

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029
 ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI -110029

16

आपातकालीन विभाग



UHID No:107599291

(DEPT. OF EMERGENCY MEDICINE)

दिनांक DATE: 16/06/2024

समय TIME: 01:03:50 PM

NON-MLC

Emergency No: 2024/030/0059838

आयु AGE : 6 years

लिंग /SEX : M

MR. MAYANK SINGH
 H.N.O:
 CITY/BLOCK:
 STATE:
 MOBILE NO:
 Relative: FATHER

RAIGANV RAGOWN
 DIST GONDA
 UTTAR PRADESH
 6386703543

गली / मुहल्ला STREET/MOH: GONDA
 पिन PIN:
 दूरभाष सं. PHONE NO:
 स्थान Location: Paediatrics Emergency
 Criticality: Red / Yellow / Green

HR /min BP mmHg RR /min spO2 %

Responsive/HR /min BP mmHg RR /min spO2 %
 /min New Emergency

Presenting Complaints

PS \Rightarrow Lymphoblast 60%
 Primary Assessment (ABCDE) : Assessment Pentagon

% Fever x 5 days
 h/o intermittent bleeding per rectum (+)
 h/o nasal bleed - 2 days back

<p>Airway</p> <p>Open & stable <input checked="" type="checkbox"/> Yes/No If No.....</p> <p>Breathing: RR <u>24</u>/min Efforts: Normal/Poor/increased</p> <p>Auscultation: Air entry: <input checked="" type="checkbox"/> Normal/poor/Differential</p> <p>Added sounds: <input checked="" type="checkbox"/> None/Stridor/Wheeze/Crackles</p> <p>SpO2 on Room air: <u>100</u>%</p>	<p>Circulation</p> <p>HR <u>110</u>/min</p> <p>CFT <u>3</u> secs.</p> <p>BP <u>104/56</u> mmHg</p> <p>Peripheral pulse: Poor/<input checked="" type="checkbox"/> Good</p> <p>Central pulse: Poor/<input checked="" type="checkbox"/> Good</p> <p>Skin temp: <input checked="" type="checkbox"/> Warm/cool</p> <p>Others <u>Pallor (+)</u></p> <p>P/A - liver 3cm \downarrow Rmn</p>	<p>Disability</p> <p>GCS <u>15/5</u>...</p> <p>Pupil size...../min</p> <p>Pupillary Reactions <u>(+) PERL</u>.....</p> <p>Motor activity: <input checked="" type="checkbox"/> Normal & <input checked="" type="checkbox"/> Symmetrical/Asymmetrical/ <input checked="" type="checkbox"/> Posturing/Flacidity/Seizure</p> <p>Blood Sugar.....mg/dl</p> <p>Exposure: Temp..... Colour: Normal/pallor/cyanosis /mottled - <input checked="" type="checkbox"/> Any other skin lesions.....</p>
--	--	--

Diagnosis
 CBC+PS / Vbc. / CRP
 IRCH Flow cytometry
 LFT RFT
 To arrange Pft
 To take cross match
 sample

Acute Lymphoblastic Leukemia
 -to % TLS

18.6.24

- Plan.
- 1) IVF - DNS without KCl at 58 ml/hr (100%)
 - 2) T Allopurinol 100mg \downarrow 0 - $\frac{1}{2}$
 - 3) ~~IVF~~ Inj. PCM 180mg IV SOS
 - 4) To decide on transfusion according to PRO CBC reports

एम.आर.-3 जनरल हिस्ट्री
M.R.- 3 General History

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI-110029

नाम Name Mayank

उम्र Age 6/M

सर्विस Service

दिनांक Date 17/06/24

यू.एच.आई.डी. नं. UHID No.

प्रोफेसर इंचार्ज
Professor IC

Notes written by Dr. Navin

CLINICAL NOTES

Unregistered case
Acute leukaemia under evaluation
not in TUS.
Presentation
Fever x 6 months

WT = 18kg

JM

CBC 4.8/47990/5000 → PRBC/RDP transfusions
Urea/Creat 18/0.35
Ca/Po₄ 9.2/5.5
UA 4.7
Na⁺/K⁺ 137/4.6

Achr

Blood Donation 60
Renew in mo OPD on
(12ch) 19/06/24 for registration
Tab Allo purinol 100 mg BD
Plenty of oral fluids ~ 2-3L/d

