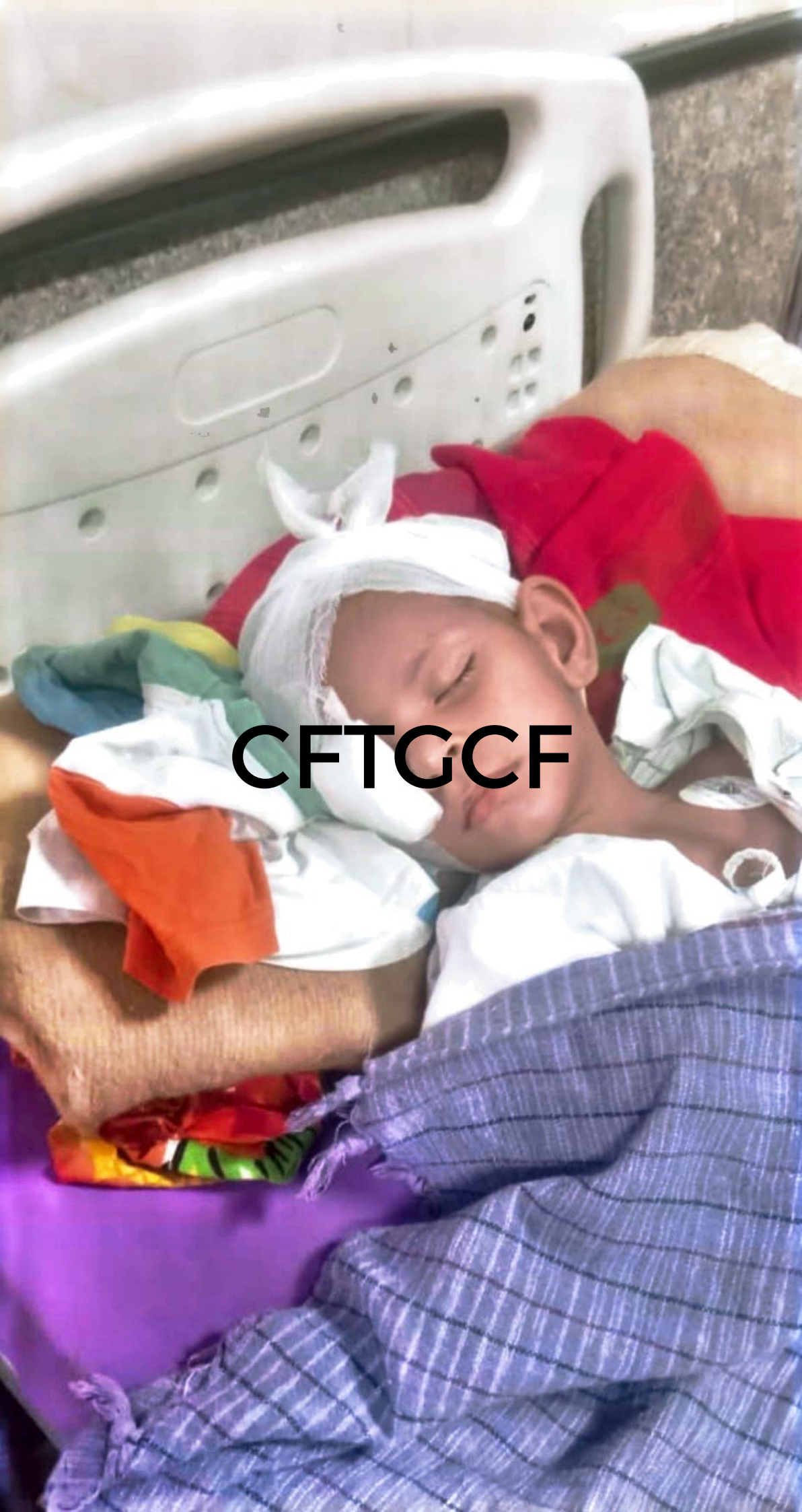
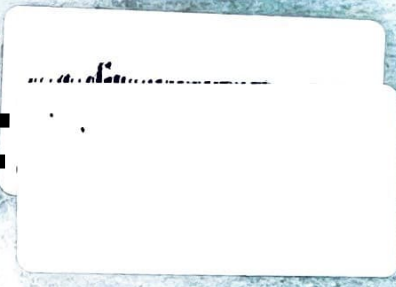

