धुम्रपान व तम्बाकू सेवन दंडनीय अपराध है ।

MOKING/TOBACCO CHEWING IS PUNISHABLE OFFENCE

स.ज.अ. (चि.रि.व.सं.–2)
S.I.H. (M.R.D. NO.-2)

...म. सी. एवं सफदरगंज अस्पताल, नई दिल्ली Total No. of Pages :

.M.M.C. & SAFDARJANG HOSPITAL, NEW DELHI

ला और छुट्टी का सारांश रिकार्ड/ADMISSION AND DISCHARGE RECORD Sig. of Sr. Resident

UHID: 20260096634 IPD ID:260015101
Admission Date:30/01/2026 04:36 AM General
Ms. AARU (FEMALE)
Age :1Y 1M 1D
Guardian : ARVIND (Father)
Address :SANGAM VIHAR , SOUTH, DELHI
Paediatrics
Unit : 4
21(Pediatrics)
Bed :
NON MLC
Scheme : No Scheme

MRD No. वार्ड/Ward यूनिट/Unit CGHS Bed No	
आयु लिंग/Age & Sex न. है/Civil Status	
धर्म/Religion व्य./Occupation	
ा नाम/Father's/Husband Name आय/Income	
H. No. St. गांव Village टेलीफोन/Tele. Res./ Office	
ाना/Town P.O. जिला/District राज्य/State	
ा तिथि और समय/ Date of Admission & Time	
कट सम्बधी/Next of Kin's Address	
ता/Local Address	

30/1/26

तारीख और समय Time of Discharge		अस्पताल दिन Hospital days	
दान onal Diagnosis	X-RAY		
निदान (साफ अक्षरों में) iagnosis (In block Letters)	11 634 30/1/26		कोड ICD Code
निदान (साफ अक्षरों में) dary Diagnosis lication ock Letters)			11406 30/1/26
क्रियायें (साफ अक्षरों में) rative Procedure lock Letters)			

ाम ult	रूखसत किया – जीवित Discharge - Alive	मर गया Died	शव परीक्षा Autopsy
	☐ डाक्टर की सलाह से with Medical Advice ☐ डाक्टर की सलाह के विरुद्ध LAMA ☐ लापता Absconded	☐ 48 घंटे से कम Under 48 hours ☐ 48 घंटे से अधिक Over 48 hours	☐ हां Yes ☐ No

यु का कारण (साफ अक्षरों में) ause of Death n Block Letter)

I. प्रत्यक्ष कारण
DIRECT CAUSE
(क).....
(a) की वजह से अथवा (परिणामस्वरूप)
due to (or as a consequence of
पूर्ववृत कारण
ANTECEDENT CAUSES
(ख).....
(b) की वजह से अथवा (परिणामस्वरूप)
due to (or as a consequence of
(ग).....
(c)

II. अन्य महत्वपूर्ण स्थिति
OTHER SIGNIFICANT CONDITIONS
मृत्यु की वजह बीमारी अथवा वह कारण जो बीमारी की स्थिति से सम्बन्धित नहीं है ।
Contributing to the death, but not related to the disease or conditions causing it.
.....
.....

हस्ताक्षर Signature	जू.रेजी./Jr. Resident	सी.रेजी./Sr. Resident	से/यू. प्रमुख/Head of Ser./Unit	

दूसरी ओर : प्राधिकार आदि Reverse : Authorisation etc. | ADMISSION AND DISCHARGE RECORD

PICU call / HDU call. 30/1/26 2:30 PM

NAD NAD

स.जं.अ.-178
S.J.H.-178

एक्स-रे विभाग : सफदरजंग अस्पताल, नई दिल्ली
X-RAY DEPARTMENT : SAFDARJUNG HOSPITAL, NEW DELHI

रोगी का नाम Name of Patient	आयु Age	स्त्री/पुरुष Sex	वार्ड Ward	बिस्तर संख्या Bed No.	यूनिट Unit	मासिक आय Monthly Income
Aarvi	~~1 Yrs~~ 11 M	female	ओ.पी.डी. OPD	2		रू. Rs.