Dr. Navin SRMO

ISSUE / COMPATIBILITY LABEL

Sample ID : 2024-R30482
 Patient's Blood Group : A Pos
 1 Hosp/Dr : AIIMS Hospital /Dr. Jitendra meena

Pt. Hosp. Req. No.: 0
 Wd-Bed No.: PEDS EMERGENCY

Product : IRR-RDP
 Blood Group : AB Pos
 Bag ID : 2024-B23801

X-Matching Report : ABO Compatible
 X-matched By : Naresh

Issue No.: 53698
 Issue Dt.: 17/Jun/2024 12:53 AM
 Colln. Dt.: 17/Jun/2024
 Issued By : Naresh

1879
 G.No. 046/81

TRANSFUSION MEDICINE AIIMS, New Delhi
 Ansan Nagar, New Delhi- 110029

ISSUE / COMPATIBILITY LABEL

Sample ID : 2024-R30500
 Patient : MAYANK SINGH
 Patient's Blood Group : A Pos
 Hosp/Dr : AIIMS Hospital /Dr. Jitendra meena

Pt. Hosp. Req. No.: 0
 Wd-Bed No.: PEDS EMERGENCY

Product : PRBC
 Blood Group : A Pos
 Bag ID : 2024-B21922

X-Matching Report : Compatible
 X-matched By : Vikas

Issue No.: 53699
 Issue Dt.: 17 Jun 2024 12:55 AM
 Colln. Dt.: 30 May 2024
 Exp. Dt.: 11/Jul/2024

Issued By : Naresh

TRANSFUSION MEDICINE AIIMS, New Delhi
 Ansan Nagar, New Delhi- 110029 Lic.No. 046/81

ISSUE / COMPATIBILITY LABEL

Sample ID : 2024-R30482
 Patient's Blood Group : A Pos
 1 Hosp/Dr : AIIMS Hospital /Dr. Jitendra meena

Pt. Hosp. Req. No.: 0
 Wd-Bed No.: PEDS EMERGENCY

Product : IRR-RDP
 Blood Group : AB Pos
 Bag ID : 2024-B23806

X-Matching Report : ABO Compatible
 X-matched By : Naresh

Issue No.: 53697
 Issue Dt.: 17/Jun/2024 12:53 AM
 Colln. Dt.: 17/Jun/2024
 Issued By : Naresh

TRANSFUSION MEDICINE AIIMS, New Delhi
 Ansan Nagar, New Delhi- 110029 Lic.No. 046/81

DIOMETER ABL800 FLEX

Patient ID: 107599291
Date of Analysis: 16-06-2024 16:35

REPORT Syringe - S 250uL 04:50 PM 6/16/2024
Sample # 127979

Locations
Patient ID 107599291
Patient Last Name MAYANK
Age 6 years
Sex Male
Sample type Venous
O₂(l) 21.0 %
T 37.0 °C

Blood Gas Values

pH 7.303
pCO₂ 49.3 mmHg
pO₂ 27.3 mmHg

Temperature Corrected Values

pH(T) 7.303
pCO₂(T) 49.3 mmHg
pO₂(T) 27.3 mmHg

Oximetry Values

ctHb 4.9 g/dL
sO₂ 35.5 %
FO₂Hb 34.2 %
FMethHb 2.7 %
FCOht 1.1 %
FHHb 62.0 %

Electrolyte Values

cNa⁺ 123 mmol/L
cK⁺ 3.8 mmol/L
cCa²⁺ 0.75 mmol/L
cCl⁻ 103 mmol/L

Metabolite Values

cGlu 74 mg/dL
cLac 2.3 mmol/L

Acid Base Status

cHCO₃⁻(P)_c 23.7 mmol/L
SBE_c -1.8 mmol/L

Calculated Values

Anion Gap_c -3.5 mmol/L
AnionGap.K⁺_c 0.3 mmol/L
ctCO₂(P)_c 56.5 Vol%
mOsm_c 250.8 mmol/kg
cH⁺_c 49.8 nmol/L

Notes

c Calculated value(s)

Printed 4:51:52PM 6/16/2024

Unit	
10 ⁹ /L	
10 ⁹ /L	
10 ⁹ /L	
10 ⁹ /L	
10 ⁹ /L	
10 ⁹ /L	
10 ⁹ /L	
10 ⁹ /L	
10 ⁹ /L	
10 ⁹ /L	
10 ⁹ /L	
g/dL	
%	
fl	
pg	
g/dL	
fl	
10 ⁹ /L	
fl	
%	
10 ⁹ /L	
%	
10 ⁹ /L	
%	

