अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI -110029

आपातकालीन विभाग

(DEPT. OF EMERGENCY MEDICINE)

UHID No:100890848

आपातकालीन नं.(Emergency No): 2015/030/0035166 **दिनांक DATE: 30/03/2015** **समय TIME: 11:14:39 AM**

NON-MLC

नाम NAME: **BABY AYUSHI .** आयु AGE : **5 years 2 months** लिंग /SEX : **F**

D/O : NARENDER SAXENA

पता ADDRESS:	मकान संख्या H.NO:	H NO 221 MALAK PURA MAHOBA	गली / मुहल्ला STREET/MOH:	
	शहर/प्रखड CITY/BLOCK:		पिन PIN:	
	राज्य STATE:	UTTAR PRADESH	दूरभाष सं. PHONE NO:	
	मोबाइल MOBILE NO:	9889500781	स्थान Location:	Paediatrics Emergency

द्वारा BROUGHT BY: Relative : FATHER Criticality: Yellow

IMPORTANT INFORMATION

- PLEASE GET ENTRY DONE AT **NIS COUNTER** IMMEDIATELY AFTER BEING SEEN BY THE DOCTOR.
- ALSO INFORM **AT NIS COUNTER** IN CASE OF:
  - REFERRAL TO OTHER DOCTORS.
  - IN CASE XRAY/CT SCAN HAS BEEN ORDERED.
  - TO **GET FREE MEDICATIONS** AFTER DISCHARGE.

FRUSTATED/ANGRY?? CONTACT HELPLINE NO: (ONLY FOR PATIENTS IN EMERGENCY) **9868398636**

AN INITIATIVE BY NURSE INFORMATICS(NIS), AIIMS

- कृपया चिकित्सक द्वारा देखे जाने के बाद तुरंत से एन.आई.एस काउंटर प्रविष्टि करा लें |
- एन.आई.एस काउंटर पर भी सूचित करें, अगर
  - अन्य डॉक्टरों के लिए रेफरल
  - यदि एक्स रे /सीटी स्कैन की जाँच लिखी गई है
  - छुट्टी के बाद नि: शुल्क दवाएं प्राप्त करने के लिए

निराश / गुस्सा ?? संपर्क हेल्पलाइन न.(केवल हताहत में रोगियों के लिए) **9868398636**

एक पहल नर्स इन्फार्मेटिक्स (एन. आई. एस.) अ. भा. आ. स. द्वारा |

APPOINTMENT

YOU WILL NOT BE SEEN IN **OPD** WITHOUT PRIOR APPOINTMENT
APPOINTMENT CAN BE TAKEN -THROUGH PHONE: 09266092660, PATIENT PORTAL AT
www.aiims.edu

आप पहले नियुक्ति के बिना ओपीडी में नहीं देखा जाएगा

नियुक्ति फोन (09266092660) एटी रोगी पोर्टल www.aiims.edu से लिया जा सकता है

YOUR UHID IS 100890848

PLEASE SAVE IT ON YOUR PHONE FOR READY REFERENCE

कृपया अपने फोन पर UHID सुरक्षित करो

It is your right to have typed discharge summary for future reference . please ask for it from your doctor.

यह आपका अधिकार है कि आप भविष्य में संदर्भ हेतु टाइप किया हुआ डिस्चार्ज समरी को अपने पास रखे। कृपया इसके लिए अपने डाक्टर से अनुरोध करें।

EMERGENCY MEDICINE
AIIMS

Report Printout

Validated

Final report date 30/03/2015 12:20:44 PM	Sample ID 100890648	Collection Date
Type STANDARD 1	Department	Physician
Comments		
Patient ID 100890648	Patient Name AAYUSHI	First Name
Date of Birth	Age 5 Y	Gender Female
Comments		
Operator Technician		

