







CHACHA NEHRU BAL CHIKITSALAYA

(An Autonomous Institute under Govt. of NCT of Delhi)



Geeta Colony, Delhi-110031

कीमोथेरेपी हेतु स्वीकृति

B/o - Vinti उम्र/लिंग 1/1 Y / M अ.रो.वि. संख्या 4295

P/W रोग _____

Nehru Kumar

यह बताया गया है कि मेरे बेटे/बेटी को

Sarcoma of the chest

बीमारी है। मुझे

बताया गया है कि इस बीमारी के इलाज के लिए निम्नलिखित दवाओं की आवश्यकता है।

Astomycin, Etoposide, Cisplatin

इन दवाओं के दिये जाने से तथा ना दिए जाने से (वैकल्पिक उपचार) होने वाली प्रत्याशित लाभ, दुष्प्रभावों तथा जटिलताओं का प्रयोग कर दिया गया है।

कीमोथेरेपी की दवायें देने के लिए नसों में सुई डालने की आवश्यकता हो सकती है। इसके दुष्प्रभाव को कम करने के लिये उनके अतिरिक्त दवायें देने की आवश्यकता हो सकती है।

इन दवाओं के मिलने से निम्नलिखित जटिलताएं हो सकती हैं: जी मिचलाना, उल्टी, दस्त, एलर्जी, बालों का झड़ना, मुंह में घाव, कान, स्तब्ध हो जाना हाथ पैर और की उंगलियों में झुनझुनी, अस्थि-मज्जा अधिक्रमण (खून की कमी, अस्वामान्य खून बहना या क्रमण) कीमोथेरेपी की त्वचा के नीचे रिसाव से घाव या अंगक्षति तथा शरीर के अन्य भागों पर दुष्प्रभाव (जैसे दिल, गुर्दा, आदि) कैंसर की दवा मानव अंडे या शुक्राणु के लिए हानिकारक हो सकती है और भविष्य में बच्चे के माता/पिता बनने की क्षमता को प्रभावित कर सकती है। इन दवाओं के मिलने के उपरांत एक नया कैंसर बनने या स्थाई विकलांगता होने या मौत होने का जोखिम है।

मुझे ज्ञात है कि मेरे बच्चे के इलाज के दौरान उस्पष्टिकृत स्थिति मिल सकती है जिसके लिये अतिरिक्त ईलाज की आवश्यकता पड़ सकती है। इसके लिये मैं अपने चिकित्सक को अपने सर्वश्रेष्ठ व्यवसायिक निर्णय के अनुसार ईलाज करने का अधिकार देता हूँ।

मैं स्वीकार करता हूँ कि मेरे चिकित्सक ने उपयोग जानकारी पर चर्चा की है और मेरे सवाल का संतोषजनक उत्तर दिया है। मैं मानता हूँ कि इस ईलाज से लाभ या निरोग होने की या दुष्प्रभाव न होने की कोई प्रत्याभूति नहीं है। मैं, अतिरिक्त प्रश्न पूछने तथा अपने बच्चे के ईलाज को कमी भी मना कर सकने के अपने हक को सुरक्षित रखते हुए, इस ईलाज की अनुमति देता हूँ।

Nehru Kumar

माता/पिता अभिभावक के हस्ताक्षर

Nehru

माता/पिता अभिभावक का नाम

Dr. Sawadey

चिकित्सक के हस्ताक्षर

Dr. Sawadey

चिकित्सक का नाम

साक्षी के हस्ताक्षर

साक्षी का नाम

20/03/20

समय

8 am

Pm

PRIMARY HISTORY:

On mixed feed

VACCINATION:
(Please tick ✓ cells of doses given)

<input checked="" type="checkbox"/> BCG		
<input checked="" type="checkbox"/> DPT 1	<input checked="" type="checkbox"/> DPT 2	<input checked="" type="checkbox"/> DPT 3
<input checked="" type="checkbox"/> OPV 1	<input checked="" type="checkbox"/> OPV 2	<input checked="" type="checkbox"/> OPV 3
<input checked="" type="checkbox"/> HIB 1	<input checked="" type="checkbox"/> HIB 2	<input checked="" type="checkbox"/> HIB 3
<input checked="" type="checkbox"/> Measles		

<input type="checkbox"/> MMR
<input type="checkbox"/> DPT B
<input type="checkbox"/> OPV B
<input type="checkbox"/> Typhoid

