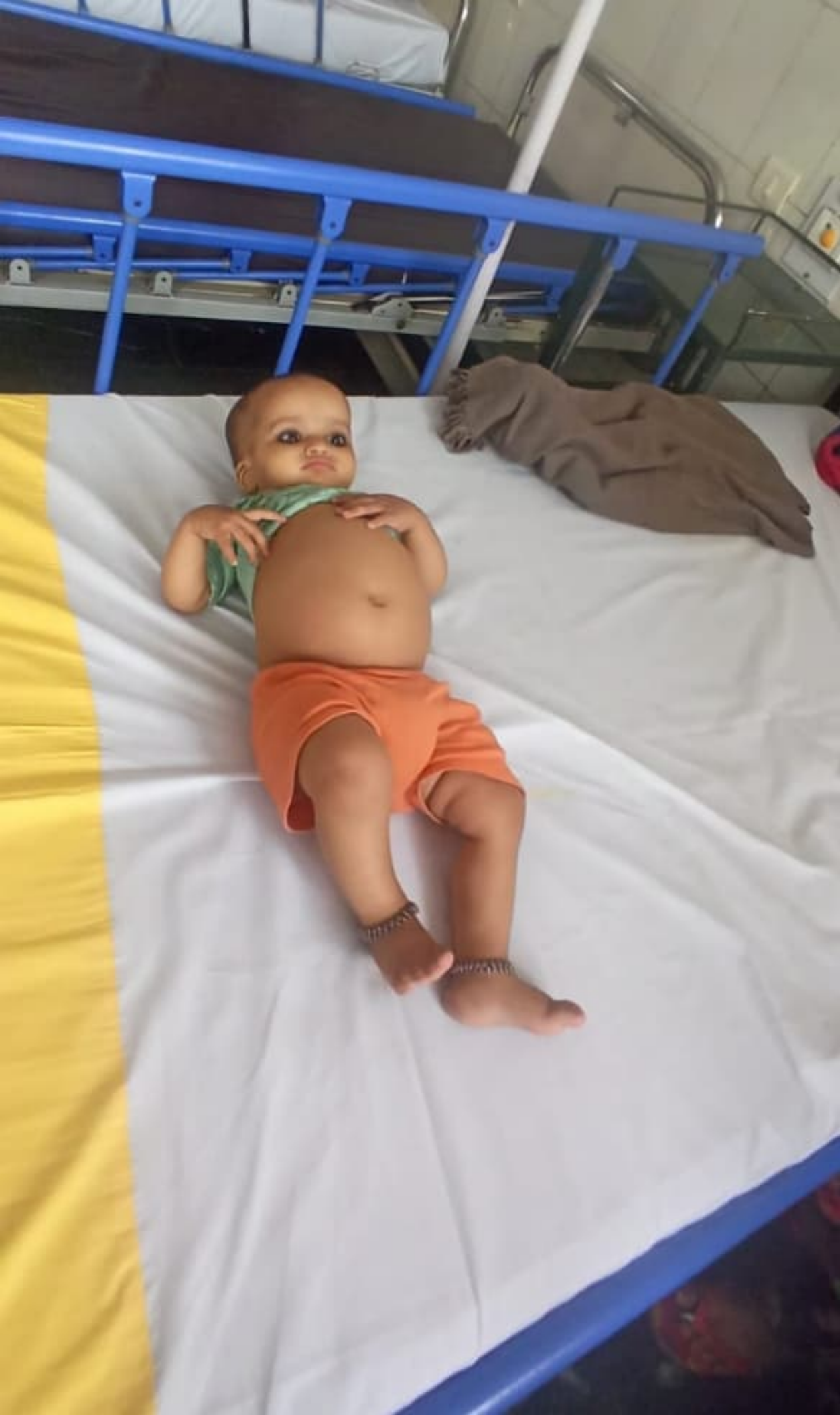

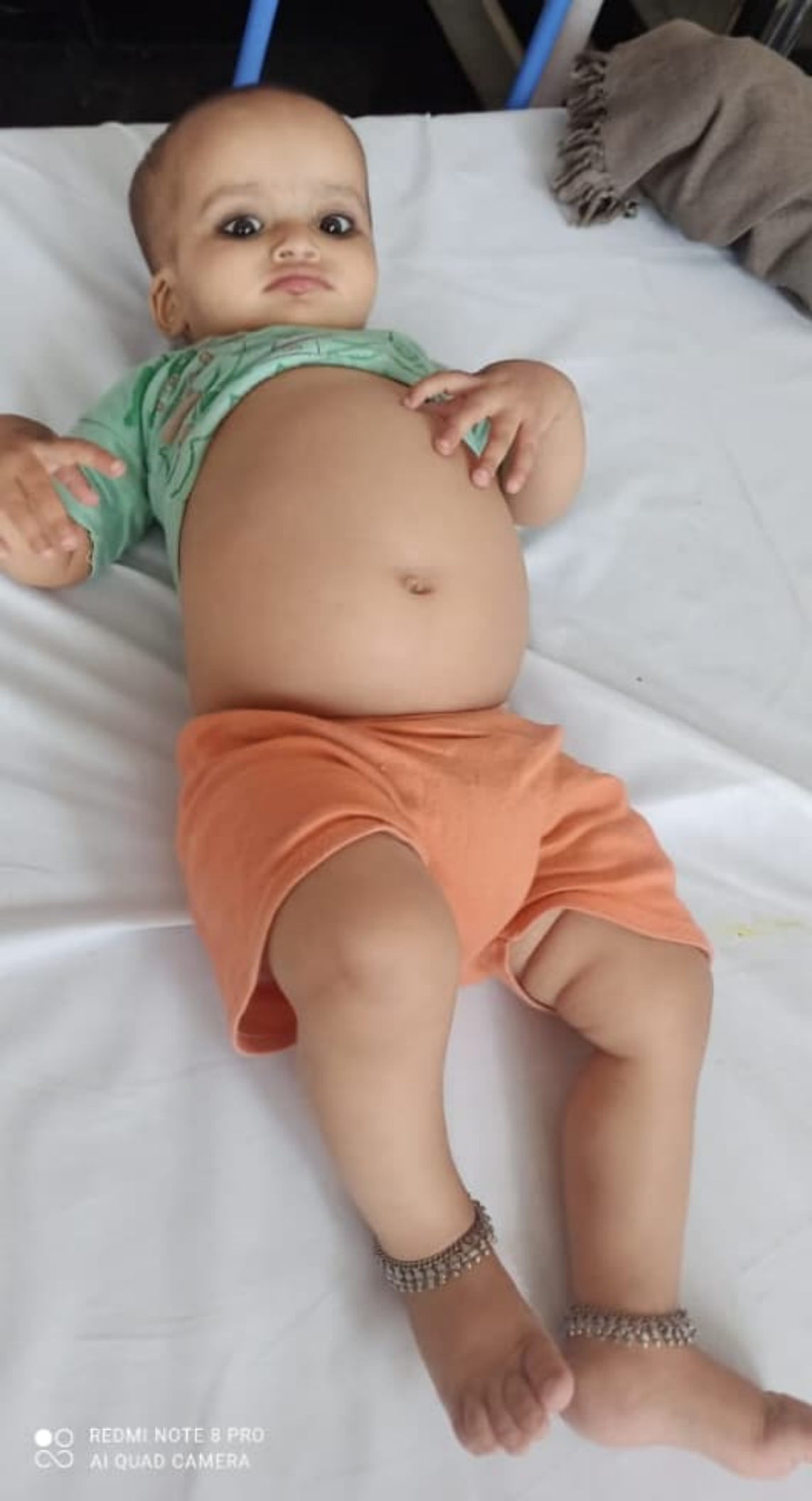
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Geeta Colony, Delhi 110031

भर्ती का संक्षिप्त विवरण
ADMISSION SUMMARY

ADMISSION NO. [illegible]

Name	Yrs/Age	Date of Birth	Year	Month	Day	Sex	Civil Status	Religion	Ward	Treating Unit
[illegible]	[illegible]		1		[illegible]	Female	Single	Islam	Fifth Floor Paediatric Surgery	UNIT I (PEDIATRIC SURGERY)

