Shift to 4th flr

CHACHA NEHRU BAL CHIKITSALAYA

(An Autonomous Institute under Govt. of NCT of Delhi)

Geeta Colony, Delhi-110031

415

Day Care Short Admission Form

6M 2

Date: 2 vi 2022

's Name Harshit Age 5 Y 3 M 1 male Sex

II Ld Weight 4.6 Kg gm. Under Dr.

Number

Is k/c/o GDD/c seizure d/o c fever :: 3 episodes vomiting :: yesterday
Spastic paraplegia c Breakthrough seizure.
r Admission / Comments already on phenytoin (@ 8mkd).
seizure
Subsequent
Semester

on

Rl, S.Ca2+, S.ICa2+,
Radial blood-C
S.

tal Histroy

Inj valproate 40 mg IV stat
↓
Inj valproate 50 mg IV BD
(@ 20mkd)

Emset - Inj phenytoin 20 mg IV BD
mg IV stat - Syp PCM (12.5 mg/5ml) 3ml SOS (for fever)
Chem 2nd - Inj CEFTRIAXONE 230 mg IV BD

pkpk eq: eky fpldlfdky;] shdk dkykash] fuVyh & 110031

DEPT:	UNITS [PEDIATRIC MEDICINE]	HOSP NO:	UNIT	ROOM NO:	AD [YMD/TYP]	DEPT:
NAME:	MASTER HARSHIT	AGE:	YEAR: 5	Month:	Day: 3	SEX: MALE: DATE TIME: PHONE/MOB NO:
FATHER / MOTHER'S NAME:	VINAY	AREA / LOCATION:	MR [2ND ARABOLIA] DELHI DELHI DELHI			DATE OF BIRTH:
BIRTH WT (KG):	WT. (KG):	4.5	HEAD CIRCUMFERENCE(CMS):		HT (CMS):	CONTACT NO: REFERRED BY:
IMMUNIZATION:	BCG	OPV: 1 2 3 BO	6W	DPT: 1 2 3 BO 6W		HEP-B: 1 2 3 MEASLES: 1 2 3 VITAMIN A: 1 2 3
PERSONAL DISADVANTAGE:						ICD 10 CODE:

VITALS
PULSE/HR _____/MIN
RESPIRATORY RATE _____BREATHS/MIN
TEMPERATURE _____F

CLINICAL NOTES

^ CLO

H/O HIE

Active seizure

→ SpO2 –

H5- Low → temp –

1

Pt is GMC 46

Jaundice

Dysmorphism

DR. / NAME / DESIGNATION OF DOCTOR

5/24/2022 9:23 AM

pkpk usg: eky fpfiRiky;] xlurh dkykxuh] fuVyh & 110031

CHACHA NEHRU BAL CHIKITSALAYA
(An Autonomous Institute Under Govt. Of NCT of Delhi,
Affiliated to GGSIP University)
Geeta Colony, Delhi 110031

भर्ती का संक्षिप्त विवरण
ADMISSION SUMMARY

ओ.आर. संख्या
ADMISSION NO: 2022000412

Hosp. No : 0001095372

रोगी का नाम / Patient's Name	वर्ष/आयु Yrs/Age	जन्म तिथि Date of Birth	वर्ष Year	महीना Month	दिन Day	लिंग Sex	वैवाहिक स्थिति Civil Status	धर्म Religion	भर्ती Ward	उपचार यूनिट Treating Unit
MASTER HARSHIT	8			5	3	Male	Single	Hindu	Emergency	UNIT-II (PEDIATRIC MEDICINE)

पति पिता संरक्षक का नाम / Husband's/Father's/Guardian's Name: VINIT

माता का नाम / Mother Name: SONIYA

पूरा पता / Full Address: hn c262 janakpuri , Delhi District- Delhi State- Delhi

व्यवसाय / Occupation	भर्ती की तिथि व समय Date and time of Admission 24/05/2022 11:24	छुट्टी / मृत्यु की तिथि व समय Date and time of Discharge/Death	भर्ती की अवधि Days of Stay

आकस्मिक मरीज की दशा में (नाम, पता, सम्बन्ध लिखें) / If emergency (Give name, address,relationship)

पिछली भर्ती, तारीख व नम्बर दें / Previous admission(s) : Give date and number	Adm Date:// & Admission No:
प्रारंभिक दाखिला निदान (भर्ती होने के 24 घंटे के अंदर पूरी हो जानी चाहिए) / Provisional diagnosis (to be completed within 24 hours of admission)	भर्ती के समय रोगी का उपचार चिकित्सा सुविधा अधिकारी या समान चिकित्सीय प्रशासन के लिए नीचे दी हुई दिये गये प्राधिकरण पत्र पर हस्ताक्षर किया जाना चाहिए। On admission, patient or qualified person must sign authorisation for medical and / or surgical treatment on reverse side
एलर्जी / Allergy/Epilepsy	कोड संख्या Code Number

