
R
SCOUT

ABVIMS and Dr RML Hospital

New Delhi - 110001

PICU DAYCARE SHEET

DEPARTMENT OF PEDIATRICS

Name	Rehmana				
Age/Gender	2y/F	Date / Time-	28/6/24	DOA-	7/6/24
Weight	4kg	CR. No. -	26029	DOPICU-	18
		Bed number	413	DOMV-	
Diagnosis	K/C/O West Syndrome c GDD c Chronic Aspiration Syndrome				

Current issues

Issue	Intervention	Current status
Resp. distress	→ On CPAP	Active
	Used RR → 36/m	
	NG tube feeding.	
No	fever	
West Syndrome	→ On clonazepam / zonisamide / valproate.	Active
Fever	→ No spikes.	

Respiratory system

Support	SIMV/PSV/CPAP/HFNC Morning	Evening	ABG/VBG	Time- Morning	Evening
PIP	On CPAP		PH		
Delta P			PCO2		
PS			HCO3		
PEEP			BE		
VR			PO2		
FiO2 / SPO2			OI		
VTe			ICa		
CXR			P/F ratio		
Examination	B/L AE (+) wheeze (+) coarse crepts (+) RR=56/min				
Other issues with Rx					

ET size	
Fixed at	
Changed on	
VAP---	
ICDT--- (drain volume)	
other drains	

J.R. | Dr. Gadre

ABVIMS and Dr RML Hospital

New Delhi - 110001

PICU DAYCARE SHEET

DEPARTMENT OF PEDIATRICS

Name	Rehmina	Date / Time- 22/5/22		DOA- 9/5/22
Age/Gender	8 yrs/F	CR. No.- 26039		DOPICU- 6
Weight	8 kg	Bed number 413		DOMV- —
Diagnosis	K/c/o west syndrome c LRTI c CDD c Aspiration syndrome (chronic) c Respiratory distress (c chronic asp syndrome).			

Current issues

Issue	Intervention	Current status
Respiratory distress →	on CPAP @ 6cm of H_2O →	Active.
west syndrome →	on clonazepam / zonisamide / valproate No active seizure	Persist.
fever →	No fever episode	

Respiratory system

Support	SIMV/PSV/CPAP/HFNC (Flow 5cm of H_2O) Morning	Evening	ABG/VBG	Time- Morning	Evening
			PH		
			PCO2		
			HCO3		
			BE		
			PO2		
SPO2			OI		
			ICa		
			P/F ratio		

ET size	
Fixed at	
Changed on	

VAP—

ICDT— (drain volume)

other drains

Examination / Issues with: → Bil AE ⊕ Respiratory wheeze ⊕ coarse crepts ⊕ Conducting sounds ⊕

DR. RAM MANOHAR LOHIA HOSPITAL, NEW DELHI
Department of Radio Diagnosis

NAME: Rehuma **Investigation No. 538** **AGE: 2Y/F**
REF. BY: **DATE: 20/05/2022**

REPORT OF BARIUM SWALLOW

Clinical history- Recurrent episodes of pneumonia

Study is conducted using water soluble , non-ionic contrast material.

The study was performed under fluoroscopy.

Study reveals: -

Contrast was administered through the nasogastric tube which was gradually withdrawn. Gradual filling of the cervical and thoracic esophagus was seen in caudocranial direction.

On reaching the oropharynx, passage of contrast was seen through the non apposed epiglottic opening into the supraglottic region and later upto the proximal trachea. However, no obvious communication of oesophagus with the tracheobronchial tree was seen.

Cervical & Thoracic esophagus appears normal in course, calibre and outline.

No e/o any narrowing, out pouching or fistulous tract noted.

GE junction appears normal in position, morphology and outline.

Impression: - Passage of contrast into the larynx and proximal trachea through the non apposed epiglottis- f/s/o aspiration.

