





C. Peripheral Nerve Block related: Common- Temporary numbness in the area treated requiring intensive care monitoring or postoperative ventilation
drug used for doing the block, prolonged nerve injury (0.3%-0.5%) or worsening existing nerve injury
needing to choose another modality of anaesthesia. Rare complications include brachial plexus injury (0.3%-0.5%) or worsening existing nerve injury

D. Any other procedure related effects or complications:

E. Certain specific high risk consents (maybe more than one):
1. Difficult intubation (awake intubation, emergency tracheostomy)
2. Major blood loss, need for massive blood transfusion
3. Need for postoperative ventilator/ ICU care
4. Risk of postoperative myocardial infarction
5. Any other specific complications

F. Consent for research/publication
I give my written consent to the anaesthesiologist to use my name and other details for scientific and research purposes.
I give my written consent to the anaesthesiologist to use my name and other details, photographs and video recordings without revealing my identity for scientific and research purposes.

Patient's Signature: [Signature]
Date & Time: 19/02/25
Anaesthesiologist's Signature: [Signature]
Name: [Signature]

Patient's Name: [Blank]
Patient's Age: [Blank]
Patient's Sex: [Blank]
Patient's Address: [Blank]
Patient's Occupation: [Blank]
Patient's Education: [Blank]
Patient's Religion: [Blank]
Patient's Marital Status: [Blank]
Patient's Blood Group: [Blank]
Patient's Allergies: [Blank]
Patient's Current Medications: [Blank]
Patient's Past Medical History: [Blank]
Patient's Past Surgical History: [Blank]
Patient's Family History: [Blank]
Patient's Social History: [Blank]
Patient's Psychological History: [Blank]
Patient's Consent: [Blank]

30/12/24

EUA after 4 cycles chemo in Oct 24: (R) regressed (L) progressing

↓
child has received 2 more cycles -

↓
due for reassessment

Last chemo: 13/12/24.

6-6 1240 1.64L

Mixed shot
Replied to
3/1/25

Advice:

- 1. Date for PRBC transfusion from Day care (1/1/2025)
- 2. EUA to be done.
- 3. R/W on 6/1/25 E EUA reports and apt CBC.

Princess
SR/PSJ

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली- 110029
All India Institute of Medical Sciences, New Delhi-110029
परामर्श अभिलेख / CONSULTATION RECORD

नाम Name	DIVYANSHU	आयु Age	लिंग Sex	वैवाहिक स्थिति Marital Status	यु.एच.आई.टी. सं. सं. UHD No.
सेवा Service	Paed ward	वार्ड Ward	विस्तार Bed	व्यवसाय Occupation	धर्म Religion
Referred by Dr.	Paed ward SR	Requesting Doctor	M. V. Nayyar	to Dr.	स्थिति Status
				Consultant & Specialty	16/02/2017
				Date :	16/2/2017

Findings :

To,
Paed ward SR

Unclotted blood @ corners of this
slide for replacement donation

Diagnosis or Impression :

Thank you
No visible leucocytes

Shay

Recommendations:

FLY FOUNDATION

FOR USE BY PATHOLOGY DEPARTMENT

Received Date

No. of pieces - Number of Specimens

No. of paraffin blocks -

Special stains -

Not taken

Disposal: NTL

B & W

Discarded

Colour

Teaching

By

Name

DEPARTMENT OF PEDIATRIC SURGERY
 ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI

Name: Dhruvish
 UHID: 10802067
 Age/Sex: 5y/M
 Ward/Bed: 60/10
 Date: 10/10/16

HIGH RISK CONSENT

I have been explained in the language I best understand about the diagnosis of my child i.e. Rt. Nephroblastoma and the treatment needed for it i.e. Rt. Nephrectomy + WJ Sampling. I understand the risks related to the procedure -

1. Anesthesia and its related complications.
2. Need for post operative mechanical ventilation and risk of VAP.
3. Risk of bleeding and need for multiple transfusions.
4. Need for inotropic support intraop and postop.
5. Need for prolonged ICU/HDU stay and hospital stay.
6. Risk of injury to surrounding structures, blood vessels and nerves.
7. Risk of surgical site infection, Rupt abdomen.
8. Need for subsequent redo surgery
9. Risk of abandonment of procedure

I understand the above risks and give full consent to perform the procedure. I will not hold the treating doctors or nursing staff or hospital management responsible for any onward complications.