अंतिम रोग निर्णय / Final diagnosis
द्वितीयक असंबंध रोग निर्णय या जटिलताएँ / Secondary Diagnosis or complication
उपचार / Treatment

रोगी को / Mediation with
हालत / Condition: ☐ प्रसन्नचित्त लाभ ☐ सुधार हुआ ☐ सुधार नहीं हुआ ☐ इलाज नहीं किया गया ☐ केवल परिदर्शन ☐ मर गया ☐ छोड़कर इस पर छोड़ गया ☐ भाग गया
☐ Recovered ☐ Improved ☐ Not Improved ☐ Not treated ☐ examination only ☐ Died ☐ Left Against Medical Advice ☐ LWP
मृत्यु का कारण / Cause of Death:
शवपरीक्षा / Autopsy: ☐ हाँ / Yes ☐ नहीं / No

मैंने इस रोगी की भर्ती व डिस्चार्ज की पूर्ण चिकित्सीय अभिलेख का अनुमोदन किया गया।
I examined and approved this complete medical report on

हाउस फिजिशियन / House Physician
रजिस्ट्रार / Registrar/S.R.Resident
विभागाध्यक्ष / Head of the Unit
M.S./P.T.O.

E - / F

प्राधिकरण / सामान्य सहमति
AUTHORIZATION / GENERAL CONSENT

मैं अपने रोगी MASTER HARSHIT को उपचार रोग के लिए प्रवेश लेने और मेरे वार्ड की सामान्य जांच करने के लिए अधिकृत करता / करती हूँ
I authorise the physician incharge of the care of my patient MASTER HARSHIT to admit, examine and do general investigation for my ward for his/her

Date 24/May/2022

हस्ताक्षर / Signature: _____ (रोगी/Patient)

या / Or _____ (निकटतम संबंधी / Nearest relative)

रोगी से संबंध / Relation to patient _____

Time _____

पुर्जी के लिये विनुकित का दायित्व

Investigation Sheet

CR.No.

te					
m Hb					
C					
C					
telets					
R					
Indices					
tic Count					
/RMA					
ial					
T Urea					
atnine					
acid					
CTROLYTES					
cium					
sed					
Total)					
sphate					
gar					
Bil Total					
ct Bil					
T					
T					
Protein					
min					
T					
TG					
sterol					
M/E					
R/E					

CSF /Pus/Pleural /Ascitic Fluid

Date			
Fluid (Name)			
Gross			
M/E			
Glucose			
Protein			

Culture Sensitivity

Date	Specimen	Organism & Sensitivity
25/05	Urine = R/M Alb Sug Epi cells } Nil	Pus cell = 8–10 RBCL = Nil Cast crystal Other

Serological Investigations

Mantoux Test

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

CHACHA NEHRU BAL CHIKITSALAYA

(An Autonomous Institute under Govt. of NCT of Delhi)

Geeta Colony, Delhi-110031

Name Manshit

Diagnosis:-

NURSING CLINICAL ASSESSMENT NOTES

Age/sex 5-3y/M CR No. 6412 Date of admission : 24/5/22

Date					24/5/22		25/5																	
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	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	2 6 10	2 6 10	2 6 10	2 6 10	2 6 10	2 6 10	2 6 10	2 6 10
100	Systolic 150	101	150	100																				
96	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	60 Diastolic	96	60	10																				
	V																							
Date and time of cannula insertion																								
Peripheries-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																								
Pain scoring (0,1,2,3,4,5)																								
Staff Nurse's Signature																								

Cnbc-114-Version-4

DOP/DPY—500 CNBC (Delhi)/2014—02.04.2015—500 Pads of 100 sheets in each.

Govt. of NCT of Delhi

CHACHA NEHRU BAL CHIKITSALAYA

(An Autonomous Institute under Govt. of NCT of Delhi)

Geeta Colony, Delhi-110031

415

ADMISSION SHEET

NAME: Harshit

AGE/SEX: 5 3m/M

C.R.NO: 6412

DEPT:

UNIT HEAD:

UNIT: II

D.O.A: 21/07/2021

D.O. Discharge:

Provisional Diagnosis:		
	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)	4.6Kg			
Ht/L(cms)				
HC (cms)				

Immunization(tick √): Unimmunized ( )
Partially Immunized ( )
Immunized for age ( )

Discharge Plan

Antibiotics Therapy		
Name	Started on	Stopped on
Ceftriaxone	24/7/21	

Readmission within 48 Hrs of discharge from CNBC(Yes/No): _____

PIG) transfer (Yes/No): _____ DOT in: _____ DOT out _____

Govt. of NCT of Delhi

CHACHA NEHRU BAL CHIKITSALAYA

(An Autonomous Institute under Govt. of NCT of Delhi)

