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अखिल भारतीय आयुर्विज्ञान संस्थान
 ALL INDIA INSTITUTE OF MEDICAL SCIENCES
 अंसारी नगर, नई दिल्ली-११००२९
 ANSARI NAGAR, NEW DELHI-110029

TRANSFUSION CHART

नाम : Kunal Ice आयु 24/1/19 लिंग म यू.एच.आई.डी.सं. 106437949
 NAME : Kunal Ice AGE : 24/1/19 SEX : M UHID No. : 106437949
 WARD : PCOPD BED NO. : 012 DIAGNOSIS : B-ALC
 PATIENT'S BLOOD GROUP : O+ve UNIT CHIEF : _____

COMPONENTS

| Date | Starting time | Bag No. | WB | RBC | PLT | FFP | PLSM | CRYO | Bag Group | Rh | Checked by | Started by | Given by | Stop time | REACTION |
|------|---------------|---------|----|-----|-----|-----|------|------|-----------|----|------------|------------|----------|-----------|----------|
| 3 | 8:15 | 75 | | | ✓ | | | | O+ve | | 02 | | | | |
| | 8:30 | 70 | | | ✓ | | | | O+ve | | 03 | | | | |

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 अंसारी नगर, नई दिल्ली-११००२६
 ANSARI NAGAR, NEW DELHI-110029

TRANSFUSION CHART

नाम : Mr. Kunal Kumar आयु : 2 yrs लिंग : male यू.एच.आई.डी.सं. : 1064379
 NAME : Mr. Kunal Kumar AGE : 2 yrs SEX : male UHID No. : 1064379
 WARD : Emr Paeds BED NO. : DIAGNOSIS : B-Cell ALL
 PATIENT'S BLOOD GROUP : O (+ve) UNIT CHIEF :

| Date | Starting time | Bag No. | COMPONENTS | | | | | | | Bag Group | Rh | Checked by | Started by | Given by | Stop time | REACTION |
|----------------|---------------|---------------|------------|-----|-------------------------------------|-----|------|------|----------------|-------------------------|-----------------|--------------------|------------|----------|-----------|----------|
| | | | WB | RBC | PLT | FFP | PLSM | CRYO | | | | | | | | |
| <u>3/12/23</u> | <u>9 AM</u> | <u>B11246</u> | | | <input checked="" type="checkbox"/> | | | | <u>O (+ve)</u> | <u>Dn</u> | <u>pm</u> | | | | | |
| | | <u>B11238</u> | | | <input checked="" type="checkbox"/> | | | | " | <u>parag</u> | <u>ar</u> | | | | | |
| | | <u>B08811</u> | | | <input checked="" type="checkbox"/> | | | | " | <u>(60 + 60) + (50)</u> | <u>Mudrawar</u> | <u>12 mg lasix</u> | | | | |

- W.B. = WHOLE BLOOD
- R.B.C. = RED BLOOD CELL
- P.L.T. = PLATELET
- PLASMA = PLASMA
- CRYO = CRYOPRECIPRATE
- QTY. = QUANTITY
- FFP = FRESH FROZEN PLASMA

DATE

| |
|-----------------------------------|
| DETAILS OF BLOOD REACTION, IF ANY |
|-----------------------------------|

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बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल
Dr. B.R. Ambedkar Institute Rotary Cancer Hospital
अ.३

Seema - 9717936244

अस्पताल

DR. B.R.A. IRCHLAHMS, NEW DELHI
IRCH No. 288009
Clinic Paed. Lymphoma Leukemia Clinic
Deptt. MEDICAL ONCOLOGY
General

Reg. Date-04/01/2023
Clinic No. 2023/20811

EMISES

OPR-6

विभाग/Unit
विभाग/Dept.

नाम/Name

नाम कुणाल कुमार
Name KUNAL KUMAR
S/O- BIJAY SHARMA



UHD-106437949

n. No.