भेजने वाले Referred by	ओ.पी.डी. नं./चि.रि.वि. संख्या OPD No./MRD No	सी.जी.एच.एस. टोकन नम्बर CGHS Token No.
DOD	6634	

किस अंग विशेष की जांच होगी है
Exact part to be examined — NCCT To Rule out ICBleed

तारीख Date — 30/1/2026

संक्षिप्त रोग संबंधी नोट
Short Clinical Notes — AES? TBM C SAM C Rickets

रोग संबंधी निदान
CLINICAL DIAGNOSIS — - Sudden deterioration

चिकित्सा अधिकारी के हस्ताक्षर
Signature of Medical Officer

Dr. KRISHNA
PG Resident
Department of Paediatrics
VMMC & Safdarjung Hospital
New Delhi-110029

पद
Designation

एक्स-रे नम्बर
X-RAY No.

ली गई फिल्म का नम्बर और आकार
nd size of films :

ोशियन
Technician

4465
30/1

एक्स-रे की रिपोर्ट
X-RAY REPORT

एक्स-रे विशेषज्ञ
Radiologist

RA - ↓ BLT

RR - Unstable

SPO2 - 95%.

CVS - Isolated

HDU - No vent available

Call noted.

Regrets no bed available

30/1/26 @ 9:40 pm c/d/w SR on duty

Dr. DEEPTI
PG Resident
Department of Paediatrics
VMMC & Safdarjung Hospital
New Delhi - 110029

AARU start NRBM

RADIOMETER ABL800 FLEX

PICU call / HDU call. 30/1/26 2:30 pm

NRBM 1st floor. Room 102

To DOD

PICU

✓ mmc and SGH

Sir / ma'am

I am here this patient Aarn / 1 yr / male

k/c/o TB ? TBM ☐ CAM ☐ Rickets

k/c/o on and off fever for last 1 month

k/c/o multiple episodes abn. body movement

currently admitted in ICU (W21)

intubated I/V/O poor sensorium (E1V1M1) and poor resp. efforts. ETT put in BAT

kindly consider shifting to PICU I/V/O non availability of vent in ward.

vitals

HR - 183/min

RR - in BAT

BP - unde tectable

SpO2 - 95%.

CFS - Sedated

PICU -

HDU - No vent available

30/1/26 @ 9:40 pm c/d/w SR on duty

Call noted.

Regrets no bed available

neelam PGY

Dr. DEEPTI
PG Resident
Department of Paediatrics
VMMC & Safdarjung Hospital
New Delhi - 110029

FDA

सफदरजंग अस्पताल, नई दिल्ली-110029

SAFDARJUNG HOSPITAL, NEW DELHI-110029

सफ॰जं॰अ॰
S.J.H.

