S. Creatinine	<u>0.9</u>.....mg/dl	(0.5-1.5 mg/dl)
S. Uric Acid	<u>4.4</u>.....mg/dl	(2-8 mg/dl)
ELECTROLYTE PROFILE		
S. Sodium (Na ⁺)	<u>127</u>.....mmol/L	(135-145mmol/L)
S. Potassium (K ⁺)	<u>4.5</u>.....mmol/L	(3.5-5.5 mmol/L)
S. Calcium Total	.....mg/dl	(9.0-11.0 mg/dl)
S. Chloride (Cl ⁻)mmol/L	(96-106 mmol/L)
S. Calcium ionized (Ca ²⁺)mg/dl	(4.6-5.3 mg/dl)
LFT PROFILE		
Serum Bilirubin Total	.....mg/dl	(0.2-1.0 mg/dl)
Conjugated (Direct)	.....mg/dl	(0.1-0.4 mg/dl)
Unconjugated (Indirect)	.....mg/dl	
SGOT(AST)	.....U/L	(0-40 U/L)
SGPT(ALT)	.....U/L	(0-45 U/L)
Serum Alkaline Phosphatase	.....IU/L	(Depending on age)
S. Total Protein	.....gm/dl	(6.0-8.0 gm/dl)
S. Albumin	.....gm/dl	(4.0-5.5 gm/dl)
Globulin	.....gm/dl	
A.G. Ratio	.....gm/dl	
Others		
S. CRP (Quantitative)	.....mg/L	(0 - 6 mg/L)
S. Phosphorus	.....mg/dl	(2.3-7.0 mg/dl)
S. LDH	.....U/L	(0-248 U/L)
S. Amylase	.....U/L	(25-125 U/L)
S. Lipase	.....U/L	(0-160 U/L)
S. Lactate	.....mg/dl	(5-12 mg/dl)
S. Magnesium	.....mg/dl	(1.6-2.6 mg/dl)
S. GGT	.....U/L	(0- 40 U/L)
S. IgA	.....mg/dl	(70-400 mg/dl)
S. IgG	.....mg/dl	(700-1600 mg/dl)
S. IgMmg/dl	(40-230 mg/dl)
S. CPKU/L	(<250 U/L)
S. CK-MBU/L	(5-25 U/L)
S. Ceruloplasminmg/dl	(20-35 mg/dl)

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Verified By 
 Technical Staff

Consultant

PTO



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PROGRESS NOTES AND ORDERS

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

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

Date & Time	Progress Notes	Orders
5/2/25	PODI	
	C/S/B/D/S/D	
	U/L = Sick	U/O = 2.6 ml/min
Temp 36	9mg Mikoripium 1	
HR 158	9mg Mikoripium D2	
RR 48		
BP 78/44 (52)		
SPO2 98-100% Verifi		
EK PARIVARTAN FOUNDATION		
	<p><u>Adv</u></p> <ul style="list-style-type: none"> ETube care / Suctioning every 5-6 hrs Monitor sterile condition & suctioning Use ambu bag (of small size) Plan to start feeds (IM [all milk]) IP and start mobilization & saline. <p style="text-align: center;">↓ followed by</p> <p style="text-align: center;">Suctioning &</p> <p style="text-align: center;">↓</p> <p style="text-align: center;">Mobilization with suction.</p>	
	<p>Send LBL / VBB / Blood culture / RFT / MATKT</p> <p>change suction / oral hygiene as advised.</p>	

Adv

- 1) put on or support - by nasal prongs
- 2) parents counsel about - the clinical condition of the child and need for NICU and CPAP requirements.

Sgt
m/v

8:45 pm

DOB -> 2/12/25
at 12:00 pm

CU -> 2 hrs.

No medical Con ctio

wt -> 1.95

MUD / Term / CTAB / Bwt -> SGA
? 77w

in case

CO -> Respiratory distress me birth.

P1+1

- 1 abortion

TRM -> 60

OLE -> Active
Pulse \oplus
CMT 3 sec

MBG NE

M -> 46mc

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Active -> keep on OL support

- shift to NZC
- Admit in NZC.
- Out feeds 10ml 2 hourly
- CBC, S12, ICF? to send
- PCV*
- chest x2 PA view

Augu

TARC 60ml/d

① $\downarrow O_2$ by NP @ 1L/M

② OG feeds 10ml dry

③ RBS & hy

④ MA 157

Plan
CBC / PCW / SC / KAT
Blot, CRP, CPT

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S/T / VO / SGA / C202 / Respiri distri sine

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

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INTRA-OPERATIVE ANAESTHETIC RECORD (Form-3)