PG

	Morning	Evening		Morning	Evening
HR	140 / 120 / 110	114	CFT	2s	3s
SBP/DBP/MAP	94/(60) / 56		Central to peripheral temp difference	⊖	⊖
CVP			Perfusion index		
Lactate			Hb	9.4	
SCVO2					

Bolus- ⊖

Vasoactives	Adrenaline	
	Noradrenaline	
	Dobutamine	
	Milrinone	
	Vasopressin	
Steroids	Hydrocortisone	
Myocarditis	CK-MB	
	ProBNP	
	Trop I	
ECG		
ECHO		

POCUS- IVC/Cardiac contractility-

CVS examination— S1S2 heard
+
Other issues & Mx no murmur

Neurological system

Sedoanalgesia	Midazolam	ug/kg/min
	Fentanyl	ug/kg/min
	Dexmedetomidine	ug/kg/min
	Ketamine	ug/kg/min
COMFORT SCORE		
GCS	E4 V2 M4	E4 V5 M4
Pupils	B/L NSRL	NS/RL
Fundus	—	NAD
Tone	↓ ↓	↓ ↓
Power	3/5 3/5 / 2/5 2/5	2/5 2/5
DTR	+2 +2	++ ++
Plantars	↓ ↓	↑ ↑
Clonus	⊖	
Meningeal sign	⊖	
Cerebellar signs	⊖	
Focal deficit	⊖	
Seizures/type/number of episodes	⊖	
	⊖ Clobazam, Levetiracetam, Valproate	
Raised ICP signs	⊖	

Gastrointestinal System

Examination	hepatomegaly 2cm ⊖	
Feed (type + fortification)	NG feed - 100 x 8hly	TPN- 1. Na- 2. K-
NG aspirates	nil	3. Calcium-
Stool	Passed	4. Aminoven-
Calorie	Kcal/kg/day	5. Lipids-
Protein	gm/kg/day	
GIR	mg/kg/min	Bowel Sounds

RENAL System & Fluids

6hrly urine ou

Fluid Charted (type)	NG feed	1. 2. 3.
AKI (KIDGO stage)	⊖	4.
Total intake	1100	RBS 94
Total output	Passed in diaper	PD— Net
Net balance		balance —
Cumulative balance		1. Na — 2. K — 3. Ur —
FO %		4. Cr —

सत्यमेव जयते

Dr. Ram Manohar Lohia Hospital
Baba Kharak Singh Marg
New Delhi

DEPARTMENT OF MICROBIOLOGY
Test Report: SARS-CoV-2/COVID-19

Date and time of reporting(DD/MM/YYYY):12 hour format	09/05/2022 02:48 PM
Address of the referring facility/Hospital	
SPECIMEN DETAILS	
Date of onset of illness	
Date & Time of sample collection	09/05/2022 02:48 PM
Date & Time of receipt of specimen in the lab	
Condition of specimen received / Quality on arrival	Satisfactory
REPORTING DETAILS	
Report ID	158364/2022

Lab No.	Sample ID	UHID/Name/Phone No.	Age	Sex	Specimen Type	Date Of Sample Testing	Result: MICROBIOLOGY TEST - 2019-NCOV BY RT PCR
S-8021	RML-09052200706	20220315920 Miss. REINUME 9315595978*	2 years 2 days	Female	Nasopharyngeal and Throat Swabs	09/05/2022	negative

pared by:

Checked And Approved by

Dr URVASHISUMAN AssittProf

: *The result relates only to the specimens tested and should be correlated with clinical findings.*

rpretation guidance:

*A single negative test result, particularly if this is from an upper respiratory tract specimen, does not exclude infection**
A positive test result is only tentative, and will be reconfirmed by retesting
*Repeat sampling and testing of lower respiratory specimen is strongly recommended in severe or progressive disease. The repeat specimens may be considered after a gap of 2 - 4 days after the collection of the first specimen for additional testing if required.**
Please note that these results are not to be used for any thesis or presentations or for Publication in any Journal without the prior permission of the Director General, ICMR
Patient phone number is according to the detail provided.
This document is electronically generated and does not need signatures.

To
[illegible]
[illegible]

[illegible]
[illegible]
[illegible]

Respected Sir/Madam

Above mentioned pt is c/o West syndrome ē chronic aspiration syndrome for which gastrostomy feeding is required. Kindly evaluate pt and do needful.

Thanking you

Yours sincerely

[illegible]
(PG 1)

Noted

C/D/W Consultant on call

The patient is a c/o West syndrome ē chronic Aspiration syndrome for which Gastrostomy feeding is required.