			< Range >	
RBC	3.94	$10^6/mm^3$	3.80	6.50
HGB	11.3 L	g/dL	11.5	17.0
HCT	34.6 L	%	37.0	54.0
MCV	88	μm^3	80	100
MCH	28.7	pg	27.0	32.0
MCHC	32.7	g/dL	32.0	36.0
RDW	17.9 H	%	11.0	16.0
PLT	20 *L	$10^3/mm^3$	150	500

Flags and Alarms

Morphology Flags
RM, ALY, LIC, MIC, SCH

Suspected Pathology
Leukocytosis
Lymphocytosis
Neutropenia
Large Immature Cells
Atypical Lymphocyte
Monocytosis
Basophilia
Blasts
Anemia
Anisocytosis
Microcytes
PLT Interpretation Not Possible

Remarks
RBC of the Run 30/03/2015 12:20:43 PM
WBC of the Run 30/03/2015 12:20:43 PM
PLT of the Run 30/03/2015 12:20:43 PM
DIFF of the Run 30/03/2015 12:20:43 PM
Reagent Expired

WBC	16.7 H	$10^3/mm^3$			4.0	10.0		
	%		#		< %	Range	#	>
NEU	0.9 I		0.15	IL	0.0	99.9	2.00	7.50
LYM	99.1		9.86	H	0.0	99.9	1.00	4.00
MON	37.7 I		6.29	IH	0.0	99.9	0.20	1.00
EOS	0.1		0.02		0.0	99.9	0.00	0.50
BAS	2.2		0.37	H	0.0	99.9	0.00	0.20
ALY	17.0 H		2.83	H	0.0	2.5	0.00	0.25
LIC	5.8 IH		0.92	IH	0.0	3.0	0.00	0.30

अम्बेडकर संस्थान रोटरी कैंसर अस्पताल
Institute Rotary Cancer Hospital
S. HOSPITAL
Department
D IN HOSPITAL PREMISES

OPR-6

शरीरमाद्यं खलुधर्मसाध

DR. B.R.A. IRCH,AIIMS,NEW DELHI
IRCH No. 175766
Clinic Paediatric Medical Oncology Clinic
Deptt. MEDICAL ONCOLOGY
General
Reg.Date-23/04/2015
Clinic No. 3736
Name AYUSH SAXENA
D/O- NARENDER KUMAR
Phone No. 9889500781
Address MALAT PURA , MAHOBA, UP, UTTAR PRADESH, INDIA
UHID-100937461
Sex/Age F/5Y
Room 5 (Shift Morning)

एकक/Unit
विभाग/Dep

पंजीकृत सं०/O.P.D. Regn. No.

आयु Age	जन्म तिथि/Date of Birth

निदान/Diagnosis: Acute leukaemia

दिनांक/Date	उपचार/Treatment
23/4/15	- P/S, PB Flow - 6 O Blood donation - peds casualty for 4 O PRP - Biochem, CBC, PT/INR - LDH - Viral markers D1 - 23/4 - E D2 - 24/4 - M Nusiam 15 - Inj. Magnem 1.5g IV BID x 4 day - T. Zyloric 100mg ½ Tab x 4 day - Rs T+PRP — Refer to pediatric casualty

अंगदान-जीवन का बहुमूल्य उपहार/ORGAN DONATION - A GIFT OF LIFE
O.R.B.O., AIIMS, 26588360, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)
बाहर से आने वाले रोगियों के लिए धर्मशाला की सुविधा उपलब्ध है/Dharamshala facility is available for outstation patients

15 kg

Acute leukemia

complaint of oral bleeding - 3 days.
multiple petechiae (+) all over the body

vitals.
HR|RR - 110/20
PP|CP ++/++
CRT 2u
BP 90/60
Pallor ++
Pedal Edema Present

Subconjunctival bleed Present
Gum bleed Present

Hmg

Advice :-

Hb 4.1gm/dl.
Plt 33x03.
T. 99.4°F/R
7pm

(1) Inj. clip. 150 mg. i.v. stat.

(2) Arrange & Transfuse
150ml of PRBC c̄ Inj LASIX
15mg IV immediate

Arrange Transfuse 4(-) PRBC

(3) Inj PANTOP 20 mg IV stat

Hematology SR to review.