CFTGCF

CK10-99730
CK-RPC-10034
10034

Department of Pediatrics
Division of Pediatric Oncology
All India Institute of Medical Sciences, New Delhi

शरीरमाद्यं खलु धर्मसाधनम्



Patient Note Book

CFTGCF

Name : Aupita Singh

UHID : 108098760

Diagnosis: RB

Patient Details

Name : Aupita Singh

Age / Gender : 2y / F

Father's Name : Madan Singh

Address : Pratapgarh, UP

Contact No :

POC / PCSC No.: 42/25

Diagnosis: RB

GENERA COUNSELLING

1. Accomodation.
2. Blood Donation.
3. 2% Betadine garggles
4. Sitz Bath.
5. Fever no meter.
6. Fever charting
7. Danger Sign.
8. general hygiene.
9. Sick card.
10. No Vaccination | Immuni-zation tfu advice.

Helpline No:- 9810590067, 9868397538

Remarks :

PICC Line Care

अगर आपके बच्चे को PICC Line Care लगी हुई है तो डे केयर के डाक्टर या नर्स से ज़रूर संपर्क करें।

LC2406252668 108098760
LH24062501930 108098760
MrsARPITASINGH

OPR-6

बाल चिकित्सा विभाग
UHID:108098760
Dept No: 20250030004257
ARPITA SINGH
W/O MADAN SINGH
2Y 6M 4D / F/(महिला)
dhema sadar jila allahabad, UTTAR PRADESH INDIA
Ph:
Follow Up Patient
General Rs. 0
कमरा / Room C-211
Queue / संख्या F20
Unit-III, Paediatric
बुध,शनि. Wed,Sat(बुध,शनि)
Reporting: 08 55 30
18/06/2025

ब०रो०वि० पंजीकृत सं०/O.P.D. Regn. No. _____

आयु Age	पता/Address

निदान/Diagnosis

D BIL RB

दिनांक/Date	उपचार/Treatment
13 11-6	Adv o CBC, LFT; KFT " W 25/6/25 |

बाल चिकित्सा विभाग
UHID:108098760
Dept No: 20250030004257
ARPITA SINGH
W/O MADAN SINGH
2Y 6M 11D / F/(महिला)
dhema sadar jila allahabad, UTTAR PRADESH. INDIA
Ph:
Follow Up Patient
General Rs. 0
कमरा / Room C-211
Queue / संख्या F28
Unit-III, Paediatric,
बुध,शनि. Wed,Sat(बुध,शनि)
Reporting: 08 57 51
26/06/2025

28- 10-7	Adv o CBC, LFT KFT o W 2/7/25 |

Division of Pediatric Oncology, Dept of Pediatrics

AIIMS, New Delhi

Thesis Protocol: ARET Protocol for EORB

(Senior Resident: Dr Shivani Deep Singh)

Name: Arpita Singh Age: 2 years Sex: female

UHID No: 108099760 4mo POC No: 42125

Symptoms: white eye reflex | proptosis

Duration:

Date of Primary Diagnosis: feb 25 (R) EORB | (L) LORB

Age at Primary Diagnosis:

MRI Brain & Orbit: (Baseline)

(R) eye extraocular ds | polymicrogyria

scleral buckle (+) pachygyria (+)

Ophthalmology Consultation: (R) [illegible] few spikes of calcification

(L) no mass & calcification ROP (+)

RT consultation:

Treatment Strategy:

2 # HDCEV → enucleation (R) eye done on 9/5/25

HIV:

HBsAg:

HCV:

Mantoux:

Hearing assessment:

ECHO: .....

Metastatic Workup

BM Biopsy .....

CSF .....

PET CT .....

Neo-adjuvant Chemotherapy

:.....

.....

MRI Brain and Orbit

Post 2 HDCEV Cycles (R) eye proptosis (A) eye mass size (I) 3rd cranial nerve palsy (C)

.....

