



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

अ. भा

L

OPR-6

शरीरभाषं चतुर्धर्मसाधनम्

अस्पताल के

MISES

DR. B.R.A. IICM, AIIMS, NEW DELHI

एकक/Unit

DR CR

IRCH No. 226225

Reg. Date-22/03/2019

विभाग/Dept.

Clinic Pain Relief Clinic

Clinic No. 52580/2019

नाम/Name

Dept. ONCO-ANAESTHESIA AND PALLIATIVE MEDICINE(OAPM)
General

No.

जन्म तिथि/Date of Birth



DR. RUBEDA KHATOON

UHID-104337409

डॉ. रुबेदा खातून

D/O- SILVY BHATTA

Sex/Age F/13Y

निदान/Diagnosis

Osteosarcoma Rt femur

दिनांक/Date

उपचार/Treatment

4/4/19

Post CH 1 I/Os - CDDP

*- Take date for CH 2 next 15/3/19
(Counter 10)*

8/4/19

- Review on 8/4/19 - 18

intensive Care

8/4/19

Review i CBC in 2 hours

*Sundhu
SR No*

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

8/4/19

1. T. Augmentin 375 mg TDS x 5 days
2. T. Pantop 40 mg OD BBL (1/2 tab of 40)
3. Symp. Memaffin 2 tsp HS.

F/u on 13/4/19 i CBC, LFT, RFT

A/u in orthopaedics - Dr. Shah Alam Sir
for Sx in June 2019.

Suidhu

13/4/19

Tab Celebrex 10mg HS x 5 days

Wites

19-10062



अ० भा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL बहिरंग रोगी विभाग / Out Patient Department

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

OPR-6

Dept: Orthopedics
DEPT. No: 2019008000959
Clinic Name:
CL. No:
Room: 6
Name: RUBEDA KHATOON
Female 13 Y
UHID 104337409 DT: 15-03-2019

क/Unit _____
भाग/Dept. _____

सं/O.P.D. Regn. No. _____

नाम/Name _____

पिता/Address _____
F/

निदान/Diagnosis

F/U of (R) DEF ? DM/Ewings \bar{c} pathological #

दिनांक/Date

उपचार/Treatment

Kindly allow straddle

swell

PE \rightarrow Inguinal lymphadenopathy \oplus \rightarrow Non-tender.

Biopsy report awaited.

(S) \rightarrow Change Kindly Apply new High A/Lc Stab.

Collect HPE report \rightarrow Room 10 BS.

T. Ultracet 1 BD $\circ \rightarrow \circ$
T. Pantop 30mg BIF -

Dept: Orthopedics

DEPT. No: 20190080009591

Clinic Name:

CL. No:

Room: 6

Name: RUBEDA KHATOON

Female 13 Y

UHID 104337409

DT: 22-03-2019



Open plaster & show

[Signature]

Bipry report
awaited

22/3/2019
Register to pain clinic
[Signature]
Vinod

Adv.

Apply new
A/K Slab (5)

- Pain clinic R.N. (60)
IRCH

- Dr. Adarsh Barwad,
kindly help
R.N. (1048)



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

अ.भा.आ
बहिरं
अस्पताल के अन्दर

Phone No. 7739227174
Address SAHEBGANJ 6 NEPAL, Pin 0, Nepal

Sex/Age F/13Y
Room 6 (Shift Afternoon)

OPR-6

एकक/Unit Dr SR
विभाग/Dept. MO
नाम/Name

DR. B.R.A. IRCL, AIIMS, NEW DELHI
RCH No. 226225
Reg. Date-22/05/2019
Clinic Pain Relief Clinic
Clinic No. 52580/2019
Dept. ONCO-ANAESTHESIA AND PALLIATIVE MEDICINE(OAPM)
General

Date of Birth

नाम RUBEDA KHATOON
म रुबेदा खातून



UHID-104337409

निदान/Diagnosis

OS Rt lower femur

दिनांक/Date

8/4/19

उपचार/Treatment

Cycle... metastatic/non metastatic

Check RFT

Inj Emeset 8mg iv O.D. D1 and D2, D3

Inj Dexamethasone 8 mg iv O.D. D1 and D...₂, D₃

(केमो से 30 मिनट पहले + 3 दिन लगातार) C Aprecap 125mg, 80mg, 80mg D1, 2 and 3 - half hour before chemotherapy

Inj Ifosfamide ^{3gm}..... gm in 1 unit NS iv over 1 hour D1 to D...₃..