AARU
30/01/26
4465

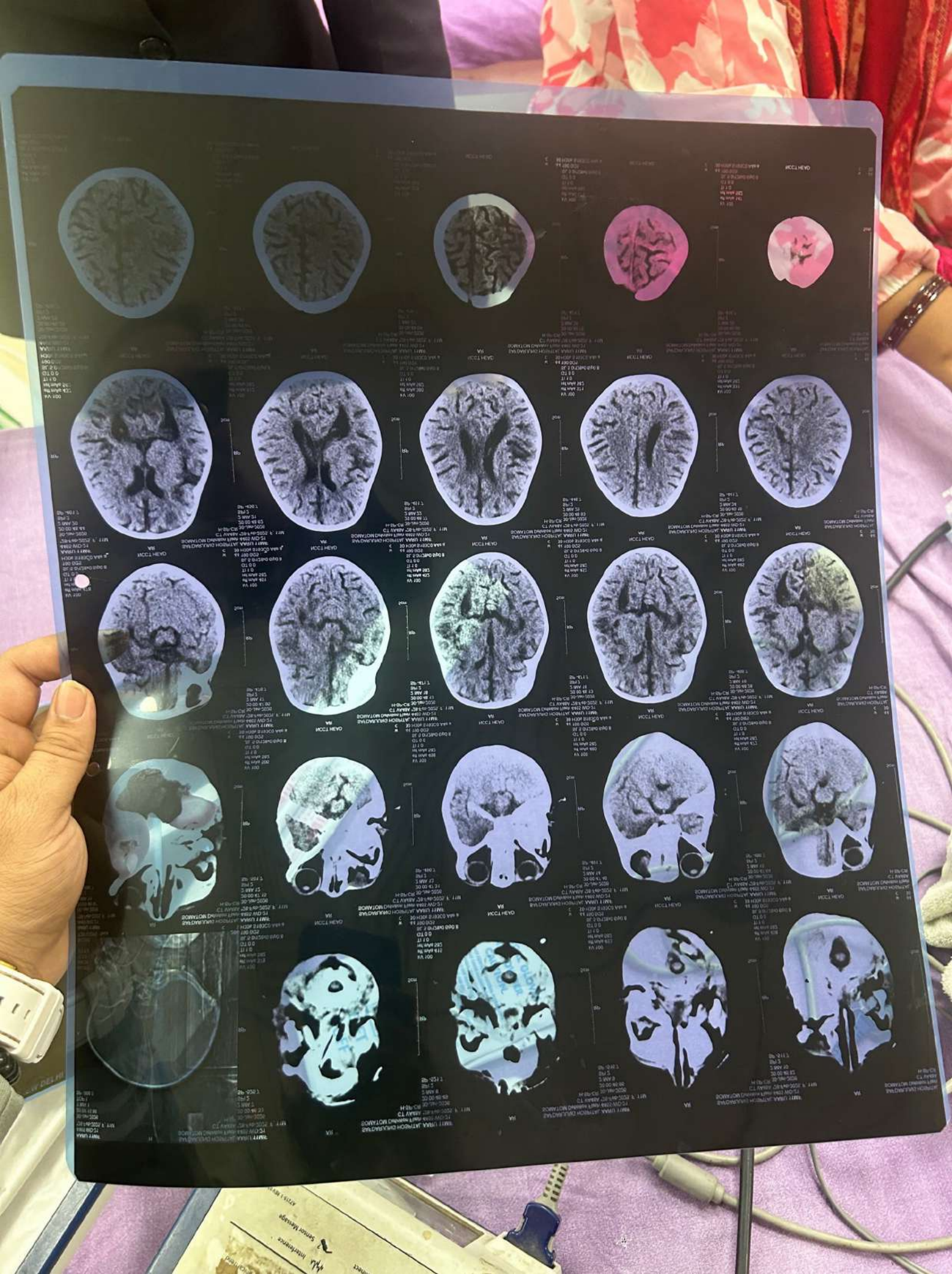
NCCT HEAD (ER)

- No e/o of acute intracranial bleed.
- ventricular system not dilated.
- IHF midline.
- B/L cerebral Hemispheres & post. fossa structures grossly normal.

Imp: No D/o ICH Bleed

Dr Aditi SR
Dr Akshin PG


W21
R.N. 18, DEPTT. OF ORTHO SAFDARJUNG HOSPITAL NEW DELHI



W21 receiving 30/1/26

Name - Aasn| 1yr | ~~male~~ female

Informant → Grandmother

chief complaint :→ constipation × 2 days
fever × 1 ~~day~~ months
abn. body movement × 3 episode
↓ apetite × 1 day

opi :→ child was apparently well 2 days back
then developed constipation - for last 2 days

fever - sudden onset, documented high grade
, c/f, 2 spikes, relieved on sponging.

abnormal body movement - i/+/o tightening of
4 limbs and upralling of eye ball.
lasting for one minute.
n/o ↓ apetite for last 1 day.

past history :- no significant past history

birth history :- FT| C-section| Breech presentation| 3 kg|
cIAD| no h/o NICU stay

Aam | 1yr | F 30/1/26

ES- ? TBM c Rt sided hemiparesis c SAM c Rickets

by NP @ 2-3L/. NPO till further orders

inj ceftriaxone | ct inj vancomycin | ct inj Acyclovir

fenla pe @ 5ml/kg over 4 hrs c mid transfusion

Rx

inj Lorela
@ 20

inj calcium gluconate 1 @ doses

inj DNS + 1:100 KCl @ 6ml/hr

SAM supplement day 1 :-

Cap Vit A 2 lakh IU stat f/b y at day 2, day 14

inj Vit K 10mg IV stat

inj Mg SO4 1.6ml i/m stat ⟶ f/b y inj Mg SO4 1.1 ml per oral via OG or mix with feeds

