डा. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल
Dr. B.R. Ambedkar Institute Rotary Cancer Hospital

OPR-6

अस्प... ...PITAL
...nt
...PREMISES

एकक/Unit
विभाग/Dept.
नाम/Name

Dept. Reg. No. 182407
Deptt. MEDICAL ONCOLOGY
General
Name MOHD HASSAN .KADRI
S/O- JAVIR KHAN
Address BARAUR NAWAB GANJ , DT- BREILLY, UTTAR PRADESH, INDIA

Reg.Date-30/11/2015
UHID-101421985
DOB 27/11/2013 (M/2Y)
Room Board Room (Shift Morning)

Regn. No.
जन्म तिथि/Date of Birth

निदान/Diagnosis

ALL (SR)

दिनांक/Date	उपचार/Treatment
21/12/15	Adv ✓ 1) • Syp. Predone forte - 5ml OD (15mg/5ml)
CBC - wk 6 Gm	2) Cnt Septran / vomitop / Pan 40 - ac before
	3) Inj L Asparginase / BIONASE - 4500 unit Deep i/m - 22/12
	4) Syp. Duphalac - 5ml at bed time
	5) Inj VINCRISTINE 0.65 mg slow IVP - 21/12
	6) Fever precaution
	Adv 23/12/15 ē OPE
	Syp T-minic - 2ml BD x 3 days
23/12/15	Zifaxi ointment

अंगदान-जीवन का बहुमूल्य उपहार/ORGAN DONATION - A GIFT OF LIFE

14/12/15

Adv.

(SEPTRAN-SS)

1. Continue prednisolone | vontop | pan 40 | septran M W F
2. Inj VCR 0.65 mg ivp - 14/12 ~~CI~~ given on 15/12/15
3. ITMTX - 10mg 1 dose - on 3c2 (10) - (15) → Central line dressing twice/week
4. Inj L-Asparaginase 4600 IU - 17/12/15

F/U on 17/12/15 ~~c~~ hmg

Refer to Dr. Rohan. Malik Dept of pediatrics for opinion ~~for~~. persistent hematochezia

17/12/15 I cl 18

1. Continue prednisolone | vontop | pan 40 | septran.
2. Inj L-Asparaginase 4600 IU 19/12; ~~21/12~~ 22/12
3. Inj VCR 0.65 mg IVP ~~22~~ 21/12/15

Follow up on ~~22/12/15~~ 21/12/15 ~~c~~ hmg report

Syp Augmentin duos ~~5~~ 5ml BD ○—○ x 3 dc

Review in room 12 on 19/12/15 @ 9:30 AM.

सेवा में,

श्रीमान अधीक्षक
रिलीफ इंडिया ट्रस्ट
D-22, सेक्टर-3
नोएडा - 30 यू०

विषय - मेरे भांजे के इलाज हेतु प्रार्थना पत्र।

महोदय,

सविनय निवेदन यह है कि मेरा नाम अनवार खान है और मेरे भांजे का नाम मो. हुसैन कादरी है जिसकी उम्र दो साल है। मेरे भांजे का ब्लड कैंसर की बीमारी है जिसका इलाज दिल्ली के एम्स अस्पताल में चल रहा है। इलाज का कुल खर्च डॉक्टर द्वारा 2,00000 बताया गया है, मैं एक गरीब व्यक्ति हूँ, मेरी आर्थिक स्थिति खराब होने के कारण इलाज हेतु पैसे जमा करने में असमर्थ हूँ।

अतः आपसे अनुरोध है कि आप मेरी सहायता करें। मैं सदैव आपका आभारी रहूँगा।

धन्यवाद।

अनवार खान

डा. बी. आर. अम्बेड
Dr. B.R. Ambedkar
अ.भा.आ.सं.अ
बहिरंग रोगी
अस्पताल के अन्दर धूम्रपान

DR. B.R.A. IRCH,AIIMS,NEW DELHI
IRCH No. 182407 Reg.Date-30/11/2015
Clinic Paediatric Medical Oncology Clinic Clinic No. 3991
Deptt. MEDICAL ONCOLOGY
General
Name MOHD HASSANUL KADRI UHID-101421985
S/O- MOHD. JABIR KHAN Sex/Age M/2Y
Room Board Room (Shift Morning)
Address BARAUR NAWAB GANJ , DT- BREILLY, UTTAR PRADESH, INDIA

