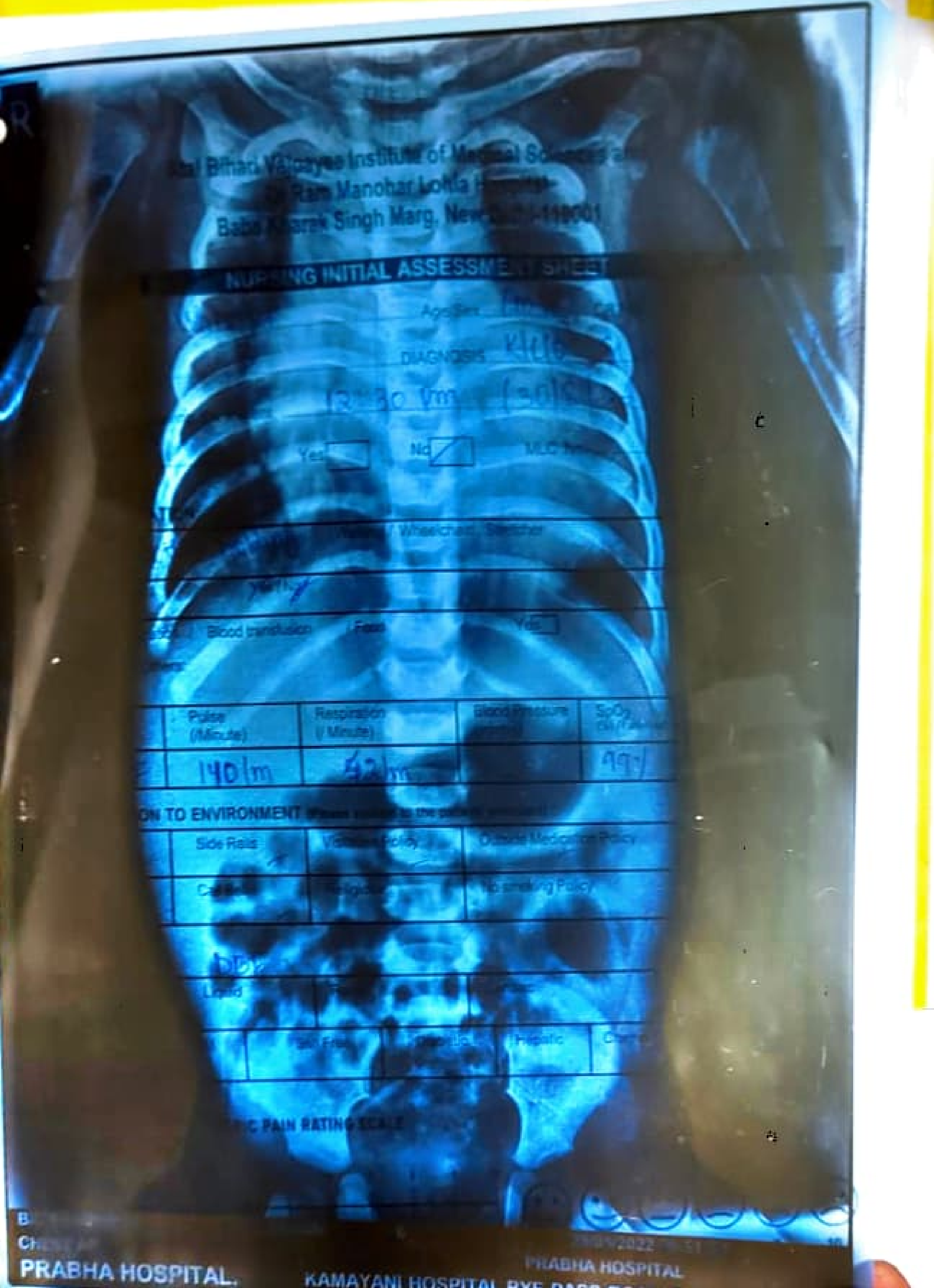

R
Bihari Vajpayee Institute of Medical Sciences and
Ram Manohar Lohia Hospital
Baba Kharak Singh Marg, New Delhi-110001
NURSING INITIAL ASSESSMENT SHEET
Age/Sex
DIAGNOSIS
Yes
No
MLC No.
Wheelchair, Stretcher
Blood transfusion
Food
Yes
Pulse (/Minute)
Respiration (/ Minute)
Blood Pressure
SpO2
140/m
99%
ON TO ENVIRONMENT
Side Rails
Visitors Policy
Outside Medication Policy
No smoking Policy
Liquid
Skin Fresh
Hepatic
PAIN RATING SCALE
PRABHA HOSPITAL.
PRABHA HOSPITAL
KAMAYANI HOSPITAL