(बाहर से साथ लाना) Inj mesna ⁸⁰⁰ mg IV 0, 4, 8 hours D1 to D...₃..

Inj CDDP in 10 NS over 2hr D₁ - 40 mg

Inj Mannitol 100 ml over 20 min D₁ - D₃ D₂, D₃ - 30 mg

Inj 20 mg Kcl + MgSO₄ lamp in 500 ml NS
Post Chemotherapy (केमो के बाद) over 2 hours

Tablet Emeset 8mg B.D. X 3 days (दिन में दो बार-3 दिन)

Tab Dexamethasone 8 mg OD X 3 days (दिन में एक बार-3 दिन)

(इंजेक्शन) Inj GCSF ^{150ug} 300ug (बमड़े पर) subcutaneous daily starting from D...₅ for 6 days

(ओपीडी में आए, सीबीसी चिकित्सा रिपोर्ट अपने साथ लाना)

To come in OPD on 25/4/19 with CBC and LFT, RFT.

(आपातकालीन संपर्क) Emergency contact number 9868398310

(केमो के बाद कुछ सामान्य दुष्प्रभाव-बुखार, उल्टी, मुंह के छालें, थकान, पेट चला, कब्ज, कम रक्त गणना-कृपया आपातकाल संख्या से संपर्क करें।)

Take next chemo date for 6/5/19.

Vikas Chaur

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

Tonsillitis ⊕

25/4/19.

1. T. Augmentin 375 mg TDS x 5 days
2. T. Pantop 20 mg OD BB.
(1/2 x 40)

Betadine gargles 4 times/dy

BKM Viscous lignocaine
28/4/19

Zytee gel for L/N

plenty of fluids

In case of emergency - 9868398310 / Peds Emergency

A/c on 6/5/19 : CBC, LFT, RFT.

Sundhu
St. No.

Next chemo date - 28/5/19 (daycare)

Surgery date - June - Dr Shah Alam. Su



ओ पीठ ओठ सं अस्पताल / A.I.I.M.S. HOSPITAL
उदित्त रोपी विभाग / Out Patient Department

101

OPD Form with fields for patient details and a barcode. Includes a logo of a person with a cross.

OPR-6

GFB Regn. No. _____
City/Address _____

Form, Diagnosis

Date

Invest/Treatment

C/o Pain & swelling @ High x 4 months
Also difficulty in walking

Notable pt. developed sudden pain following a road fall

↓
Managed at local hospital with

incisional biopsy done at a local hospital

Go⁺: Acute on chronic Osteomyelitis

X-ray:

Go (Chronic Osteomyelitis)

Pathologic fr. distal 3rd of fem

O/E

R thigh

Swelling
distal 3rd of fem (+)
Tender (+)
SRT ⊖

Swelling diffuse distal 3rd of thigh (+)

Lead imp raised
DVT -

CLEAN AND GREEN AIIMS / एमस का यही 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)

Adm (1) MRI (2) thigh & knee

→ MSSO (14)

kindly help

(2) CBC/ESR/CRP

(3) T. PCM 1 gm sos

(4) Cap. Dany D₃ 60 once weekly x 4 weeks

(5) T. Colrec 21 tabs sos x 4 weeks

(6) A/K slab application → (5)

(7) R/w above

lepus
R/w above

(5) →

Atul
SENIOR RESIDENT
Dept. of Orthopedics
A.I.I.M.S., Ansari Nagar
New Delhi-110029

6/3/19

MRI ⇒ DD Osteomyelitis > Every season.

Patient has a incisional biopsy done from medial ~~side~~ side

ESR-29

TLC-7.8

CRP- Positive

Ad- PT/PEE/2NR

Adv: Dr. Peepal Biopsy ↓ image ↓ LA.

Dr. Peepal
R. No. (10) 2: 30M

Send for his topath & if there is pus send for G/S, AFB, PCR.

