





भारत सरकार  
GOVT. OF INDIA

वी.एम.एम.सी. एवं सफदरजंग अस्पताल, नई दिल्ली-110029  
V.M.M.C. & SAFDARJUNG HOSPITAL, NEW DELHI-110029



Dr. Isha Saini

पंजीकरण संख्या (Registration No (UHID)) : 20251443290

Last Visit Date : 23/03/2026 08.32 AM

कमरा संख्या (Room No) : Main OPD Building, B, 2nd, 236  
Doctor Days : MONDAY

दूरभाष Telephone : 011-26730000, 26165060

Pediatrics Grenal OPD

OUT PATIENT RECORD (Follow Up)

नाम (Name) : Master Suryansh

उम्र/ लिंग (Age/Sex) : 1Y 4M 19D / M

विभाग (Department) : Paediatrics

विभाग पंजीकरण संख्या (Dept. Reg. No) : 20260000354

Unit : 1

रोगी का प्रकार (Patient Type) : General

अभिभावक का नाम (Guardian Name) : (Father)

मोबाइल नंबर (Mobile No) : \*\*\*\*\*938

पंजीकरण की तिथि (Date of Registration) : 23/03/2026 10.17 AM

MLC Patient : NO

wt = 7.5 y

~~W/O VP Strust~~

R/O congenital HCP & VP Strust

→ Strust revision for - 14/10/25

① vomiting x 2 weeks (4-5 episodes/day)

② loose stool x 2 weeks

→ 3-4 episodes

→ mixed & stool

not responding to oral medication

W/O fever (not - cough)

- No ep. Seizure/Abn movement.

→ change in sensorium (not)

↳ tetraazolo

Neurolo opinion

→ referred to ped medicine

Nearest Jan Aushadhi Kendras : 1.Safdarjung Hospital, Room No. 119

2.H696 F8g, New RAK OPD, AIIMS Hospital, Campus Temple Unnamed Road, Ansari Nagar East, Malviya Nagar,

Prepared BY: Mr. Mohit  
Pediatrics लिखित ओ.पी.डी. का पंजीकरण उक्त विभाग में भी किया जाता है।

	खिड़की न.
1. प्रसूति विभाग, प्रथम तल	28
2. पी.एम.आर. विभाग, भुतल तल	32
3. बाल चिकित्सा विभाग, द्वितीय तल	33
4. सी.डी.सी., तृतीय तल	34
5. मनोरोग विभाग, तृतीय तल	35
6. घर्म रोग विभाग, पंचम तल	37

नए मरीज जो मेडिसिन (औषधि विभाग) में प्रथम बार दिखाने आए हैं उनके लिए परामर्श के लिए नई स्क्रीनिंग/सांयकालीन ओ.पी.डी. प्रारंभ की गई हैं।  
परामर्श का स्थान: पुरानी स्पोर्ट्स इंजरी सेंटर के सामने मेक शिफ्ट अस्पताल में।  
समय सारणी:  
सोमवार से शुक्रवार - सुबह 11:30 से अपराह्न 05:30 तक।  
शनिवार - सुबह 11:00 से अपराह्न 02:30 तक।

Date Time: 23/03/2026 10.17 AM



M/C Cong. MCP ± VP shunt insitu. ± Meningitis.  
SAM ± GDD ± Pneumonia

UO → loose stool & burk resolved  
cough, vomiting & burk  
leucor & burk

• CRP- R/L infiltrates ⊕

wt → 7.5g

AM

• OA, LRA

NCT read → Gross MCP (interventricular  
obstructive)  
± VP shunt in ⊕ Lat. ventricle  
• Interventricular drainage noted  
in subdural space

~~the data is not~~

- ✓ 2 inj. Ceftriaxone 350mg i/v qd
- ✓ 2 inj. vanco 110mg i/v bid
- inj. PCM 75mg i/v sos
- ✓ inj. Emset 1mg i/v sos

CSF → 60 cells (Tot. Poly)  
lot. Mono

• VP shunt inserted at lunch & revision sp on 4/10/25

- ✓ T. Diamo 250mg 1-4 tabs
- Spp Glycerol 2ml tabs

SAM supplements.