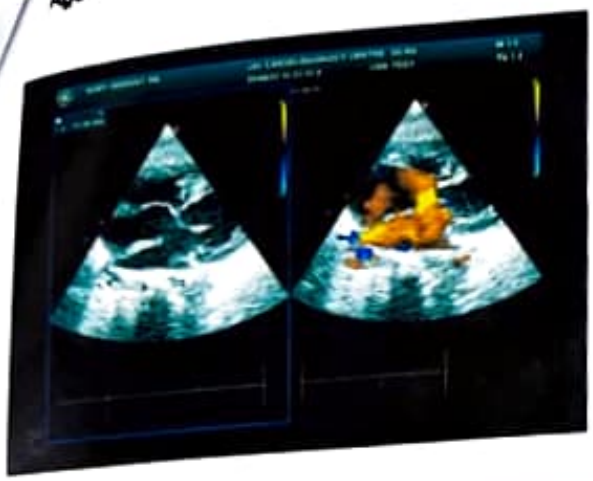
JAY CARDIO DIAGNOSTIC CENTRE

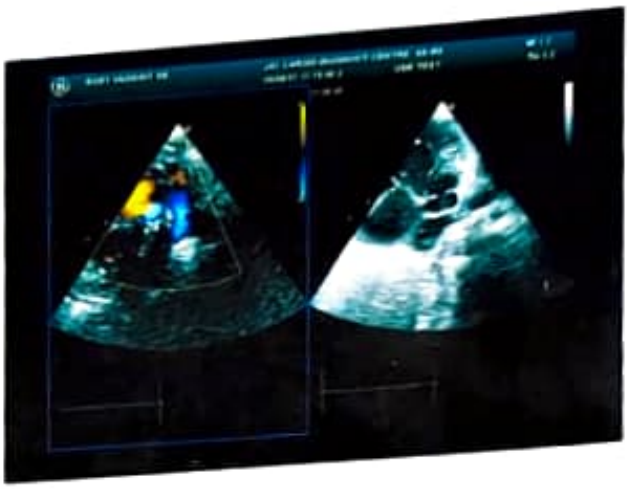
Name BABY VAISNAVI 6M

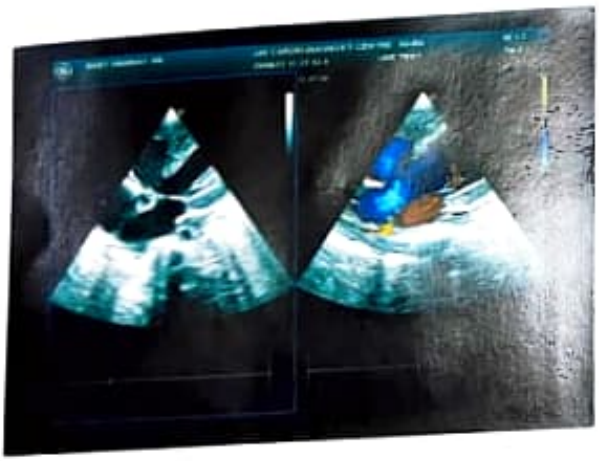
Date 29/06/2022

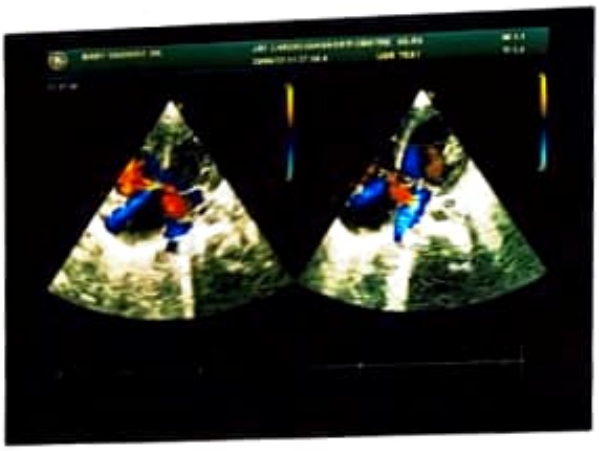
Sex Female

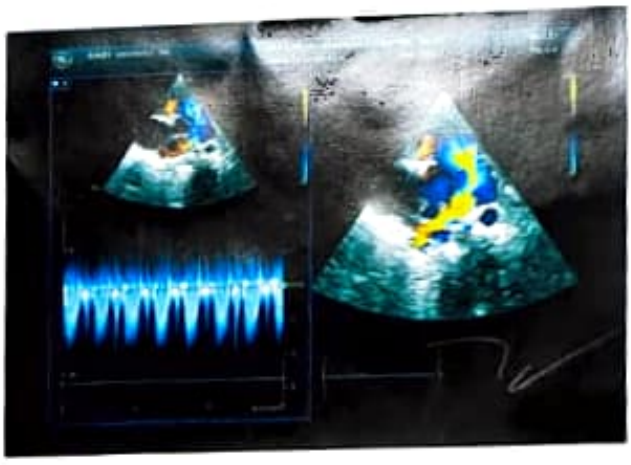
Age











Registration No : UP/AGR/2014/AL/2379

PRABHA HOSPITAL & TRAUMA CENTRE

A UNIT OF M.L.P. ADVANCE HEALTH CARE SYSTEMS (P) LTD.