.....

Post 4 HDCEV Cycles

.....

.....

Date of Enucleation .....

Ocular Biopsy:

.....

.....

RT consultation:.....

.....

.....

RT Date

.....

.....

Treatment Strategy:

Cycle 1: Week 0

Weight: ..11.....Kg Height: ..... cm BSA:.....m^2

Hb:..... TLC:..... ANC:..... Plt:.....

Urea:..... Creat:. TBil:..... AST/ALT:.....

Drug	D0	D1	D2	GCSF until ANC recovery	D7	D14
VINCRISTINE	X2215				X 3015	X 5/6/25
CISPLATIN	X2215					
CYCLOPHOSPHAMIDE		X2315	X2415			
ETOPOSIDE		X2315	X2415			

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 3.5 mg/kg/day for Age < 36 mo	Pre hydration – 125ml/m2/hr N/2 5% Dextrose + 1:100KCl+0.5:100 MgSO4 (50%) x 2 hours Cisplatin infusion in 500ml NS over 6 hours Post hydration: 125ml/m2/hr N/2 5% Dextrose + 1:100 KCl + 0.5ml:100 MgSO4 (50%) + 3.8ml:100 Mannitol (20%)
Cyclophosphamide	1950 mg/m^2/dose in 100ml NS over 1 hour 65 mg/kg/day for Age < 36 mo	Prehydration: 125ml/m2/hr N/2 5% Dextrose + 1:100KCl x 2 hours Cyclophosphamide infusion in 100ml NS over 1 hour Post hydration: 125ml/m2/hr N/2 5% Dextrose + 1:100KCl x 4 hours
Mesna	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 2: Week 3

Weight: 11 kg Kg Height: ..... cm BSA:.....m^2

Hb: 7.5 TLC: 5,320 ANC: 2,160 Plt: 4.65

Urea: 27 Creat: 0.3 TBil: 0.10 AST/ALT: 50/44 (N)

Drug	D0	D1	D2	GCSF until ANC recovery	D7	D14
VINCRISTINE	X 20/6				X 21/2	X
CISPLATIN	X 20/6					
CYCLOPHOSPHAMIDE		X 21/2	X 22/6			
ETOPOSIDE		X 21/2	X 22/6	23/6 24/6 25/6 26/6 27/6		

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 3 [illegible] for Age < 36 m	Pre hydration – 125ml/m2/hr N/2 5% Dextrose + 1:[illegible]00KCl+0.5:100 MgSO4 (5[illegible]%) x 2 hours Cisplatin infusion in 500ml NS over 6 hours Post hydration: 125ml/m2/hr N/2 5% Dextrose + 1:100 KCl + 0.5ml:100 MgSO4 (50%) + 3.8ml:100 Mannitol (20%)
Cyclophosphamide	1950 mg/m^2/dose in 100ml NS over 1 hour 65 mg/kg/day for Age < 36 mo	Prehydration: 125ml/m2/hr N/2 5% Dextrose + 1:100KCl x 2 hours Cyclophosphamide infusion in 100ml NS over 1 hour Post hydration: 125ml/m2/hr N/2 5% Dextrose + 1:100KCl x 4 hours
Mesna	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

Weight: .....Kg Height: ..... cm BSA:.....m^2

Hb:..... TLC:..... ANC:..... Plt:.....

Urea:..... Creat:. TBil:..... AST/ALT:.....

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

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 3.5 mg/kg/day for Age < 36 mo	Pre hydration – 125ml/m2/hr N/2 5% Dextrose + 1:100KCl+0.5:100 MgSO4 (50%) x 2 hours Cisplatin infusion in 500ml NS over 6 hours Post hydration: 125ml/m2/hr N/2 5% Dextrose + 1:100 KCl + 0.5ml:100 MgSO4 (50%) + 3.8ml:100 Mannitol (20%)
Cyclophosphamide	1950 mg/m^2/dose in 100ml NS over 1 hour 65 mg/kg/day for Age < 36 mo	Prehydration: 125ml/m2/hr N/2 5% Dextrose + 1:100KCl x 2 hours Cyclophosphamide infusion in 100ml NS over 1 hour Post hydration: 125ml/m2/hr N/2 5% Dextrose + 1:100KCl x 4 hours
Mesna	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**

ycle 4: Week 9

Weight: .....Kg Height: ..... cm BSA:.....m^2

Hb:..... TLC:..... ANC:..... Plt:.....