OPR-6

एकक/ Unit Medical Oncology
विभाग/Dept. Dr SB

नाम/ Name	पिता/ F/S
Mohd Hasan Kadri	

निदान/ Diagnosis B-ALL

दिनांक/ Date	उपचार/ Treatment
30/12/15	- high protein diet - egg, dal wala,
	- Syp predan forte (15 mg/5ml) - 5 ml OD
	- Zytee ointment LA 1—0—1
	- Syp crocin 6ml P/O 1—0—1
	- T. pan 40 mg 1/2 tab OD
	- T. Septrans 1/2 Tab OD M/W/Fri
	- T. voriconayole 1/2 tab Bd.
	ANAS FREE GENERIC PHARMACY (V) MEDICINE RECEIVED NAME 30/12/15 (W) DATE SIGN
	- Syp Taxim O (5ml/150mg) 3.5ml Bd

PTO

23/12

feverish
ANC = 500

23/12 - D1 E
Dy D7 outside
Dy 26/12 M

Adv ① Inj Magnex 1gm IV BD - stat × std

RJNFIS (15) ② T. Levoflox (250mg) - 1 tab once daily × 5d.

→ ③ Cont Syp Predone forte : 5 days → stop

④ Cont Syp Septran

⑤ Inj LEUNASE 4600 unit deep S/C on 26/12 (abort given Pt sick)
Saturday evening (15)

⑥ Fever on 28/12/15 ∴ CBC

Bx

To the Asst in chge
Ped - Gastro
- Kindly defer the procedure (colonoscopy) if feasible as the child is Neutropenic on having fever

Bx

26/12
urgent CBC

Hb = 10.0
TLC = 12.00
ANC = 0.2
Platelet = 144000.

Fever - 3 days (On Magnex + Amikacin).
Need upgradation.
PLAN

To Pediatric Casualty
- Inj. Meropenem - 200mg I.V TDS
vincristine => Inj. Magnex - 1gm I.V BD
Plan to admit

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अस्पताल ... A.I.I.M.S. HOSPITAL

OPR-6

Name MOHD HASSAN .KADRI UHID-101421985
S/O- JAVIR KHAN DOB 27/11/2013 (M/2Y)
Room Board Room (Shift Morning)
Address BARAUR NAWAB GANJ , DT- BREILLY, UTTAR PRADESH, INDIA

...ent
...TAL PREMISES

एकक/ Unit Ped SS
विभाग/Dept. MO

Regn. No.

नाम/ Name

पता/Address

Mohd Hasan K

Dept. Reg. No. 182407
Deptt. MEDICAL ONCOLOGY
General
Reg.Date-30/11/2015
Name MOHD HASSAN .KADRI UHID-101421985

निदान/ Diagnosis B-ALL in Complete Remission

दिनांक/ Date

उपचार/ Treatment

8/1/16

Tab: Cough Rhinosaha] × 2d

Ajabaile

9.5) 2600/1000 (14900

6/1/16

O/E: Stable Ajbarik
Chest: B/L NVBS
P/A: Soft
CNS: Sensorium ⊕
CVS: No PND

Adv

- Continue Ipedantoate + Zytee
- Syp Cetzine 2 ml PO od × ——— 2 ml
- Steam inhalation TDS

P/U 8/1/16 CBC

- In case of fever, Bleeding to remain in emergency

- To follow up in ~~casualty~~ Room ~~no 5~~ Board Room on Monday ~~&~~ Thursday Room no 5 PDMDC 9.00 am.
- to follow up on Monday Board Room on 4/1/2016 at 9:00 am & Biochem & Hmg

08/01/2016 Blood in stool - 2 days

Hb = 8.8
Plt = 806000
TLC = 4800
ANC = 1.3

Plan

=> R/v on 04/01/2015 as advised

Vinodkhan

4/1/16 Inj. VCR 0.6mg IV CT (15)

BMA + MRD 4/1/16

+

Peripheral Blood Flow sample

No Flow

5/1/16

OPD 7-12 10 am

Fv on 7/1/16

Fv on 13/1/16

OPD 2-13 12:30 pm

1. This is a Replacement / Voluntary donation.

2015B/34782 30/11/2015
MANOHAR LAL
MOHD HASSAN
IRCH

REPLACEMENT DONOR'S CARD

a) This donation entitles the availability of blood for the donor and patient only

b) This card is valid for one year only.