Path Lab Equipped with Fully Communized and Latest Analyzers

Department - Pathology

Lab No. : 1

Patient Name : **Baby VASHANAVI**

Date : **29/08/2022**

Referred By : Dr.PREM ASHISH MAJUMDAR

Age/Sex : 6 Months /

TEST NAME	RESULTS	UNITS	REF.-RANGE
	HAEMATOLOGY		
HAEMOGLOBIN	**8.7**	gm/dl	10.5-13.5
TOTAL LEUCOCYTE COUNT	9730	/cumm	4000-11000
DIFFERENTIAL LEUCOCYTE COUNT(DLC)			
NEUTROPHILS	49	%	40-70
LYMPHOCYTES	**47**	%	20-45
MONOCYTES	04	%	01-08
EOSINOPHILS	00	%	01-06
BASOPHILS	00	%	00-01
IMMATURE CELLS	00	%	
TOTAL R.B.C. COUNT	**3.53**	million/cumm	3.7-5.3
P.C.V./ HAEMATOCRITE VALUE	**27.6**	%	30-42
M.C.V.	78.19	fL	70-86
M.C.H.	24.65	pg	23-31
M.C.H.C.	31.52	g/dl	30-36
PLATELET COUNT	3.07	lacs/mm3	2.0 - 5.50
	SEROLOGY		
C REACTIVE PROTEIN (QUANTITATIVE)	4.5	mg/dl	0.0 - 6.0

CLINICAL SIGNIFICANCE :

C.R.P. is an acute-phase protein present in normal serum, which increases significantly after most forms of tissue injuries,bacterial and virus infection , inflammation and malignant neoplasia. During tissue necrosis and inflammation resulting from microbial infections.

BIOCHEMISTRY

Technician :

Pathologist

Dr. Ravindra Kumar Solanki
M.B.B.S., DCP

672, GEETA MANDIR, MATHURA BYE

लगातार चार्ट / CONTINUATION CHART

Name Baby Vaishnavi / 6M0/F

कमरा/शय्या सं/Room/Bed No.

दिन/Date	प्रतिदिन विवरण और चिकित्सा/Daily Notes and Treatment	आहार/Diet
22	Discharge.	
	4/10 Complex AV canal defect c PFO c Severe PAH c LRTI	
	A/E : • No fever documented here.	
	• RS ⊕	
	U/o - Adequate.	
	orally accepting breastfeeds well.	
	O/E GC fair.	
	Afebrile.	
	SpO2 c O2 at 2 Lit/min = 98%.	
	RR = 45/min.	
	HR = 140/min.	
	S/E CVS: S1S2 ⊕.	
	PSm ⊕	
	CNS: tone (N)	
	Active, Alert	
	RS: AEBE ⊕.	
	No added sound.	
	P/A: Soft, non distended.	
	L-1cm BCM.	
	Adv: (1) orally allowed.	
	(2) Inj Lasix 5mg/IV BD	(5) Vital Monitoring
	(3) Inj PCM 75mg/IV SOS	
	(4) Inj Neocef 250mg/IV BD	

NW
Dr Nivedita

GOVERNMENT OF INDIA
DR. RAM MANOHAR LOHIA HOSPITAL, NEW DELHI
BIOCHEMISTRY - LAB REPORT

Name : Vaishnavi	Age/Sex : 6mm/F	Date : 01/09/22
CR/REGD. No. : 5252	CGHS No. :	OPD/Wd : P, ECG 3rd floor
Clinical Diagnosis :		
Unit Incharge : Dr D. Bahl		Signature :

VBS

1. Blood Sugar :

F : ..... mg/dl(70-110)

PP : ..... mg/dl(90-160)

R : ..... mg/dl(70-140)

2. Kidney Function Test :

Urea : ..... mg/dl(15-45)

Creatinine ..... mg/dl(0.6-1.2)

Uric Acid : ..... mg/dl (2.5-6.0)

3. Liver Function Test :

Total Bil : ..... mg/dl(0.2-1.2)

Direct Bil : ..... mg/dl (0.1-0.3)

In. D. Bil : ..... mg/dl(0.2-1.1)

SGOT : ..... U/L (15-50)

SGPT : ..... U/L (15-50)

Alk. Phos : ..... U/L (50-130)

GGT : ..... U/L (8-61M, 5-36F)

4. S. Proteins :

T Prot : ..... gm/dl (6.0-8.0)

Albumin : ..... gm/dl (3.5-5.5)

Globulin : ..... gm/dl (1.5-3.5)

5. Lipid Profile :

T. Cholesterol : ..... mg/dl(130-230)

HDL Chol. : ..... mg/dl (30-65)

LDL Chol. : ..... mg/dl (50-150)

VLDL Chol. : ..... mg/dl (upto 40)

Triglyceride : ..... mg/dl (50-200)

6. S. Electrolytes :

Sodium : ..... mmol/L (130-150)

Potassium : ..... mmol/L (3.5-5.5)

Chloride : ..... mol/L (95-110)

Calcium : ..... mg/dl (8.5-10.5)

Phosphorus : ..... mg/dl (2.5-5.5)

7. Cardiac Profile :

CPK : ..... U/L (50-200)

CK- MB ..... U/L (upto 25)

LDH : ..... U/L (110-240)

SGOT ..... U/L (15-50)

8. Iron Profile :

T. Iron : ..... µg/dl (60-150)

TIBC : ..... µg/dl (250-400)

UIBC : ..... µg/dl (150-250)

Saturation : ..... % (20-35)

9. Others :

S. Amylase : ..... U/L (30-110)

S. Lipase : ..... U/L (23-300)

S. Magnesium : ..... mg/dl (1.6-2.3)

Ammonia (NH_3) ..... µmol/L (9-30)

Lactate : ..... mmol/L (0.7-2.1)