Urea:..... Creat:. TBil:..... AST/ALT:.....

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

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 3.5 mg/kg/day for Age < 36 mo	Pre hydration – 125ml/m2/hr N/2 5% Dextrose + 1:100KCl+0.5:100 MgSO4 (50%) x 2 hours Cisplatin infusion in 500ml NS over 6 hours Post hydration: 125ml/m2/hr N/2 5% Dextrose + 1:100 KCl + 0.5ml:100 MgSO4 (50%) + 3.8ml:100 Mannitol (20%)
Cyclophosphamide	1950 mg/m^2/dose in 100ml NS over 1 hour 65 mg/kg/day for Age < 36 mo	Prehydration: 125ml/m2/hr N/2 5% Dextrose + 1:100KCl x 2 hours Cyclophosphamide infusion in 100ml NS over 1 hour Post hydration: 125ml/m2/hr N/2 5% Dextrose + 1:100KCl x 4 hours
Mesna	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**

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली

All India Institute Of Medical Sciences, New Delhi

UHID:	10SEPS760	**Sex :**	Female
Patient Name :	**Mrs ARPITA SINGH**	**Sample Received Date :**	24-Jun-2025 23:15 PM
Age :	2Y 6m	**Department :**	DEPT. OF EMERGENCY MEDICINE
Lab Name:	Dept of Laboratory Medicine	**Lab Sub Centre:**	Smart Lab New OPD Block
Reg Date :	24-Jun-2025 15:51 PM	**Sample Collection Date:**	24-Jun-2025 14:31 PM
Recommended By:	Dr. Rakesh Yadav	**Lab Reference No:**	2515988007

Sample Details : LC2406252668 **Sample Type : Serum**

Report

BIOCHEMISTRY

Test Name (Methodology)	Result	UOM	Reference
Urea (Urease GLDH)	22	mg/dL	17 - 49
Creatinine (Jaffe compensated)	0.3	mg/dL	0.2 - 0.4
Uric Acid (Uricase Colorimetric)	2.8	mg/dL	2.4-5.7
Calcium (5-Nitro-5'-methyl-BAPTA)	9.3	mg/dL	8.8 - 10.8
Phosphate (Phosphomolybdate Reduction)	3.3	mg/dL	2.5-4.5
Sodium (ISE (indirect))	137	mmol/L	135 - 145
Potassium (ISE (indirect))	4.0	mmol/L	3.5-5.1
Chloride (ISE (indirect))	101	mmol/L	98-107
Bilirubin (T) (Colorimetric, diazo)	0.25	mg/dL	0 - 1
Bilirubin (D) (Diazo Low Surfactant Corr)	0.12	mg/dL	0 - 0.2
Bilirubin (I) (Calculated)	0.13	mg/dL	0 - 0.9
ALT (IFCC without P-5'-phosphate)	**67**	U/L	0 - 23
AST (IFCC without pyridoxal phosphate)	**65**	U/L	<=32
ALP (PNPP, AMP Buffer - IFCC)	153	U/L	142 - 335

----End of Report----

Dr. Sudip Kumar Datta (MD Biochemistry)	Dr. Tushar Sehgal (DM Hematopathology)	Dr. Suneeta Meena (MD Microbiology)	Dr Sudip Kumar Datta MD (Biochemistry) 25-Jun-2025 02:26

Attention: Please collect blood samples by puncturing the rubber cap of the vacutainers. Manual opening of caps and filling it must be avoided strictly. Lab reports are subjected to pre-analytical errors due to inappropriate patient preparation, phlebotomy practices, storage and transport. Please inform SMART Lab in case of any discrepancies with the expected results on the same day on Ext no. 2936