DOCTOR SIGN

R. Puri
 Dr. Puri

GUARDIAN SIGN
[Signature]

WBC → 2nd VCR 018 mg slow IVP

2nd Actinomycin 580 mg slow IVP

- Syg Septan (40mg/5ml) 8ml OD QD

- Syg Amnet (2mg/5ml) 5ml SOS

- P/f POC file - 13/1/25 @ 1:30pm

- M/V POC - 11/1/25

CBC / UFT / LFT / ~~Anti HBs~~ / ~~Anti HBe~~ / ~~Anti HCV~~

- To collect histo col from

MCS Day Care }
Dr. Shrivastava
Dr. Langans
Dr. Shanav

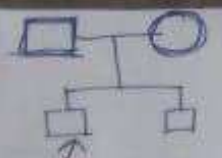
to help

- MTp = 205

Dr. Anam Bhasini
Senior Resident
Department of Pediatrics
All India Institute of Medical Sciences
New Delhi - 110029

mce uc 3y/male c/s/B Peds onco SR

Birth history → T/NVD/3.5kg @ birth
Smooth perinatal.



Father:- Auto driver,
12th class, 12th month

Symptoms x 15 days

Ⓡ Abdominal distension x 15 days

Ⓡ US

Incidental mass in Ⓡ US region.

NO H/O wt loss/hematuria/bleeding/Micturition problems/fever.

20/12

7.8 / 50/45 / 13200 / 6.13L

U/Cr = 22/0.91 (0.5-1.2)

LFT/RFT - N

HIV/HBcAg Negative

USG Abd (26/12)

→ 10x7.8 x 8.4cm Ⓡ Renal mass,
reaching 1st liver, Solid heterogeneous,
reaching till umbilicus.
? Wilms tumor

o/e well child
pallor ⊕

205 BP →



Hard, immobile,
nontender mass
10x10cm, irregular,
getting under swelling ⊕
crossing midline.

Asin:- ? Wilms tumor
? Neuroblastoma
? Hepatoblastoma.

plan

① CBC/LFT/RFT/LDH/Ferritin/
PT-INR/AFP/HBcAg/HEV.

② USG Abdomen/Doppler

③ CECT Abdomen + NCCT chest

↓
Biopsy decision after further diagnosis.

④ M/V 30/12/24 at 2pm
POC clinic c reports.

FLY FOUNDATION

Shivanu
the POC



अ० भा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL
 बहिरंग रोगी विभाग / Out Patient Department
 अस्पताल में अन्धर धूम्रपान तथा शेरि / SMOKING IS PROHIBITED IN HOSPITAL PREMISES



OPR-6

बहिःरोगी विभाग / Out Patient Department
 UHID: 108020887

कमरा / Room
 C-210

एकता / Identity



Dept No: 30240030030252

Queue / संख्या
 N11

Unit-1 POC

बि० संकेतित सं० / G.P.D. Regn. No.

पता / Address

वयस / Age

डिविजन / DIVYANSH DIVYANSH
 SO RANJEET
 3Y UN AD / NK(2024)
 BELGHAT, GORAKHPUR, UTTAR
 PRADESH Pin: INDIA

MON रोगी



Reporting: 02-24-20
 30/12/2024

New Patient

General / Rs. 0

Dec 19 / 22988

30/12/24

निदान / Diagnosis

? (R) Wilms tumor.

दिनांक / Date

उपचार / Treatment

13.5.25

Workup

(1) USG Abdomen → 10.3 x 9.6 cm heteroechoic lesion in (R) renal fossa, causing claw with (R) kidney. Not crossing midline
 ? Wilms

(2) CECT chest + Abdomen done outside ? Wilms, no thrombus. (N) chest (N) pending

28/12
 155/80 / 5-9L
 85 / 53/34

PT/INR → 15.4 / 1.13

LFT / RFT / LDH / Urinal marker
 Not done.