BIOCHEMIST

S-NP

लगातार चार्ट / CONTINUATION CHART

रा०म०लो०अ०-11
R.M.L.H.-11

नाम/Name Vaishnavi | 8 mth | F

प्रतिदिन विवरण और चिकित्सा/Daily Notes and Treatment — कमरा/शय्या सं/Room/Bed No

तारीख/Date	प्रतिदिन विवरण और चिकित्सा/Daily Notes and Treatment	आहार/Diet
1/8/22 1:30 pm.	Y0 AV canal defect / bronchospasm. c̄ PAH c̄ LRTI c̄ CHF	
	TTR : 70%. wt: 4kg	
	• Inj Dobutamine 28 mg in 24 ml NS @ 2 ml/hr (C10)	
D1	• Inj piptaz 400 mg IV TDS	
D1	• Inj Amikacin 60 mg IV q 24 hrly	
	• Inj Lasix 4 mg IV TDS	
CARDIO Card	• Neb^n c̄ asthalin 2.5mg + 2.5 ml NS 4 hrly Ipravent 250 ug 8 hrly Budesort 400 ug 12 hrly	
	• Inj Hydrocortisone 10mg IV 6 hrly (x48 hrs)	
	• IVF N/2 5% D @ 10 ml/hr	
	• Pacify with breastfeeds	

Plan:
• T/s CBC
CRP
SE/RFT
Blood c/s
VBG

• Cardio call for urgent transfer & opinion
• ECHO

विकृति विज्ञान विभाग
DEPARTMENT OF PATHOLOGY
डॉ. राम मनोहर लोहिया अस्पताल, नई दिल्ली
DR. RAM MANOHAR LOHIA HOSPITAL, NEW DELHI

रक्त की जाँच
EXAMINATION OF BLOOD

नाम
Patient's Name Vaishnavi आयु-लिंग Age-Sex 6M/F. ब.रो.वि./के.स.स्वा.यो. OPD/CGHS/CR No 52525

इन्चार्ज चिकित्सक
Dr Incharge Dr. Vivek Dhum वार्ड Ward/OPD PW FCS III rd flr बिस्तर सं Bed No.

रोगवृत्त
Clinical History

अन्तिम निदान
Prov. Diagnosis

यूनिट अध्यक्ष
Head of Unit

143 CBC C ~~ESR~~

चिकित्सक के हस्ताक्षर
Signature of Clinician

रिपोर्ट
Report

ई. एस. आर. (वेस्टरग्रेन)
ESR (Westergren) ..... एम. एम. प्रथम घंटा mm 1st Hr.

हीमोग्लोबिन
Haemoglobin 8.9 ग्राम gm%

कुल डब्ल्यू. बी. सी.
Total WBC 3800/ क्यू. एम. एम. cumm

विभिन्न श्वेत कोशिका गणना
Differential Leucocyte Count

बहुरूपी
Polymorphs 73 %

लसकोशिकाएं
Lymphocytes 20 %

इयोसिनोफिल
Eosinophil 03 %

एक केन्द्रक श्वेत कोशिका
Monocytes 01 %

कारकरागी बहुरूप
Basophilis ..... %

अन्य
Others ..... %

प्लेटलेट गणना
Platelet Count 3.9 Lacs क्यू. एम. एम. /cumm

पूर्ण इयोसिनोफिल गणना
Absolute Eosinophil Count ..... क्यू. एम. एम. cumm

कुल लाल रक्त कोशिकाएँ
Total RBC 3.73X10 क्यू. एम. एम. cumm

पी.सी.वी.
PCV 29.5 %

एम.सी.वी.
MVC 79.2 एफ. एल. fl

एम.सी.एच.
MCH 23.9 पी.जी. pg

एम.सी.एच.सी.
MCHC 30.3 %

जाल लोहित कोशिका गणना
Reticulocytes count ..... %

रक्तस्राव का समय
Bleeding time ..... %

थक्का बनने का समय
Clotting time ..... %

02/09/22

श्रम एवं रोजगार मंत्रालय, भारत सरकार

MINISTRY OF LABOUR & EMPLOYMENT, GOVT. OF INDIA

Primary Occupation	Glass Bangles Maker
Current Address	Bajarang Nagar Jalesar Road Jheel Ki Puliya Firozabad, Firozabad Firozabad, Uttar Pradesh-283203
Contact Number	8445676927

To register the card and update details, visit https://eshram.gov.in and to find [illegible]

eshram.gov.in

14434

जिनकी मेहनत देश का आधार, सपना उनका [illegible]

ई-श्रम कार्ड
e-SHRAM Card

भारत सरकार
GOVT. OF INDIA

नाम / Name: सौरभ शर्मा / Saurabh Sharma

पिता का नाम / Father's Name: SATHISH KUMAR

जन्म तिथि / DOB: 18/05/1995

लिंग / Gender: Male / पुरुष

Universal Account Number (UAN)

7112 8307 1801

श्रम एवं रोजगार मंत्रालय | MINISTRY OF LABOUR & EMPLOYMENT

भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

AADHAAR

पता:
सतीश कुमार, 00 जलेसर रोड, झील की पुलिया, बजरंग नगर, फिरोजाबाद, फिरोजाबाद, उत्तर प्रदेश - 283203