Geeta Colony, Delhi-110031

415

Harshit 5.3kg/1m 6412

INTAKE OUTPUT CHART

D2

Name:- Age/Sex:- C.R.No.:- Diagnosis: GDD c Seizure Ward/Unit:- II Date of Admission: 2 yrs 25/05/22

Date	Intake				Output					
Time	I/V Fluid	Amount	Oral/NGT	Amount	Time	Urine	Aspiration /Drainage	Vomitus	Stool	Orders/BT Notes
5PM	N/2 (100+)									IVF N/2 in 5% dextrose + 1:100 KCl @ 20ml/hr IV x 12 hr
1										
5AM	N/2 (100+100)									
1										
	Total I/V/Oral/NGT Intake									
	Blood/Blood Components									
5pm	Whole blood/Packed Cells/FFP			Amount						
	N/2 (100+100)				8pm					
					1	✓	✓			
					8am					
5pm	520ml									
	Grand Total Intake				Total Output					

Signature of Doctor

Signature of Staff Nurses

CNBC-28 Version-3

CHACHA NEHRU BAL CHIKITSALAYA
(An Autonomous Institute Under Govt. of NCT of Delhi)
Affiliated to Delhi University
An Associate Hospital of Maulana Azad Medical College
Geeta Colony, Delhi - 110031

415

INTAKE OUTPUT CHART

Name:- Hanshit 5.37/m 6412 Age/Sex:- 5.37/m C.R.No.:- 6412 Diagnosis:- Code Seizure Ward/Unit:- IP Date of Admission:- 26/5/22

Date / Time	Intake: IV Fluid	Amount	Oral/NGT	Amount	Output: Time	Urine	Aspiration /Drainage	Vomitus	Stool	Orders/ST Notes
5PM / 5PM	N/2 @100+									N/2 in 5% Dext (Ckd (1:100) 200ml IV 4/12hly
	Total IV/Oral/NGT Intake									
	Blood/Blood Components									
	Whole Blood/Packed Cells/FFP	Amount								
	Grand Total Intake				Total Output					

Signature of Doctor
CNBC-28 Version-3

Signature of Staff Nurses

AUTHORIZATION FOR DAMA/LAMA – DISHCHARGE AGAINST MEDICAL ADIVCE

[illegible] MASTER HARSHIT [illegible]

This is to certify that I MASTER HARSHIT a patient in Chacha Nehru Bal Chikitsalaya Govt. Hospital Delhi am being discharged against the advice of the attending physician and of the hospital administration. I acknowledge that I have been informed of the risk involved and hereby release the attending physician and the hospital from all responsibility for any ill effects which may result from discharge from the hospital

[illegible] ____________________

[illegible] ____________________

[illegible]

[illegible] [illegible]

रोगी से संबंध
Relation to patient____________________

रोगी से संबंध
Relationship to Patient

निजी सामान के बारे में वक्तव्य
STATEMENT REGARDING PERSONAL EFFECTS

[illegible]

I have been admitted to Chacha Nehru Bal Chikitsalaya Govt. Hospital Delhi, and have been kept no valuable with me

[illegible]

[illegible] [illegible]

रोगी या जिम्मेदार व्यक्ति के हस्ताक्षर
Signature of patient or responsible person____________________

रोगी से संबंध
Relation to patient__________

27/1/22

8Pm

c Breakthrough fever

COD 7 UTI

C/o fever (+)

Victoly-stable No fever since

Urine → Pus cells 8-10

~~Adv~~

Urine C/S

Rx

- CT

-

Dr Madhu

Mob. : 9821233869

JEEVAN CARE FOUNDATION

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

Reg No. 92

Ref. No. .....

Date 27-05-22

सेवा में,
श्री मान,
संस्थापक महोदय,
जीवन केयर फॉउन्डेशन,
नई दिल्ली - 110076,
महोदय,

मेरे पुत्र का नाम हर्षित है जो की ब्रेन ट्यूमर नामक गंभीर रोग से पीड़ित है। और हम और हमारा परिवार आर्थिक तंगी से गुजर रहे है। हमारे लिये इसका इलाज करवाना असंभव हो गया है। मेरा बच्चा चाचा नेहरू बाल चिकित्सालय में भर्ती है 4th फ्लोर पर।

अतः मैं जीवन केयर फॉउडेशन से सहायता का आशा करता है। कृप्या हमारे बच्चे को जीवन दान दे। हमलोग जीवन भर आपका आभारी रहेंगे।

प्रार्थी पिता
विनीत

JEEVAN CARE FOUNDATION Reg. No. 92 DELHI