Name of Father/Husband: MUSTKIM
Mother Name: REHNUMA

Address: [illegible] nagar, Delhi District- Delhi State- Delhi

	Date and time of Admission	Date and time of Discharge/Death	Days of Stay
	[illegible] 14:36		

Name of person to be informed in case of emergency (Give name, address, relationship)

Telephone Number: [illegible]

Previous admission(s): Give date and number

Acute Data (i) & Admission No

Provisional diagnosis (to be completed within 24 hours of admission)
Malignant neoplasm of other and unspecified male genital organs/Malignant neoplasm of other and unspecified male genital organs

On admission, patient or qualified person must sign authorization for medical and / or surgical treatment on reverse side

Final diagnosis
Secondary Diagnosis or complication
Operation

Code Number

Condition at discharge: Recovered | Improved | Not improved | Not treated | Examination only | Died | Left Against Medical Advice | L.W.P.

Autopsy: Yes / No

Cause of Death

I have examined and approved this complete medical report on

House Physician | Registrar/S.R. Resident | Head of the Unit

P.T.O.

MRD 13 [illegible]

प्राधिकरण / सामान्य सहमति
AUTHORIZATION / GENERAL CONSENT

[illegible] BABY [illegible] ... BABY [illegible] to admit, examine and do general investigation for my ward for his/her disease [illegible] physician in charge of the care of my patient.

Signature ______

Or ______
Name of relative

Relation to patient ______

Date: [illegible]

AUTHORIZATION FOR DAMA/LAMA – DISCHARGE AGAINST MEDICAL ADVICE

[illegible]

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Treatment Sheet

Inaya. Age/Sex 1y

Ward ______ Diagnosis ______

Time	Rx	Dr. Name & Sign	Noted by Sister Name & Sign
22/4/22	IVF N/2 5% D (1:100) KCl @ 30 ml/hr		noted
24/04/22 8am	~~• G/C - poor, child having recurrent episodes of pain abdom. • oral intake poor. • child on breast feeds only. Adv - Stop breast feeds - Start oral feeds. - Use fluid to 20 ml/hr.~~		
24/02/22 8am	~~Start~~ G.C - ~~poor~~ fair, no new complaint - Child on full orals. Adv - ~~Start ... today~~		

- Syp. Septran (5 ml/40mg) ...
- Syp Iron + folic acid 3 ml OD
- Syp. Multivitamin 3 ml OD

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Geeta Colony, Delhi-110031

RADIOLOGY DEPARTMENT

ULTRA SOUND REPORTING FORM

DATE: 2/4/22

NT NAME:- Inaya AGE/SEX:- 1.9 M/F DEPT./ UNIT:- Surgery OPD/CR 4531

ICAL HISTORY:- (L) Wilm's Tumor

CEDURE:- USG Guided Biopsy

NDINGS:-

The lesion was accessed under USG guidance 3 samples of biopsy taken from the lesion successfully

RESSION:-

Signature with name of RADIOLOGIST

Date:-

correlate clinically.

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23/4/22
BP = 90/60 mm
8am

INTAKE OUTPUT CHART

Inaya 1·9y/F 4531

Name:- Age/Sex:- C.R.No.:- Diagnosis:- Ward/Unit:- 5L Date of Admission: 20/4/22

Date	Intake				Output					
22/4/22	I/V Fluid	Amount	Oral/NGT	Amount	Time	Urine	Aspiration /Drainage	Vomitus	Stool	Orders/BT Notes
10pm – 2pm	N/2	60 ml 60 ml			8pm – 2pm – 8 – 8	3L 2L 2L		8pm – 2pm – 5	1L 1L 1L	IVF – N/2 in 5% D & KCl (1:100) @ 30ml/hr Stop fluids – ORS c̄ Sdo
Total I/V/Oral/NGT Intake	23/4/22									
Blood/Blood Components	8 am O– …									
Whole Blood/Packed Cells/FFP			Amount							
	8 Am U – 6 ml S – 1 TNC O – 120 ml S – 4 …					24/4/22 Urine Stool 8a 4h 4h O 5L 5L				
Grand Total Intake					Total Output			9d 9d		