No active urine

BP →



CLEAN AND GREEN AIIMS / एन का रहीं संकल्प, स्वच्छता से काया कल्प

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)



www.aimshospital.nhp.gov.in

Ward 1A Name
रोगी के रोग का नाम लिखें।
ur follow-up visits.
3. अतिरिक्त नहीं
3. No Spitting

→ Repeat CBC on 6/12/24 - Ticks tentative date for
PRBC on 7/12/24 - If hb still down then I'd
to transfuse - and send post BT
@ home CBC
→ If any other signs - No in ER.
admission ER

Dr. Amit bh
Resident
Medical Oncology
DMC - 52671
AIIMS - New Delhi

5/12/24 (2x)

29/1/25

lost of diaphragm
cycle received
on septum

(27/1/25) 9.0 9.90 14.90 7.5K

RFT/LFT: WNL

labs: B/L CB - Group C
Group E

Last chems: HDCEV - cycle 7

EUA: Baseline

Post 3# (15/10/14)

Post 5# (10/12/24)

Group E
multifocal
→ xg lens
→ Subretinal
calified seeds

Active lens
radially calified
seeds
Subretinal seeds

7# HDCEV

O/E: vitals: stable

No new concerns

Chest: B/L HE + ant
No added sounds

CVS: (N) S1, S2 heard
No murmur

P/A: soft, NT
NO DM

CVS: WNL

Actw:

- EUA dated on

11/1/2025

- Esp. ceftriaxone (1gr)
2.5 ml 80% X50

- lost septum/rib bc
Befadine gargle

- w/o in OPD on 10/1/25

2 W/O LFT/LFT

Shree

विकिरण नैदानिक विभाग

नई दिल्ली-110029

RADIODIAGNOSIS

DELHI - 110029

बाह्य विकिरण विभाग
UNID: 188020667



Dept No: 20240202036292

डॉ. विष्णु दिव्यान्श / DIVYANSH DIVYANSH

S/O RANJEET
21 SM 20 / AN/GBR
BELOHAT, GORAKHPUR, UTTAR
PRADESH, PIN-2, INDIA
General: No. 2

डॉ. विष्णु दिव्यान्श
RMT / Room
C-204
Queue /
N21
Unit: Radiology



Reporting: 06/11/24
25/12/2024

IOGRAPHY REQUISITION FORM

Ref. Deptt. / Unit

Pod (11)

Date

28/12/24

OPD No. / UHID No. :

LMP

Examination Required :

Ultrasound

Doppler (Arterial / Venous)

Interventional Procedure

CT

HRCT

Dual Phase CT

CT Angiography

Clinical History and Examination :

Ⓡ UO distension ~ mass x 15 days
o/e hard, immobile, mass
non tender
crossing midline

Clinical / Working Diagnosis :

CECT Abdomen +
NCECT Chest

Any Previous Studies (Please provide No. if available) :
Blood Urea / Serum Creatinine (for CT patients only) :
Any h/o allergy or asthma :

Signature of Referring Physician / Date :
[Signature]

? Wilms ? Neuroblastoma
? Hepatoblastoma

Consent :

I hereby given consent for the performance of any diagnostic or therapeutic radiological procedure with or without the use of contrast injection and / or sedation. The associated complications and risks have been explained to me.

Signature of Patient / Date :

US / CT Number :

No. of Films used :

Signature of Radiographer / Date :

POC clinical & reports



ओ भा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL
बहिरंग रोगी विभाग / Out Patient Department

सम्पन्न के अन्दर धूम्रपान तथा शि/SMOKING IS PROHIBITED IN HOSPITAL PREMISES

OPR-6

रोगी का नाम / Patient Name
डिव्यंश दिव्यदास / DIVYANSH D

कमरा / Room
C-208

कक्षा / Ward
N21
Linn-I, Paediatric

रोगी का पंजीन सं./G.P.D. Regn. No.