<input type="checkbox"/> DT
<input type="checkbox"/> OPV

Any other vaccine: HEPATITIS A VACCINE, PCV, ROTAVIRUS VACCINE, Other. _____

DEVELOPMENT:

- A. GROSS MOTOR
- B. FINE MOTOR
- C. LANGUAGE
- D. SOCIAL

} appropriate for age

H/O DRUG ALLERGY (write drug name):

EXAMINATION:

General Physical Examination:

General Condition: app fair

Vitals:

Temp: afebrile

HR: 110/min

Pulse: 110/min

RR: 24/min

Icterus: (-) Cyanosis: (-)

Clubbing: (-)

Pallor: (-)
Lymphadenopathy (Y/N), if Yes which nodes _____

S/o Dehydration: (-)

S/o Vitamin Deficiency: (-)

Others: (-)



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ADMISSION SHEET

NAME: Blovinki

UNIT HEAD: Dr. G. R. Gupta

GE/SEX: 1.15/M

DEPT: SX

UNIT:

R.NO: 4295

D.O.A: 19/03

D.O. Discharge:

Provisional Diagnosis: Fluke IOT on ~~radiological~~ clamo

Final Diagnosis		ICD-10
Primary Diagnosis:		
Associated Diagnosis:		
Complications:		

Surgical / Medical Procedures Done		Blood Components Therapy	
Date	Name of Surgery / Procedure	Date	Name of Blood components transfused

Weight Chart

Date	Weight						

Anthropometry

	Observed	Expected	%	Other Anthro
Wt (Kg)	9.800/0.9			
Ht/L (cms)	70 cm			
HC (cms)				

Antibiotics Therapy

Name	Started on	Stopped on

Immunization (tick ✓): Unimmunized ()
 Partially Immunized ()
 Immunized for age ()

Discharge Plan: Plan → excision of residual mass

Readmission within 48 Hrs. of discharge from CNBC (Yes/NO):
 PICU transfer (Yes/No): _____ DOT in: _____ DOT out: _____

Date	Time	Rx	Dr. Name & Sign
21/3/24		Day 2 Chemotherapy	
		inj pantop 20 mg 1200 inj Omepram 2mg 1200	
0-1 hr		inj Etoposide 44 mg in 50 ml $\frac{N}{2} + DS + 1:100 KCl$ (over 1 hour)	
1-4 hr		IVF $\frac{N}{2} + DS + 1:100 KCl$ @ 50 ml/hr	
4-5 hr		inj Cisplatin 15 mg in 50 ml $\frac{N}{2} + DS + 1:100 KCl$ over 1 hr	
5-6 hr		inj Bleomycin 4.4 mg in 50 ml $\frac{N}{2} + DS + 1:100 KCl$ (over 1 hr) IVF $\frac{N}{2} + DS + 1:100 KCl$ @ 50 ml/hr	
In		to continue	



date

NBC-72

(S/E): Systemic Examination

- 1. Central Nervous system:
Higher Mental Function:
Cranial Nerve Examination:
Motor System Examination:
Planters:
Meningial Signs:

CNS - he 15/15

- 2. Respiratory System :
Inspection :
Percussion:
Auscultation:

chest B/L A/R

- 3. Cardio Vascular System:
Inspection:
Palpation:
Auscultation:

CVS - S, C (N)

- 4. Per Abdomen Examination:
Liver :
Spleen
- 5. Others:

soft, P (P)

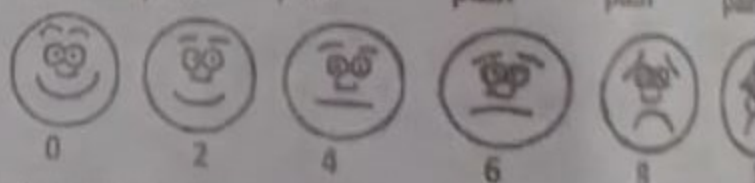
Pain Assessment:

PR - firm spherical mass on (L) side of

Verbal Descriptor Scale

0 1 2 3 4 5 6 7 8 9 10
 No Mild Moderate Moderate Severe Worst
 pain pain pain pain pain pain

Wong-Baker Facial Grimace Scale



(No pain) (Mild pain) (Mod. pain) (Severe pain) (Worst pain)

(Provisional Diagnosis)

With co morbidities/Complications:

Fluke set on ~~abdominal~~ chemotherapy

PLAN OF CARE:

In week 9
chemo (BEP regimen)

Desired outcome/Goals

Resident Sign:

Date:

Time: 11:15 AM

Consultant Sign.