Syp Zinc (20/5) 5ml per oral x 14 days

Tab folic acid 5mg stat (1T) ⟶ Tab folic acid 5mg x 14 days (1/2T)

Notes Explained

608
30/1

DEPARTMENT OF RADIOLOGY & IMAGING
VMMC & SAFDARJUNG HOSPITAL
NEW DELHI-110029

MRI REQUISITION FORM

1. Clinical Dept. and Unit Paediatrics V4 Date of Requisition 30/1/2026
   OPD No. ..... MRD No. 6634 Ward / Bed No. 21
2. CGHS Card No. .....
3. Patient's Name AARU Age 1yr Sex Female
   (in Block letters)
   Date of Birth : Day ..... Month ..... Year ..... Weight ..... Kg.
4. General Patient condition (Tick as appropriate)
   (i) Critical and with life support ~~(ii)~~ ill but without life support (iii) Ambulatory
5. Clinical Details : History : ~~Inability to pass stools~~
   lethargy
   fever x1 month
   seizures
   Rt. hemiparesis
   Examinations :
   Relevant Investigations :
   Previous CT / MRI / Other Reports / Studies ? TBM c Right hemiparesis c seizures
6. Clinical Diagnosis : ~~Acute encephalitis Syndrome~~ c SAM
   c severe Anemia in CHF (x)
   ? TBM c (Rt) sided Hemiparesis c Rickets c anemia
7. Exact Anatomical site for MRI .....
   MRI Brain
8. Special Instructions (Sedation, Allergy or other details which may facilitate a safe and informative study)
9. (a) Contrast Enhancement Required : Yes ..... No .....
   (b) Implant in Body (Tick as appropriate)
   Cardiac pacemaker ..... Aneurysmal clips .....
   Cardiac Valve / Prosthesis ..... Metallic Implants .....
   Sharpnel / Pellet ..... Others ..... None .....

(Requisition to be signed by Unit Incharge)

Signature
Name DR. KALYANJYOTI MONDAL
Designation PG Resident
Department of Paediatrics
VMMC & Safdarjung Hospital
New Delhi - 110029

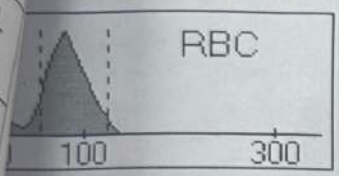
SAFDARJUNG HOSPITAL

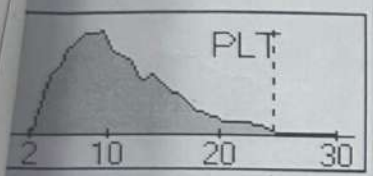
SPECTROPHOTOMETRY

Report Printout

Validated

date 04:28:15	Sample ID 177	Collection Date
	Department	Physician
	Patient Name	First Name
Birth	Age	Gender Unknown
Technician		





				< Range >	
RBC	2.22	IL	$10^6/mm^3$	3.80	6.50
HGB	4.7	L	g/dL	11.5	17.0
HCT	17.1	IL	%	37.0	54.0
MCV	77	!l	μm^3	80	100
MCH	21.2	L	pg	27.0	32.0
MCHC	27.6	L	g/dL	32.0	36.0
RDWcv	19.7	H	%	11.0	16.0
RDWsd	55	h	μm^3	39	52
PLT	407	!	$10^3/mm^3$	150	500
MPV	11.0	h	μm^3	6.0	11.0
PCT	0.448		%	0.150	0.500
PDW	20.8	H	%	11.0	18.0

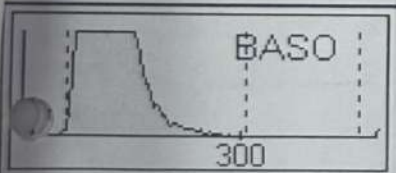
Flags and Alarms

Morphology Flags
LL, LN, RM, RN, LL1, LIC, MIC

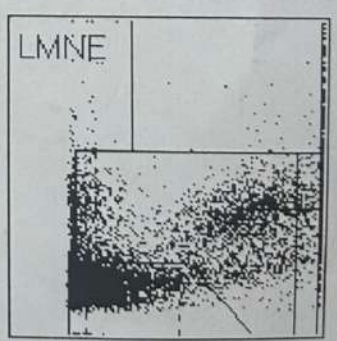
Analyzer Alarms
CO
NO
LMNE+

Suspected Pathology
Lymphocytosis
Large Immature Cells
NRBCs
Anemia
Anisocytosis
Microcytes+
Hypochromia
Platelet Aggregates
Macroplatelets