उम्र / Age

पता / Address

रोगी का पता / Patient Address
S/O RAJESH
ZY DM CD / M/5588
BEIGHAT, GORAKHPUR, UTTAR
PRADESH, PIN-2, INDIA

New Patient

General Pa. C



रिपोर्टिंग डॉ. सं./Reporting Dr. No.
26/12/2024

रोग/Diagnosis

दिनांक / Date	उपचार / Treatment
13/12/24 32	<p>RVB lump. × 3 months noticed for weeks.</p> <p>- not asso. \bar{c} fever/pain abdomen (less stools) icterus/ pain abd.</p> <p>- orally accepting well.</p> <p>O/E: \bar{c} firm hard mass ~ 10cm span ? hepatomegaly. \bar{c} rounded margins. \bar{c} no splenomegaly.</p> <p>rest syst exam - WNL.</p> <p>? Intraabdominal mass. Liver SOL.</p> <p>USG - WA. - ? A/r \bar{c} report. ? urino</p>
20/21/22 2nd year New R/O OPR	
on Saturday 29/12/24 Dr. Shrivani please	

(Signature)
Dr. USHWAL CHAVLA
Senior Resident
Department of Pediatrics
AIIMS, New Delhi



CLEAN AND GREEN AIIMS / स्वच्छ और हरी AIIMS / स्वच्छता ही स्वास्थ्य का आधार है
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)





अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली
All India Institute Of Medical Sciences, New Delhi

UDD: UDD001 Sex: Male
 Patient Name: Mr. DIVYANSH DIVYANSH Sample Received Date: 28-Dec-2024 14:05 PM
 Age: 37 Department: Pathology
 Lab Name: Dept of Laboratory Medicine Lab Sub Centre: Smart Lab New OPD Block
 Reg. Date: 28-Dec-2024 14:05 PM Sample Collection Date: 28-Dec-2024 14:05 AM
 Recommended By: Lab Reference No: 242503010
 Sample Details: LH28122400783 Sample Type: Whole Blood

Report

HEMATOLOGY

Test Name	Result	UOM	Reference
Hb	8.50	g/dL	13.0 - 14.0
Hematocrit	28.30	%	34 - 40
RBC count	3.83	10 ⁶ /µL	4.0 - 5.2
WBC count	15.58	10 ⁹ /µL	7.0 - 15.0
Platelet count	590.00	10 ⁹ /µL	200 - 400
MCV	73.90	fL	75 - 87
MCH	22.20	pg	24 - 30
MCHC	30.00	g/dL	
RDW-CV	15.90	%	11.6 - 14
Neutro	73.30	%	30-60%
Lympho	34.10	%	29-65%
Eosino	6.40	%	1-4%
Mono	5.80	%	2-10%
Baso	0.30	%	0-1%
NRBC	0	%	
Neutro - Abs	8.32	10 ⁹ /µL	1.5-8.0
Lympho - Abs	5.32	10 ⁹ /µL	6.0-9.0
Eosino - Abs	0.99	10 ⁹ /µL	0.1 - 1.0
Mono - Abs	0.91	10 ⁹ /µL	0.2 - 1.0
Baso - Abs	0.04	10 ⁹ /µL	0.02 - 0.1

---End of Report---

Dr. Sushil Kumar Datta
(MD Biochemistry)

Dr. Tushar Sehgal
(DM Hematopathology)

Dr. Suneeta Meena
(MD Microbiology)

Dr. Van Anand
28-Dec-2024 15:30

Attention: Please collect blood samples by puncturing the rubber cap of the vacutainers. Manual opening of caps and filling it must be avoided strictly. Lab reports are subjected to pre-analytical errors due to inappropriate patient preparation, phlebotomy practice, storage and transport. Please inform SMART Lab in case of any discrepancies with the expected results on the same day on Ext no. 2458.

UPPAL DIAGNOSTICS

Diagnostic & Interventional Ultrasound • Color Doppler • X-ray • Mammography

DR. RAJESH UPPAL
M. D. Radiology (AIIMS)

DR. MANEESH UPPAL
M. D. Radiology

R-22, South Extn. II
New Delhi - 110 049
Tel. : 26253824, 26257808
9599243824

Divyansh Ranjit 3/M

26 Dec 2024

US REPORT EXTREMELY RESTLESS CHILD: UNSATISFACTORY SCAN

Liver- Normal in outline, echopattern. No focal lesion seen.

Gall Bladder- Normal in outline, distention. No suggestion of calculus.