जन्म तिथि/Date of Birth

Sex/Age M/2Y
Room 13 (Shift Morning)

Address CHAMPANAGAR, MTN GHOSH ROAD, MOHANPUR,

निदान/Diagnosis

ALL

दिनांक/Date

उपचार/Treatment

31/4/23

2nd Floor

ST-10 - Day care
T. Folvite 500mg
Cisplatin 40mg
Doxorubicin 120mg
514

DDX 120mg

• 2 दिन

Referred to emergency
for urgent PRBC/RFP transfusion
Sthi

Kit

400 (10400)

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 अंसारी नगर, नई दिल्ली-११००२९
 ANSARI NAGAR, NEW DELHI-110029

TRANSFUSION CHART

नाम : आयु लिंग यू.एच.आई.डी.सं.
 NAME: Kunal Kumar AGE: _____ SEX: _____ UHID No.: 104437849
 WARD: P-100 BED NO.: _____ DIAGNOSIS: B-ALL
 PATIENT'S BLOOD GROUP: _____ UNIT CHIEF: _____

| Date | Starting time | Bag No. | COMPONENTS | | | | | | | Bag Group | Rh | Checked by | Started by | Given by | Stop time | REACTION |
|-----------------|---------------|----------------|------------|-----|-----|-----|------|------|--|-----------|----|------------|------------|----------|-----------|----------|
| | | | WB | RBC | PLT | FFP | PLSM | CRYO | | | | | | | | |
| <u>20/11/23</u> | <u>1am</u> | <u>B02905</u> | | | | ✓ | | | | | | | | | | |
| | | <u>B-02716</u> | | | | ✓ | | | | | | | | | | |
| | | <u>B-02804</u> | | | | ✓ | | | | | | | | | | |

Dr: Gandhi
 Mr: Saini

- W.B. = WHOLE BLOOD
- R.B.C. = RED BLOOD CELL
- PLT. = PLATELET
- PLAM = PLASMA
- CRYO = CRYOPRECIPRATE
- QTY. = QUANTITY
- FFP = FRESH FROZEN PLASMA

DATE

| | |
|-----------------------------------|--|
| DETAILS OF BLOOD REACTION, IF ANY | |
| ACTION TAKEN | |
| CAUSE OF BLOOD REACTION | |
| OUTCOME | |

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अखिल भारतीय आ विज्ञान संस्थान, नई दिल्ली-110029
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI -110029
आपातकालीन विभाग

(REVISIT)

(DEPT. OF EMERGENCY MEDICINE)



UHID No: 106437949

आपातकालीन नं. (Emergency No): 2023/030/0021805

दिनांक DATE: 11/03/2023

समय TIME: 12:50:22 PM

NON-MLC

नाम NAME: MR. KUNAL KUMAR
S/O : BIJAY SHARMA

आयु AGE: 2 years 4 months 2 days

लिंग/SEX: M

पता ADDRESS: मकान संख्या H.NO:

CHAMPANAGAR, MTN GHOSH ROAD

गली / मुहल्ला STREET/MOH: MOHANPUR,

शहर/प्रखंड CITY/BLOCK: BHAGALPUR

पिन PIN: 812004

राज्य STATE: BIHAR

दूरभाष सं. PHONE NO:

स्थान Location:

Paediatrics Emergency

Criticality: Red / Yellow / Green

द्वारा BROUGHT BY: Relative : MOTHER

| Triage: Responsive/ Unresponsive | HR /min | BP mmHg | RR /min | spO2 % |
|---------------------------------------|---------|---------|---------|--------|
| Shifted to Paeds/ Main/ New Emergency | | | | |

Presenting Complaints

flv/clo AU (HR)

Inedone

Followup

Primary Assessment (ABCDE) : Assessment Pentagon

clo: fever upto 101.7
Cough; watery
not responsive
Quantity;