Advice
- There is no indication for feeding Gastrostomy.
- Patient can be feed through OG.
- Upright position
- Neurology opinion i/v/o West syndrome
- Review SOS

Dr. [illegible]
Sr

RL = 56/[illegible]

Cardiovascular System

Macro-circulation

	Morning	Evening
HR	[illegible] [illegible]	177
SBP/DBP/MAP	-	
CVP		—
Lactate		—
SCVO2		—

POCUS- IVC/Cardiac contractility—

Microcirculation—

	Morning	Evening
CFT	<3sec	<3sec
Central to peripheral temp difference	(-)	
Perfusion index		
Hb	9.4	

Shock-Hypovolemic/Cardiogenic/... Hypotensive/Compensated (-)

Bolus-

Vasoactives	Adrenaline	/
	Noradrenaline	
	Dobutamine	
	Milrinone	
	Vasopressin	
Steroids	Hydrocortisone	
Myocarditis	CK-MB	
	ProBNP	
	Trop I	
ECG		
ECHO		

CVS examination— S1S2 (+)

Other issues & Mx — No murmur

Neurological system

Sedoanalgesia	Midazolam	/	ug/kg/min
	Fentanyl		ug/kg/min
	Dexmedetomidine		ug/kg/min
	Ketamine		ug/kg/min
COMFORT SCORE			

GCS	$E_4V_2M_?$	E_4V_2M
Pupils	[illegible]	B/L pupils RxL (-)
Fundus	(-)	
Tone	↓ ↓	↓ ↓
Power	3/5 3/5; 2/5 4/5	3/5 3/5; 2/5 2/5
DTR	+ | +	2+ | 2+
Plantars	↓ ↓	
Clonus	(-)	(-)
Meningeal sign	(-)	(-)
Cerebellar signs	(-)	(-)
Focal deficit	(-)	(-)
Seizures/type/number of episodes	(-)	(-)
	(-)	(-)
Raised ICP signs	(-)	(-)

Gastrointestinal System

Examination	Soft [illegible]	
Feed (type + fortification)	NG feed [illegible]	
NG aspirates	(-)	
Stool	Not passed	
Calorie	Kcal/kg/day	
Protein	gm/kg/day	
GIR	mg/kg/min	Bowel Sounds

RENAL System & Fluids

Fluid Charted (type)		1. 2. 3.
AKI (KIDGO stage)		4.
Total intake	1200 ml	RBS
Total output	—	PO
Net balance		Net balance
Cumulative balance		1. Na— 2. K— 3. Ur—
FO %		4. Cr—

PLAN:

1. Head end elevation
2. On NF @ 2L/min.
3. Inj pantop 40mg IV OD
4. Inj Thiamine 250mg in 100ml NS IV TID
5. T. Clonazepam 0.25mg 1Tab BD
6. T. Zonisamide 25mg 1Tab BD
7. Syp Dorzolamide 1ml. TID.
8. Syp Valproate 5ml BD
9. T. Lasix 1Tab OD. if required
10. Neb with Asthalin 0.5ml + 2ml NS 4th hourly
11. Neb with Budecort 200mg + 2ml NS 8th hourly
12. Vital monitoring

Vitals	Daily
Temp	
BP	
PR	
RR	
SpO2	
Pupils	
Power	
Tone	
RC	

Signature

SR

DR. RAM MANOHAR

Registration Card

Mobile:

Dept Reg No.:

Room: 241 OPD /Queue: 10

Female

2.3 episod / day

ALTH x 1 MONTH

℞

- Sp Valpin 5ml — 5ml
- Tab clonazepam (0.25) 1 — 1
- Tab. Isoniazid (25) 1 — 1
- ½ ALTH 0.3ml 1/d x 21 → Stop
- Methe dry's 10 BF x 21

Dr. (Prof.) DEEPAK SACHAN
DEPT. OF PAEDIATRICS

s.gov.in के माध्यम से ओपीडी अपॉइंटमेंट
सकते हैं।
t opd slip at home through online
लाएं।
i come to Hospital.
ऊ है।
alth

आप टेलीमेडिसिन के माध्यम से अपने चिकित्सक से अपने घर
ले सकते हैं अधिक जानकारी के लिए कृपया देखे rmlh.nic
You can consult your doctor through telemedic
your home for more detail please visit rmlh.nic.in
मच्छर पैदा न होने दें।
कूलरों को सप्ताह में एक बार साफ करके सुखाएं।