- Review

H. Rishi

19-10862

1090
Dr. Anubha v



अ० भा० आ० सं० 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

OPR-6

शरीरमाद्यं खलु धर्मसाधनम्

एकक/Unit _____

ब०रो०वि० पंजीकृत सं०/O.P.D. Regn. No. _____

विभाग/Dept. _____

नाम/Name	पिता/पुत्र/पत्नी/पुत्री F / S / W / D of	लिंग Sex	आयु Age	पता/Address

निदान/Diagnosis

दिनांक/Date	उपचार/Treatment
<p>7/3/19</p> <p>1085 10 February</p> <p>seen in old card</p>	<p>Care by from (Rt) d/c feature performed ↓ SAP by Dr. Deepak & Dr. Tushar. No Pus. aspirated or encountered. Sample sent for HPE. Adv. T Augmentin 625 TDS x 5 days T Amox 625 Ip Denagly 604 w/bw T Signiflun 625 x 5d Rpt done & Report</p>

CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से किया 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)

Signature



अ० भा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL
 वहिरंग रोगी विभाग / Out Patient Department

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

शरीरमाद्यं खलु धर्मसाधनम्

OPR-6

104337409

एकक/Unit _____
 विभाग/Dept. _____

ब०रो०वि० पंजीकृत सं०/O.P.D. Regn. No. _____

नाम/Name	पिता/पुत्र/पत्नी/पुत्री F/S/W/D of	लिंग Sex	आयु Age	पता/Address
Rubeda Khalooan		F	13y	

निदान/Diagnosis Osteosarcoma (R) Femur

दिनांक/Date	उपचार/Treatment
10/4/19	Has received one cycle of chemotherapy.
अध्यक्ष/प्रमुख - निदेशक/प्रमुख - अतिरिक्त-डीएस Nepal. Resident Invoice Invoice 14 Dear M.S.S., Pl. help as discussed 3	Adv: <ol style="list-style-type: none"> ① Patient to need a new MRI after 2nd cycle of chemoth. ② If feasible → Needs excision + Endoprosthesis ③ To arrange for funds for Atlas distal femoral endoprosthesis
	 10.4.19



Dr. B. R. AMBEDKAR INSTITUTE ROTARY CANCER
ALL INDIA INSTITUTE OF MEDICAL SCIENCES NEW DELHI

DISCHARGE SLIP

Indoor Reg No 226225 IRCH NO 226225 Ward DAYCARE

Consultant Name DR. LALIT KUMAR

Patient Name Miss RUBEDA KHATOON Age 13 Sex Female

Admission For CHEMOTHERAPY Admission Date 18/4/2019 Discharged Date 18/4/2019

Diagnosis

Chemo. Protocol: VP16-Ifosfamide D1-D-5 q 3 wkly Cycle/Day: d3

Drugs Administered

PREMEDICATION GIVEN

Inj Ondansetron 8 mg IVP

Inj Dexamethasone 8 mg IVP

Cap Aprecap 125 mg, 80 mg, 80 mg

CHEMOTHERAPY/IMMUNOTHERAPY GIVEN

Drug Name	Final Dose	Unit	Soln.	Infusion Time
Inj Ifosfamide D1-D5	3 gm	500 m	NS	2 hrs
Inj Cisplatin D1-D3	30 mg	500 m	NS	2 hrs
Inj Mesna D1-D5	800 mg	IVP		

SUPPORTIVE CARE GIVEN

Inj. Mannitol 100 cc 20 min

Inj. MgSO4 2cc 5%D 500ml 2 hours

Advice

Re-appointment in on 18/4/2019

Signature of Physician
Dr Kapil Goyal

**Dr. B. R. AMBEDKAR INSTITUTE ROTARY CANCER
ALL INDIA INSTITUTE OF MEDICAL SCIENCES NEW DELHI**

DISCHARGE SLIP

207

Indo 226225 **IRCH NO** 226225 **Ward** DAYCARE

Const DR. LALIT KUMAR
Patient Miss RUBEDA KHATOON **Age** 13 **Sex** Female

Admi CHEMOTHERAPY **Admission Date** 16/4/2019 **Discharged Date** 16/4/2019

Diagn

Chem VP16-Ifosfamide D1-D-5 q 3 wkly **Cycle/Day:** d2

Drugs Administered

PRE GIVEN

Inj Ondansetron 8 mg IVP
Inj Dexamethasone 8 mg IVP
Cap Aprecap 125 mg, 80 mg, 80 mg

CHE PY/IMMUNOTHERAPY GIVEN

Drug Name	Final Dose	Unit	Soln.	Infusion Time
Inj Ifosfamide D1-D5	3 gm	500 m	NS	2 hrs
Inj Cisplatin D1-D3	30 mg	500 m	NS	2 hrs
Inj Mesna D1-D5	800 mg	IVP		