vitals → HR → 122 HCP ⊕  
RR → 26 SunSet eyes ⊕  
COPPP-NT  
CRT C3  
SP2-98% LRA

✓ 2/14 inj MgSO4 15ml POOD

✓ 2/14 T. FA 5mg 4th OD  
• Spp Calcimax 5ml qd

S/E → CNS → shunt chamber compressible - functioning ⊕  
A/open  
Tone ⊕  
DTR - +2/+2  
PIA - soft, NT, norm

✓ 2/14 Spp Zinc 5ml OD  
• Spp vit D (400i) 1ml OD  
• Spp PotKor 3ml tabs  
• Spp A-Z 5ml OD  
• Gp vit A 25IU (400 = 1 tab)  
0, 1, 14th day OD

PGM- HC, Neurosp coll, 4C CST - bio, culture  
SSE/HT

✓ 2/14 Spp Leucel (100i) 0.7ml qd  
• HC monitor • A/v sos

Noted @ 20  
120%

24/5/22  
8:25 PM

Surjanyuk 1y 6m/male

Plaso cong. HCP & VP sunt mi selu & sunt ~~menyulit~~  
& SAM & GDD & Pueraria & AGE & no dehydration

Vomiting ⊕

loos stools ⊕. - 3epi 1cmci mong;  
↓ ORS 12u added  
pauj mi & stool

Oral acceptance  
good  
but repeated do  
vomiting hence  
IV manure  
added.

Ge very sick  
HR - 120/min RR - 30/can

WT 7.5kg PP ⊕  
PP ⊕

WT 7.5kg  
→ orally allowed  
→ inj. ceftriaxone / amino.  
D<sub>2</sub>

SES - CNS - compression  
Tone @ .  
DPR 2/2

- inj. Parlop 7.5mg IV QD.  
- inj. sunt dug IV 501  
- WHO ORS 80ml less stool

At chom

(manure) IVF DNS = ~~cont~~ ket @ 30ml/hr

US - 2/2

- 7. Diamor 25mg 1 - 1/2 tabs QD  
- sup. fucose 2ml 701

M - 1/2 AC ⊕

- inj. Mgsoy 1(A) / Calumak / 2ml  
vit D (Potchor) / 2ml  
vit A capsule.

PA soft, M.

@ 20 sup. kene (w/1) 0. 2ml BD.

Plan

- KFT (SE repeat)
- stool RM CM
- Neuro Sp call  
to be sent

- next charing  
to charing

Suryansh 1.5g/M

25/3

Kyo Cong. MCP  $\in$  VP shunt insitis  $\in$  SAM  $\in$  GDD  $\in$  Pneumonia  $\in$   
AGE  $\in$  no dehydration  $\in$  shunt meningitis.

23epi

DI -  $\bullet$  ~~no~~ loose stool freq (1)  $\bullet$  Kt = 6.4 ? squeezed

$\bullet$  1epi - of vomit.

$\bullet$  Akbille

$\bullet$  Gross MCP (R), sunset eyes.

wt - 7.55

AL

$\bullet$  OG feeds 62ml

$\bullet$  2 2hly JPA

vitals  $\rightarrow$

HR  $\rightarrow$  118

RR - 28

CP/AP - 118

CRT - 3

SPO<sub>2</sub> - 28% LNA

D<sub>3</sub> 3/21  $\bullet$  ct inj Ceftriaxone 300mg i/v qd

3/21  $\bullet$  ct inj Vanco 110mg i/v qd

$\bullet$  inj PUM 75mg i/v qd

$\bullet$  inj entet 1mg i/v qd

$\bullet$  Tr. Diamox 250mg 1-1/2 tabs qd

$\bullet$  Syp Glycerol 2ml tid

$\bullet$  inj. Calcium gluconate 10ml + 10ml D<sub>5</sub>

i/v over 30min stat

$\bullet$  WHO ORS 80ml qxc each loose stool

3/14  $\bullet$  inj. Mg SO<sub>4</sub> 15ml PO OD

3/14  $\bullet$  Tr. FA 5mg bid OD

$\bullet$  Syp CalciMex 5ml qd

$\bullet$  Syp Zinc 5ml OD

$\bullet$  Syp vit D (400IU) 1ml OD

$\bullet$  oral Syp PotKlor

$\bullet$  Syp A-Z 5ml OD

ctw  $\bullet$  ct. Syp Levo (100IU) 0.7ml qd

APD

SLE

Cons - shunt chamber compressible

At ope

core (R)

