



Patient Details

Name : *Riyanshi Kumari*

Age / Gender : *3 months / male*

Father's Name : *Rajeev*

Address : *At. Sakawasi Jantingayon Banmankh
Punea Bihar India*

Contact No :

POC / PCSC No. *875/94*

Diagnosis: *RB*

Remarks :

PICC Line Care

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

*no polio vac (no vaccine)
→ on Sep 16 in
- hygiene explained
Thermometer (C/D/F)*

*AK
MK*

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

CK-93309



शरीरमाद्यं खलु धर्मसाधनम्

Patient Note Book

CTP-170924010 107684610



CPC-170924011 107684610



LC1709242634 107684610



RIYANSHKUMAR 107684610

LH17092402009 107684610



RIYANSHKUMAR

Riyansh Kumar

107684610

sis: ..

RB

RB

To
conducts
kindly
help us
15/9/24

- Inj carboplatin 176 mg in
in 100 ml NS over 2 hrs. (D1)

- Inj etoposide 75mg / 200 ml NS
on D1, D2.

~~Inj cisf~~ - Inj VINCRISTINE
0.15mg IV slow push (D1)

- syp zinc to continue

- Gilocheum - (LA)

- (R/w) reports of +RCA-PS
on Wed 13/9/24 at 9am
flowing in CBU
KFT/UF

- (U) Sephad / stz Batu 21/9/24
OTD



INT A-CSF 300mcg Cival

(Signature)

RR - 60/min
SVC (+)
11/17/18
M.L.
OR
Ab 17
Consult
Pacemak
RV & LV

RS: R/L end exp wheeze (+)
R/L infracardiac crepts (+)

? LRTI

O₂ wt @ 2 L/min
Neb c Salbutamol 2.5mg/5ml NS @ 0, 40, 40min.

- Sup Augmentin (228mg/5ml) 2ml PO TDS
- Re assess RR post nebulization
- Onco SR to review

2:00pm S/B SR Pcd onco - sent for degree

Rt gr. D RB Post 3 # KD cav.

No recent admission
26/3 - 14/10/24.

o/c/o fever
Cough | 3 days.

HxNS he/? 2° behind pneumonia

fast breathing

Profound oxygen requirement
HTN - doppler raised renal RI
Non responsive

o/e at degree SpO₂ 94% on RA
RR - 50/h.

Imp. LRTI. - ? Viral.

Alert, active

Non responsive child

HR - 130/L

- O₂ by nasal prongs
Adv CXR - b/l hilar infl.
L > R

RR - 50/L

? Rt ML/atelectasis
deftly.

SpO₂ - 94% on O₂ by nasal prongs.

Revascularise infl. lobe &
Ct Pneumia flail.

RS - b/l diffuse exp @

Adv - VBG, VitE mandatory

b/l end expiratory wheeze @

Adv - Nebulized Salbutamol 2.5mg/5ml
3x daily.

CvI - S/S (+)

will review for admission

Dr. Amithabh
DM Respiratory
Pediatric Oncology
M.C. - 52871
New Delhi

no improvement after nebulization -
Adv Ij Augmentin 200mg IV 8 hrs.

Adv Ij Hydrocort 2.5mg/kg/dose 6 hrs

25/10/24 Cade's 1st in day care

1/0 Rtg gp 0.4/1.0/0.4/0.4 / post 3 cycle 40°C

* 1st exam received 2 14/10/24

→ cough/wet x 2 days

any cough
no heat / tooth / vomit / diarrhoea /

* oral intake good

impl URS

7/10/24

vitals - stable

chest - 1/2 breath sounds
clear

HR 110 bpm

1. 1st urine 25/10/24
x 5 days

2. 1st urine 25/10/24
2. 5/10/24



3. danger sign explained

u. MV on 28/10/24
8:2pm

CB
LFT

Chemo

एम.आर.-3 जनरल हिस्ट्री
M.R. - 3 General History

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

Riyash

उम्र
Age 6ma

सर्विस
Service

दिनांक
Date 27/10/2021

यू.एच.आई.सी. नं.
UHID No. 107684610

आचार्य
Professor /C Prof R. Sat

Notes written by Amish

CLINICAL NOTES

Seen by Prof. R. Sat

Improvement in rebulgation (+)

3) $\frac{2700}{540} < 5500$

O/E Ache, red
RR. 46/min, HR-180L.

pH- 7.4

pO₂- 31.5

HCO₃- 21.5

dect- 2.5

BP

RC- cuffs (+)
bc intercostal
infamely 2-10-
mid. SR (+)

all- S. S. (+)

Ty: ? Viral / MTN

Acto: Needs admission for monitoring and O/U for MTN.