Date: Time:

Week 3 Course 2 Date 29/1/24 to 31/1/24 (3 days) BSA 0.45m²

Hb: _____ gm% TLC: _____ /mm³ ANC: _____ Platlets: _____ BU: _____ mg% Serum Creatinine _____ mg%

IVF N/2 saline + 1:100 ml KCl to be started at rate of 125 ml/m²/hr for 3 days ie @ _____ ml/hr. Drugs to be added to IVF at scheduled time

DAY 1		Drug	Dosage	Dose	Duration	Time and date	Sign and name of sister	Sign and name of Resident
0-1hr		Etoposide	100mg/m ²	45mg	1 hr	29/1/24		
4-5 hr		Cisplatin	35 mg/m ²	15mg	1 hr			
5-6 hr		Bleomycin	10 mg/m ²	4.5mg	1 hr			
DAY 2		Drug	Dosage	Dose	Duration	Time and date	Sign and name of sister	Sign and name of Resident
0-1hr		Etoposide	100mg/m ²	45mg	1 hr	30/1/24		
4-5 hr		Cisplatin	35 mg/m ²	15 mg	1 hr			
5-6 hr		Bleomycin	10 mg/m ²	4.4 mg	1 hr			
DAY 3		Drug	Dosage	Dose	Duration	Time and date	Sign and name of sister	Sign and name of Resident
0-1hr		Etoposide	100mg/m ²	45mg	1 hr	31/1/24		
4-5 hr		Cisplatin	35 mg/m ²	15 mg	1 hr			
5-6 hr		Bleomycin	10 mg/m ²	4.5mg	1 hr			

*son
in law
Tom*

Week 0 Course 1 Date 1/1/24 to 29/1/24 (3 days) BSA 0.44 m²

Hb: _____ gm% TLC: _____ /mm³ ANC: _____ Platelets: _____ BU: _____ mg% Serum Creatinine _____ mg%

IVF N/2 saline + 1:100 ml KCl to be started at rate of 125 ml/m²/hr for 3 days ie @ 55 ml/hr. Drugs to be added to IVF at scheduled time

DAY 1	Drug	Dosage	Dose	Duration	Time and date	Sign and name of sister	Sign and name of Resident
0-1hr	Etoposide	100mg/m ²	44mg	1 hr	8/1/24		[Signature]
4-5 hr	Cisplatin	35 mg/m ²	15mg	1 hr	11		
5-6 hr	Bleomycin	10 mg/m ²	4.4mg	1 hr	11		
DAY 2	Drug	Dosage	Dose	Duration	Time and date	Sign and name of sister	Sign and name of Resident
0-1hr	Etoposide	100mg/m ²	44mg	1 hr			
4-5 hr	Cisplatin	35 mg/m ²	15mg	1 hr	9 PM - 3/1/24	[Signature]	
5-6 hr	Bleomycin	10 mg/m ²	4.4mg	1 hr	10 PM - 3/1/24	[Signature]	
DAY 3	Drug	Dosage	Dose	Duration	Time and date	Sign and name of sister	Sign and name of Resident
0-1hr	Etoposide	100mg/m ²	44mg	1 hr			
4-5 hr	Cisplatin	35 mg/m ²	15mg	1 hr			
5-6 hr	Bleomycin	10 mg/m ²	4.4mg	1 hr			

To C. gram

01 07/24
[Signature]

[Signature]

Week 6 Course 3 Date 20/2/24 to _____ (3 days) BSA 0.42 m²

Hb: _____ gm% TLC: _____ /mm³ ANC: _____ Platelets: _____ BU: _____ mg% Serum Creatinine _____ mg%

IVF N/2 saline + 1:100 ml KCl to be started at rate of 125 ml/m²/hr for 3 days ie @ _____ ml/hr. Drugs to be added to IVF at scheduled time