T = U = 7L
S = 3L

Signature of Doctor

Signature of Staff Nurses

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Name Inaya
Diagnosis:-

NURSING CLINICAL ASSESSMENT NOTES
Age/sex 1·9y/F CR No. 4537 Date of admission 2/4

Date	2/4		3/4		23/04/24		24/04					
Hospitalization Day												
Post operative day												
Spo2%	BP-mm of Hg	Temp.(°F)	Pulse/Min	Resp/Min	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
●	^	O	□	X	2 6 10	2 6 10	2 6 10	2 6 10	2 6 10	2 6 10	2 6 10	2 6 10	2 6 10	2 6 10	2 6 10	2 6 10
	Systolic															
100	150	105	150	100												
98	140	104	140	90												
96	130	103	130	80												
94	120	102	120	70												
92	110	101	110	60												
90	100	100	100	50												
88	90	99	90	40												
		98.6														
86	80	98	80	30												
84	70	97	70	20												
82	80	96	60	10												
	Diastolic															
	V															
Date and time of cannula insertion																
Pallor/Icterus-Warm/Cold																
Patient Stable Y/N																
Risk of fall (Y/N)																
Restraint Assessed Y/N																
IV Cannula (patent & no swelling) Y/N																
Bed Sore (skin intact) Y/N																

Govt. of NCT of Delhi

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अनुमति पत्र - विशेष प्रक्रिया

नाम Inaya उम्र 1y 8m लिंग F भर्ती क्रमांक 453 / वार्ड Peds surgy

संबंधी का नाम अनवर मरीज से सम्बन्ध पापा

विशेष प्रक्रिया का नाम .... चिकित्सक का नाम Dr. Ravindra

...आपके चिकित्सक द्वारा विभिन्न विशेष प्रक्रियाओं या अन्य विशेष जांच या ईलाज हेतु प्रक्रियाओं के निष्पादन हेतु कर्मचारियों व सुविधाओं ...करता है, और ज्ञात या अज्ञात होने वाले सभी जोखिम, और असफल परिणाम, कठिनाइयाँ, चोट या मृत्यु की स्थिति में, कोई पूर्ण निश्चित परिणाम ...होने की गारंटी नहीं देता।

...जोखिम के साथ ही विशेष प्रक्रिया की प्रकृति, उस प्रक्रिया के सम्भावित फायदे या प्रभाव या उपलब्ध इलाज के दूसरे तरीके, उनके जोखिम ...के बारे में जानने का अधिकार है। आपके बच्चों के पुनः स्वस्थ होने या इलाज ना करने की दशा में सम्भावित सफलता व समस्या ...को जानने का अधिकार है।

...सुनिश्चित करने के लिए कि अपने विशेष प्रक्रिया को पूर्ण रूप से समझ लिया है, आपके बच्चे के चिकित्सक, विशेष प्रक्रिया के बारे में पूर्ण स्पष्टीकरण ...करेंगे ताकि आप स्वीकृति देने या नहीं देने का निर्णय कर सकें। अगर आपके कुछ प्रश्न है तो उन्हें जानने के लिए आपको प्रोत्साहित किया गया है।

...पत्र पर अपने हस्ताक्षर से निर्देशित करते हैं कि :-

- ...अपने पत्र में दी गई सूचना को पढ़ व समझ लिया है।
- ...ऊपर बताए विशेष प्रक्रिया के बारे में आपके बच्चे को के चिकित्सक ने आपको भली प्रकार से स्पष्ट कर दिया है।
- ...आपको प्रश्न करने का अवसर दिया गया है।
- ...आपको विशेष प्रक्रिया से संबंधित चिकित्सक द्वारा इच्छित सूचना प्राप्त हो गई है।
- ...आपको विशेष प्रक्रिया के लिए अधिकरण व स्वीकृति प्रदान करते है।

...प्रमाणित करता/करती हूँ कि मैंने ऊपर लिखे स्वीकृति प्रपत्र को पढ़ा व अपनी भाषा में समझ लिया है, और इस विशेष प्रक्रिया के लिए अपनी ...प्रदान करता/करती हूँ।

अनवर
अनवर
...ता/सम्बन्धी)

चिकित्सक के हस्ताक्षर [signature]
चिकित्सक का नाम Dr Ravindra

साक्षी के हस्ताक्षर Arshad
साक्षी का नाम [illegible]

दिनांक 22/4/22 समय 12:50pm

INITIAL ASSESSMENT FORM

Date: Time:

Chief complaints & Duration:

C/o Abdominal lump noticed 15 days back
Fever (off & on)
No loss of appetite.
No loss of weight.
No loose stool
No Vomiting

History of Present Illness:

History obtained from: ☐ Mother ☑ Father ☐ Grand Parents ☐ Others:

No Cold & Cough.