Remarks
RBC of the Run 01/30/2026 04:28:13
WBC of the Run 01/30/2026 04:28:13
PLT of the Run 01/30/2026 04:28:13
DIFF of the Run 01/30/2026 04:28:13



					< % Range		# >	
WBC	9.4	!	$10^3/mm^3$		4.0	10.0		
	%		#					
NEU	26.5	*l	2.50	*	40.0	80.0	2.00	7.00
LYM	58.8	*h	5.54	*H	20.0	40.0	1.00	3.00
MON	13.7	*h	1.29	*h	2.0	10.0	0.20	1.00
EOS	0.6	*l	0.06	*	1.0	6.0	0.02	0.50
BAS	0.4	*	0.04	*	0.0	2.0	0.02	0.10
ALY	1.9	*	0.18	*	0.0	2.5	0.00	0.25
LIC	12.0	*H	1.01	*H	0.0	3.0	0.00	0.30



Microscopic Examination

	+	++	+++
Anisocytosis	☐	☐	☐
Hypochromia	☐	☐	☐
Polychromasia	☐	☐	☐
Poikilocytosis	☐	☐	☐
Microcytosis	☐	☐	☐
Macrocytosis	☐	☐	☐
PLT Clumps	☐	☐	☐

	%	#
Neutrophils		
Bands		
Lymphocytes		
Monocytes		
Eosinophils		
Basophils		

Metamyelocytes	
Myelocytes	
Promyelocytes	
Blast	
ATY LYM	
Other	
Total(100%)	
NRBC's	

Adm/14/F

30/1/20
7:30 Am

11 Am
RBS- 177

△- Acute Encephalitis Syndrome
c Severe Anemia. in cHF(r).

? TBM c Rt sided hemiparesis c SAH

↓ O_2 by NP. - NPO c NCHDS

wt = 5-2kg
80% TPR = 416ml
medicine = 272ml
144ml.

Inj ceftriaxone 260mg IV BD
30 Am.

Inj Vancomycin 104mg + 20ml NS IV Q1D over 60mins
start. (80)

Inj Acyclovir 104 + 20ml NS IV TDS (60).

Inj 1 PC 52 ml over 4hrs c mid transfusion

Inj lasix 5mg IV stat.

loading Inj levera 156 mg + 20ml NS over 30mins

↓

@20 - Inj levera 52mg IV BD.

Inj calcium gluconate 10ml + 10ml D5 IV over 30mins
Q1D x 8 doses (80).

Inj Pantop 6mg IV OD.

Inj DNS + 1:100 Kcl @6ml/hr.

w/f vitals, Sensorium, S/O CHF

R/V SOS

Neha
SR, Leeds
Dr. Neha.

Charity
REG.NO. 38/2021

SUSHAKTI CHARITABLE TRUST

OUR RELIGION IS HUMANITY

PAN NO. ABBTS0498N

S. No. 72

Date. 31/1/26

सेवा में,

सुशक्ति चैरिटेबल ट्रस्ट

आफिस नं. 5, ईस्ट शफायर

सेक्टर - 45, नोएडा

महोदय,

मेरा नाम काजल है, मैं दिल्ली की रहने वाली हूँ मेरी बच्ची का नाम आफ्रू है वह केवल एक साल की ही है कुछ दिन पहले उसको अटैक आया और वह बेहोश हो गई। जांच करवाने पर डॉक्टर ने बोला है की उसको कीड़ों ने टीक दी गया है उसी से वह पिछले दो दिनों से बेहोश है डॉक्टर ने कहा है की अगर जल्दी इलाज नहीं किया गया तो बच्ची की मृत्यु भी हो सकता है

हम आर्थिक रूप से बहुत गरीब हैं। इसलिए कहते हमारी मदद कीजिए।

धन्यवाद

काजल

SUSHAKTI CHARITABLE TRUST
Regn. No. 38/2021
Office No. 5, EAST SHAPHIRE,
SADARPUR, SECTOR-45
NOIDA-201301 (U.P)