Date: 04/01/25

Patient Name: B/o Lilawati Age-Gender: 2 days F Wt/Ht: 1.9 kg CR No: ASA PS: Dr. Poonam / Dr. Bhumiika
 Diagnosis: TEF - C Surgery: TEF Repair Surgeon: Dr. Sheeta / Dr. Prayas Anaesthesiologist: Dr. Neha / Dr. Ashay

IV Access 1: 12:10 pm Induction: 2 12:15 pm Incision: 3 Closure: IA Access: Wheeling out

ays device used: ETT 3no. ETT Fixed at: 8 Pack: Y/N Ventilation: MECHANICAL Circuit used: Maintena 02/50

ional Anaesthesia-SAB/Epidural/PNB/CSE site: Agent: Max Sensory Block: Volume Pt position:

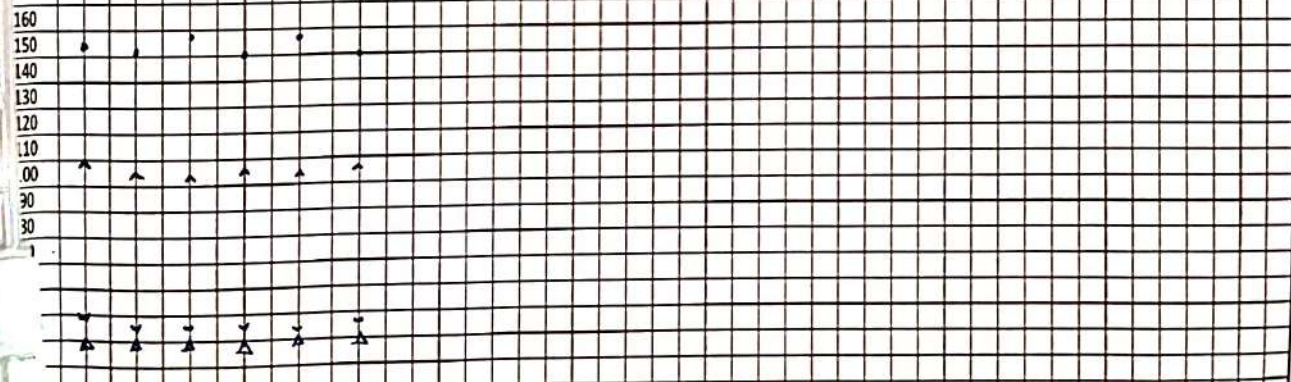
eedle: Single Shot/Catheter (.....) Patient Position Tourniquet time: MABL: ml

Time/Drug	Amount	Route
12:15	2 mg	iv
12:15	3 mg	iv
12:15	0.15 mg	iv
12:15	30 mg	iv
12:15	2 mg	iv

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IVF 2-1 DRL
 AA
 MAC

Vt 14 mL
 RR 24/min
 tCO2 36
 SpO2 98.1



LVP
 emp. 30-50
 Urine
 od Loss

* SBP, * DBP, HR, MABL, Maximum allowable blood loss



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PROGRESS NOTES AND ORDERS

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

Date & Time	Progress Notes	Orders
4/1/25	POPO C/SIB/DMSO U/L = critical.	
Temp	36.7	
HR	166	
RR	56	
BP		
SpO2	98.1. VENT [40/5/40/10]	
EK PARIVARTAN FOUNDATION		
	<p><u>Adv</u></p> <ul style="list-style-type: none"> → follows part of orders → MPO T/F/O → Roll bandage → X Ray abdomen + Chest → Keep NIV/O2 dependent don't separate. → arrange pillows → 2mg Midaz 0.5 mg IV sos can be given for sedation → U/O Monitoring → vitals monitoring 	

2/1/25

- CBC, ^(C) S.E., KFT, Blood c1s, CRP, ~~PCR~~ Send ^(P) dwt,
→ chest X-Ray done.

3/1/25

- HCT ~~PCR~~ GA - ^(P) dwt ^(C)

CX-Ray with O₂ to be done

CX-Ray done. - film ~~done~~ collect

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Rec-OP Notes

04/1/25

- Pt. received in Rec OP at 11:50am
→ V/S checked and recorded
→ NPO - continue wt 1.9kg
→ V/M - NIR Consent - ~~done~~
→ HB - 18.3
→ Inf -

Date & Time	Progress Notes	Orders
<u>4/1/25</u>	<u>Prognostic Consult</u>	
<u>3:00 pm</u>	<p>हमें हमारे मरीज कि गंभीर बीमारी के बारे में बात दिया गया है। मरीज को TEF कि बीमारी है। बिना मरीज का आपरेशन भी हुआ है। सास लेने में विकलता कि वजह से, मशीन पर भी डाला गया है। मरीज कि हजात गंभीर है। इन सभी बातों को जानते असमर्थ है। हम से मरे मरीज का इलाज साम कराना चाहता है।</p>	
EK PARIVARTAN FOUNDATION (संस्थापक)		
<u>9:00 PM</u>	<p>→ Hyper extension of Neck avoided - Next prick CBC, RFT, Blood culture.</p> <p style="text-align: center;">) <u>Pragna</u> SR</p>	

4/1/24

C/S/K - Red Sp team

1/2 of life.

term. / m/s.

released / up reproduction

up feeding (+)

currently ventilated

11 (+) good wt, CF-1 C3 sec

AK flat.