SUP PRE GIVEN

Inj. Mannitol 100 cc 20 min
Inj. MgSO4 2cc 5%D 500ml 2 hours

Advic **Re-** **on** 16/4/2019

Signature of Physician
Dr Kapil Goyal



Dr. B. R. AMBEDKAR INSTITUTE ROTARY CANCER
ALL INDIA INSTITUTE OF MEDICAL SCIENCES NEW DELHI

DISCHARGE SLIP

Indoor Reg No 226225 IRCH NO 226225 Ward DAYCARE

Consultant Name DR. LALIT KUMAR

Patient Name Miss RUBEDA KHATOON

Age 13

Sex Female

Admission For CHEMOTHERAPY

Admission Date 15/4/2019

Discharged Date 15/4/2019

Diagnosis

Chemo. Protocol: VP16-Ifosfamide D1-D-5 q 3 wkly

Cycle/Day:

Drugs Administered

PREMEDICATION GIVEN

Inj Ondansetron 8 mg IVP

Inj Dexamethasone 8 mg IVP

Cap Aprecap 125 mg, 80 mg, 80 mg

CHEMOTHERAPY/IMMUNOTHERAPY GIVEN

Drug Name	Final Dose	Unit	Soln.	Infusion Time
Inj Mesna D1-D5	800 mg	IVP		
Inj Cisplatin D1-D3	40 mg	500 m	NS	2 hrs
Inj Ifosfamide D1-D5	3 gm	500 m	NS	2 hrs

Advice

Re-appointment in on 15/4/2019

Signature of Physician
Dr Kapil Goyal

MEDICAL RECORD

Progress Notes

NOTE DATED: 04/20/2019 18:34
LOCAL TITLE: ED TRANSFER SUMMARY
STANDARD TITLE: DAILY NOTE
VISIT: 03/27/2019 12:53 DR OFFICE

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

Unless otherwise specified all dates mentioned in this note are in the format
MM/DD/YYYY

PAEDIATRIC EMERGENCY TRANSFER SUMMARY

UHID: 104-33-7409 NON MLC 104337409

PATIENT NAME: KHATOON, RUBEDA AGE/SEX: 13/FEMALE
DOA/TOA: Apr 20, 2019 18:00
DATE AND TIME OF TRANSFER: Apr 20, 2019 18:50
ADDRESS:
CONTACT NO: 7739227174

TRANSFER TYPE: REGRET NO BEDS, REFER TO SAFDARJUNG/OTHER HOSPITAL

PRESENTING COMPLAINTS:

OSTEOSARCOMA RT LOWER FEMUR
VOMITING FOR 3 DAYS ASSOCIATED WITH PAIN ABDOMEN
PROVISIONAL DIAGNOSIS

ACUTE VOMITING WITH HYPOVOLEMIC SHOCK
INVESTIGATIONS

ATTACHED

TREATMENT GIVEN:

ATTACHED

VITALS AT TIME OF TRANSFER
PT CONSCIOUS, ORIENTED, ORIENTED
PR: 130/MT
RR: 24/MT
BP: 70/40MMHG
OTHERS (SPECIFY)

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

KHATOON, RUBEDA
104-33-7409 DOB: 03/01/2006

AIIMS NEW DELHI
Pt LocI OUTPATIENT

Printed: 04/20/2019 18:36
Page 01 009

MEDICAL RECORD

Progress Notes

NOTE DATED: 04/20/2019 18:34
LOCAL TITLE: ED TRANSFER SUMMARY
STANDARD TITLE: DAILY NOTE
VISIT: 03/27/2019 12:53 DR OFFICE

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

Unless otherwise specified all dates mentioned in this note are in the format
MM/DD/YYYY

PAEDIATRIC EMERGENCY TRANSFER SUMMARY

UHID: 104-33-7409 NON MLC 104337409

PATIENT NAME: KHATOON, RUBEDA AGE/SEX: 13FEMALE
DOA/TOA: Apr 20, 2019@16:00
DATE AND TIME OF TRANSFER: Apr 20, 2019@18:50
ADDRESS:
CONTACT NO: 7739227174

=====

TRANSFER TYPE: REGRET NO BEDS, REFER TO SAFDARJUNG/OTHER HOSPITAL

=====

PRESENTING COMPLAINTS:

OSTEOSARCOMA RT LOWER FEMUR
VOMITING FOR 3 DAYS ASSOCIATED WITH PAIN ABDOMEN
PROVISIONAL DIAGNOSIS

ACUTE VOMITING WITH HYPOVOLEMIC SHOCK
INVESTIGATIONS

ATTACHED

TREATMENT GIVEN:

ATTACHED

VITALS AT TIME OF TRANSFER
PT CONSCIOUS, ORIENTED, ORIENTED
PR: 130/MT
RR: 24/MT
BP: 70/40MMHG
OTHERS (SPECIFY)