→ Arrange
To PPS C

→ PDP
arranged

Disc sample
20/06/2024
9:00 AM
Thursday
ROOM NO. 2
keeper

m.oward/7

DR. B.R.A. IRCH, AIIMS, NEW DELHI

IRCH No. 322524

Clinic Adult Medical Oncology Clinic
Dept. MEDICAL ONCOLOGY
General

Reg. Date-20/06/2024

Clinic No. 2024/47083



UHID-107599291

नाम
Name MAYANK SINGH

S/O- ROHIT SINGH

Phone No. 6386703543

Address RAIGANV RAGOWN, GONDA, DIST GONDA, UTTAR
PRADESH, INDIA

Paul Online

Sex/Age M/6Y

Room 5 (Shift Morning)

नए दवाईयों/शल्यक उपभोग्यों की मांग हेतु प्रपत्र ।
Surgical consumables for BPL/Poor Indigent Patient.

दिनांक / Date 27/06/24

लिंग / Sex

आयु / Age

दाखिले की तिथि / Date of Admission

विभाग/एकक / Department/Unit

वार्ड / Ward

बिस्तर सं. / Bed No.

पू.एच.आई.डी.सं./UHID No. सी.आर.नं./C.R.No.

विभाग/एकक/Department/Unit : वार्ड/Ward : बिस्तर सं./Bed No.

निदान एवं उपचार योजना/Diagnosis & Treatment Plan :

उपरोक्त उल्लेखित निर्धन एवं गरीब रोगी हेतु निम्नलिखित दवाईयों/शल्यक उपभोग्यों की आवश्यकता है। यह संस्तुति की जाती है कि रोगी को इन दवाईयों/शल्यक उपभोग्यों को अस्पताल भंडार से एक विशेष केस के रूप में जारी किया जाए।
The following medicines/surgical consumables are required for the above mentioned poor & indigent patient. It is recommended that the patient may be issued these medicines/surgical consumables from hospital store as a special case.

क्र० सं० S.No.	दवाईयों/शल्यक वस्तुएँ Medicine/Surgical Items	खुराक एवं अवधि Dose & Duration	मात्रा Quantity
1)	4fr Groeling PICC line	X 1	X 1
2)	SDP kit ACD bag	X 2	

बी०पी०एल० कार्ड के विवरण (प्रतिलिपि संलग्न की जाए)/Details of BPL Card (Photocopy to be enclosed):
कार्ड सं०/Card No. वैधता: दिनांक/Validity: से From तक/To

जारी करने वाला राज्य / Issued in the State of
जारी करने वाले प्राधिकारी के वैध हस्ताक्षर Valid signature of issuing Authority: उपस्थित/अनुपस्थित Present/Absent

किसी स्थिति में यदि निर्धन/गरीब रोगी के पास वैध बी०पी०एल० कार्ड नहीं है तो उपचार करने वाला संकाय विशेष-केस के रूप में अस्पताल से अपेक्षित दवाईयों/शल्यक उपभोग्यों की संस्तुति करने के लिए औचित्य के साथ विशिष्ट टिप्पणियों आवश्यक हैं।
In case the poor/indigent patient does not have a valid BPL card, the treating faculty member must give specific remarks with justification for recommending provision of required medicines/surgical consumables from the hospital as a special case.

संकाय सदस्य की इलाज हेतु टिप्पणियाँ /Comments of treating Faculty Member:

The required items are urgent & life saving.

Patil is not listed under
AB-PHJAY
Redha PHJAY
27/6/24



डॉ. दीपन रुषम, एम.बी.डीएन
Dr. DEEPAN RUSHAM M.D., F.M.
Asst. Professor / Associate Professor
विशेषज्ञ अर्धवैज्ञान विभाग / Dept. of Medical Oncology
बी०पी०एल० सं. रोगी अस्पताल/Dr. B.R.A., IRCH
अ. प्रा. आ. सं., नई दिल्ली/AIIMS, NEW DELHI-110029

Dr. AAKANKSHA BHATIA NAIK
Senior Resident
Dept. of Medical Oncology
AIIMS, New Delhi



AARK PHARMACEUTICALS

(Pharmaceuticals & Surgical Distributors)
S-14, GROUND & 1ST FLOOR, UPHAR CINEMA COMPLEX MKT
GREEN PARK EXT., NEW DELHI-110016

Tel No. : 011-40743520/21/22/23/24 40566902, 41017774
Mobile Number : 7428397365, 08800300118, 88003001119, 09310155904, 09310155905
Website : www.aarkpharma.com E-mail : aarkdelhi@aarkpharma.com State Code : 07
GST No. : 07AAHFA2350E1ZY
D.L. No. : MLN-139620/21/22/23/24/25 20.20B.21.21B.20F.20G

PAN No. : AAHFA2350E
FSSAI No. : 13317008000034
Mode Of Transport :-
Bike/Auto/Tambo/Counter/Bus.....