M
Darshree → Inj clip 150mg iv stat

- platelets (+) PRBC To give
No active bleeding
Discharged

C/O - 1. bleeding c̄ defaecation — 3d
(bright red bloody mixed stool)

2. fever — 10d.
cough

O/E - conscious, Active.
P+ I⁻ Cy⁻ Clb⁻ O⁻ D⁻

Bilateral conjunctival Hemorrhage (+)
bleeding gums (+)
bruise/ecchymosis all over body (+).

Acute leukaemia
wt - 15kg

V/S

Afebrile
PR - 90/m
RR - 28/m
SpO2 - 98
PP/CP ++/++

Rx.

① Arrange A transfusion 4 ⊙ PRP stat
F/V.

Ax ② 2VF B50 ml N/3 in 5% Dx (2x maintenance)
(3:100 NaHCO3) 8hrly
50ml + 350ml

Advice
① CBC
② Coagulation
③ PRP arrange
Cx

③ Tab Allopurinol 1 tab TDS

④ Cap hydroxyurea 1 cap TDS

⑤ arrange 4 ⊙ PRP.

⑥ arrange PRBC — Transfuse over 8hrs.
150ml.

C/D/W.
Med onco SR
↓
review in Room No.
Dr S. Balbir
attended @ 9am

① Inj magnex 750 mg I.V TDS
11:45pm Rahul

② Inj Amikacin. 225 mg I.V. OD
11:50pm Rahul

Fr on 27/4/15

Summary

27/4/15

Dear Shanti ji,

Shanti Lab
ERCH
1st Floor

Kindly consider making (1/2 + 1/2) SOP from clone,
of the patient

Thanks.

To
Manager,
Commds.

Kindly provide SOP kit for the patient.

Thanks.

3/5/15

Kindly give appt. for 1/2 + 1/2 OSOB

4/5/15

Kindly give estimate of 3 lac

10/5/15

Kindly ~~give~~ prepare
1/2 O SOP + 1/2 O SOP

NOTE DATED: 04/23/2015 20:42
LOCAL TITLE: ED TRANSFER SUMMARY
STANDARD TITLE: TRANSFER SUMMARIZATION NOTE
VISIT: 04/23/2015 20:42 DR OFFICE

DEPARTMENT OF EMERGENCY MEDICINE
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
ANSARI NAGAR, NEW DELHI-110029

PAEDIATRIC EMERGENCY TRANSFER SUMMARY
****

UHID: 100-93-7461 NON MLC

PATIENT NAME: SAEXENA, BABY OF AYUSHI AGE/SEX: 5FEMALE
DOA/TOA: Apr 23,2015@17:00
DATE AND TIME OF TRANSFER:Apr 23,2015@21:35
ADDRESS:
CONTACT NO:

TRANSFER TYPE: REGRET NO BEDS, REFER TO SAFDARJUNG

PRESENTING COMPLAINTS:

F/U/C/O ACUTE LEUKEMIA.
C/O MALARIA WITH MUCOSAL BLEEDING FOR 4 DAYS,
COUGH FOR 3-4 DAYS.

PROVISIONAL DIAGNOSIS

ACUTE LUEKEMIA WITH HYERCYTOSIS

INVESTIGATIONS

ATTACHED

TREATMENT GIVEN:

ATTACHED

VITALS AT TIME OF TRANSFER
PT CONSCIOUS, ORIENTED, ORIENTED
PR:140/MT
RR:24/MT
BP:110/80MMHG

Pathur

DRAFT COPY - DRAFT COPY -- ABOVE NOTE IS UNSIGNED-- DRAFT COPY - DRAFT COPY

EMERGENCY MEDICINE
AIIMS

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Validated

ıal report date /03/2015 12:20:44 PM	Sample ID 100890648	Collection Date
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Atypical Lymphocyte
Monocytosis
Basophilia
Blasts
Anemia
Anisocytosis
Microcytes
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	%		#		< %	Range	#	>	
NEU	0.9	I	0.15	!L	0.0	99.9	2.00	7.50	
LYM	99.1		9.86	H	0.0	99.9	1.00	4.00	
MON	37.7	I	6.29	!H	0.0	99.9	0.20	1.00	
EOS	0.1		0.02		0.0	99.9	0.00	0.50	
BAS	2.2		0.37	H	0.0	99.9	0.00	0.20	
ALY	17.0	H	2.83	H	0.0	2.5	0.00	0.25	
LIC	5.8	!H	0.92	!H	0.0	3.0	0.00	0.30	

4B

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ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI -110029

आपातकालीन विभाग

(DEPT. OF EMERGENCY MEDICINE)

UHID No:100927397

आपातकालीन नं.(Emergency No): 2015/030/0043467 दिनांक DATE: 17/04/2015 समय TIME: 04:26:33 PM

NON-MLC

नाम NAME: **BABY AAYUSHI SAXENA** आयु AGE : **5 years** लिंग /SEX : **F**

D/O : MR NARENDER KUMAR

पता ADDRESS: मकान संख्या H.NO: VILL- MALAK PURA गली / मुहल्ला STREET/MOH: DIST - MAHOBA

शहर/प्रखड CITY/BLOCK: UP पिन PIN:

राज्य STATE: UTTAR PRADESH दूरभाष सं. PHONE NO:

मोबाइल MOBILE NO: 9993547915 स्थान Location: Paediatrics Emergency

द्वारा BROUGHT BY: Relative : FATHER Criticality: Yellow

IMPORTANT INFORMATION

- PLEASE GET ENTRY DONE AT **NIS COUNTER** IMMEDIATELY AFTER BEING SEEN BY THE DOCTOR.
- ALSO INFORM **AT NIS COUNTER** IN CASE OF:
  - REFERRAL TO OTHER DOCTORS.
  - IN CASE XRAY/CT SCAN HAS BEEN ORDERED.
  - TO **GET FREE MEDICATIONS** AFTER DISCHARGE.

FRUSTATED/ANGRY?? CONTACT HELPLINE NO: (ONLY FOR PATIENTS IN EMERGENCY) **9868398636**

AN INITIATIVE BY NURSE INFORMATICS(NIS), AIIMS

- कृपया चिकित्सक द्वारा देखे जाने के बाद तुरंत से एन.आई.एस काउंटर प्रविष्टि करा लें।
- एन.आई.एस काउंटर पर भी सूचित करें, अगर
  - अन्य डॉक्टरों के लिए रेफरल
  - यदि एक्स रे /सीटी स्कैन की जाँच लिखी गई है
  - छुट्टी के बाद नि: शुल्क दवाएं प्राप्त करने के लिए

निराश / गुस्सा ?? संपर्क हेल्पलाइन न.(केवल हताहत में रोगियों के लिए) **9868398636**

एक पहल नर्स इन्फार्मेटिक्स (एन. आई. एस.) अ. भा. आ. स. द्वारा।

APPOINTMENT

YOU WILL NOT BE SEEN IN **OPD** WITHOUT PRIOR APPOINTMENT.
APPOINTMENT CAN BE TAKEN -THROUGH PHONE: 09266092660, PATIENT PORTAL AT
www.aiims.edu

आप पहले नियुक्ति के बिना ओपीडी में नहीं देखा जाएगा

नियुक्ति फोन (09266092660) एटी रोगी पोर्टल www.aiims.edu से लिया जा सकता है

YOUR UHID IS 100927397

PLEASE SAVE IT ON YOUR PHONE FOR READY REFERENCE

कृपया अपने फोन पर UHID सुरक्षित करो

It is your right to have typed discharge summary for future reference . please ask for it from your doctor.

यह आपका अधिकार है कि आप भविष्य में संदर्भ हेतु टाइप किया हुआ डिस्चार्ज समरी को अपने पास रखे। कृपया इसके लिए अपने डाक्टर से अनुरोध करें।