H/O Previous Hospitalization: No Prev. hospitalization.

PAST HISTORY: No Sig. past history

FAMILY HISTORY: No Sig. family history

BIRTH HISTORY: FT/NVD/at hospital, 3kg@birth, uneventful

(S/E): Systemic Exam

1. Central Nerv
Higher Ment
Cranial Nerve
Motor Syste
Planters:
Meningeal S
2. Respiratory
Inspection
Percussion
Auscultatio
3. Cardio Vas
Palpation
Auscultat
4. Per Abdo
Liver:
Spleen
5. Others:

Pain Assessment

Verbal Descripto

Wong-Baker
Facial Grimace
Scale:

(Provisiona
With co m

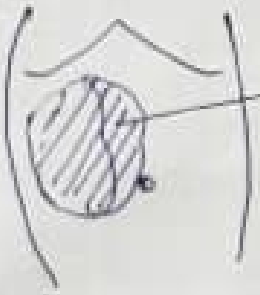
PLAN OF

- All inv
- PT/
- Tra
- Fl
- Ch

Residen

(S/E): Systemic Examination

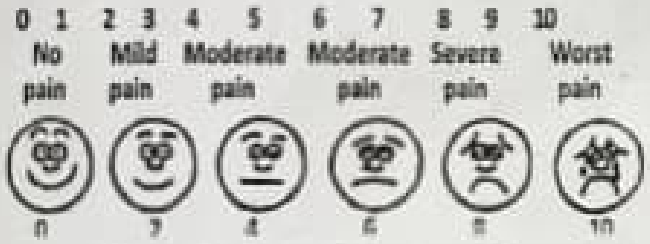
1. **Central Nervous system:**
   Higher Mental Function:
   Cranial Nerve Examination:
   Motor System Examination:
   Planters:
   Meningial Signs:
   — NAD
2. **Respiratory System :**
   Inspection :
   Percussion:
   Auscultation:
   — B/L AE ⊕ Bas.
3. **Cardio Vascular System:**
   Inspection:
   Palpation:
   Auscultation:
   — S1 S2 Heard (N)
4. **Per Abdomen Examination:**
   Liver :
   Spleen
   — Non Palpable
5. **Others:**



Firm in Consistency
Non tender
Slightly Mobile
10 x 10 x 8 cm
(approx).

Pain Assessment:

Verbal Descriptor Scale



Wong-Baker
Facial Grimace
Scale

(No pain)(Mild pain) (Mod.pain) (Severe pain) (Worst pain)

(Provisional Diagnosis)
With co morbidities/Complications:

(P) Wilm's Tumor.

PLAN OF CARE:

- All routine Inv.
- PT/INR
- Trucut biopsy.
- Plan: Chemotherapy
- ~~Chondrodem~~

Desired outcome/Goals

- B.P checking
- Investigations planned

Resident Sign: Date: Time: Consultant Sign. Date: Time: Page4

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Affiliated to Delhi University
An Associate Hospital of Maulana Azad Medical College
Geeta Colony, Delhi-110031

ADMISSION SHEET

UNIT HEAD: Dr. Mamta

Name: Inaya
DEPT: Surg.
UNIT: I
E/SDC: 1.9.18 F
D.O.A: 20/4/22
D.O. Discharge:
R.NO: 4531

Provisional Diagnosis: (R) Wilms Tumor	Final Diagnosis	ICD-10
Primary Diagnosis :		
Associated Diagnosis :		
Complications :		

Surgical / Medical Procedures Done		Blood Components Therapy	
Date	Name of Surgery / Procedure	Date	Name of Blood components transfused