EK PARIVARTAN FOUNDATION

- OG absent at 10-11 am.

- Back of eye (+)

lenses (+)

dual opus. (+) (+)

ectropion +

patient counseled,
& prognostic of
sx

Adm

arrange PRBC.

latent pneumonia
frequent oral suctioning

supportive care

will call to shifts to

07.

Shubh

POOR PROGNOSIS CONSENT

DATE: 4/11/25

NAME: Blokmalati

AGE/SEX: 2 Days IF

WARD: NICU

DIAGNOSIS: 1 Tracheoapical fistula

MANAGEMENT: TEF Repair

I HAVE BEEN EXPLAINED BY MY DOCTOR IN MY NATIVE LANGUAGE (HINDI) REGARDING THE DIAGNOSIS AND PROPOSED/ONGOING MANAGEMENT FOR THE SAME. I HAVE BEEN INFORMED THAT MY PATIENT'S CONDITION IS CRITICAL, AND CHANCES OF FURTHER DETERIORATION AND EVEN MORTALITY IS HIGH.

THE FOLLOWING ARE THE MAJOR FACTORS CONTRIBUTING TO MY PATIENT'S CURRENT CONDITION:

- Post op ventilatory support
- SSI
- Recurrence
- Bleeding
- Infection
- Pain

EK PARIVARTAN FOUNDATION

I UNDERSTAND THE POOR PROGNOSIS OF MY PATIENT, AND GIVE MY FULL CONSENT WITH SOUND MIND TO MY DOCTORS TO CONTINUE WITH THE TREATMENT.

शकेश



POST GRADUATE INSTITUTE OF CHILD HEALTH

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

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Informed Consent (Form-PA-2)

I. /Mrs. / Miss. Rakesh..... Aged.. 24y. Yrs. / M/F Son Daughter/ Husband/
Wife Father / Mother (other relation) of Mr. / Mrs./Miss. B. Lalawat
Name of the patient) Aged.....Yrs/M/F CRNo. 9.01.62.50000.216 / PGICH
have been informed by the doctor about the nature of my patient's illness i.e.....
(diagnosis) and the, after discussing other options, the surgery.....

.....under anaesthesia is planned as the treatment option for the same, I have also been informed that my my patient's preoperative condition of(condition causing higher risk) is likely to cause higher than usual risk of preoperative complications and morbidity. I understand while it is not possible enumerate all possible outcomes and complications of the procedure, all my queries have been explicitly answered to my ratification. The main preoperative complications, amongst other, include the following

1. bronchospasm
2. hypotension
3. delayed extubation
4. Hypertension & cerebral arrhythmias

EK PARIVARTAN FOUNDATION

Having been explained the risks in my own vernacular language i.e. Hindi and having understood the risks and complications, I consent for the planned surgery and administration of anaesthetic drugs and performance of interventions as considered appropriate by the physician/ surgeon on myself my patient. I also consent to transfusion of blood products as considered appropriate by the physician/ surgeon. I also consent to release of professional or other information from medical records related to me/ my patient, as deemed necessary in accordance with rules and policies of the hospital.

रकेश

Dr. Bhumi
(Dr. Neel)

Signature/Thumb impression (T.I.) ofpt. / Guardian

Signature of doctor

Name: Rakesh

Relation with patient: Father

Signature/ T.I. and name of witness R.

Date: 4/1/25

Place: Child PU I



Super Speciality Paediatric Hospital & Post Graduate Teaching Institute
Sector-30, Noida-201303

PEDIATRIC SURGERY OF NOTES

Name B/o Kulwari

Age/Sex : 2 days 1F Cr No. : 002161.

Ward : MICU → NSICU

DOS : 4/1/24

Surgeon :

Dr. Sheetal
Dr. Pragya

Anaesthesia Team :

Dr. Konam

Assistant : 1.

Staff Nurse :

Dr. Bhunika/
Dr. Midhi

2.

Shri Kumar

-Pre-operative Diagnosis : Tracheo-esophageal fistula.