Address:
Satish Kumar, 00 Jalesar Road, Jheel Ki Puliya, Bajarang Nagar, Firozabad, Firozabad, Uttar Pradesh - 283203

3244 2468 5253

VID : 9153 1640 3156 7178

1947 | help@uidai.gov.in | www.uidai.gov.in

डॉ० राम मनोहर लोहिया अस्पताल
(विकिरण विभाग)

3/9/22

एक्सरे/अल्ट्रासाउन्ड रिपोर्ट
X-RAY/ULTRASOUND REPORT

Dr. Ram Manohar Lohia Hospital
(Department of Radiology)

एक्सरे/अल्ट्रासाउन्ड की जांच के लिए मांग-पत्र
X-RAY/ULTRASOUND REQUISITION

यूनिट का नाम
Name of Unit: P I A

तारीख
Date: 9/9/22

नाम
Name: Vaishnavi

आयु/लिंग
Age/Sex: 6m / F

रोगी का नाम
Name of Patient

आयु/लिंग
Age/Sex

भेजने वाले डॉ० का नाम
Refered by: Dr D. Bahl

के०म०स्वा० योजना कार्ड सं०
C.G.H.S. Card No.: 52525

वार्ड/ओ०पी०डी०
Ward/O.P.D.: ECS 3rd Fl

रिपोर्ट सं०
Report No.

संक्षिप्त नैदानिक टिप्पणी
Brief Clinical Notes: AV Canal defect c Bronchospasm / c PAH / LRTI c CHF

बिस्तर सं०
Bed No.

दिनांक
Date

अपेक्षित जांच
Examination Required: USG Whole Abdomen

अनन्तिम निदान
Provisional Diagnosis

चिकित्सक के हस्ताक्षर
Signature of Clinicians

विकिरण विज्ञानी के हस्ताक्षर
Signature of Radiologist

C3F

09/22

To
SRIDOD
Paeds cardiology
Dr. RMLH
New Delhi

Vaishnavi
6month/F

PIB
Dr B Bala

Respected Sir/mam

The above mentioned pt presented c̄ c/o cough cold x7day, fever x 4day, difficulty in breathing x 2day, ↓sed oral intake. x2day
outside echo → complete AV canal defect c̄ patent foramen ovale (L→R) c̄ severe PAH

Presently fever spike - improving, Resp distress improving but (+). O/E → Tachypnoea (+) ↑RR - 58/min) SCR (+) B/L ↓ AE (+), B/L wheeze (+)
SCR (+)

T/t - Piptaz
Amika
Lasix @ 3mkd
Dobutamine @ 10
Neb c̄ Asthalin
ipravent
Duolin

Mohd

Kindly consider the pt for echo & transfer to your side if required

Thanking you
Dr Priya
PG III

Send the patient
11am c/m. for 2DE

DOA - 30/8/22

नाम/Name Vaishnavi | 6m | F | 52525

लगातार चार्ट / CONTINUATION CHART

रा०म०लो०अ०-11
R.M.L.H.-11

नाम/Date	प्रतिदिन विवरण और चिकित्सा/Daily Notes and Treatment ......कमरा/शय्या सं/Room/Bed No.	आहार/Diet
1/22	Δsis - complete AV canal defect / bronchospasm c̄ PAH c̄ LRTI c̄ CHF.	
2/9 - 8.9 - 3800 - 73/20 - 3.96 - out 12.9 - 0.43 alleco. a - 141 c - 5.8. ca - 8.32	issues @ admission ① cough & cold x7d ② fever x4d ③ difficulty breathing] x2d ④ decd oral intake current issues : ① Afebrile x2d ② Resp distress (+) - on O2 by CPAP ③ CHF - on Inj Lasix (3mkd) Inj Dobut (@10ug/k/m) PP/PV (+) / (N) Liver cm 5 cm. ④ passing urine well	
Plan CBC c̄ PS SE / KFT / LFT - CRP - 2d echo	o/e : GC - unsatisfactory HR - 142/min RR - 64/min on O2 by CPAP SpO2 - PP/PV - (+) (N) CRT - <3 ext - warm CNS - alert active R/S - B/L AE (+) clear CVS - S1 S2 (+) PSM (+) (max LLSB) P/A - soft NT L - 5 cm / RCM S - NP	

Adv — 4 kg NPO — TFR - 70%

D3 - inj piptaz 400mg IV TDS

D2 - inj amikacin 60mg IV OD

- inj lasix 4mg IV TDS (@ 3mg/kg/day)

- Inj dobutamine 28mg in 24ml NS @ (@ 10 mcg/kg/min) 2ml/hr [1ml/hr]

- Neb^n c̄ asthalin 2.5mg + 2.5ml NS 4 hrly

- ipravent 250mg 8 hrly

- Budecort 400mg 12hrly

- inj hydrocort 10mg IV 6 hrly x 48 (hrs) stop

- IVF N/2 D5% @ 10ml/hr

- w/f vitals

2/9/22

c/s/b Dr manji maam (wt - 5kg)

- Stop hydrocort

- Inj Dobutamine 56mg in 24mL NS (@ 10 ug/kg/min) @ 1mL/hr

- T. Enmas 2.5mg in 5mL DW — 0.8mL OD

- Rx CBC, SE, CRP.