CBD- Could not be evaluated.

Pancreas- Normal in shape, outline, echopattern.

Right kidney- Large mass involving the Rt. renal fossa. Mass is completely replacing the Rt. kidney.

- size 99 mm X 78 mm X 84 mm.
- reaching till the liver, pushing the gall bladder. Separate from the liver, gall bladder.
- reaching till the midline.
- completely heterogenous with solid morphology.
- IVC, Rt. renal V. could not be evaluated.

Likely Rt. renal nephroblastoma.

Evaluation is incomplete in view of large size, difficult child.

Left kidney- Normal in shape, outline, echopattern. Size 6.6 cm.

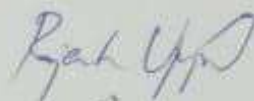
Spleen- Normal in shape, size.

Retroperitoneum- Could not be evaluated.

Urinary Bladder- Completely contracted urinary bladder.

No evidence of ascites.

(Dr. Maneesh Uppal)


(Dr. Rajesh Uppal)

mce uc

Symptoms C/S | B Peds on USR

Birth history → T/NVD | 3.5kg @ birth
Smooth perinatal.

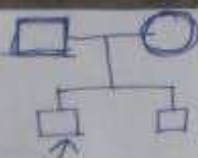
Symptomatic x 15 days

(R) Abdominal distension x 15 days

(R) US

Incidental mass in (R) US region.

NO H/O wt loss / hematuria / bleeding / Micturition problems / fever.



Father:- Auto driver, 12th class, 12x/month

20/12

13200	6	136
7.8	50/45	

U/cr = 22/0.91 (0.5-1.2)

LFT/RFT - (N)

HIV/HBcAg Negative

USG Abd (26/12)

→ 10x7.8 x 8.4cm (R) Renal mass, reaching 1st liver, Solid heterogeneous, reaching till umbilicus. ? Wilms tumor

o/e well child pattern (+)

(205) BP →



Hard, immobile, nontender mass 10x10cm, irregular, getting under smiling (+) crossing midline.

- Asin:-
- ? Wilms tumor
 - ? Neuroblastoma
 - ? Hepatoblastoma.

plan

(1) CBC | LFT | RFT | LDH | Ferritin | PT-INR | AFP | HBcAg | HEV.

(2) USG Abdomen / Doppler

(3) CECT Abdomen + NCCT Chest

↓
Biopsy decision after further diagnosis.

(4) N/V 30/12/24 at 2pm
POC clinic c reports

FLY FOUNDATION

Shivanu
Jr POC

1/30/24

- No fresh complaints
- chest active
- Parent counseling done regarding mouth care, Nail care, Skin care.
- On Septoran (oral)
- Cycle ② completed on 1/30/24

4/2 RA $\left\{ \begin{array}{l} \text{① GPC} \rightarrow \text{regrained} \\ \text{② GPC} \rightarrow \text{regraining} \end{array} \right.$

no return complaints

3-4 RL $\left\{ \begin{array}{l} 3-4 RL \\ 3-4 RL \end{array} \right.$

AFI/MS

to proceed ② 4-6 NO-LEV

Pre chemo:

inj. emeset 2mg + dexam 2mg iv stat

Candida please,

chemo:

inj. vcr 0.2mg ip

inj. carboplatin 300mg / 200ml NS iv over 1 hour

inj. G-CSF 130 mg / 300ml NS iv over 2 hours

to candida / OPN / help

Post chemo

inj. G-CSF 60 mg sc qd ⑤ days

Tab. Emeset (2mg / 5ml) 5ml TID

Tab. Dexam 4mg ⑤ stat No

1/30/24 @ 2pm



अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली
संवेदनशीलता एवं महल उपचार विभाग
संवेदनशीलता हेतु सुविधा सदन

नाम Divyant आयु/लिंग 37/m पुरखजाईडी/आपसी नं. 2022/647
 आतिथ्यक का नाम एवं संकाय SDR Project नो. 5192/2829
 आगतिका संकाय MCH 6B/18
 विभाग Rt-wilms tumor प्रस्तावित रोगी/प्रक्रिया Rt-wilms tumor
 प्रस्तावित एनेस्थेटिक योजना open sampling