NO pain abdo/
base stool

| | | |
|--|--|---|
| Airway Open & stable: Yes/No If No..... Breathing: RR 30/min Efforts: Normal/Poor/increased Auscultation: Air entry: Normal/poor/Differential Added sounds: None/Stridor/Wheeze/Crackles SpO2 on Room air..... 95% RA | Circulation HR 120/min CRT.....secs. BP 115/70 mmHg Peripheral pulse: Poor/Good Central pulse: Poor/Good Skin temp: Warm/cool Others | Disability GCS 15/15 Pupil size.....mm Pupillary Reactions.....eg MR Motor activity: Normal & Symmetrical/Asymmetrical/ Posturing/Flaccidity/Seizure Blood Sugar.....mg/dl Exposure: 101.7 Temp..... Colour: Normal/pallor/cyanosis /mottled Any other skin lesions..... |
|--|--|---|

Diagnosis

AU (HR) / TO 1/0 AN - likely viral
HIT

Adv.

ilv canula, vBg

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ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI -110029
आपातकालीन विभाग
(DEPT. OF EMERGENCY MEDICINE)

(REVISIT)



UHID No:106437949

दिनांक DATE: 17/01/2023

समय TIME: 12:50:53 PM

NON-MLC

आपातकालीन नं. (Emergency No): 2023/030/0004306

आयु AGE: 2 year's 2 months 8 days

लिंग SEX: M

नाम NAME: MR. KUNAL KUMAR

S/O: IRFAN SHARMA
पता ADDRESS:

मकान संख्या H. NO:
शहर/प्रखण्ड CITY/BLOCK:
राज्य STATE:
मोबाइल MOBILE NO:

JAITPUR PART II
DELHI

गली / मुहल्ला STREET/MOH:
पिन PIN: 110044

दूरभाष सं. PHONE NO:

स्थान Location:

Paediatrics Emergency

Criticality: Red / Yellow / Green

द्वारा BROUGHT BY: Relative: FATHER

Triage: Responsive / HR 163 /min
Unresponsive

BP

mmHg RR 28 /min

SpO2 99% RA

Shifted to Paeds / Med New Emergency

F/u/c of BRILL ↓ Med once (Day 18 of Induction)

Presenting Complaints

C/o oral & gum bleed
Subconjunctival hemorrhage
No h/o fever / headache / vomiting

Primary Assessment (ABCDE): Assessment Pentagon

| | | |
|---|--|--|
| <p>Airway</p> <p>Open & stable: <u>Yes</u>/No If No.....</p> <p>Breathing: RR <u>28</u> /min Efforts: <u>Normal</u>/Poor/increased</p> <p>Auscultation: Air entry: <u>Normal</u>/poor/Differential</p> <p>Added sounds: <u>None</u>/Stridor/Wheeze/Crackles</p> <p>SpO2 on Room air.....</p> | <p>Circulation</p> <p>HR..... min <u>163</u></p> <p>CFT.....secs. <u>22sec</u></p> <p>BP..... mmHg</p> <p>Peripheral pulse: Poor/<u>Good</u></p> <p>Central pulse: Poor/<u>Good</u></p> <p>Skin temp.: <u>Warm</u>/cool</p> <p>Others</p> | <p>Disability</p> <p>GCS..... <u>E4V5M6</u></p> <p>Pupil size...../min</p> <p>Pupillary Reactions.....</p> <p>Motor activity: <u>Normal & Symmetrical</u>/Asymmetrical Posturing/Flaccidity/Seizure</p> <p>Blood Sugar.....mg/dl</p> <p>Exposure: Temp..... Colour: Normal/pallor/cyanosis /mottled Any other skin lesions.....</p> |
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ALL INDIA INSTITUTE OF MEDICAL SCIENCES
 ANSARI NAGAR, NEW DELHI-110029
TRANSFUSION CHART

NAME Kunal Kumar AGE 2 years SEX M UHID No. 106437949
 WARD: peach emergency ID NO. _____ DIAGNOSIS ALL 2 blood stained
 PATIENT'S BLOOD GROUP O +ve UNIT CHIEF _____ Vennitij