-Operation Proposed :

Rt PLT + fistula lig + primary repair

-Post-Operative diagnosis :

-Surgery Performed :

-Operative Findings

-Procedure notes :

EK PARIVARTAN FOUNDATION

- Rt PLT -

- 4th ICG

- ~~eff~~ pleural breach (+)

- upper pouch well dev
lower pouch less dev

- gap 2cm

- anastomosis under mild tension (+)

→ fistula - open
above carina

- 1/3 anastomosis (+)

RT IFT



POST GRADUATE INSTITUTE OF CHILD HEALTH

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

Intake Output Chart

Name: B/o Lilawati

C.R. No. 981162500002161 POD:

Ward: NICU

Date: 3/1/25

Input..... Output.....
 IV..... Urine.....
 Oral..... RT.....
 Drain I.....
 Drain II.....
 Drain III.....
 Total..... Total.....

Time	IV Fluid	Amount	Oral Tube	Amount	Output Urine	Output RT	Drain I	Drain II	Drain III
9 A.M.	D10%	5ml	OG	10ml	Urine				
10 A.M.		W/H							
11 A.M.		5ml	OG	10ml	Urine				
12 Mid Day		5ml							
1 P.M.		5ml	W/H					SP	
2 P.M.		5ml							
3 P.M.		5ml							
4 P.M.		5ml							
5 P.M.		5ml							
6 P.M.		5ml	P	Nil					
7 P.M.		5ml	FO		20gm	S.P.			
8 P.M.		5ml							
9 P.M.		6ml							
10 P.M.		6ml			14gm	S.P.			
11 P.M.		6ml	M						
12 Mid Night		6ml							
1 A.M.		6ml							
2 A.M.		6ml	P						
3 A.M.		6ml							
4 A.M.		6ml							
5 A.M.		6ml	O		34gm	S.P.			
6 A.M.		6ml							
7 A.M.		6ml							
8 A.M.		6ml							
TOTAL				127ml		68gm			

EKI PARIVARTAN FOUNDATION

6 A.M. - 8 P.M.

47 (S.P.)

3/1/85
@ 9:30/AM

C/S/B on duty

O/E
GC: side
NR: 158/AM
NR: 1 MV
PP: good vol.
prep = van
CR? C3C
DP? = 95P

Adm EK PARIVARTAN FOUNDATION

- ① lateral dentition position. / 1 MV / 0 9 in 80
- ② regular subioning
- ③ RT CR?
- ④ baed & reference

1
ref
C.

20/11

Seen by dept of Audiology and speech therapists

OAE screening test done

Bilateral refer

Follow up after 15 days for repeat OAE test

Amul

3/1/25

S/B Dr. Richi Mat

EK PARIVARTAN FOUNDATION

CST

Dr. Arun

3/1/25

S: DDPK

1/1/20 warning of respiratory distress baby was intubated and mechanically ventilated

SpO₂ 296% SI/NI 15/5/40/40
HR 2140 bpm

03/02/2025

SIH 1.9kg | UD | CAB | PD

21 HBL

Parat (A1)

Bleedus

OK

RR 55/m

SpO2 > 98%

CPAP: 30% | 5 PEEP

Chamber/ CAB

clean

Cvsisic @

Ady

1) Start feeds 10ml qly |

2) WPR PD

EK PARIVARTAN FOUNDATION

by
Dr. [Signature]

DEPARTMENT OF PATHOLOGY

POST GRADUATE INSTITUTE OF CHILD HEALTH SECTOR 30 NOIDA UP

Name : BO LILAWATI 1D

Patient ID : NICU-2161

Birth Date :

Gender : F

Sample ID : 5

Doctor :

Mode : DIF WB

Group : DEFAULT

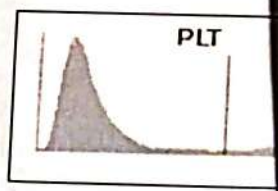
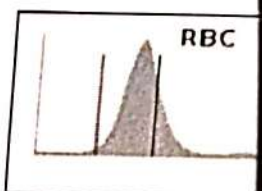
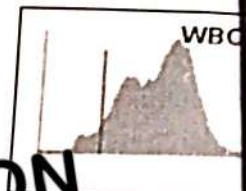
Comments : CBC