DAY 1							
	Drug	Dosage	Dose	Duration	Time and date	Sign and name of sister	Sign and name of Resident
0-1hr	Etoposide	100mg/m ²	42mg	1 hr	20/2/24		
4-5 hr	Cisplatin	35 mg/m ²	15mg	1 hr	20/2/24		
5-6 hr	Bleomycin	10 mg/m ²	4.2mg	1 hr	20/2/24		
DAY 2							
	Drug	Dosage	Dose	Duration	Time and date	Sign and name of sister	Sign and name of Resident
0-1hr	Etoposide	100mg/m ²	42mg	1 hr	22/2/24		
4-5 hr	Cisplatin	35 mg/m ²	15mg	1 hr	22/2/24		
5-6 hr	Bleomycin	10 mg/m ²	4.2mg	1 hr	22/2/24		
DAY 3							
	Drug	Dosage	Dose	Duration	Time and date	Sign and name of sister	Sign and name of Resident
0-1hr	Etoposide	100mg/m ²	42mg	1 hr	23/2/24		
4-5 hr	Cisplatin	35 mg/m ²	15mg	1 hr			
5-6 hr	Bleomycin	10 mg/m ²	4.2mg	1 hr			

23/2/24

~~km
m
m~~



20/3/2024

INTAKE OUTPUT CHART

Name:- Blo vinti Age/Sex:- 1.1y/m C.R.No.:- 4295 Diagnosis:- Ward/Unit:- 8 Date of Admission: 19/3

Date	Intake				Output			Vomitus	Stool	Orders/BT Notes
	Time	IV Fluid	Amount	Oral/NGT	Amount	Time	Urine			
1pm		N/A	50ml			2hr				1hr pantop 20mg IV x 1
3pm		mg Etosidib	50ml							2hr ondem 2mg IV x 2
4pm		N/A	50ml							1hr +ve N/A for 55k
5pm		mg Etosidib	50ml							1hr [1:100] @ 50ml/hr
6pm		Total IV/Oral/NGT Intake	150ml							3pm mg Etosidib 4umg/ml
		Blood/Blood Components								50ml orox + 1hr N/A
		Whole blood/Packed Cells/FFP	50ml	Amount						4pm mg N/A Inst. @ 2KCL
			100ml							1-4hrs [1:100] @ 50ml/hr
			100ml							5hr cisplatin 15mg in 50ml
			100ml							6pm N/A 15hr 2KCL (1:100)
			100ml							5hr 1hr Bleomy cin 4.4mg
		Grand Total Intake	100ml			Total Output				1hr 50ml N/A Inst. @ 2KCL (1:100)

Signature of Doctor

Signature of Staff Nurses



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Geeta Colony, Delhi-110031



Name Blo vinti

Diagnosis:-

NURSING CLINICAL ASSESSMENT NOTES

Age/sex 1.1 y/m

CR No. 4295

Date of admission: 19/03

Date					Hospitalization Day		Post operative day		AM		PM		AM		PM		AM		PM		AM		PM		
Spo2%	BP-mm of Hg.	Temp. (°F)	Pulse/Min	Resp/M in	2	6	10	2	6	10	2	6	10	2	6	10	2	6	10	2	6	10	2	6	10
100	150	105	150	100																					
98	140	104	140	90																					
96	130	103	130	80																					
94	120	102	120	70																					
92	110	101	110	60																					
90	100	100	100	50																					
88	90	99	90	40																					
86	80	98.6	80	30																					
84	70	97	70	20																					
82	60	96	60	10																					

Date and time of cannula insertion

Peripheries-Warm/Cold

Patient Stable Y/N

Risk of fall (Y/N)

Restraint Assessed Y/N

IV Cannula (patent & no swelling) Y/N

Bed Sore (skin intact) Y/N

Pain scoring (0,1,2,3,4,5)

Staff Nurse's Signature

INITIAL ASSESSMENT FORM

Date: 19/03/24 Time: 4 pm

Chief complaints & Duration:

Fluc of sacrococcygeal
teratoma
BEP
on ~~adjuvant~~ chemo.

History of Present Illness:

History obtained from: Mother Father Grand Parents Others

Fluc of sacrococcygeal teratoma
Excision done on 27/3/23
(on Niyar / on Antm) Immature
teratoma

Started on ~~adjuvant~~ chemotherapy
No residual mass on 01/01/24
(PEB)

Now Admitted for week 9
chemotherapy

H/O Previous Hospitalization:

PAST HISTORY:

/ as above

FAMILY HISTORY:

BIRTH HISTORY:

/ no relevant history



Treatment Sheet

B/D 4295 Ward 4295

Age/Sex

Diagnosis

Rx

Dr. Name & Sign

Noted by Sister Name & Sign.