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली

All India Institute Of Medical Sciences, New Delhi

UHID:	108098760	**Sex :**	Female
Patient Name :	**Mrs ARPITA SINGH**	**Sample Received Date :**	24-Jun-2025 23:15 PM
Age :	2Y 6m	**Department :**	DEPT. OF EMERGENCY MEDICINE
Lab Name:	Dept of Laboratory Medicine	**Lab Sub Centre:**	Smart Lab New OPD Block
Reg Date :	24-Jun-2025 15:51 PM	**Sample Collection Date:**	24-Jun-2025 14:31 PM
Recommended By:	Dr. Rakesh Yadav	**Lab Reference No:**	2515988007

Sample Details : LC2406252668 **Sample Type : Serum**

Report

BIOCHEMISTRY

Test Name *(Methodology)*	Result	UOM	Reference
Urea *(Urease GLDH)*	22	mg/dL	17 - 49
Creatinine *(Jaffe compensated)*	0.3	mg/dL	0.2 - 0.4
Uric Acid *(Uricase Colorimetric)*	2.8	mg/dL	2.4-5.7
Calcium *(5-Nitro-5'-methyl-BAPTA)*	9.3	mg/dL	8.8 - 10.8
Phosphate *(Phosphomolybate Reduction)*	3.3	mg/dL	2.5-4.5
Sodium *(ISE (indirect))*	137	mmol/L	135 - 145
Potassium *(ISE (indirect))*	4.0	mmol/L	3.5-5.1
Chloride *(ISE (indirect))*	101	mmol/L	98-107
Bilirubin (T) *(Colorimetric diazo)*	0.25	mg/dL	0 - 1
Bilirublin (D) *(Diazo Gen.2 Jendrassik-Graf)*	0.12	mg/dL	0 - 0.2
Bilirubin (I) *(Calculated)*	0.13	mg/dL	0 - 0.9
ALT *(IFCC without pyridoxal phosphate)*	**67**	U/L	0 - 23
AST *(IFCC without pyridoxal phosphate)*	**65**	U/L	<=32
ALP *(PNPP, AMP Buffer - IFCC)*	153	U/L	142 - 335

-----End of Report-----

Dr. Sudip Kumar Datta (MD Biochemistry)	Dr. Tushar Sehgal (DM Hematopathology)	Dr. Suneeta Meena (MD Microbiology)	Dr Sudip Kumar Datta MD (Biochemistry) 25-Jun-2025 02:26

Attention: Please collect blood samples by puncturing the rubber cap of the vacutainers. Manual opening of caps and filling it must be avoided strictly. Lab reports are subjected to pre-analytical errors due to inappropriate patient preparation, phlebotomy practices, storage and transport. Please inform SMART Lab in case of any discrepancies with the expected results on the same day on Ext no. 2526

25/6/25
Counselled on oral care, sitz bath, personal hygiene
No fresh complain.
On Septran A/D.

△ RB < (R) GORB
(L) IORB

1
2 ✓ HD-CGV → GN (R)
L
2 ARGT ≠ L
↓
ARGT ≠ 2 ongoing

CBC (24/6/25): 7.80) 3310 (95000
2140

LFT/KFT - (N)

△ URI (+) → on cetirizine.

Adv:
- 1g VCR 0.6 mg [illegible] (DF) (26/6/25)
- To cont: SCOTRAN
- Next visit → 2/7/25
- Syp OCTRIUNC 4ml OD x 7 days
Done.

(REVISIT)

AIIMS EMERGENCY PASS ISSUE

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI -110029

आपातकालीन विभाग

UHID No:108098760

(DEPT. OF EMERGENCY MEDICINE)

आपातकालीन नं.(Emergency No): 2025/030/0070516 106 दिनांक DATE: 22/06/2025 समय TIME: 02:40:01 PM

NON-MLC

नाम NAME: **MRS ARPITA SINGH** आयु AGE : **2 years 6 months 8 days** लिंग /SEX : **F**

W/O : MADAN SINGH

पता ADDRESS: मकान संख्या H.NO: dhema sadar jila allahabad गली / मुहल्ला STREET/MOH:

शहर/प्रखड CITY/BLOCK: पिन PIN:

राज्य STATE: UTTAR PRADESH दूरभाष सं. PHONE NO:

मोबाइल MOBILE NO: 8459368672 स्थान Location: Paediatrics Emergency

द्वारा BROUGHT BY: Relative : **Criticality: Red / Yellow / Green**

Triage: Responsive/ Unresponsive **HR** /min **BP** mmHg **RR** /min **spO2** %

Shifted to Paeds/ Main/ New Emergency

↓ P. and O K/C/O - RT EORB | LT ORB

Presenting Complaints

Referred from Daycare for mesna injection.
Received 1 dose of Mesna at 2:30 pm. today

Primary Assessment (ABCDE) : Assessment Pentagon

Airway	Circulation	Disability
Open & stable : Yes/No If No..... **Breathing**: RR ...../min **Efforts**: Normal/Poor/increased **Auscultation**: Air entry: Normal/poor/Differential Added sounds: None/Stridor/Wheeze/Crackles SpO2 on Room air.....96% wt - 11kg iv cannula in situ	HR.120...../min CFT.....<3sec secs. BP...106/70...mmHg Peripheral pulse: Poor/Good Central pulse:Poor/Good Skin temp: Warm/cool Others	GCS.....15/15 Pupil size...../min Pupillary Reactions.....B/L Reactive **Motor activity**: Normal & Symmetrical/ Asymetrical/ Posturing/Flacidity/Seizure Blood Sugar.....mg/dl **Exposure**: Temp..... Colour:Normal/pallor/cyanosis/ mottled Any other skin lesions.....

Diagnosis Anuria

Received Daycare @ 2:30 pm - inj mesna. 250 mg in 100 ml NS IV over 20 min

II

5:30 pm to be given at 3hr of last dose. (5:30 pm)

8:30 pm and at 6hr of last dose (8:30 pm)

Q/F inj Pantop 11 kg IV stat after last dose

ITO

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI -110029

आपातकालीन विभाग

(DEPT. OF EMERGENCY MEDICINE)

(REVISIT)

UHID No:108098760

आपातकालीन नं.(Emergency No): 2025/030/0060544 दिनांक DATE: 29/05/2025 समय TIME: 07:19:49 PM

NON-MLC

नाम NAME: **MRS ARPITA SINGH** आयु AGE : **2 years 5 months 15 days** लिंग /SEX : **F**

W/O : MADAN SINGH

पता ADDRESS: मकान संख्या H.NO: dhema sadar jila allahabad गली / मुहल्ला STREET/MOH:

शहर/प्रखड CITY/BLOCK: पिन PIN:

राज्य STATE: UTTAR PRADESH दूरभाष सं. PHONE NO:

मोबाइल MOBILE NO: 8459368672 स्थान Location: Paediatrics Emergency

द्वारा BROUGHT BY: Relative : **Criticality: Red / Yellow / Green**

Triage: Responsive/ Unresponsive **HR** /min **BP** mmHg **RR** /min **spO2** %

Shifted to Paeds/ Main/ New Emergency RB./cycle 1.

Presenting Complaints VCR - 22/5. - fever 1d/o

cisplatin 22/5 - 1 d/o vomiting

cyclophosphamide/Etoposide - 23/5-24/5 - Not accepting orally.

Primary Assessment (ABCDE) : Assessment Diagnosis

Airway

Open & stable : Yes/No

If No.....

Breathing: RR 50 /min

Efforts: Normal/Poor/increased

Auscultation:

Air entry: Normal/poor/Differential

Added sounds: None/Stridor/Wheeze/Crackles

SpO2 on Room air.....99%.

Circulation

HR 140 /min

CFT.....2.....secs.

BP 96/66 mmHg

Peripheral pulse: Poor/Good

Central pulse:Poor/Good

Skin temp: Warm/cool

Others

Disability

GCS 15/15

Pupil size 2mm /min

Pupillary Reactions RTL

Motor activity: Normal & Symmetrical/ Asymetrical/ Posturing/Flacidity/Seizure

Blood Sugar.....mg/dl

Exposure: 100.2°F

Temp.....

Colour Normal/pallor/cyanosis/ mottled

Any other skin lesions.....

Wt: 10 Kgs.