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

KHATOON, RUBEDA
104-33-7409 DOB: 03/01/2006

AIIMS NEW DELHI
Pt Loc: OUTPATIENT

Printed: 04/20/2019 18:38
Vice SF 509

Ultra
 2019 16:55:13
 2019 16:52:56
 ID Z31A17130N

EMERGENCY MEDICINE
 AIIMS

Report Printout

Validated

ometer 728.8 mmHg
 Sample Type Venous
 Operator 123456
 Releaser auto
 Patient ID 104337409
 Patient Name RUBEDA
 Patient ID 104337409
 Sex Female
 First Name

Sample ID AUTO_SID135
 Department
 Collection Date
 Physician

Patient Name RUBEDA
 First Name
 Age 13Y
 Gender Female

Other Flags

tBil Low Range

Comments

Test	Value	Units	Flags
pH	7.504		
pCO2	41.2	mmHg	
pO2	40.0	mmHg	
Hct	43	%	
Na+	133.8	mmol/L	
K+	3.45	mmol/L	
Cl-	101.0	mmol/L	
Glu	75	mg/dL	
Lac	1.7	mmol/L	
BUN	13	mg/dL	
Creat	0.6	mg/dL	
TCO2	17.5	mmol/L	
tHb	9.5	g/dL	
O2Hb	80.2	%	
COHb	0.2	%	
iHb	18.6	%	
MethHb	1.0	%	
tBil		mg/dL	X
Gap	15.9	mmol/L	
BUN/Creat	22.9	mg/mg	
SO2%	81.2		
BE-ecf	-6.5	mmol/L	
BE-b	-4.3	mmol/L	
SBC	20.6	mmol/L	
HCO3-	16.8	mmol/L	
P50	26.5	mmHg	
O2Cap	13.0	mL/dL	
O2Ct	10.6	mL/dL	
A	117.1	mmHg	
Osm	266.7	mOsm/k	
CcO2	13.3	mL/dL	

RBC	4.39	I	10 ⁹ /mm ³
HGB	12.8		g/dL
HCT	33.2	IL	%
MCV	76	II	µm ³
MCH	29.1		pg
MCHC	38.5	H	g/dL
RDWcv	14.8		%
RDWsd	40		µm ³
PLT	419	I	10 ⁹ /mm ³
MPV	7.8		µm ³

Flags and Alarms

Morphology Flags
 MN, RM, RN, NE, LIC, MIC
 Remarks
 RBC of the Run 20/04/2019 17:01:06
 WBC of the Run 20/04/2019 17:01:06
 PLT of the Run 20/04/2019 17:01:06
 DIFF of the Run 20/04/2019 17:01:06

WBC	31.0	H	10 ³ /mm ³
	%		#
NEU	—		—
LYM	2.9		0.90 L
MON	—		—
EOS	—		—
BAS	1.8		0.56 H
ALY	0.1	I	0.04 I
LIC	6.2	IH	1.81 IH



All India Institute of Medical Sciences
Department of Emergency Medicine

Pediatric Emergency Monitoring Chart

Name Rasda Age/Sex 4y/Feb UHID No. 104337409

Wt. 30 kg

Working Diagnosis Osteosarcoma of Rt femur (Hypovolemic shock)

Time/Date	4:30PM	5:00PM	7:30PM				
Temp	Warm	Warm	Warm				
HR	132	99	100				
RR	26	24	20				
CFT	2"	2"	2"				
Peripheral Pulses	++	++	++				
Central Pulses	++	++	++				
BP	70/40	96/60	95/59				
GCS	E4M6V3	E4M6V3	E4M6V3				
Pupils	2mm NL	2mm NL	2mm NL				
SpO2	96%	98%	98%				
Any other significant findings/ investigations	Study fluid @ 50ml/kg	Severe dehydration @ 50ml/kg					
Interventions							

आपातकालीन विभाग



(DEPT. OF EMERGENCY MEDICINE)

UHID No:104337409

लिन नं.(Emergency No): 2019/030/0043312

दिनांक DATE: 20/04/2019

समय TIME: 03:57:27 PM

NON-MLC

नाम NAME: MISS RUBEDA KHATOON

आयु AGE : 13 years 1 months 19 days

लिंग /SEX : F

D/O : SILVS BHAITA

पता ADDRESS: मकान संख्या H.NO: SAHEBGANJ 6 NEPAL
 शहर/प्रखंड CITY/BLOCK:
 राज्य STATE:
 मोबाइल MOBILE NO: 7739227174