Date

Time

20/05/2019
 20/05/2019

~~start chemo therapy week 9~~

(B)

B/A → 0.44

(I) inj Pantop 20 mg IV ~~OD~~ OD
 (II) inj Ondem 2 mg IV OD.

(N) ~~OD~~

IVF

N + DS + 1:100 Rf @ 50 ml/hour

0-1 hr inj Etoposide 44 mg in 50 ml
 (over 1 hr) N/2 + DS + 1:100 Rf

1-4 hr IVF N/2 + DS + 1:100 Rf @ 50 ml/hour

4-5 hr inj Cisplatin 15 mg in 50 ml N/2 + DS + 1:100 Rf
 (over 1 hr)

5-6 hr inj Bicomplex 4.4 mg in 50 ml N/2 + DS + 1:100 Rf
 Continue IVF N/2 + DS + 1:100 Rf @ 50 ml/hour over 1 hr

4 pm

PRIMARY HISTORY:

On mixed feed

VACCINATION:
Please tick ✓ cells of doses given)

BCG		
DPT 1	DPT 2	DPT 3
OPV 1	OPV 2	OPV 3
HIB 1	HIB 2	HIB 3
Measles		

MMR
DPT B
OPV B
Typhoid

DT
OPV

Any other vaccine: HEPATITIS A VACCINE, PCV, ROTAVIRUS VACCINE, Other. _____

DEVELOPMENT:

- A. GROSS MOTOR
- B. FINE MOTOR
- C. LANGUAGE
- D. SOCIAL

} appropriate for age

H/O DRUG ALLERGY (write drug name):

EXAMINATION:

General Physical Examination:

General Condition: well fed

Vitals:

Temp: afebrile

HR: 110/min

Pulse: 110/min

RR: 24/min

Icterus: (-)

Cyanosis: (-)

Clubbing: (-)

Pallor: (-)
Lymphadenopathy (Y/N), if Yes which nodes _____

S/o Dehydration: (-)

S/o Vitamin Deficiency: (-)

Others: (-)

File no (3)

Department of Pediatric Surgery

Chacha Nehru Bal Chikitsalaya

PEB chemotherapy

NAME: B10 Vinti

AGE/SEX 12 M / M.

GCT registration no.:

Diagnosis

oplc60 SCT. on - 27/3/23

HPE -

Immature Teratoma grade 1.

Investigation Sheet

CSF / Pus / Pleural / Ascitic Fluid

No				
Date	19/03			
Hb	8.4			
WBC	7.7			
Platelets	20/69			
MP/RMA	472			
Indices				
Etic count				
Vidal				
(FT Urea	12			
Creatinine	0.16			
Uric acid	2.85			
ELECTROLYTES				
Na				
K				
Cl				
Calcium ionised				
Ca (Total)				
Phosphate				
B.Sugar				
LFT Bil Total				
Direct Bil				
SGOT				
SGPT				
<u>ALP</u>				
Total Protein				
Albumin				
A:G				
PT				
APTT				
LIPID TG				
Cholesterol				
LDL				
HDL				
VLDL				
Steel M/E				
Urine				

Date			
Fluid (Name)			
Gross			
M/E			
Glucose			
Protein			

Culture Sensitivity

Date	Specimen	Organism & Sensitivity

Serological Investigations

Mantoux Test

Worst pain
10
(Worst pain)



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Geeta Colony, Delhi-110021

Chemotherapy Consent Form

Name _____ Age/Sex _____ IPD No. _____

Ward _____ Diagnosis _____

I _____ understand that my ward is suffering from _____
understand that the treatment of the disease requires administration of following drugs to control treat the disease

I have been informed of the benefits, risks and anticipated outcomes of providing the treatment alternative forms of treatment and not providing any further treatment.

The provision of chemotherapeutic drugs is through IV or oral specific for the drug and regime. In addition, the treatment may require the administration of ancillary medication to minimize the side-effect of the drugs.