Diagnosis RB/FN.

cannula

CBC/RBS

LFT/KFT

Blood c/s.

chest X-ray.

Adv: 1) Inj. Piptaz 1gm IV q 8 hrly.

2) Inj. Amikacin 150 mg IV q 24 hrly.

3) Inj. Pan 100 mg. IV stat → SOS.

4) RFE reports

5) Paeds oncoSR to review.

Kanupriya
SR Paeds

Dr. Kanupriya Kundu
Senior Resident, Pediatrics
AIIMS, New Delhi
DMC No. 28388

INVESTIGATION (EDT...
HGB
HCT
RBC Count
Platelet Co...
Retic Co...
T.L.C...
DI...

29/5/25

c/s B SR Peds onco

c/o B/L RB → (R) EORB → post 2# HOLEV. enucleation on 9/5/25 → ARET cycle

→ (L) GpE

- 22/5 → VCR complete
- 23/5 - 24/5 → cyclo etopo...
- ~~3/5~~

↓

Now came c̄ c/o fever x1day
c/o vomiting x1day
No H/o loose stools
No blood in stools

29/5/25

8 — 140 / 30 — 35,000

O/E - afebrile
vitals stable

P/A → soft, nontender
No HSM.

CNS - CMVS NAD

CVS - S1S2 (+)

Adv

- (ct) Inj. Zosyn / amikacin
- (add) ~~IVF DNS c̄ 1:100 KCl @ 40 ml / hour~~
- ~~Inj. pantop 10mg IV OD~~
- ~~Inj. emeset 2mg IV SOS~~
- ~~Inj. GCSF 50 mcg SC OD till ANC recovery~~

~~11pm~~ — ~~Termed today~~

- To do USG Abdomen
(ch) KFT / LFT

- Peds onco SR shall review

SR

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI -110029

(REVISIT)

आपातकालीन विभाग

(DEPT. OF EMERGENCY MEDICINE)

108

UHID No:108098760

आपातकालीन नं.(Emergency No): 2025/030/0070716 दिनांक DATE: 23/06/2025 समय TIME: 03:50:23 AM

NON-MLC

नाम NAME: **MRS ARPITA SINGH** आयु AGE : **2 years 6 months 9 days** लिंग /SEX : **F**

W/O : MADAN SINGH

पता ADDRESS: मकान संख्या H.NO: dhema sadar jila allahabad गली / मुहल्ला STREET/MOH:

शहर/प्रखड CITY/BLOCK: पिन PIN:

राज्य STATE: UTTAR PRADESH दूरभाष सं. PHONE NO:

मोबाइल MOBILE NO: 8459368672 स्थान Location: Paediatrics Emergency

द्वारा BROUGHT BY: Relative :

Criticality: Red / Yellow / Green

Triage: Responsive/ Unresponsive **HR** 112 /min **BP** mmHg **RR** 20 /min **spO2** 97% on RA

Shifted to Paeds/ ~~Main~~/ New Emergency

+P. onco

K/C/O ca EORS | (L) ovca

Presenting Complaints

4o fever

Primary Assessment (ABCDE) : Assessment Pe[illegible]on

Airway

Open & stable : Yes/No
If No.....

Breathing: RR 20 /min
Efforts: Normal/Poor/increased
Auscultation:
Air entry:
Normal/poor/Differential

Added sounds:
None/Stridor/Wheeze/Crackles

SpO2 on Room air.....98%

wt = 11 kg

Circulation

HR 112 /min

CFT <3 secs.

BP.....mmHg

Peripheral pulse: Poor/Good

Central pulse:Poor/Good

Skin temp: Warm/cool

Others

Disability

GCS...15/15

Pupil size...../min

Pupillary Reactions RTL

Motor activity:
Normal & Symmetrical/
Asymetrical/
Posturing/Flacidity/Seizure

Blood Sugar.....mg/dl
Exposure:
Temp.....
Colour:Normal/pallor/cyanosis/
mottled
Any other skin lesions.....