- 2d echo.

Aanchal
PGR

लगातार चार्ट / CONTINUATION CHART

Name Vaishnavi / 6M/F

Date | कमरा/शय्या सं/Room/Bed No. | प्रतिदिन विवरण और चिकित्सा/Daily Notes and Treatment | आहार/Diet

Child developed Severe bronchospasm

↓

Started on Nebulisation ☐ Asthalin - Continuous
Nebulisation ☐ Ipravent.

- Inj Hydrocort 20 mg IV STAT
- Inj MgSO4 200 mg in 20ml NS over 20 min STAT.
- Inj Adr 0.25 mg S/C STAT.

↓

- Spasm persistent.
- Nebulisation Continuous.
- Peds Cardio Call done → No ICU bed available at present.
  - Started on Inj Dobutamine @ 5 µg/kg/min
  Inj Lasix @ 3 mg/kg/day

↓

9PM → Spasm persistent.
AE improved but crepts (+).
SpO2 on O2 by CPAP: 94%.
RR = 60/min.
HR = 145/min.

→ If persistent, then plan to intubate.

सत्यमेव जयते

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

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

te and time of reporting(DD/MM/YYYY):12 hour format	30/08/2022 09:08 AM
ddress of the referring facility/Hospital	
PECIMEN DETAILS	
ate of onset of illness	
ate & Time of sample collection	
ate & Time of receipt of specimen in the lab	30/08/2022 09:08 AM
ondition of specimen received / Quality on arrival	Satisfactory
REPORTING DETAILS	
Report ID	319310/2022

Lab No.	Sample ID	UHID/Name/Phone No.	Age	Sex	Specimen Type	Date Of Sample Testing	Result
							MICROBIOLOGY TEST - 2019-NCOV BY RT PCR
T-6172	RML-30082202538	202206339900 Miss. VAISHNAVI 8445676927	6 months 2 days	Female	Nasopharyngeal and Throat Swabs	30/08/2022	negative

Prepared by:

Checked And Approved by

Dr Anuradha Professor

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

Interpretation 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.*

लगातार चार्ट / CONTINUATION CHART

Name: Baby. Vaishnavi / 6 months F कमरा/शय्या सं/Room/Bed No.

दिनांक/Date	प्रतिदिन विवरण और चिकित्सा/Daily Notes and Treatment	आहार/Diet
20/8/22	Transfer Summery. SARI WARD 3– PIA C/o - cough + cold × 7 days - fever × 4 day. - difficulty breathing. × 2 day ↓ oral intake - × 2 day. The child was apparently well 7 days back when she developed cough, wet in nature a/w post tussive vomiting a/w noisy breathing. fever × 4d, high grade, No documented relived on medication. The parents then noticed difficulty in breathing in the form of chest indrawing + rapid breathing. Birth. H/O Term / NVD / 3.2 kg / Cried after Stimulation D/S @ D3 of life / uneventful. △□ ○ – 1st born baby	

नाम/Name Vaishnavi | 6m | F | 52525

लगातार चार्ट / CONTINUATION CHART

तिथि/Date

प्रतिदिन विवरण और चिकित्सा/Daily Notes and Treatment

कमरा/शय्या नं./Room/Bed No

आहार/Diet

3/9/22

Dsn - Complete AV canal defect c̄ PAH
c̄ LRTI c̄ CHF

Current issues

1. fever (+) 1 spike
2. Resp distress (+) improving — on CPAP @ 6L/min 5cmH2O; RR - 50-60/min
3. CHF — on inj lasix @ 3mkd
   Inj Dobut (@ 10 mcg/kg/min)
   T. Enna (@ 0.1mkd)
   T. Aldactone @ 1.25mkd.

2d echo

Complete balanced AVSD c̄ mod AVVR (AI (4)) (mild turbulence in VSD)

o/e

- HR - 146/min
- RR - 60/min
- SpO2 -
- PP/PV (+)/(+)
- CRT - < 3
- R/S - B/L AE (+) clear
- P/A - soft NT
  L - Hemihepatomegaly
  S - NP
- CVS S1, S2 (+)
  PSM (+)

Adv (wt 4kg

1. NPO TFO — allowed DBF to pacify
2. IVF N/2 + D5 + 1:100 KCl @ 10ml/hr
3. Inj piptaz 400mg IV TDS.
4. Inj Amikacin 60mg IV OD
5. Inj lasix 4 IV TDS
6. Inj dobutamine 50mg in 24mls @ 1ml/hr (@ 10mcg/kg/min)
7. T. Enna 2.5mg in 5ml DW — 0.8ml OD
8. T. Spironolactone (25mg) in 10ml DW @ 1.2 1ml BD
9. Neb c̄ Asm, Budecort, ipravent.

Plan

- CTVS ref for early Sx (attach echo copy)
- (B) Cardio transfer call
- CRP, Blood C/S

GMGIPMRND—1957RML—24-07-2019—12000 x 100 LEAVES

244

1243

रा.म.ल.अ.स.-11
R.M.L.H.-11
30/8/22
8:15 PM.

लगातार चार्ट / CONTINUATION CHART

Name raishwari f/6m/F ..... कमरा/शय्या सं/Room/Bed No. .....