Customer Details :- 82597
MAYANK SINGH
AIIMS
AIIMS HOSPITAL
NEW DELHI
PIN CODE : 110029
D.L. No. 1:
D.L. No. 2
Ship To :-

GST No. :
Tel. No. :
Mob. N : 6386703543

Invoice No. : BOS-24-7470
Invoice Date : 03/07/2024



Challan No. :
Challan Date :
P. Order No. :
P. Order Date :

ORIGINAL

SR.	PRODUCT NAME	HSN CODE	PACK	BATCH NO.	EXP. DT.	MRP.	SALE QTY.	DIS. QTY.	RATE	AMOUNT	DIS%	TAXABLE AMOUNT	GST%	CGST %	SGST %	IGST %
1.	SSL PLATELET SET	90189099	1*KT	NLT131	10/26	9249.00	1	1	7475.90	7475.90	0.00	7475.90	12	6.00	6.00	0
2.	ACD 500ML SOLUTION BOT	30049099	BOT	827A183602	12/25	553.00	0	1	0.01	0.00	0.00	0.00	12	6.00	6.00	0
3.	FREE FLEX 1LTR	30049099	1LTR	827C604801	02/27	110.30	0	1	0.01	0.00	0.00	0.00	12	6.00	6.00	0
PAID																

AARK PHARMACEUTICALS
PAID
03 JUL 2024

No of Items : 3	Taxable Amt.	CGST%	CGST Amt	SGST%	SGST Amt	Gross Amt	7475.90
Tot Qty : 3	0.00	14.4%	0.00	14.4%	0.00	Sem. Amt	0.00
Made By : TULSI	0.00	9%	0.00	9%	0.00	Disc. Amt	0.00
Print By : TULSI	7475.90	6%	448.55	6%	448.55	Add CGST	448.55
	0.00	2.5%	0.00	2.5%	0.00	Add SGST	448.55
	0.00	0%	0.00	0%	0.00	Net Amount:	8373.00
	7475.90		448.55		448.55	Less CN :	0.00
						Add TCS %	0.00

Invoice Amount in Words (Rs.) : Eight Thousand Three Hundred Seventy Three Only

(Certified that particulars given above are true and correct.)

(Computer Generated Invoice)

BANK ACCOUNT DETAIL
AARK PHARMACEUTICALS
BANK NAME : YES BANK LIMITED
A/C NO. : 005583900002099
BRANCH : GREEN PARK
IFSC CODE : YESB0000055
NEW DELHI-110016



Terms & Conditions :-
All Disputes Are Subject To Delhi Jurisdiction Only.
Interest @18% P.a. will be charged after due date.
Goods Once Sold Will Not Be Taken Back Or Exchange

Inv. Amt. : 8373.00
R/Off

For AARK PHARMACEUTICALS
NEW DELHI
COMPANY SEAL
F.&O.E.

SO RD DO

अखिल भारतीय आयुर्विज्ञान संस्थान
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
 अंसारी नगर, नई दिल्ली-११००२९
ANSARI NAGAR, NEW DELHI-110029

TRANSFUSION CHART

नाम : _____ आयु _____ लिंग _____ यू.एच.आई.डी.सं. _____
 NAME : Mayank Singh AGE : 6 yrs SEX : M UHID No. : 107599291
 WARD : _____ BED NO. : _____ DIAGNOSIS : _____
 PATIENT'S BLOOD GROUP : _____ UNIT CHIEF : _____

COMPONENTS

Date	Starting time	Bag No.	WB	RBC	PLT	FFP	PLSM	CRYO	Bag Group	Rh	Checked by	Started by	Given by	Stop time	REACTION
<u>11/11/20</u>	<u>1:40 AM</u>	<u>B/23801</u>			<input checked="" type="checkbox"/>				<u>AR</u>	<u>+</u>	<u>Dr. Khajuria</u>	<u>Dr. Khajuria</u>			
<u>2:10 AM</u>	<u>2:30</u>	<u>B/23806</u>			<input checked="" type="checkbox"/>				<u>AR</u>	<u>+</u>	<u>Dr. Khajuria</u>				
<u>3:40 AM</u>	<u>2:52</u>	<u>B/21922</u>			<input checked="" type="checkbox"/>				<u>B</u>	<u>+</u>	<u>Dr. Khajuria</u>				
<u>10 AM</u>															<u>Midway last 20mg.</u>