/02

To,
DDO/CR on Duty
PICU
Dr RML Hospital, Delhi

Rihanuma
2y/F
26039
G3 P3

Resp sir/Madam
The above mentioned Pt is k/c/o Cerebral Palsy
? aspiration Pneumonia

O/E :
CC : sick
HR : 140/m
RR : 65/m
SpO_2 : 99% on O_2 by NRBM @ 2L/m
Ext - warm
CRT < 3 sec
PP/PV : f/(R)
P+ S- C- C- I- E-

O/E : vital now
HR : 150/m
RR : 58/m
SpO_2 : 99% on O_2

ABG : 8:00 am 9/01
PH : 7.4
PO_2 : 171
PCO_2 : 34.6
HCO_3^- : 23.8
SO_2 : 99%

Noted

Resp Distress (+)

Kindly Evaluate & consider the Pt for Transfer to your unit for the further mx.

Thank you

Yours faithfully

R.M.L.H.-

लगातार चार्ट / CONTINUATION CHART

Reimuma, 24 / F

कमरा/शय्या सं/Room/Bed No.

Daily Notes and Treatment

Licence No. 768/82
DR. RAM MANOHAR LOHIA HOSPITAL
New Delhi-110001

Name of Patient: Rimuma
Ward & Bed No.:
C.R. No.: 26039
Blood Bag No.: 5646 B+ve
Unit Incharge
Cross matching done & Found Compatible with sample
Signature of Lab Technician issuing the blood
Date & time of issue: 7/3/5

BT notes

150ml PRBC transfused after cross matching and all aseptic precautions.

BT started at 8:00 PM @ 40ml/hr.
to be completed by 12

Patient name Reimuma.
Bed no 413
LPRCO
Blood bag no.
5646

Mid BT Lasix 15mg

Watch for vitals :-

In case of adverse.

1. Stop BT Immediately
2. Call DOD
3. Inj Avil .IV stat
Inj hydrocort IV stat

Department/Clinic: Bed No./Room No.:
Unit: Days:
Patient Name: Reinume Age: 2 Years Months Sex: F

Diagnosis:

FUC/o cerebral palsy ? Aspiration pneumonia

C/o cough
· Fast breathing | x 3 days

~~No C/o~~ Fever 1 episode - relieved on medic[ation]

O/E
GC: sick
P: ICL/ly ICL Adv
HR >140/m
RR: 58/m.
SCR | ICR (+) (+)
Inhaler (+) (+)
CVS: S_1S_2
P/A: soft
Norm

SpO_2 $\bar{c}$ O_2
99%.

SpO_2 on RA
- 88%

· Refer to 3rd floor

Refer to SARI (Ward-3)