Operator ID : MYTHIC70

Date : 02/01/2025 23:40

Seq# : 2158

	Results	Flags	Units	Normal Limits
WBC	<u>18.0</u>	H	$\times 10^3/\mu\text{L}$	4.0 / 12.0
LYM%	<u>16.6</u>	I	%	25.0 / 50.0
MON%	11.4	h	%	2.0 / 10.0
NEU%	71.3		%	50.0 / 80.0
EOS%	0.6		%	0.0 / 5.0
BAS%	0.1		%	0.0 / 2.0
ALY%	2.5		%	0.0 / 100.0
IMM%	0.5		%	0.0 / 100.0
LYM#	3.0		$\times 10^3/\mu\text{L}$	1.0 / 5.0
MON#	2.1	H	$\times 10^3/\mu\text{L}$	0.1 / 1.0
NEU#	12.8	H	$\times 10^3/\mu\text{L}$	2.0 / 8.0
EOS#	0.1		$\times 10^3/\mu\text{L}$	0.0 / 0.4
BAS#	0.0		$\times 10^3/\mu\text{L}$	0.0 / 0.2
ALY#	0.1		$\times 10^3/\mu\text{L}$	0.0 / 150.0
IMM#	0.1		$\times 10^3/\mu\text{L}$	0.0 / 150.0
RBC	5.62		$\times 10^6/\mu\text{L}$	4.00 / 6.20
HGB	<u>18.3</u>	h	g/dL	11.0 / 16.0
HCT	<u>60.5</u>	!H	%	35.0 / 55.0
MCV	<u>107.7</u>	!H	fL	80.0 / 100.0
MCH	32.6		pg	26.0 / 34.0
MCHC	<u>30.2</u>	!H	g/dL	31.0 / 35.5
RDW-CV	12.2	!	%	10.0 / 16.0
RDW-SD	<u>64.0</u>	!h	fL	37.0 / 47.8
PLT	<u>280</u>		$\times 10^3/\mu\text{L}$	150 / 400
MPV	5.3	L	fL	7.0 / 11.0
PCT	0.148	I	%	0.200 / 0.500
PDW	27.7	H	%	10.0 / 18.0
PLCR	14.1		%	12.0 / 42.0
PLCC	39		$\times 10^3/\mu\text{L}$	13 / 129



EK PARIVARTAN FOUNDATION

Pathology Information :

Pathology Remarks :



POST GRADUATE INSTITUTE OF CHILD HEALTH

बाल चिकित्सा एवं स्नातकोत्तर शैक्षणिक संस्थान

Sector-30, Noida, G.B. Nagar (U.P.) सैक्टर-३०, नोएडा, गौतमबुद्ध नगर (उ.प्र.) Website: www.ssphpgtinoida.ac.in

An Autonomous Institute under Government of U.P. / उत्तर प्रदेश सरकार का स्वायत्तशासी संस्थान

Dr. Leelavati Age/Sex..... Regn. No.....

02/07/25
7:00pm

DOB - 02/07/25 TOB - 11:00AM

General - District Hospital, Sector-30, Noida

Single / Term / VD / CIAB /
Respiratory Distress

HRs = 88mg/dl

EK PARIVARTAN FOUNDATION

O/E

HR = 140bpm/min

Pulset - (N)

CRT < 3sec

RR = 72/m

SpO2 = 98% L O2

Clut = B/L AEE,

CNS = (N) SE

P/A = Soft, non-distended

CNS = Afat leg

ऑनलाइन फीडबैक फॉर्म स्कैन करें और भरें।





POST GRADUATE INSTITUTE OF CHILD HEALTH

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

Name..... Blo. Lilawati Age... 1 day Sex... f C.R No... 9811625.00002161
 Date of Admission... 2/11/25 Date of Operation..... Date of Transfer..... Room No.....
 Bed No.....

Medication Injections	2/11/25	3/11/25	Special Points
On Feed <u>lomeznot</u> <u>stop</u>	<u>stop</u>	<u>continue with</u>	
<u>inj vit k 1mg IV stat</u>	<u>9am</u>		
<u>IVP Dio to 0.5ml/hr</u>	<u>continue</u>	<u>✓</u>	
<u>inj Ampicillin 135mg</u>	<u>6pm</u>		
<u>IV x TDS</u>			
<u>Oral inj Gentamycin</u>	<u>6pm</u>		
<u>14mg IV x OD</u>			
EK PARIVARTAN FOUNDATION			
<u>inj Vit K 1mg IV stat</u>	<u>10pm</u>	<u>10pm</u>	
Stat Orders			
<u>RBS 6 hourly</u>	<u>10pm</u>	<u>10-12</u> <u>6-12</u>	
Diet	<u>1915ky</u>	<u>1920ky</u> <u>(1591)</u>	
Ambulation			
Physiotherapy			

1:30 pm

Baby had 2 of only

2/1/25

@ 10:00 pm

ds/B on duty

6/1/25 @ 9:59

Baby Received in NICU @ 10:00 pm

(1) by NP @ 11/11/25

SAS score $\rightarrow 0$
No Retraction

No grand

EK PARIVARTAN FOUNDATION

P/S = S/L A @
clean

EC: my
MR: 145/100

CVS = S1/S2 @
no

RR: L. 2 by NP @ 56/min
PP: good vol.