BLOOD BANK

All India Institute of Medical Sciences
Ansari Nagar, New Delhi - 110029

Signature of Donor

Time of Leaving Donation Room

WE THANK ALL THOSE WHO HELP US IN MAINTAINING THE CHAIN FROM VEIN TO VEIN

1. This is a Replacement / Voluntary donation.

2015B/34783 30/11/2015
MD. AKHTAR
MOHD HASSAN
IRCH

a) This donation entitles the availability of blood for the donor and patient only

b) This card is valid for one year only.

REPLACEMENT DONOR'S CARD

BLOOD BANK

All India Institute of Medical Sciences
Ansari Nagar, New Delhi - 110029

Signature of Donor

Time of Leaving Donation Room

WE THANK ALL THOSE WHO HELP US IN MAINTAINING THE CHAIN FROM VEIN TO VEIN

1. This is a Replacement / Voluntary donation.

2015B/34784 30/11/2015
VIRENDRA KUMAR
MOHD HASSAN
IRCH

a) This donation entitles the availability of blood for the donor and patient only

b) This card is valid for one year only.

REPLACEMENT DONOR'S CARD

BLOOD BANK

All India Institute of Medical Sciences
Ansari Nagar, New Delhi - 110029

Signature of Donor

Time of Leaving Donation Room

WE THANK ALL THOSE WHO HELP US IN MAINTAINING THE CHAIN FROM VEIN TO VEIN

DONOR'S NAME		BLOOD GROUP
	DONATION	SIGNATURE OF M.O.
NO. OF COMPONENTS ISSUED	DATE	SIGNATURE OF TECH.

20158/34782
30/11/15

BE A REGULAR VOLUNTARY DONOR

DONOR'S NAME		BLOOD GROUP
	DONATION	SIGNATURE OF M.O.
NO. OF COMPONENTS ISSUED	DATE	SIGNATURE OF TECH.

20158/34784
30/11/15

BE A REGULAR VOLUNTARY DONOR

RADIOMETER ABL800 FLEX

ABL827 754R0903N0003 12:29 12/11/2014
PATIENT REPORT Syringe - S 250uL Sample # 87075

Identifications
Patient ID 101421985
Patient Last Name MOHD HASSAN
Patient First Name
Age 2 years
Sex Male
Sample type Venous
FO_2(I) 21.0 %
T 37.0 °C
Department (Pat.)

Blood Gas Values		
pH	7.513	
pCO_2	23.9	mmHg
pO_2	40.9	mmHg
Temperature Corrected Values		
pH(T)	7.513	
pCO_2(T)	23.9	mmHg
pO_2(T)	40.9	mmHg
Oximetry Values		
ctHb	13.6	g/dL
sO_2	86.3	%
FO_2Hb	83.0	%
FMetHb	2.1	%
FCOHb	1.7	%
FHHb	13.2	%
Electrolyte Values		
cNa+	215	mmol/L
? cK+	4.2	mmol/L
cCa^{2+}	1.08	mmol/L
cCl^-	99	mmol/L
Metabolite Values		
cGlu	95	mg/dL
cLac	2.5	mmol/L
cCrea	0.11	mg/dL
Acid Base Status		
$cHCO_3^-$(P)$_c$	19.1	mmol/L
$cHCO_3^-$(P,st)$_c$	22.5	mmol/L
ABE_c	-2.0	mmol/L
SBE_c	-3.5	mmol/L
Calculated Values		
Anion Gap$_c$	96.9	mmol/L
? AnionGap.K+$_c$	101.0	mmol/L
cCa^{2+}(7.4)$_c$	1.14	mmol/L
$ctCO_2$(B)$_c$	37.1	Vol%
$ctCO_2$(P)$_c$	44.3	Vol%
Hct_c	41.8	%
$p50_c$	20.36	mmHg
$mOsm_c$	435.9	mmol/kg
cH^+_c	30.7	nmol/L
ctO_{2c}	15.8	Vol%
pH(st)$_c$	7.370	