Diagnosis

Adv
- CBC/VBG/
- LFT/RFT/
- CXR

68

Adv
- Inj PCM 150 mg IV stat.
- Peds Onco SR review.
- IVF DNS + 1:100 KCl at 40 ml/hr

Dipika

23/6/25

c/s/B SR Peds onw

c/o B/L RB (R) EORB / (L) IORB | Post enucleation after 2# HDCEV on 9/5/25. | on ARET 2nd cyc

last chemo → received VCR/cisplatin on 20/6/2025

21/6 } cyclophosphamide
22/6 } etop

came c̄ c/o fever x 1 day.
c/o running nose x 1 day
c/o cough x 1 day

O/E. afebrile
vitals stable

cvs-s1s2 (+)

23/6
2560
8.2 / 870 / [illegible]

To do:
(CxR)

impending FN

Adv
- Syp. cetirizine (5mg/5ml) 2.5ml HS x 3 days
- Syp. augmentin (228mg/5ml) 4ml tds. x 5 days
- Tab. Junior Lanzol 15mg 1 tab OD x 5 days.
- Inj. GCSF → to be started from today.

(F/U) in OPD on 25/6/2025. c̄ CBC/KFT/LFT

(D/S) explained

Dr. Shreshtha Kaushik
Senior Resident
DM, Pediatric O[illegible]
Department of P[illegible]
AIIMS, New Delhi-110029

प्रयोगशाला कायचिकित्सा विभाग
DEPARTMENT OF LABORATORY MEDICINE
रूधिर विज्ञान
HEMATOLOGY

अखिल भारतीय आयुर्विज्ञान संस्थान, अन्सारी नगर, नई दिल्ली-110029

All India Institute of Medical Sciences, Ansari Nagar, New Delhi-110029

नाम/Name Arpita Singh आयु/Age 2 लिंग/Sex F

UHID No. 108098760 Consultant

Ward/OPD Emi Unit/Bed No.

Date/Time 29/5/2025 48

Nature of Anticoagulant : EDTA / Citrate / Heparin / Nil

Diagnosis / History

Previous Lab. Ref. No. Signature of Doctor

Today's Lab. Ref. No. Time of Receipt

INCOMPLETELY FILLED FORM IS NOT ACCEPTABLE

एम.आर.-8 नर्सेज डेली रिकार्ड
M.R.- 8 Nurses Daily Record

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI-110029

नाम / Name	उम्र / Age	लिंग / Sex	वैवाहिक स्थिति / Marital Status	यू.एच.आई.डी. नं. / UHID No.
ARPITA SINGH				

सेवा / Service	वार्ड / Ward	बेड / Bed	व्यवसाय / Occupation	धर्म / Religion

ALL INJECTIONS TO BE INITIALED BY PERSON ADMINISTERING

Date & Time	Medication & Treatment	Diet	Observation by the Nurse
31/05/2025 5.40pm.	CT Orbit – Soft tissue thickening of (R) orbit ~ 1.3 cm is seen extending along the inferior palpebral conjunctiva, lateral wall and floor of the orbit into the intraconal compartment. due to infective/ inflamatory etiology. ?Mucormycosis		
	C/D/W Dr R. SETH ma'am telephonically, to give MLH-DC discuss with Dr Manisha Ma'am	Inj. L-AMPHO B from ~~and~~ for 2 days & CT Orbit on 02/06/25	for possibility

NURSES DAILY RECORD

ALL INJECTIONS TO BE INITIALED BY PERSON ADMINISTERING

Date & Time	Medication & Treatment	Diet	Observation by the Nurse
	Pre-medicated — ~~GBM~~ Inj. AVIL 0.5ml iv of Mucormycosis — Inj. PCM 100mg iv — IVF DNS @ 1:100 KCl @ 0.2:100 $MgSO_4$ @ 60 ml/hr x2 hrs ~~GBM~~ Inj. L-AMPHO-B 50mg/100ml 5% D iv over 2 hrs — ct [illegible] /AMIKA/G-CSF from MCH-DC. — N/V on ~~01~~ 01/06/2025 to MCH-DC ↓ VBG f/b Inj. PIPTAZ/AMIKA L-AMPHO-B.	

Dr. MANASEE DEKA
Senior Resident
D.M Pediatric Oncology
AIIMS, New Delhi- 110029