Patient receiving these drugs frequently experience side-effects which may include, but are not limited to - nausea, vomiting, diarrhea, allergic reactions, hair loss, mouth sores, fatigue, numbness and tingling of toes and fingers, bone marrow suppression with risk of infection, anemia and bleeding, tissue injury secondary to leakages of chemotherapy under the skin, hematoma and adverse effects on other body parts like cardiomyopathy. I understand that the chemotherapy drugs may be harmful to human eggs or sperms and may result in sterility. I am also aware of the small risk of possibility of second cancer in my child as a result of chemotherapeutic medication.

I recognise that during the course of treatment and follow-up of my child, unexplained new conditions may be discovered which may require additional procedures. I therefore authorize my physician to evaluate and treat my child in accordance with their best professional judgement.

I acknowledge that my physician has discussed the information set forth above and that my questions have been answered to my satisfaction. I recognise that there can be no guarantee of benefits or assurance of absence of complications of the treatment. I freely consent for the treatment, knowing that I have right to ask additional questions, refuse or withdraw my child from treatment at any time without affecting the access to care for my child.

Signature of the Parent/ Guardian

Signature of the Physician

Name of the Parent/ Guardian

Name of the Physician

Signature of the Witness

Name of the Witness

Date _____ Time _____

Week 2 Course 4 Date 20/3/24 (3 days) BSA _____ m²
 Hb: 8.4 gm% Hct: 27 /mm³ ANC: _____ Platelets: 472 BU: _____ mg% Serum Creatinine: 1.2 mg%
 IVF N/2 saline + 1:100 ml KCl to be started at rate of 125 ml/m²/hr for 3 days ie @ _____ ml/hr. Drugs to be added to IVF at scheduled time

DAY 1	Drug	Dosage	Dose	Duration	Time and date	Sign and name of sister	Sign and name of Resident
0-1hr	Etoposide	100mg/m ²	44 mg	1 hr	20/3/24		<i>[Signature]</i>
4-5 hr	Cisplatin	35 mg/m ²	15 mg	1 hr	17		<i>[Signature]</i>
5-6 hr	Bleomycin	10 mg/m ²	4-4 mg	1 hr	17		<i>[Signature]</i>
DAY 2	Drug	Dosage	Dose	Duration	Time and date	Sign and name of sister	Sign and name of Resident
0-1hr	Etoposide	100mg/m ²		1 hr			
4-5 hr	Cisplatin	35 mg/m ²		1 hr			
5-6 hr	Bleomycin	10 mg/m ²		1 hr			
DAY 3	Drug	Dosage	Dose	Duration	Time and date	Sign and name of sister	Sign and name of Resident
0-1hr	Etoposide	100mg/m ²	44 mg	1 hr			
4-5 hr	Cisplatin	35 mg/m ²		1 hr			
5-6 hr	Bleomycin	10 mg/m ²		1 hr			



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DEFICIENCY CHECKLIST

Pt. Name : Blo vintai
Date of Discharge :

C.R. No. : 4295
Floor/Unit :

For MRD use only :
ICD Coding Done/Scanning Done

- > NOTE : Kindly put a cross mark (X) against the deficiencies found, Tick mark (✓) after its correction designated column.
- > Put signatures below after correction of case records.

FORMS	Tick after correction	FORMS	Tick after correction
MEDICAL PERSONNEL			
Admission Sheet > Patient identifying information (Inc. DOA, DOD) > Provisional diagnosis > Final diagnosis > ICD Coding > Anthropometry		> Immunization status > Antibiotic therapy > PICU Transfer/ readmission > Discharge Plan > Blood Component therapy > Procedures	
Initial Assessment Form - Date/Time of Assessment > Completed history and examination		> Name / Signature of DOD > Counter /Signature of Consultant	
Admission Summary > Final Diagnosis > ICD Coding > Result > Cause of death (if death File)		> Signature of Consultant/Senior Resident > Date/Time of discharge > Days of stay > General Consent of Patient > LAMA Consent (If LAMA file)	
Discharge Summary > Signature of SR		> Date of Discharge > Advice on discharge and follow up advice	
ICU Consent > Patient's ID > Signature of Patient's/Relatives		> Signature of Doctor on Duty > Signature of Witness > Date/ Time	
Sedation Monitoring Chart - Patient's ID > Name/Signature of Doctor doing procedure		> Name / Signature of Person Monitoring Sedation > Filled sedation chart	
BLOOD TRANSFUSION - B.T. Consent > Patient's ID > Signature of Patient's/Relatives		> Signature of Doctor on Duty > Signature of Witness > Date / Time	
B.T. Reaction form -Pts. Identification data		> Signature of DOD	
DEATH File-Death Form (Completely filled)		> Medical Certificate of Death (complete)	
Death Summary (Completely)			
SURGERY IF APPLICABLE			
> Pre-operative Orders-Complete			
Consent Form (Surgical Procedures) > Patient's ID > Signature of Patient's/Relatives		> Signature of Doctor on Duty > Signature of Witness > Date/ Time	
Operative Notes-Completeness			
NURSING PERSONNEL			
NURSING - Nurses Assessment Form/Sheet		> Patient Identification data including Diagnosis	
Temp. & Vital Chart - Signature of Staff Nurse			
Intake Output Chart - Signature of Staff Nurse		> Patient Identification data including devis in hospital	
Physical Restraint Form Completeness		> MLC Stamp > Pt. Name Cr. No. on All Pages	
IC Cases No. Consultant Signatures :		Sister in Charge / Senior Staff Nurse signature	