Notes
c Calculated value(s)
cK+ 0210 Calibration error(s) present

Printed 12:30:55 12/11/2014

RADIOMETER ABL800 FLEX

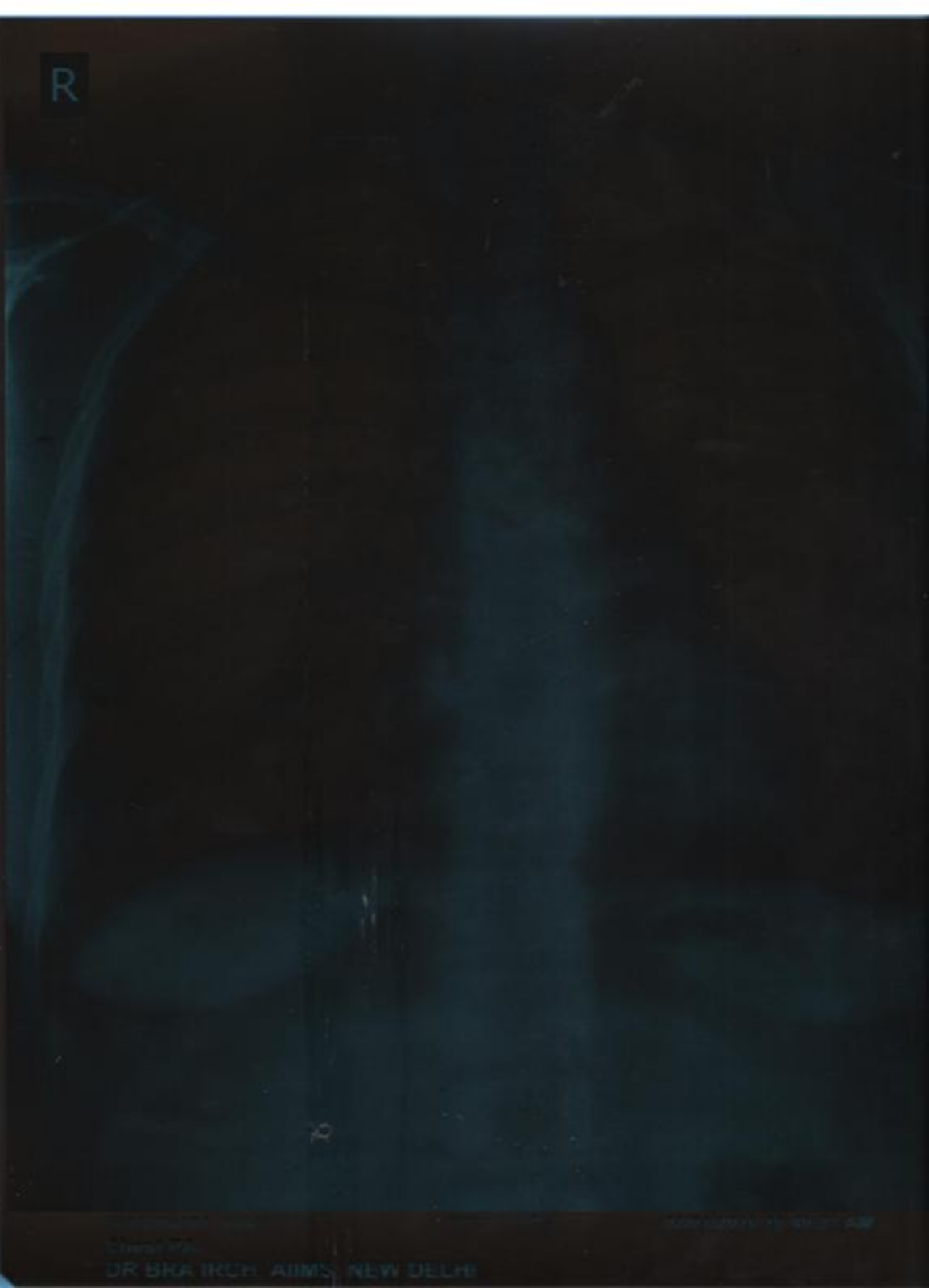
ABL827 754R0903N0003 19:25 12/13/2015
PATIENT REPORT Syringe - S 250uL Sample # 87343