दिनांक/Date	प्रतिदिन विवरण और चिकित्सा/Daily Notes and Treatment	आहार/Diet

c/s/B SR on duty Peds Cardio

Pt admitted ? cold. cough. fever. fast breathing.

Pt was started ? Inj Monocef
Inj Lasix 2 mg/kg/d.

Pt dev. bronchospasm at evening today.

- Cont. Neb ? Asthalin dow.
- Inj Hydrocort 40 mg i.v stat f/b 20 mg i.v 6 hrly given
- Inj Adr. 0.04 mg s.c 3 doses given.
- Inj $MgSO_4$ 200 mg i.v over ½ hr. given.

↓

30/8 7:45 PM
pH - 7.304
PCO_2 - 53.9
PO_2 - 37.5
HCO_3 - 27.1
S.K? 5.8

O/E,
Gc Sick
HR - 150/mi
RR - 66/mi
SpO_2 - 98% on cont. neb
PP/PV +!
CRT < 3sec
Ext warm
RS - B/L AE +, B/L crepts @ B/L exp. Rhonchi @
P/A - Soft. NT, L-3·5cm BHM S-NP
CVS - S, S, @ PSH @
CNS - Lethargic
Hyperkalemia @

Adv. (Ht 4kg)

1. Inj Lasix 4 mg i.v stat
   Lasix 4 mg i.v TDS.
2. Inj Dobutamine @ 5 mg/kg/min.
3. If persistent bronchospasm intubate the pt & manage accordingly.
4. c/d/w Dr. Dheeraj sir
   No bed Available in Cardiac ICU.
   Pt will be transferred to cardiac ICU whenever bed is available.
5. Send PICU call.
6. Repeat KFT/SE.

SR Pediatrics

विकृति विज्ञान विभाग
DEPARTMENT OF PATHOLOGY
डॉ. राम मनोहर लोहिया अस्पताल, नई दिल्ली
DR. RAM MANOHAR LOHIA HOSPITAL, NEW DELHI

रक्त की जाँच
EXAMINATION OF BLOOD

0126

नाम
Patient's Name Vaishnavi

आयु लिंग
Age-Sex 6M/F

ओ.पी.डि./के.स.स्वा.यो
OPD/CGHS/CR No 52525

इंचार्ज चिकित्सक
Dr Incharge Dr D. Bahl

वार्ड
Ward/OPD SAR1

बिस्तर सं
Bed No

रोगवृत्त
Clinical History Pneumo

अन्तिम निदान
Prov. Diagnosis Pneumo

यूनिट अध्यक्ष
Head of Unit Dr D. Bahl

चिकित्सक के हस्ताक्षर
Signature of Clinician

रिपोर्ट
Report

ई. एस. आर. (वेस्टरग्रेन) ESR (Westergren)	एम. एम. प्रथम घंटा mm 1s. Hr	प्लेटलेट गणना Platelet Count	क्यू. एम. एम. /cumm
हीमोग्लोबिन Haemoglobin	ग्राम gm%	पूर्ण इयोसिनोफिल गणना Absolute Eosinophil Count	क्यू. एम. एम. cumm
कुल डब्ल्यू. बी. Total WBC	क्यू. एम. एम. cumm	कुल लाल रक्त कोशिकाएँ Total RBC	क्यू. एम. एम. cumm
विभिन्न श्वेत कोशिका गणना Differential Leucocyte Count		पी.सी.वी. PCV	%
पालीमॉर्फ Polymorphs	%	एम.सी.वी. MVC	एफ. एल. fl
लिम्फोसाइट्स Lymphocytes		एम.सी.एच. MCH	पी.जी. pg
इयोसिनोफिल्स Eosinophil	%	एम.सी.एच.सी. MCHC	%
एक केन्द्रक श्वेत कोशिका Monocytes	%	जाल लोहित कोशिका गणना Reticulocytes count	%
बासोफिल्स Basophils	%	रक्तस्राव का समय Bleeding time	%
अन्य Others	%	थक्का बनने का समय Clotting time	%

लगातार चार्ट / CONTINUATION CHART

नाम/Name Baby Vaishnavi 6M0/F

कमरा/शय्या सं/Room/Bed No

दिनांक/Date	प्रतिदिन विवरण और चिकित्सा/Daily Notes and Treatment	आहार/Diet
10/8/22 9:10 pm	इसे इसी बच्चे की हालत के बारे में बता दिया गया है। बच्चे को BRONCHOSPASM हो रहा है जिसके लिए दवाई चला दी है। बच्चे को आराम नहीं आ रहा है। आने वाले समय में बच्चे को वेंटीलेटर अथवा ICU की आवश्यकता है जिसके लिए आपको ICU मे बेड नहीं है। जान का भी खतरा है। यह सब जानते हुए हमें बता दिया गया है और हम आगे इलाज करना चाहते हैं।	

सौरभ शर्मा

O/E

Asleep
HR - 110/min
RR - 42/min
CP/PP - +/+
CFT - <2.
SpO_2 - 99% on NpO_2

S/E

RS - Rt. side b
Breath sound
CVS - PSM +
PA - Inner left
CNS - Asleep

Imp:- A CHD & PAH & LRTI

Wt - 5kg.