Sd
8/05/20

CHOOSE LIFE : Not Tobacco

20220315920

केस शीट / CASE SHEET

202226039

ECS 3rd Floor Paed Department

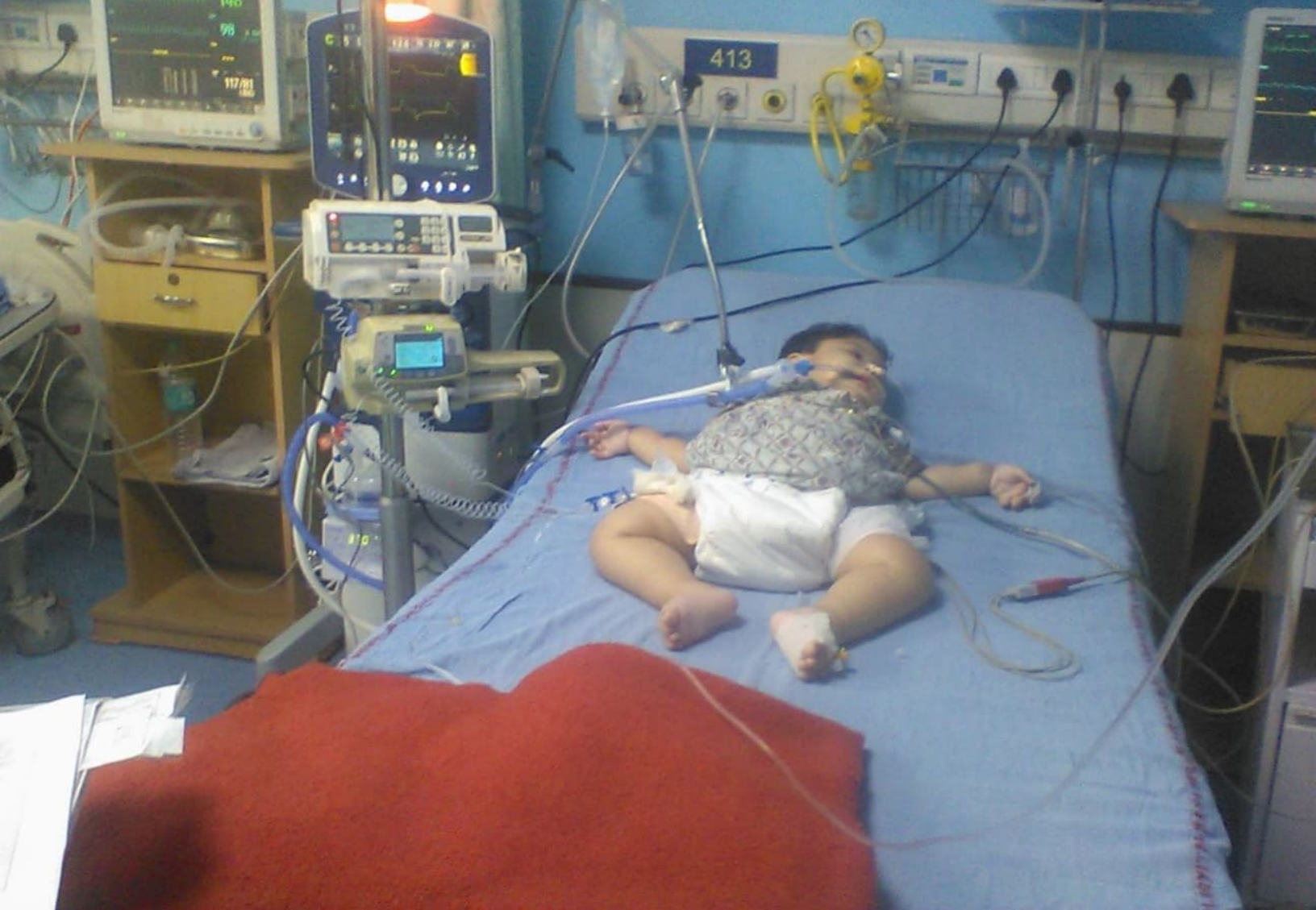
(क) भर्ती संबंधी आँकड़े / Admission Data : AADHAR NO.....

के. पं. संख्या / CR No.	p3-B(sat)	वार्ड / Ward		
यूनिट सं. Unit No.		क्या चिकित्सा विधिक मामला है / If MLC	नहीं (No)	No हाँ/नहीं Yes/No
यूनिट अध्यक्ष Unit Head	Dr Deepak Sachan	भेजने वाले का नाम Referred from		
भर्ती की तारीख एवं समय Date & Time of Admission	07/05/2022 09:30:56 PM	स्थानान्तरण Transfer to		

(ख) रोगी के संबंध में आँकड़े / Patient Data :

नाम / Name	REINUME	आयु एवं लिंग / Age & Sex	2 years/ Female
माता-पिता/पति का नाम Mother / Father / Husband's Name	NASIR ALI	आ.रो.वि. / आपातकालीन विभाग संख्या / OPD / Emergency No.	20220315920
पता / Address	1770, PATAUDI HOUSE, DARIA GANJ, , DELHI, INDIA	के.स.स्वा.यो. टोकन सं. CGHS Token No.	9315595978
		दूरभाष / Phone Nos	

(ग) नैदानिक आँकड़े / Clinical Data :


413

भारत सरकार

GOVERNMENT OF INDIA

नासिर अली

Nasir Ali

जन्म तिथि/ DOB: 22/09/1990

पुरुष / MALE

7468 9171 8054

आधार-आम आदमी का अधिकार

भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:
S/O शोकत अली, 1770,
कुचा दखनी राय, पटौदी
हाउस, दरिया गंज, मध्य
दिल्ली,
दिल्ली - 110002

Address:
S/O Shokat Ali, 1770, Kuchha Dakhni
Rai, Pataudi House, Darya Ganj,
Central Delhi,
Delhi - 110002

7468 9171 8054

Aadhaar-Aam Admi ka Adhikar