- | | |
|-------------------------|---------------------------|
| W.B. = WHOLE BLOOD | PLAM = PLASMA |
| R.B.C. = RED BLOOD CELL | CRYO = CRYOPRECIPRATE |
| P.L.T. = PLATELET | QTY. = QUANTITY |
| | FFP = FRESH FROZEN PLASMA |

DATE

DETAILS OF BLOOD REACTION, IF ANY	
ACTION TAKEN	
CAUSE OF BLOOD REACTION	
OUTCOME	

डा. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल
Dr. B. R. Ambedkar Institute Rotary Cancer Hospital
अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली- 110029
All India Institute of Medical Sciences, New Delhi-110029

एम.आर.- 9

M.R. -9

परामर्श अभिलेख / CONSULTATION RECORD

नाम Name	आयु Age	लिंग Sex	वैवाहिक स्थिति Marital Status	के.पं.सं. C.R. No.
Mayank	6	M		
सेवा Service	वार्ड Ward	बिस्तर Bed	व्यवसाय Occupation	धर्म Religion
107599291	MO	6		स्थिति Status
Referred by Dr.	Consultant MO Requesting Doctor	to Dr.	Consultant ENT Consultant & Specialty	

Findings :

Date : 03/17

Repeat referral

Respected sir,

Diagnosis or Impression :

Referring to you pt. Mayank
k/c/o AML on induction c

pneumonia

fract temporal bone s/o B/c otomastoiditis

Recommendations:

Please assess & advise
management.

Palleen C
9687101931
Consultant's Signature

डा. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल
 Dr. B. R. Ambedkar Institute Rotary Cancer Hospital
 अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली- 110029
 All India Institute of Medical Sciences, New Delhi-110029

एम.आर.-9
 M.R. -9

परामर्श अभिलेख / CONSULTATION RECORD

नाम Name	आयु Age	लिंग Sex	वैवाहिक स्थिति Marital Status	के.पं.सं. C.R. No.
सेवा Service	वार्ड Ward	बिस्तर Bed	व्यवासाय Occupation	धर्म Religion स्थिति Status

Referred by Dr.

to Dr.

Requesting Doctor

Consultant & Specially

107599291

Findings :

Date :

AML
 R_p

PLT low
 RDP lower
 WBC (N)

3RPP
 01/17/24

Hb = 5.5 (26/6/24)
 PLT = < 1000

Diagnosis or Impression :

TLC = 108

WBC = 30 / 0-4

CE = 9.8

Na/K = 12.8 / 3.4

T.Bil = 0.92

LFT - (N)

Alb = 4.8

Recommendations:

Consultant's Signature

डा. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल
 Dr. B. R. Ambedkar Institute Rotary Cancer Hospital
 अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली- 110029
 Sciences, New Delhi-110029

एम.आर.-9
 M.R. -9

DR. B.R.A. IRCH, AIIMS, NEW DELHI
 Reg. Date-20/06/2024
 Clinic No. 2024//47083
 UHID-107599291
 Sex/Age M/6Y
 Room 5 (Shift Morning)
 Name MAYANK SINGH
 DO- ROHIT SINGH
 Phone No. 6386703543
 Address RAIGANV RAGOWN, GONDA, DIST GONDA, UTTAR
 PRADESH, INDIA

MULTIPLICATION RECORD

वैवाहिक स्थिति Marital Status	के.पं.सं. C.R. No.
व्यवसाय Occupation	धर्म Religion स्थिति Status
to Dr. <i>Can Keelr</i> Consultant & Specially	

Date :

*This is a case of Ame planned for
 Emergency induction kindly issue*

Diagnosis or Impression : *Picc line*

T. Shrivastava
 डॉ. भारती. सं. रो. के. अ. / Dr. B. R. Ambedkar Institute Rotary Cancer Hospital, New Delhi

Recommendations:

DR. B.R.A. IRCH, AIIMS, NEW DELHI-29
 डॉ. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल, नई दिल्ली-110029

Consultant's Signature