Adv

① Inj. lasix 5mg I/V BD
② orally allowed (DBF)
③ Inj. Monocef 250mg I/V BD
Inj. PCM 75 mg I/V SOS
Inj. Vit. K 3mg I/V Stat
vital monitoring.

Present

AI - No fever documented
RS +.
O/E - Cr. c- Air
Afebrile.
SpO_2 - i O_2 at 2l/min - 98%.
RR - 45/min HR - 140/min
CVS - S1S2 +
PSM +
CNS - Iane +
Active ; Alert.
Soft · no distended.
- Ian. Bcm.
RERE +
No Added Sound.

Adv
① orally allowed.
② Inj. Lasix 5mg I/V BD
③ Inj. PCM 75mg I/V SOS
④ Inj. Monocef 250mg I/V BD
⑤ Vital monitoring

PTO →

Registration No : UP/AGR/2014/AL/2379

PRABHA HOSPITAL
& TRAUMA CENTRE

A UNIT OF M.L.P. ADVANCE HEALTH CARE SYSTEMS (P) LTD.

Path Lab Equipped with Fully Communized and Latest Analyzers

Department - Pathology

No	1		
Name	**Baby VASHANAVI**	Date	: **29/08/2022**
By	Dr.PREM ASHISH MAJUMDAR	Age/Sex	: 6 Months /

TEST NAME	RESULTS	UNITS	REF.-RANGE
BLOOD UREA	12.91	mg/dL	10 - 45

Low serum urea is usually associated with status of overhydration severe hepatic failure

A urea level of 20-40 mg/dl indicates normal glomerular function and a level of 100-250 mg/dl indicates a serious impairement of renal function. In chronic renal failure , urea correlates better with the symptoms of uremia than does serum creatinine.

A ratio Serum urea is more than 9 in prerenal and less than 3 in renal uremia

SERUM CREATININE	0.43	mg/dL	0.3 - 0.7

CLINICAL SIGNIFICANCE

Creatinine is produced at fairly constant, unlike urea, and it is removed by glomerular filteration and then excreted in urine without appreciable tubular reabsorption. Therefore Creatinine is an useful indicator of renal function. Increased level of creatinine in serum is usually associated with various renal diseases.

SERUM SODIUM (Na)	141.9	m Eq/litre	135 - 145
SERUM POTASSIUM (K)	**5.80**	m Eq/litre	3.50 - 5.50
SERUM CALCIUM	**8.32**	mg/dl	8.80 - 10.80

----[End of Report]----

Technician

Pathologist

Dr. Ravindra Kumar Solanki

M.B.B.S.

672, GEETA MANDIR, MATHURA BYE PASS ROAD, N.H-2, SIKANDRA, AGRA

75 साल स्वास्थ्य सेवा में — 1933-2008
75 YEARS OF HEALTH CARE 1933-2008

भारत सरकार
GOVERNMENT OF INDIA

स्ना. चि. शि. अनु. सं. — डा. राम मनोहर लोहिया अस्पताल, नई दिल्ली
PGIMER – DR. RAM MANOHAR LOHIA HOSPITAL, NEW DELHI

जिन्दगी चुनें : तम्बाकू नहीं
CHOOSE LIFE : Not Tobacco

20220633990

केस शीट / CASE SHEET

202252525 Ward - 3

क) भर्ती संबंधी आँकड़े Admission Data :

P1A Mon AADHAR NO..... No

सी. आर. संख्या CR No		वार्ड / Ward	
[illegible] No	Dr. Dheeraj Bahl	क्या चिकित्सा विधिक मामला है / if MLC	नहीं (No) / हाँ/नहीं Yes/No
[illegible] Head		भेजने वाले का नाम Referred from	
भर्ती का तारीख एवं समय Date & Time of Admission	30/08/2022 12:31:05 AM	स्थानान्तरण Transfer to	

ख) रोगी के संबंध में आँकड़े Patient Data :

6 months 2 days/ Female

नाम Name	SOURABH	आयु एवं लिंग / Age & Sex	20220633990
माता पिता / पति का नाम Mother / Father / Husband's Name	00 JALESAR ROAD JHEEL KI PULIYA , BAJARANG	ब. सं. वि. / आपातकालीन विभाग संख्या / OPD / Emergency No	8445676927
पता Address	NAGAR , FIROZABAD , UTTAR PRADESH, INDIA	सी. ग. स्वा. यो. टोकन सं. CGHS Token No	
		दूरभाष Phone Nos	

ग) नैदानिक आँकड़े Clinical Data :

अन्तिम निदान Final Diagnosis		आईसीडी कोड ICD Code	
की गई शल्यक्रिया Operative Procedure		ऑपरेशन की तारीख Date of Operation	

घ) छुट्टी / मृत्यु संबंधी आँकड़े / Discharge/Death Details :

छुट्टी पाने की तारीख/समय छुट्टी होने की तारीख एवं समय Date & Time of Discharge / Death/LAMA/Abse		अस्पताल में भर्ती रहने की अवधि / Hospital Stay	
मृत्यु का कारण Cause of Death			

	कनिष्ठ रेजिडेन्ट Junior Resident	वरिष्ठ रेजिडेन्ट Senior Resident	चि. अधि./विशेषज्ञ/प्रभारी अधिकारी M.O / Specialist / HOU
नाम / Name			
हस्ताक्षर / Signature			