Weight Chart										
Date										
Weight										

Anthropometry	Observed	Expected	%	Other Anthro
Wt (Kg)	7.6	9.6		10th
Ht/L (cm)	95	98.0		>99th
HC (cm)				

Immunization (tick ✓) : Unimmunized ( )
Partially immunized ( )
Immunized for age ( )

Antibiotics Therapy		
Name	Started on	Stopped on

Discharge Plan

Readmission within 48 Hrs. of discharge from CNBC (Yes/NO): _____
PICU transfer (Yes/No): _____ DOT in: _____ DOT out: _____

CNBC-139
version-1.1

Govt. of NCT of Delhi

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Geeta Colony, Delhi-110031

DEFICIENCY CHECKLIST

Pt. Name: Iraya 1 y/F C.R No. 4531 Floor/Unit: Surg. Date of Discharge:

NOTE: Kindly tick mark (✓) after its correction against designated column. Put signatures below after correction of case records.

Forms	At Ward Level	For MRD use
	Tick after correction	Review of Medical record Check every 10th file & Tick after correction wherever needed
Medical Personnel		
Admission Sheet :- i) Anthropometry ii) Date/Time of Assessment iii) Dietary Assessment iv) Immunization Status v) Completed history and examination vi) Provisional diagnosis vii) Plan of care viii) Name & Sign of Resident Doctor ix) Counter sign of Consultant		
Admission summary: -i) Date/Time of discharge ii) Days of stay iii) Final diagnosis iv) ICD Coding v) Cause of death (if death file) vi) Sign of Senior Resident vii) Sign of Consultant		
Discharge Summary : - i) Date of discharge ii) Advice on discharge and follow up advice iii) Sign of Resident Doctor		
ICU Consent : - (Completely Filled)		
BLOOD TRANSFUSION - B.T Consent : - i) Patient's ID ii) Sign of Patient's Parents, Witness iii) Sign of Doctor on Duty with Date & Time		
Consent form invasive procedure : (Completely Filled)		
DEATH File : -i) Death Form (Completely Filled) ii) Medical Certificate of Death (Complete) iii) Death Summary (Complete) iv) Death Review Form (Complete)		
SURGERY IF APPLICABLE		
Pre-operative orders (Complete)		
Consent Form (Surgical Procedures) : i) Patient's ID ii) Name of Sugical procedure iii) Sign of Doctor on Duty with Date & Time iv) Sign of Patient's Parents/relatives, Witness		
Operative Notes - Completeness		
Nursing Personnel i) Nursing Assessment Form/Sheet ii) Patient's Identification data including Diagnosis		
Temp. & Vital Chart - i) Sign of staff Nurse		
Intake Output Chart - i) Sign of staff Nurse ii) Patient's identification data including days in hospital		
General Consent/LAMA Consent (If LAMA file)		
MLC Cases : i) MLC No. & MLC Stamp Name, Cr No. on All pages		
Resident_____Consultant Sign: _____ Staff Nurse Sign/Sister In _____		ICD Coding Done/Scanning done Sign. of MRO _____, Sign. of M.O I/c_____

6)

OPD CARD

UNIT-1 (PAEDIATRIC SURGERY)	HOSP. NO.		
BABY SHIVA	AGE		
	WT. (KG.)	7.6Kg	HEAD CIRCUMFERENCE(CMS)

VITALS
PULSE/MIN ______
RESPIRATORY RATE ______
TEMPERATURE ______

CLINICAL NOTES

C/S/B PS/SR.

C/O Mass palpable in (R) side abdomen.
Noticed 1 day back
Fever x 1 day.

O/E → Mass palpable in (R) side abdo.
Hard.
Non tender
Non Mobile.
size 15 X 15 cm.

→ Mass is appearing to be separate from Liver.