→ IVF N₂ + S-1. D₂ + 1:100 KCl @ 25 ml/hour.

- I₂ Augmentin as advised. - T₂ hydrocort

→ Tab Amlodipine 2.5mg 1 tab OD (@ 0.4g/kg/day)

→ Post repho news

नाम NAME: **MR RIVANSH KUMAR** आयु AGE: **5 months 29 days** लिंग/SEX: **M**
 S/O: At **Sahawani jankotagar banmorah** गाँव: **सूहवा** STREET: **MOBI**
 पता ADDRESS: **मकान संख्या (H.NO) purwa bihar** पिन PIN: **दुल्हन नं. (PHONE NO)**
बिहार प्रशासक (CITY/BLOCK) BIHAR 7480034515 स्थान Location: **पैडियाट्रिक्स एमर्जेन्सी (Pediatrics Emergency)**
राज्य (STATE) BIHAR 7480034515 गतिशीलता (MOBILE NO) Criticality: **Red / Yellow / Green**
 बच्चा BROUGHT BY: **Relative**

Triage: **Responsive** HR **152** /min BP **100/70** mmHg RR **30** /min SpO2 **98** %
 Unresponsive
 Shifted to Paeds/ Main/ New Emergency
 Presenting Complaints: **fever, cough & fast breathing**
 Primary Assessment (ABCDE) - Assessment Person: **No % morning rise (1) 26/10/24**
Accepting orally
last case 4.670 / 8,000
3.8 / 1660

Airway	Circulation	Disability
Open & stable Yes/No If No: Yes	HR: 152 /min CETM: 100 AP: 100 mmHg	GRS: 2, 4, 13 Pupil size: 3mm /min Pupillary Reactions: RTE
Breathing RR: 30 /min Efforts: Normal/Poor/increased Auscultation: Normal/poor/Differential Air entry: Normal/poor/Differential Added sounds: Coarse crackles None: Stridor/Wheeze/Crackles	Peripheral pulse: Poor/Good Central pulse: Poor/Good Skin temp: Warm/cool Others: PA = soft, NT	Motor activity: Normal & Symmetrical Asymmetrical Posturing/Flaccidity: Seizure
SpO2 on Room air: 98%		Blood Sugar: mg/dl Exposure: Temp Colour: Normal/pallor/cyanosis mottled Any other skin lesions: No

Diagnosis: **dup - at RE / ? viral URE**
Wt = 6.4 kg
Sup PCM (105mg/5ml) 2.5ml PO BID
Sup. Cotrimox (2mg/5ml) 2.5ml PO OD x 5 days
R/w = CXR
Nasocort drops 2' q/w q2H
R/w in Paed. Qawam 4m
 Dr. **[Signature]**
 Pediatric Emergency
 Date: **27/10/2024** 7:55 AM
 AIZMS

do leuko coria in @ eye x 1 month



अ. भा. आ. सं. अस्पताल / A.I.I.M.S. HOSPITAL
बहिरंग रोगी विभाग / Out Patient Department

अस्पताल के अन्दर धूम्रपान मना है / SMOKING IS PROHIBITED IN HOSPITAL PREMISES

रोगी विवरण / Patient Details
UHD: 107884810
ABHA: [Barcode]
Riyansh Kumar 284 @ 2024
Dept No: 2024030025035

कक्ष / Room: C-210
Queue / संख्या: N9
UHD-Off. Paediatric

OPR-6

30/21

LC2108241559 107684810

LH2108241039 107684810



RTYANSHKUMAR

RTYANSH KUMAR

SO: 07/31/230 / M/28YR
K. Sahawani janknagar banmankhi punee
Bihar, BHAR, INDIA
New Patient General Rx. 0



Reporting: 08/31/24
31/08/2024

पंजीकृत सं.