C O M P O N E N T S

| Date | Starting Time | Bag No. | WB | RBC | PLT | FFP | PLSM | CRYO | Bag Group | RH | Checked By | Started By | Given By | Stop time | Reaction |
|----------------|---------------|---------------|----|-----|-----|-----|------|------|--------------|----|------------------------|------------------------|--------------------|-----------|--------------------------|
| <u>22/3/23</u> | <u>9pm</u> | <u>B 0777</u> | | | | | | | <u>O +ve</u> | | <u>Dr. Virek Anand</u> | <u>Dr. Virek Anand</u> | <u>100ml given</u> | | <u>midway Lasix 10mg</u> |

WB - WHOLE BLOOD
 RBC - RED BLOOD CELL
 PLT - PLATELET

PLSM - PLASMA
 CRYO - CRYOPRECIPRATE
 QTY - QUANTITY
 FFP - FRESH FROZEN PLASM

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डा. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल
Dr. B.R. Ambedkar
अ.भा.आ.
बहिरंग
अस्पताल के अन्दर

DR. B.R.A. TRICOLAHS, NEW DELHI
REGD. No. 2886/99
Clinic: Post. Leukophares Leukemia Clinic
Dept. MEDICAL ONCOLOGY
General
Name: KUNAL KUMAR
SO. HIGAY SHARMA
Address: JAD PUR PART II, DELHI, Pin 110044, INDIA

OPR-6

CR-71022

नाम/Unit: Poss IPK
विभाग/Dept: Mac
नाम/Name: Kunal

Sex/Age: M/27
Room: 13 (Shift Morning)
1/Date of Birth: IRLH

रिपोर्ट/Diagnosis: B-ALL 106437949

दिनांक/Date

उपचार/Treatment

17/1/23

d# 15

- Inj. VCR 0.9mg UP
- Inj. Daunorubicin 15mg UP
- Inj. 2-Fluor 4mg UP
- Inj. Bionax 6000 units IM

(19/1)

(21/1)

SSP lin 2 bags - Transfer

COC - 22/1 (बिरे)

from 23/1

Vandana

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BF
22/01/2023
4724
1015

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17/1/23

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Dr. B.R. Ambedkar Institute Rotary Cancer Hospital

A.I.I.M.S. HOSPITAL

OPR-6

DR. B.R.A. INCHLAHMS, NEW DELHI
ICCH No. 200809
Reg. Date-04/01/2025
Clinic No. 2033-20811

Out Patient Department
NO SMOKING PROHIBITED IN HOSPITAL PREMISES



नाम कुनल कुमार
Name: KUNAL KUMAR
SAY BIRAJ SIKARUA

UHD-106437949
Sex: M Age: 27Y
Room 13 (Shift Morning)

बिरोहीत पंजीकृत नं./O.P.D. Regn. No.

| लिंग / Sex | उम्र / Age | जन्म तिथि / Date of Birth |
|------------|------------|---------------------------|
| | | 27/04/96 |
| 106437949 | | |

Address CHAMPANAGAR, MTN GURUSH ROAD, MOHANPUR,
BHAJALPUR, BILGAR, Pin-812004, INDIA

रोग / Diagnosis

ALL-M2

दिनांक / Date

13/2/23

उपचार / Treatment

BT-1D →
5 unit blood
From 1512

मत 2901 → 2nd floor
donations

T. 6 MP 1 Tab
Sp. Sep 1/2 Tab
T. Activia 100mg

1/2 Tab 9 H.S. x 2
1/2 Tab 9 D

Inj. Endoxan 1VP
d1 - 300mg ✓
d2 - 300mg ✓

Inj. Zofen 4mg 1VP
d1
d2

CTD1
13/2/23

Dr. C
14/2/23

9873500645
Bijay

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डा. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल
Dr. B.R. Ambedkar Institute Rotary Cancer Hospital