DTR R2/T2

PA - soft, NT, wdm

RS - 2/2 A20, clear

PL - VAS, SE, G/A/A/P<sub>0</sub>

ECG

lungs, Neuro

29/3/2026

Swyansh / 1.5 year / male

Dis- K/CO congenital HCP  $\bar{c}$  VPshunt Pusitu  $\bar{c}$  SAM  $\bar{c}$   
ADD  $\bar{c}$  Pneumonia  $\bar{c}$  AGE  $\bar{c}$  no dehydration  $\bar{c}$   
shunt meningitis  $\bar{c}$  Iron deficiency anemia  
(severe)

A/I - Presented  $\bar{c}$  clo vomiting x 2 weeks  
Loose stools x 1 week  
Cough x 2 week  
Fever x 1wk back  
LOA x 2-3 days

DOA - 23/3/2026

last shunt sx revision  
on 14/10/25 i/v to  
malposition

HC - 62cm

① Clinically no e/o ↑ ICT

Advice wt - 7.5kg

Fundus → No papilledema  
(25/3/26)

→ ↓ RA/OA - KS feeds 62ml q 2 hrs

D7/D8 → Inj. LEFTRIXONE - 380mg iv  
q 12 huly

↓  
NCCT - Gross HCP - Intraventricular  
(23/3) obstructive  $\bar{c}$  VPshunt in

- Inj. VANCOMYCIN - 110mg  
Pn 25ml DS iv q  
6 huly over 1 hr slowly

① Ventricle

② Anemia - Received 10 BT on  
Hb - 7  
↓

- Inj. EMESET 2mg iv SOS

- Inj. PCM - 75mg iv SOS

- Inj. MgSO4 1.5ml PO OD

Post BT - 10.3 - Hb

Tab. LA - 5mg 1/4 th tab PO OD

③ shunt functioning - compressible

- Syp. CalciMax (250/5) 3.5ml  
PO BD

(SF cells - 60 cells - 90% Poly)

S/P - 60/813

(D7/D8) - Syp. Zinc (20/5) 5ml PO OD

C/S - No growth

- Syp. Vit D3 (400/1) 1ml PO  
OD

O/e - Gross macrocephaly ⊕

- Syp. A-Z - 5ml PO OD

Sunset sign ⊕

@20 - Syp. LEVERA - 0.7ml PO BD

Vitals - stable

- Syp. Glycerol - 2ml POTDS

S/E - CNS - AF @ level open

@36 - Tab. Diamox - 250mg  
1 - 1/2 Tab PO BD

Tone - (N)

DTR -  $\frac{2+}{2+} | \frac{2+}{2+}$

(Shunt) Meter  
w/ fluids

Prishu  
PWT

Suryansh | 1.5 yr | Male

28/3/26

His - H/O Congenital HCP + VP shunt in situ + SAM + QDD + Pneumonia  
+ AOTE + no dehydration + Shunt meningitis + Iron deficiency  
Anemia (Severe)

DOA - 23/3/26

A/I

- Presented + H/O vomiting x 2 wks  
Loose stool x 1 wk  
Cough x 2 wks  
Fever x 1 wk back  
LOA x 2-3 days.

- Last shunt ex revision  
on 14/10/25 i/v/o  
malposition

HC - 62 cm

Wt - 7.5 kg

1) Clinically no H/O + ICT.

Adv:

Fundus (25/3/26) → No papilledema (D6/2h)

↓  
NCCT (23/3) - Gross HCP - Intraventricular  
Obstructive + VP shunt in

① ventricle.