आयु / Age

निदान / Diagnosis

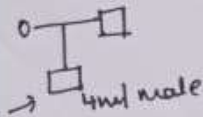
दिनांक / Date

उपचार / Treatment

19

DOB → 28/4/2024

do white leukocoria in @ eye
since x 1 month



No H/O malignancy in family

Immunisation H/O:

↳ received @ birth, 1/2 months.

@ USG → intraocular mass filling
filling > 1/3rd of globe.
↳ hyperplasia of calcification
s/o RB

Birth H/O: S/T / USG /
3kg / CAB /
No NICU admission

Feeding H/O:
↳ EBF

CEMP I → well defined lobulated
enhancing mass lesion in post.
segment arising from retina
s/o RB, s/o ON @

EVA → @ WNL
@ App. B RB



CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प
अंगदान - जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE
O.R.B.O., AIIMS, 26588360, 26583444, www.orbo.org Helpline - 1060 (24 hrs service)

31/08/24
All India Institute of Medical Sciences
New Delhi
aiimshospital.nhp.gov.in



3rd cycle HDCEV

INJ. DEXA — 3mg IV stat.

INJ. EMESET — 3mg IV stat.

19/10/24
↑
ctw
24/10/24

Chemo

- INJ. VINCRISTINE 0.4 mg IV stat (8nsur freshannukis patera)
Day 1

- INJ. CARBOPLATIN 170mg in 100ml NS IV over 1hr Day 1

- INJ. ETOPOSIDE 75mg in 200ml NS IV over 2hr
Day 1

Day 2

Postchemo

- INJ. GCSF 30mcg qd daily x 5 days.

- SYR EMESET (2mg/5ml) 2ml PO TDS x 3 days

- N/V ——— 06/11/24 Wednesday 9am
w/ CBC, LFT, RFT

[Signature]

Care sheet at Daycare

at 10:00 PM

axis: (R) Group DRB / 10x BF HDCEV.

Cycle 3 HDCEV:
(19/10 - 20/10)

90, fever } x 3 days - 101°F, not apo chills
tongue } 1 m med.

O/E: RR: 120/m RR: 50/m W/ RR: 21

Chest x-ray: B/L hilar infiltrates (R) not SpO₂: 97% Peripheries: warm CRT: 3 sec

(27/10/24) (2) lower lobe - sucking patch.

Chest: B/L Coarse crepts (R)

B/L wheeze (R) not
bibasilar retractions (R) not.

(26/10)

Cvs: (N) S1, S2 heard
No murmurs.

0.8 / 4670 / 1660 / 84K

Actv s. - O₂ via prongs.

- Neb E salbutamol 1mg ±
2ml NS @ 0, 20 min, 40 min.

- Neb ± budesonide 125 µg ±
3ml NS q/4h.

- Syst. Augmentin (2x2/5/5)
2ml PO TDS x 7 days.

- Syst. dexamethasone (2/5) 2.5ml
PO TDS

- Respiratory viral panel Stimuli

- Keep the child in emergency

21 - Note NCO SR shall remain.

16/10/24

- No fresh complaints
- Patient counselling done regarding MDR, NSAIDs, NSAIDs, NSAIDs, NSAIDs.
- On Septicin [alt]

$$- \text{?} \rightarrow \frac{10580}{2910} \left(275 \times 10^3 \right) [5/10]$$

(BP) →

Δ: (Rt) Group D Renoblastoma / Post 2 HDCEV

Viral pneumonia (H1N1, Influenza (+) Admitted 26/09/24 - 14/10/24)

EUA (5/10/24) - Partially regressed, lesion in Regressed calcified mass.

Good response to chemo. - noted.

Plan to give 2 more cycles of chemo followed by re-assess.

16/10/24

USG KUB doppler.

Raised RI of bilateral renal arteries & its segmental branches.