गली / मुहल्ला STREET/MOH:
 पिन PIN: 0
 दूरभाष सं. PHONE NO: 7739227174
 स्थान Location: Paediatrics Emergency
 Criticality: Red / Yellow / Green

द्वारा BROUGHT BY: Relative : FATHER

Triage: Responsive/ Unresponsive HR /min BP mmHg RR /min spO2 %

Shifted to Paeds/ Main/ New Emergency

OS (R) lower femur - last chemo on 17/04/19 (Med onco)

Presenting Complaints

c/o vomiting in 3 days, 5-6 episodes, non-projectile, non-bilious

Primary Assessment (ABCDE) : Assessment Pentagon

a/w pain abdomen, non-radiating

Airway	Circulation	Disability
Open & stable <input checked="" type="radio"/> Yes/No If No.....	HR. 132/min	GCS... 15/15
Breathing: RR 20/min	CFT... ✓secs.	Pupil size...../min
Efforts: Normal/Poor/increased	BP. 70/40 mmHg	Pupillary Reactions... K/L
Auscultation: Air entry: Normal/poor/Differential	Peripheral pulse: Poor/Good	Motor activity: <input checked="" type="radio"/> Normal & Symmetrical/Asymmetrical/ Posturing/Facidity/Seizure
Added sounds: None/Stridor/Wheeze/Crackles	Central pulse: Poor/Good	Blood Sugar.....mg/dl
SpO2 on Room air. 96%	Skin temp: Warm/cool	Exposure: Temp..... Colour: Normal/pallor/cyanosis /mottled Any other skin lesions.....
	Others D/A, soft non-tender	

Diagnosis

non-shitting, not a/w abdominal
 c/o headache - in 3 day during wt: 30 kg
 no h/o fever
acute vomiting & hypovolemic shock ① IV cannula, csg
 ? post chemo ② emret 8mg iv/stat
 ③ IVF- steady fluid 500 ml/stat

PHYSICAL EXAMINATION

Temp.	Pulse	Resp.	B.P.	Weight
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CBC
 12.8 > 31,000
 4.19 L

wt. in 30th

Adm

- S. 30th
- Inj ~~Genex~~ Magnex 7 gm i.v. tde
 - Inj ~~Magnex~~ Amitacin 500 mg i.v. OD
 - Inj Emeret 8 mg i.v. tde
 - Inj Pantax 50 mg i.v. tde
 - Inj Dexa 8 mg i.v. BD
 - IJVF 20 NS + 20 RL over 12 hrs

SR-MO
R. Kapil

→ ~~IJVF~~ DNS E 1.000ml 9.8mg







सेवा में,

श्री मान अध्यक्ष / सैक्रेटरी -

सॉर्टि किरन सोशल वेलफेयर सोसाइटी

11/75 फ्रीडम फाइटर इन्कलेव नैव सराय
नई दिल्ली - 110068

विषय :-> घुत्ने की हड्डी में कैंसर के विषय में,

महोदय,

सविनय निवेदन इस प्रकार है कि मैं प्रार्थी सुलेश अली, निवासी आत्मज्ञ मो जहीर पत्थर देवा वार्ड न. 1 सोना पुर आरिया सोना पुर बाजार बिहार पिन 854316 का रहने वाला हूँ। मेरी पुत्री रुचिदा स्वातन जिसकी उम्र 13 वर्ष है। और इनकी घुत्ने की हड्डी में कैंसर है जिसका इलाज AIIMS अस्पताल में चल रहा है। यहाँ के डाक्टरों ने विमियो थैरपी व सर्जरी के लिये कहा है। जिसका खर्चा 1,00000/- सर्जरी का और 8,500/- रुक विमियो का बताया गया है। इसको 12 विमियो होने के जिसमें से 9 विमियो हो चुकी है। तीन और क्लाने है। मैं एक मजदूर आदमी हूँ। मैं अपनी पुत्री का इलाज करने में असमर्थ हूँ। कृपया कृपया आप मेरी पुत्री का इलाज करने में मेरी मदद करें।

धन्यवाद

प्रार्थी सुलेश अली

सुलेश अली,

निवासी - आत्मज्ञ मो जहीर पत्थर देवा वार्ड न. 1 सोना पुर आरिया सोना पुर बिहार



भारत सरकार

Government of India



सुलेश अली

Sulesh Ali

जन्म तिथि / DOB : 01/01/1980

पुरुष / Male



9539 5762 8429

आधार - आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

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