3

Noted by Name &

DEPT.	ONCOLOGY CLINIC	HOSP. NO.	1201288	ROOM NO.	136 (TUE)	OPD No.	240078598
PATIENT NAME	B/O VINTI	AGE	YEAR: 1, MONTH: 1, DAY: 16	SEX	MALE	DATE TIME	19/03/2024 14:02
FATHER'S / MOTHER'S NAME	NEERAJ KUMAR	AREA / LOCATION	HNO 110 ST NO 7 SHALIMAR GARDEN DELHI DELHI DELHI			DATE OF BIRTH	
BIRTH WT. (KG.)		WT. (KG.)	HEAD CIRCUMFERENCE (CMS)	HT. (CMS)	CONTACT NO.	7291950698	
IMMUNIZATION	BCG	OPV	DPT	HIB	HEPATITIS B	MEASLES	MMR
	1 2 3 B1 B2		1 2 3	B1 B2 1 2 3	1 2 3	Yes/No	Yes/No
PROVISIONAL DIAGNOSIS	ICD 10 CODE						

- INVESTIGATIONS
- HAEMATOLOGY
- TLC / DLC
- PLATELET COUNT
- CT / PT
- SPHERICAL SMEAR
- FINE ROTINE/MICROSCOPY
- BUNIN/SUGAR
- BIOCHEMISTRY
- SUGAR FPP/R
- UREA
- CREATININE
- URIC ACID
- ELECTROLYTES: NA/K
- CALCIUM
- PHOSPHORUS
- BIOESTRO
- URINE (SPOT) CALCIUM/CREATININE RATIO
- URINE (SPOT) PROTEIN/CREATININE RATIO
- S. BILIRUBIN/D/I
- S.GOT (ALT)
- S.GPT (AST)
- S. ALK. PHOSPHATASE
- S. PROTEIN TOTAL
- S. ALBUMIN
- RADIOLOGY
- X-RAY CHEST/OTHERS
- USG
- CT SCAN / MRI
- CTPA SCAN
- DRGA SCAN
- CLINICAL MICROBIOLOGY
- URINE C/S
- BLOOD C/S
- CP
- S. WIDAL
- ASO
- HBsAG/HBc AB/HCV AB/HEV AB
- HIV
- ABSA PROFILE
- SPUTUM FOR AFB
- STAINS
- MANTEUX TEST

VITALS:
PULSE/HR _____/MIN
RESPIRATORY RATE _____ BREATHS/
MIN
TEMPERATURE _____ F

CLINICAL NOTES

TREATMENT ADVISED

ds/B Pedsx
 Recurrent SCT.
 on PEB chemotherapy
~~not~~ scheduled for ~~week~~ cycle 4.
 PR - few spherical cells in a side of field
Adm - Adm in Pedsx / 5th floor
 (251-1)
ds/B Pedsx
 Plan - Sx after cycle 4
 MA ~~at~~ 14 days.

ds/B
 - cycle 4 chemo
 - CBE, ANC

LA

SIG./ NAME / DESIGNATION OF DOCTOR



भारत सरकार

Government of India



Issue Date: 31/07/2015



विन्ती कुमारी

Vinti Kumari

जन्म तिथि/DOB: 01/01/2004

महिला/ FEMALE

8457 6990 4769

VID : 9191 6141 0021 9624

मेरा **आधार**, मेरी पहचान