- ↓ RA/O/A - KS feeds 62 ml q 2 hly

- Inj Ceftriaxone 380 mg iv q 12 hly

- Inj Vancomycin 110 mg in 25 ml D5  
iv q 6 hly over 1 hr slowly

- Inj Suncet 1 mg iv sos

- Inj PCM 75 mg iv sos

- Inj MgCO<sub>4</sub> 1.5 ml PO OD

- Tab PA 5mg 1/4th tab PO OD

- Syb Calceinax (250/5) 3.5 ml PO BD

- Syb Zim (20/5) 5ml PO OD

- Syb vit D<sub>3</sub> (400/i) 1ml PO OD

- Syb A-Z 5ml PO OD

- Syb Severa 0.7 ml PO BD

- Syb Glycerol 2ml PO TDS

- Tab Diamox 250 mg 1-1/2 tab PO BD

2) Anemia - Received 10 BT  
on Hb - 7

↓  
Post BT → 10.3

3) Shunt functioning - compressible (D6/14)

USF Cells - 60 Cells - 90% Poly

S/P - 60/8/3

US - No growth

O/E - Gross Macrocephaly (+)  
Sunset sign (+)

Notes  
Fair V on  
28/3/26 @ 20  
12:20 PM  
@ 36

27/3/26

K/c/o Congenital HCP & VP shunt insitu  
& SAM & GDD & Pneumonia & AGE &  
no Dehydration & shunt meningitis & Iron def. Anemia 1.5yr/m (Severe)

Suryansh

Kindly give

Report of BCS W21

RI. Suryansh 2230  
1.5yr/M

Admission 24/3/21

DR. HASSAN ALAM  
PG Resident  
Department of Pediatrics  
VMMC & SSKM Hospital  
New Delhi-110029

P/A - ...  
Others - (N)

Dr. S. Zichrone (12/3)

sent Revision Surgery on 14/10/25  
i/v/o malposition

callly no e/o ↑ ICT  
Fundus (25/3/26) → no papilledema

(23/3): Gross HCP - Intraventricular  
obstructive & VP shunt in left vent.  
Anememi - (R) 10 BT  
IDA type

Advice

wt - 7.5kg

- ↓ RA / OA - KS feeds 62ml 2ml/d

(D5/21) - Inj. Ceftiozone 300mg iv Bd

- Inj. Vancomycin 110mg 25ml D5  
iv QID over 1hr slowly

- Inj. Emeret 1mg iv s-o-d

- Inj. PCM 75mg iv s-o-d

- omit I.v. calcium after 8 doses

(D5/14) - Inj. MgSO4 1.5ml po od

- T. FA 5mg 1/4th tab po od

(50mg/14/d) - Syp. Calcimax D (250mg/5ml)  
3.5ml po Bd

(D5/14) - Syp. zinc (20mg/5ml) 5ml  
po od

- Syp. vit D (400IU/1ml) 1ml po od

- Syp. A-2 5ml od

(20mg/14/d) - Syp. benetrazetam 0.7ml  
po Bd

- Syp. glycerol 2ml po Tds

(36mg/15/d) - T. Diamox 250mg 1-1/2 tab  
Bd

- omit potchlor.

12/40/21

# SUSHAKTI CHARITABLE TRUST

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PAN NO. ABBTS0498N

S. No. 74

Date 30/8/26

श्रीवा जी,

सुशक्ति चारिटेबल ट्रस्ट  
ऑफिस नं.-5, इस्ट शफायर  
सेक्टर -45, नोएडा

महोदय,

मेरा नाम रेखा है जो छोड़ा की रहने वाली हूँ। मेरे बच्चे को नाम रुशीग है। वह अभी केवल 1.5 साल का है। उसका शर अक्सर वह जन्मा उसके बाप से बदन लगा। डॉक्टर को दिखाने पर पता चला की मेरे बच्चे को डाइफ्रॉसिफॉलस नाम की कोई बीमारी है और उसके लिए इतना ऑपरेशन हीरे बहुत जरूरी है। हमने क्लिनिक भी करके रुक ऑपरेशन तो करवा दिया है लेकिन दूसरे ऑपरेशन के लिए हमारे पास पर्याप्त पैसे नहीं हैं। कृपया आर्थिक सहायता बहुत धन है कृपया करके हमारे बच्चे की मदद किजिए।

धन्यवाद

रेखा

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