P/A = S/L A @

purple = warm

OS = C/T/A @
RR @ 120

CRP 0.3 m
SpO2 = 95



POST GRADUATE INSTITUTE OF CHILD HEALTH
Sector-30, Noida, G.B. Nagar (U.P.)
(An Autonomous Institute under Government of Uttar Pradesh)
DEPARTMENT OF BIOCHEMISTRY

BLOOD BIOCHEMISTRY EXAMINATION REPORT

UH.ID. / C.R. 02161 OPD/IPD Nilu DATE 02 JAN 2023
NAME/ B/o Blo. Hilawati AGE 01 D/Wk/M/Y, GEN - N
REF.BY.....

		(Normal Value)
Plasma Glucose Fasting	mg/dl	(70-100 mg/dl)
Plasma Post Prandial Glucose (2hrs).....	mg/dl	(<140 mg/dl)
Plasma Random Glucose.....	mg/dl	(70-140 mg/dl)
Plasma HbA1C	%	(4-5.6%)
KFT PROFILE		
Blood Urea	30 mg/dl	(10-45 mg/dl)
S. Creatinine.....	0.9 mg/dl	(0.5-1.5 mg/dl)
S. Uric Acid.....	7.4 mg/dl	(2-8 mg/dl)
ELECTROLYTE PROFILE		
S. Sodium (Na ⁺).....	136 mmol/L	(135-145mmol/L)
S. Potassium (K ⁺).....	5.9 mmol/L	(3.5-5.5 mmol/L)
S. Calcium Total.....	7.9 mg/dl	(9.0-11.0 mg/dl)
S. Chloride (cl ⁻).....	mmol/L	(96-106 mmol/L)
S. Calcium, ionized (Ca ²⁺).....	mg/dl	(4.6-5.3 mg/dl)
LFT PROFILE		
Serum Bilirubin Total.....	mg/dl	(0.2-1.0 mg/dl)
Conjugated (Direct).....	mg/dl	(0.1-0.4 mg/dl)
Unconjugated (Indirect).....	mg/dl	
SGOT(AST).....	U/L	(0-40 U/L)
SGPT(ALT).....	U/L	(0-45 U/L)
Serum Alkaline Phosphatase.....	IU/L	(Depending on age)
S. Total Protein.....	gm/dl	(6.0-8.0 gm/dl)
S. Albumin	gm/dl	(4.0-5.5 gm/dl)
Globulin.....	gm/dl	
A.G. Ratio	gm/dl	
Others		
S. CRP (Quantitative)	0.5 mg/L	(0 - 6 mg/L)
S. Phosphorus.....	mg/dl	(2.3-7.0 mg/dl)
S. LDH.....	U/L	(0-248 U/L)
S. Amylase.....	U/L	(25-125 U/L)
S. Lipase	U/L	(0-160 U/L)
S. Lactate.....	mg/dl	(5-12 mg/dl)
S. Magnesium.....	mg/dl	(1.6-2.6 mg/dl)
S. GGT.....	U/L	(0- 40 U/L)
S. IgA.....	mg/dl	(70-400 mg/dl)
S. IgG.....	mg/dl	(700-1600 mg/dl)
S. IgM.....	mg/dl	(40-230 mg/dl)
S. CPK	U/L	(<250 U/L)
S. CK-MB.....	U/L	(5-25 U/L)
S. Ceruloplasmin.....	mg/dl	(20-35 mg/dl)

Verified By

Technical staff

Consultant

PTO

DEPARTMENT OF PATHOLOGY

(Mother Viral marker)
240 BEDS, DISTRICT COMBINE HOSPITAL
GAUTAM BUDDHA NAGAR SEC-39, NOIDA
"AN ISO 9001:2015 CERTIFIED LABORATORY"

Date : 19-Dec-2024 Reg/Ref: dch-21325 / 597823 Collected At : ANC
Name : MRS. NELA ANC 46 Age/Gender : 24 Yrs./Female
Ref By : Dr. NA Phone : Ward : OPD
Receipt : NA
Coll Time : 19-Dec-2024 11:41 Validate : 20-Dec-2024 11:52 Prn. Time : 20-Dec-2024 11:53

Investigation

Observed Values

Units

BIOCHEMISTRY

GLUCOSE - RBS

Plasma Glucose Random

70.6

mg/dL

SEROLOGY

BLOOD GROUP AND RH FACTOR

Slide Method

ABO Typing

Rh (Anti-D)

Positive

VDRL TEST

NON REACTIVE

HIV - I

NON REACTIVE

HIV II

NON REACTIVE

HBSAg

Non- Reactive

HCV

NON REACTIVE

EK PARIVARTAN FOUNDATION



1033 User: RTAJ (POCT) Provisional
Printed: 20-Dec-2024 11:53:07 AM

"हम आपके शीघ्र स्वस्थ होने की कामना करते हैं"



POST GRADUATE INSTITUTE OF CHILD HEALTH

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

Patient's Name.....Sho-Lilawati.....C.R.No.9.8.1.62.50000216Ward.....N.I.C.U......