युक्त के देशों समझ जाने वाली भाषा में विस्तार से समझा दिया गया है तथा वे अज्ञात रूप से निम्नलिखित हेतु अपनी सहमति देना/देती है

सामान्य एनेस्थीसिया	स्नाइपल एनेस्थीसिया	एनेस्थीसिया एनेस्थीसिया / एनेस्थीसिया	संयुक्त स्नाइपल तथा एनेस्थीसिया एनेस्थीसिया
---------------------	---------------------	---------------------------------------	---

परीक्षण-सर्व शरीर (ब्लोक प्रतिरक्षण कर) निरीक्षण किया गया संवेदनशीलता उपयोग अथवा निम्नलिखित संचालित तकनीकियां

समस्त सामक शीत-इन्वेसिव विद्यमाना सहित (प्रसूती, गर्भ आक्सीमीटर स्थापना, आक्सीजन संचुरण, नॉन-इन्वेसिव रक्तचाप)

प्रक्रिया स्थान, समय, एनेस्थीसिया प्रक्रिया के विस्तार मुझे विस्तार से समझा दिए गए हैं, आवश्यक समझ जाने पर मैं निम्नलिखित रूप में स्वयं को/अपने बच्चे को उपचार एवं सुस्था के लिए भी सहमति देता/देती हूँ

- एनेस्थीसिया प्रक्रिया के दौरान फंस सावधान हाई फ्लो गैस का कंसंट्रेशन
- एनेस्थीसिया प्रक्रिया के दौरान गैस प्रदान ट्रिकीयोरटोमी
- एनेस्थीसिया प्रक्रिया के दौरान
- एनेस्थीसिया प्रक्रिया के दौरान
- एनेस्थीसिया प्रक्रिया के दौरान
- एनेस्थीसिया प्रक्रिया के दौरान

मैं और आवश्यक दवाओं, उपकरणों तथा/वास्तु उपकरणों के उपयोग तथा आवश्यक समझ जाने पर संवेदनशीलता की प्रक्रिया में किसी भी बदलाव के लिए अपनी सहमति देता/देती हूँ।

मैं अज्ञात करता/करती हूँ कि मैं किसी ज्ञात एलर्जी अथवा दवा प्रतिक्रिया से पीड़ित/पीड़ित नहीं हूँ (एलर्जी के लिए ली जाने वाली दवा का नाम)।

मुझे पता है कि मैं निम्नलिखित रोग से पीड़ित हूँ/ पीड़ित नहीं हूँ।

उपरोक्त रोग अन्य रोग

उपरोक्त रोग अन्य रोग

उपरोक्त रोग अन्य रोग

उपरोक्त रोग अन्य रोग

उपरोक्त रोग अन्य रोग

गोपनी (Signature)

उपरोक्त रोग अन्य रोग

68/18

विश्वविद्यालय विभाग, अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली - 110029
DEPARTMENT OF PATHOLOGY, ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI-110029
आयुर्विज्ञान विभाग परामर्श प्रपत्र - शैक्षणिक खण्ड, प्रथम तल, इलाहाबाद रो. - 2282, फोन - 1679
PATHOLOGY CONSULTATION FORM-TEACHING BLOCK, FIRST FLOOR, Phone No. - 4282, Room- 1079

रोगी का नाम
PATIENT'S NAME DIIVYANSH

पति/पत्नी का नाम
Husband's Name RANJEE T

रोगी का आई. नं.
I.D. No. 10020662

रिफरिंग एजेंट
Referring Agency

क्लिनिकल इकाई
Clinical Unit

व्यापक / एकल
Married / Single

विस्तर नं.
Bed No. 18

रिफरिंग एजेंट का नाम
Referring Agency Name

रिफरिंग एजेंट का पता
Referring Agency Address

रिफरिंग एजेंट का फोन नं.
Referring Agency Phone No.

रिफरिंग एजेंट का पता
Referring Agency Address

रिफरिंग एजेंट का फोन नं.
Referring Agency Phone No.

Specimen Collected On

FIXED YES NO

Special Instruction: FORMALIN

Specimen On

AM/PM

PATH

ACC

No.