Adv.
USG whole abdomen.
~~[illegible]~~
~~for evaluat^n / [illegible]~~

[illegible signature]
1/4/22

11/4/2022 9:26 AM

साक्षी का नाम

समय ______

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(Govt. of NCT of Delhi)
Geeta Colony, Delhi-110031

Monitoring Chart for Procedural sedations

USG guided

Patients's Name : Inaya Age/Sex : 1y | F CR No.: 4531 Diagnosis : Wilm's Tumour Procedure : Trucut biopsy & Sedation

	Pre Sedation	During the procedure (Every 5 min interval)													After Procedure
Time	1:55pm	1:30pm	1:40	1:50	2:00	2:10	2:20								
	1:40pm														
1 H.R.	1:50pm	100	100	90	90	94	98								100
2 B.P.	2:00pm	100/70	96/64	94/64	96/66	94/66	100/70								105/70
3 R.R.	2:10pm	20	20	18	18	20	22								20
4 SPO2		98%	97%	98%	97%	98%	97%								99%
5 Level of Consciousness															

*BP optional for mild and moderate sedation

Discharge

1. Awake mandatory for deep sedation
2. Moving limbs purposefully
3. HR, BP, SPO2, RR, within baseline limits (to be told by Doctor)

Alarming signs

1. Abnormally high/ low BP
2. Abnormally fast/ slow PR
3. Laboured breathing (RR with Shallow breathing)
4. Patient do not respond to painful stimuli

Name of doctor doing procedure Dr Rajkumar Verma

Sign

Name of person monitoring sedation Dr. Lavleen Trivedi

Sign

CNBC - 18

Investigation Sheet

CSF /Pus/Pleural /Ascitic Fluid

	20/4				
...b	9.3				
	10.6				
...lets	398				
...dices / ...count	5.1				
...RMA					
...al					
Urea	11				
...atinine	0.13				
... acid	5.2				
...CTROLYTES	139				
	4.50				
	101				
...lcium ...ised					
(Total)					
...osphate					
Sugar					
...T Bil Total	0.42				
... Bil	0.09				
...SGOT	51				
...GPT	9				
...LP	182				
...otal Protein	6.43				
...lbumin	3.58				
...G	1.25				
...PT					
APTT					
LIPID TG					
Cholesterol					
LDL					
HDL					
VLDL					
Stool M/E					
Urine R/E M/E					

Date			
Fluid (Name)			
Gross			
M/E			
Glucose			
Protein			

Culture Sensitivity

Date	Specimen	Organism & Sensitivity
20/4	Blood	C/S → no Growth 20/04/22
	PT →	Test → 14.1 Control → 12.8 + -3 INR → 1.10
2/4	Urine	R → ? Nil M → ? Nil Pus cells → nil Biopsy ? 22/04/22

Serological Investigations

2/4/22	Urine C/S > Awaited Growth C/S - E. Coli (S) Amikacin, Septran, Ceftriaxone (R) Amoxyclav, Pip Taz	Micro - Nil cells No organism seen

Mantoux Test

Date	Read after (24/48/72 Hrs.)	

Mob. : 9821233869

JEEVAN CARE FOUNDATION

Address:- 697, Village Madanpur Khadar, New Delhi 110076
Mail- Jeevancarefoundation@gmail.com

Reg No. 92

Ref. No. .....

Date 29.04.2022

सेवा में,

श्री मान संस्थापक महोदय,
Jeevan Care Foundation
मदनपुर खादर नई दिल्ली!

महोदय,

मेरा नाम अनवर है मेरी बच्ची 1 साल की है; मेरी बच्ची इनाया को लीवर कैंसर है, मेरी बच्ची दर्द में बहुत रोती रहती है मैंने उसे चाचा नेहरू बाल चिकित्सालय में भर्ती करवाया है, उसकी हालत बहुत खराब है पेट में सूजन बढ़ती जा रही है, डाक्टर का कहना है कि मेरी बच्ची का जल्दी से जल्दी लीवर ट्रांसप्लान्ट करने के लिए कहा है मेरी बच्ची को कीमोथेरेपी, रेडिएशन थेरेपी, टार्गेट्ड ड्रग थेरपी भी होनी है जिसका खर्चा डाक्टर ने लगभग 1,20,000 बताया है!

मैं बहुत गरीब व्यक्ति हूँ! मेरी आर्थिक स्थिति बहुत खराब है, कृपया मेरी बच्ची के इलाज में मेरी आर्थिक सहायता करें!

मेरा सदा के लिए आपका आभारी रहूँगा!

धन्यवाद पिता-अनवर