5% → Raised renal vascular resistance

16/10/24

To GANKIDS

Kindly arrange drugs

INJ. VINCRISTINE (2ml) = 1mg) — (1 vial)

INJ. CARBOPLATIN (1 vial = 400mg) — (1 vial)

INJ. ETOPOSIDE (1 vial = 100mg) — (1 vial)

Thanking you



Dr. Madhu
TR

= 112 / 86

total = 93 / 38 - 100 / 50 //

R/v in OPD on 31/8/24 i CBC, LFT, RFT
To collect protocol from pediatric day care

21/8/2024

do (R) Group B Retinoblastoma.

received letayde of CEV on 25/3/2024.

currently on GSF → as today

27/8/24

6930 / 10-7 / 1750 / 2.59 lmm

Bvrea → 11
s.cvt → 0.2
Walt → 127/41
Se. Bil → 0.28/0.26
AVT/AST → 37/129.
caliP/ALP → 4.3/4.8/23.5.

No complaints

Adu

- inj. GSF 30 mg sub (key)
- Syp. Septran 600 mg / 5ml / 2ml every alternate day
- N/v on 11/9/2024 i CBC/LFT/LFT.

QC. again
vitals stable
child active, alert
playful.

- (R) explained
- cite Batu / oral hygiene.

Bumbara
Dr. Shreebha Kasarla
MD Pediatrics
Department of Pediatrics
AISS - New Delhi 110029



Diagnostic Work UP & Risk Stratification

do leuko coria in (R) eye x months

CENRZ → well defined lobulated (R) intracocular
homogeneously enhancing mass lesion
in post segment arising from retina
s/o RB, Bi ON (N)

GVA → (C) WNL
(R) GPP = DAB

(R) USG → intracocular mass filling $> 1/3$ rd of
globe = high spikes of calcification
s/o RB.

Name of treatment protocol

1/1/20

Q. D. Rehabilitation

bone stim - frequency 2 - still 6-7 weeks

No pain/numbly

Hand brace
20/8-20/11

No sep. of digits

Periodic review @

distal CMC - 20/1/20

FF @ CPT 1/2020

FF @ CPT 1/2020

No dicitas

Eq | N/A

dx:

CBC/white blood

- If AOC injury, avoid of whole to stop heal.
- Sudden onset of pain

1/1/20

Q. D. R.E.

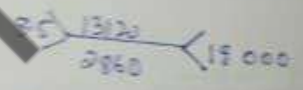
Block - not end

Non-reversible

bone stim @ 20/1/20

keep well

No surgery, no digits



Flat, active

V. H.E. @

Eq | N/A

MADHIPURA CHRISTIAN HOSPITAL

Emmanuel Hospital Association

Ward no. 22, Bhirki, Mission Road, Madhepura - 852113

Thursday, August 29, 2024

Declaration of Birth

TO WHOMSOEVER IT MAY CONCERN


This is to declare that a living male child was delivered at 22:34 hrs on 28-Apr-2024 named RIYANSH KUMAR by Mrs. MANORAMA KUMARI wife of Mr. RANJAN KUMAR, resident of WN 14, ADHAR 41771608544808, SAHAWANI, BANMANKHI, Dist. PURNIA, BIHAR, INDIA.

The birth occurred at this hospital and the birth weight of the baby is 3.16 kg in our records.


Mother's Patient Number: PAT158003

Child's Patient Number: PAT160034

Note: Kindly register with the Bihar Govt within 21 days.


Medical Records Department




Medical Officer



भारत सरकार
Government of India



रंजन कुमार
Ranjan Kumar
जन्म तिथि/DOB: 11/06/1997
पुरुष/ MALE

Download Date: 02/10/2021

Issue Date: 1/01/2016

XXXX XXXX 2646

VID : 9168 5763 7548 4193

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



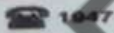
पता:
आत्मज: मुरली प्रसाद यादव, वॉर्ड नं०- 08, सहवानी,
रामनगर फरसाही, पूर्णियाँ,
बिहार - 854102

Address:
S/O: Murlı Prasad Yadav, ward no- 08,
sahawani, Ramnagar Pharsahi, Purnia,
Bihar - 854102



XXXX XXXX 2646

VID : 9168 5763 7548 4193



1947



help@uidai.gov.in



www.uidai.gov.in