MATERIAL SUBMITTED

Patient Clinical and laboratory data including operative findings

KINDLY PAY Rs. 15/- TO CASHIER CENTRAL ADMISSION OFFICE

PLEASE DO NOT FOLD

Pathological data

Clinical diagnosis

Operative diagnosis

Previous biopsy

DURATION OF STAY IN DELHI

Yes No

LESS THAN ONE YEAR

MORE THAN ONE YEAR

Date

Ref. No.

27/11/24

Child was called for enucleation on 20/11/24

Mastom yet to record. → Othimo Induced
ANC: 140 (21/11). No fever/focus of infection

Advice

1. Rpt CBC today
2. R/W in RPO for slot with rpt CBC report
3. No show CBC report in MCB Daycare once home
4. N/v 4/12

[Signature]

4/12/24

g $\frac{7360}{2710}$ $\frac{487 \times 10^3}{3}$

Planned for enucleation.

c/o Coryza
c/o Passing hard stool | excessive crying → 2+ day

WBC - 20.2

Need hb > 10 for Sy

U. acid - 3.8

o/e Numb black B

Adv

Bil - 0.27

No diarrhea

✓ dyp Cetirizine 2.5mg qd

HR - 110/min

✓ dyp dextrose 3.5ml qd

RR - 24/hr

Perianal rashes

✓ Nuroleas drops
1° bil rash qid

26

□ - Stalodam cream for UA

plans

- ① RL discontinue
- ② LFT / RFT / LDH / Ferritin / HBsAg / HCV / HIV / AFP
- ③ N/V 02/01/2024 at 2pm POC (215) Room NO 2 reports
- ④ 205 → maintain

Shruti
in POC.

⑤ Accommodation Blood donation of explained

To,
BBO,

Kindly bleed the donor.

Shruti
in POC.



plan

- ① RL discontinue
- ② LFT / RFT / LDH / Ferritin / HBsAg / HCV / HIV / AFP
- ③ N/V 02/01/2024 at 2pm POC (213) / min 10
E reports
- ④ ROS → maintain

Shant
in POC.

⑤ Accommodation of explained
blood donation

To,
BBO,

Kindly bleed the donor.

Shant
in POC.



Aadhaar no. issued: 02/01/2025



भारत सरकार
Government of India



बाल आधार

दिव्यांश

Divyansh

जन्म तिथि/DOB: 03/11/2021

पुरुष/ MALE

यह आधार 5 वर्ष की उम्र तक ही वैध है

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
इसका उपयोग सावधान (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/
ऑफलाइन सत्यापन के साथ) के साथ किया जाना चाहिए।

**Aadhaar is proof of identity, not of citizenship
or date of birth. It should be used with verification (online
authentication, or scanning of QR code / offline XML).**

9924

मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India



पता:

द्वारा: रंजीत, ग्राम-टिकुलियाडाड़ पोस्ट-बेलघाट, तिकुलीआदार,
बेलघाट, गोरखपुर,
उत्तर प्रदेश - 273404

Address:

C/O: Ranjeet, vill-tikuliyadad post-belghat, Tikuliadar,
PO: Belghat, DIST: Gorakhpur,
Uttar Pradesh - 273404



9924

VID : 9103 8598 8973 3423



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help@uidai.gov.in

www.uidai.gov.in



भारत सरकार

Government of India



Aadhaar no. issued: 29/10/2014



रंजीत

Ranjeet

जन्म तिथि/DOB: 12/07/2001

पुरुष/ MALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/
ऑफलाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए।

**Aadhaar is proof of identity, not of citizenship
or date of birth. It should be used with verification (online
authentication, or scanning of QR code / offline XML).**

3769

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India



पता:

कृष्णा चन्द, ग्राम- टिकुलियाडाड, पोस्ट- बेलघाट, बेलघाट,
बेलघाट, गोरखपुर,
उत्तर प्रदेश - 273404

Address:

Krishna Chand, Village- Tikuliyadad, Post-
Belghat, Belghat, PO: Belghat, DIST:
Gorakhpur,
Uttar Pradesh - 273404

Details as on: 28/08/2024



3769

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