Date	Time	T	P	R	BP	Level of Consciousness/ Glasgow Coma Scale	Remarks
	10pm	36.6°C	146h	50h		SpO ₂ - 91% E ₂ by NP	RBS - 67mg/dl
	12MH	36.4°C	150h	54h		SpO ₂ - 90% Z ₂	
	3Am	36.5°C	154h	50h		SpO ₂ - 96% Z ₂ CPAP (30/5)	
	5Am	36.4°C	150h	52h		SpO ₂ - 94% Z ₂ CPAP	
	7Am	36.8°C	144h	48h		SpO ₂ - 96% Z ₂ CPAP	RBS - 6AM 114mg/dl
	9am	36.8°C	150h	50h		SpO ₂ - 98% Z ₂ CPAP (30/5)	
	12PM	36.6°C	150h	56h		SpO ₂ - 96% Z ₂ CPAP (30/5)	RBS - 120mg/dl
	3pm	36.6°C	138/m	50/m		SpO ₂ - 95% E ₂ vent (50/5/40/10)	
	5pm	36.7°C	146/m	48/m		SpO ₂ - 94% E ₂ vent (40/5/40/10)	
	7pm	36.6°C	130/m	40/m		SpO ₂ - 93% E ₂ vent (40/5/40/10)	@ 6 AM RBS = 127mg/dl
	9pm	36.4°C	154h	52h		SpO ₂ - 95% Z ₂ vent	BP = 70/43 (50)
	11pm	36.3°C	148h	44h	vent	SpO ₂ - 94% Z ₂ vent	
	1Am	36.3°C	140h	48h	vent	SpO ₂ - 96% Z ₂ vent (45/5/40/10)	
	3Am	36.6°C	142h	50h	vent	SpO ₂ - 96% E ₂ vent (45/5/40/10)	
	5Am	36.6°C	138/.	52/.		SpO ₂ - 93% E ₂ vent (45/5/40/10)	
	7Am	36.6°C	154h	50h	Z ₂ vent	SpO ₂ - 96% Z ₂ vent (48/5/40/10)	

EK PARIVARTAN FOUNDATION

(157mg/dl)

1/2 F 1000 placed
closure air layer.

Adv.

NPD ckt A
(K/W PL)
IVA @ 100%.

DN/3 @ 6.5ml/hr

EK PARIVARTAN FOUNDATION

- by neoprene 400g IV tds
- by net 200g IV tds
- by PCM 300g IV tds
- by Panty 200g IV tds

Ho, vlab

ET, NG care
RBS QID

Signature

30 pm

Baby had 2 of only



①

W/H

feed

②

Ant

ref

Dr @ 5 ml/u

③

ext CST

EK PARIVARTAN FOUNDATION

high

31.00 pm

if/No not maintainy secrets



Baby shifted to cost support

high

RECHME

cls/s on Duty

DOL → 48 HCL

RFS → 98 u/d

wt → 1.920 kg

AD → 73/40 (TL)

TR → 80 m (y/d)

o/E

EC: 80

NR: 140/m

MR: 600

PP: good w/l

people = 2000

CR 2300

SP2 = 900

EK PARIVARTAN FOUNDATION

Adv.

- ① wt 250 → @ 6.3 m/l
- ② et. inj. mupi / gentan
- ③ MS Q10 / BP 51.

Master viral book NK

↑
mfe
K.

Date & Time

Progress Notes

ACTV

- Manual planning counsel.
- USG KUB planned
- Change dressing
- Plan to smol RET C/M.
- EBM 2.5 mL शुक्ल शुक्ल
- Collect Blood c/s उपरान्त
- Placenta
- PCM उपरान्त - BD

PK PARIVARTAN FOUNDATION

Prognosis counsel

इस एचआर मरीज कि मॉरि एमला के बारे में बता दिया गया है। मरीज को TEF कि बीमारी है जिसके बिना आपरेशन किया गया है।

मरीज को मने में विकल के कारण मरीज को सोव मने वाली मशीन पर की जाया गया है। खुन कि चीजे जकवत पढ़ने पर जा रही है।

Imperfection से मने कि देखाया चल रही है।

जकवत पढ़ने पर पीला और लाल खुन सी चढ़ाया जा सकता है। इन सभी बातों को जाते समझते हुए से मरीज का इलाज आया करना चाहता है।

राकेश



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

Date & Time	Progress Notes	Orders
→	Send CBC, VBG and RFT on next prick ↓ If not done today, then send by tomorrow morning	
EK PARIVARTAN FOUNDATION		
	OB RH	
<u>3:00pm</u>	Inj Doria 0.5 mg IV stat Jammaku Haching @bam	
	Continue chest physiotherapy	
	Continue Nasal suctioning	
	Jammaku makhichu plan for extubation (Plan) after 4 hours.	
	ET suctioning	
	Abdominal + Chest XRay	