अ.भा.आ.
बहिरंग
अस्पताल के अन्दर

UHID: 106437949
IRCH No. 288009



General

OPR-6

एकक/Unit PL SB/DP
विभाग/Dept. MD

नाम
Name KUNAL KUMAR
S/O- BIJAY SHARMA

Sex/Age M/27

नाम/Name

Address JAIPUR PART II, DELHI, Pin:110044, INDIA

/Date of Birth

KUNAL KUMAR

04-01-2023, 09:3

निदान/Diagnosis

B-MU on Induction wbf 6/1/23

दिनांक/Date

10/1/23

(HR)
1/10 PPR

उपचार/Treatment

Dexamethasone 15mg given on 9/1/23

5
12 JAN 2023
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- 1) Tab Prednisolone 30mg OD 2 गोलियों के बाद
- 2) K-Bind sachet 1g sachet TDS
- 3) Tab Allopurinol 100mg 1/2 tab TDS
- 4) Plenty of oral fluids पानी
- 5) Tab Lanzol 300mg OD 2 गोलियाँ पेट
- 6) Syrup Mucave Allop 3DS
- 7) HME/SI/SB TDS

Follow up in OPD on Thursday (12/1/23) 2
CBC/EFT/FT/FBS/mg/Lipase/Amylase

Chhabil
MD.

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एकक/Unit _____

विभाग/Dept. _____

नाम/Name

Kunal

Dept. MEDICAL ONCOLOGY
General

नाम
Name KUNAL KUMAR
S/O- BIJAY SHARMA



UHID-106437949

Sex/Age M/2Y

Room 13 (Shift Morning)

Age of Birth _____

Address JAIPUR PART II, DELHI, Pin: 110044, INDIA

निदान/Diagnosis

ALL - M2

दिनांक/Date

उपचार/Treatment

30/1/23

d # 26

- stop Mag / Amikacin

- Prednisone 30mg DS x 3 day

20mg DS x 3 day

10mg DS x 3 day

Cont Pantocor

Inj. VCF 0.9mg IV

Inj. Daunomycin 15mg IV

Inj. Zofen 4mg IV

- Inj. Bisoprolol 6000 units IM - 30

et
- 37/11

30

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)

अंगदान के लिए धर्मशाला की सुविधा उपलब्ध है / Dharamshala facility is available for outstation patients

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ALL INDIA INSTITUTE OF MEDICAL SCIENCES ANSARI NAGAR, NEW DELHI-110029 TRANSFUSION CHART

NAME Kunal Kumar AGE 2 years SEX M UHID No. 106437949
 WARD pediatric surgery NO. _____ DIAGNOSIS ALL 2 blood stained vomitus
 PATIENT'S BLOOD GROUP O +ve UNIT CHIEF _____

COMPONENTS

| Date | Starting Time | Bag No. | WB | RBC | PLT | FFP | PLSM | CRYO | Bag Group | RH | Checked By | Started By | Given By | Stop time | Reaction |
|----------------|---------------|--------------------|----|-------------------------------------|-----|-----|------|----------------|--------------|----|------------------------|------------------------|------------------------|-----------|------------------|
| <u>22/3/22</u> | <u>9 pm</u> | <u>G 07096</u> | | <input checked="" type="checkbox"/> | | | | | <u>O +ve</u> | | <u>Dr. Vivek Anand</u> | <u>Dr. Vivek Anand</u> | <u>Dr. Vivek Anand</u> | | <u>Imm given</u> |
| | | | | | | | | <u>(60+60)</u> | | | <u>Dr. Vivek Anand</u> | <u>Dr. Vivek Anand</u> | <u>Dr. Vivek Anand</u> | | <u>midway</u> |

- WB - WHOLE BLOOD
- RBC - RED BLOOD CELL
- PLT - PLATELET
- PLSM - PLASMA
- CRYO - CRYOPRECIPRATE
- QTY - QUANTITY
- FFP - FRESH FROZEN PLASM

DATE

| | |
|----------------------------------|--|
| DETAILS OF BLOOD REACTION IF ANY | |
| ACTION TAKEN | |
| CAUSE OF BLOOD REACTION | |
| OUTCOME | |

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