AGE/SEX: 6 D/FEMALE
SERVICE: IPD
PAYMENT DT.: 07-JAN-2025 13:38:02

NAME: BABY OF LILAWATI
CATEGORY: GENERAL
CRNO: 981162500002161
ADM DATE: --

BILL No.: 981164250001664/1
IPD No.: 981162025000065

DEPARTMENT (WARD): NEONATOLOGY/NEONATOLOGY ICU WARD

SN	SERVICE	RATE	QTY.	NET AMOUNT
1	TRACHEOESOPHAGEAL FISTULA WITH OESOPHAGEAL ATRESIA-(PS165)	5000	1	5000.00
2	GENERAL ANAESTHESIA FOR 2 HOUR-(ANA024)			715.00
TOTAL AMOUNT:				5715.0

EK PARIVARTAN FOUNDATION

PAY AMOUNT IN WORDS (IN WORD): FIVE THOUSAND SEVEN HUNDRED FIFTEEN ONLY

MODE OF PAYMENT: CASH

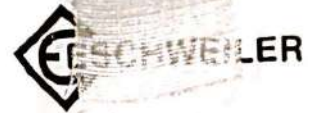
PAYMENT DETAILS: CASH : (AMT::5715)

EMG BILL ADT 4

AUTHORISED SIGNATORY



POST GRADUATE INSTITUTE OF CHILD HEALTH (PGICH)
SECTOR 30 NOIDA, NOIDA-201303, UTTAR PRADESH,
PHONE :911202000000



ADMISSION CARD

IPD NO : 981162025000065

CR NO : 981162500002161



NAME : BABY OF LILAWATI
FATHER NAME : RAKESH MOTHER NAME :
AGE/GENDER : 1 DAYS/F HOSP DIET :
D/O : RAKESH MARITAL STATUS :
CATEGORY : GENERAL IS MLC :
ADM CHARGES : ₹ 100.00
ADV CHARGES :
DPT/UNIT :
WARD/BED : NEONICU B
STATUS AT ADM : NORMAL
REFERRED FROM : -- REMARKS/REF NO :
PROV DIAG. : --
ADM. DR. : DR RUCHI RAI
ADDRESS : SEC 39, NOIDA, GAUTAM BUDDHA NAGAR, UTTAR PRADESH, INDIA, PH
NO:9691408896

CombiLine II+

ADM

Name : *BLO Lilawati*
0728060125 -B
Date 07:28 06.01.25
Sample BLOOD

BP 762 mmHg
TEMP 37.0 C
Hb-Std 15.0 g/dl
FI02 20.9 %
RO 0.85
pO2 12.9 mmHg
PCO2 11.5 ? mmHg
PH 7.672
K 2.78 ? mmol/l
NA 113 mmol/l
CA 0.47 mmol/l
CL 94 mmol/l
LAC 1.64 mmol/l

EK PARIVARTAN FOUNDATION

HCO3A 12.9 mmol/
HCO3S 30.3 mmol/
BE -3.1 mmol/
BE ECF -7.5 mmol/
TCO2 13.2 mmol/
BB 44.9 mmol/
HCT 45.0 %
O2SAT 99.4 %
O2-CT 20.5 %
P50 19.9 mmHg
AADO2 -16.6 mmHg
SHUNT 4.4 %
A GAP 8.2 mmol
H+ 21.3 mmol
CA 7.4 0.54 mmol

EMG CONTACT : RAKESH 9691408896
ADM DATE : 02-JAN-2025/21:27:31 WRD-RCV. DATE :

FOR MEDICO LEGAL PURPOSE

DETAILS OF POLICE : -- POLICE :
POLICE STATION : -- INFORMATION :
NAME OF INFORMANT : -- IDENTIFICATION :
MLC REMARKS : -- MARKS :

Acid / Base Status

PARTLY COMP. RES
ALKALOSIS

DISCHARGE DETAILS

DISCHARGE :
WARD :
PROV DIAGNOSIS :
DIFF DIAGNOSIS :
FINAL DIAGNOSIS :
DISCHARGE DATE/TIME :
CONSENT OF INVASIVE/NO-INVASIVE ANAESTHETIC & OPERATIVE PROCEDURES AND TREATMENT : YES

NAME & SIGNATURE OF MO
DATE & TIME

NAME & SIGNATURE OF CONSULTANT
DATE & TIME

EMG BILL ADT 8

REGISTRATION BY:
AUTHORIZED SIGNATORY
PRINT DATE : 02-JAN-2025