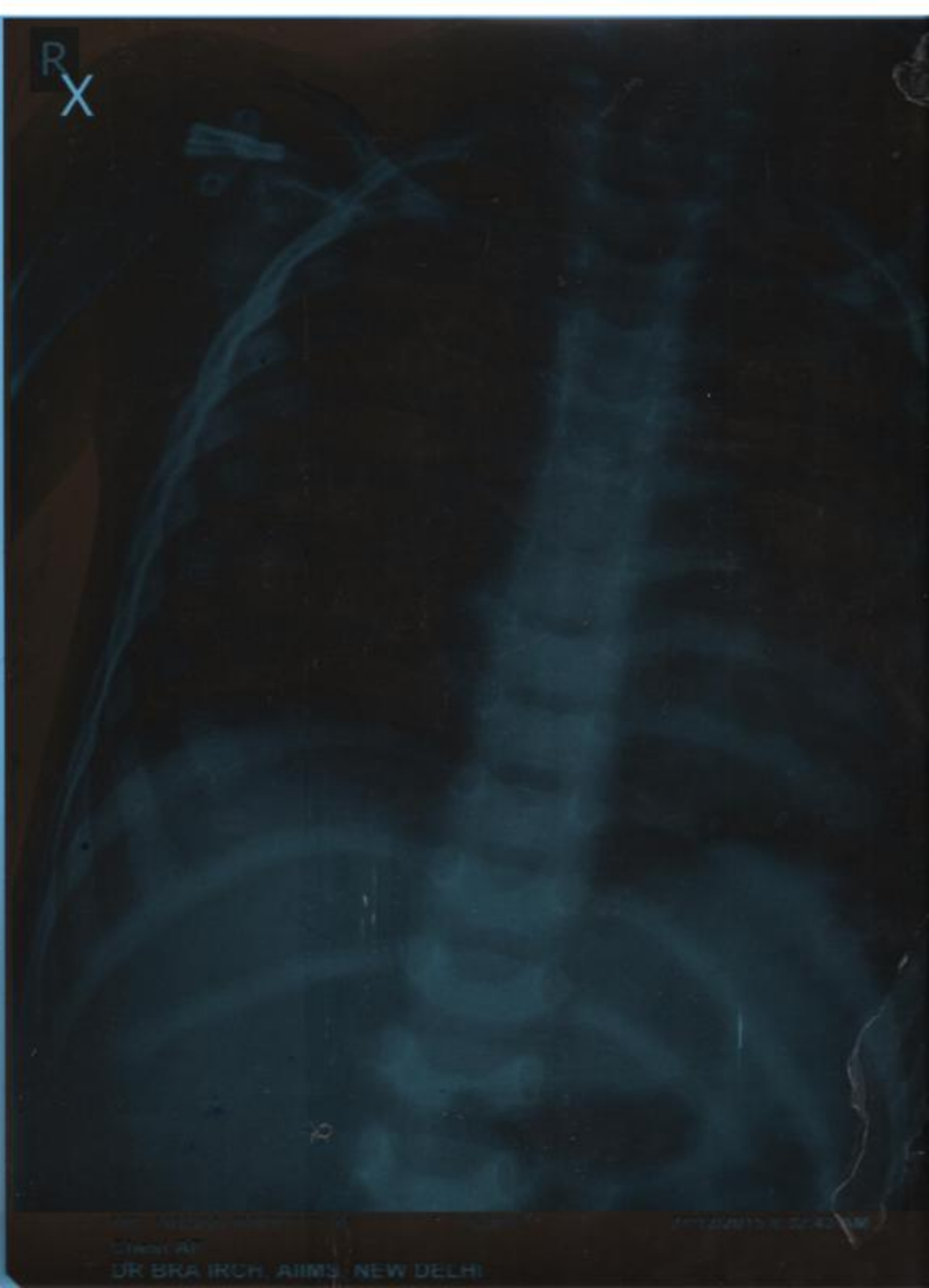
Identifications
Patient ID 101421985
Patient Last Name MOHD HASSAN
Patient First Name
Age 2 years
Sex Male
Sample type Venous
FO_2(I) 21.0 %
T 37.0 °C
Department (Pat.)

Blood Gas Values		
pH	7.322	
pCO_2	43.6	mmHg
pO_2	91.9	mmHg
Temperature Corrected Values		
pH(T)	7.322	
pCO_2(T)	43.6	mmHg
pO_2(T)	91.9	mmHg
Oximetry Values		
? ctHb	13.2	g/dL
? sO_2	96.2	%
? FO_2Hb	92.9	%
? FMetHb	2.1	%
? FCOHb	1.3	%
? FHHb	3.7	%
Electrolyte Values		
cNa+	59	mmol/L
cK+	4.1	mmol/L
cCa^{2+}	0.78	mmol/L
cCl^-	109	mmol/L
Metabolite Values		
cGlu	203	mg/dL
cLac	2.2	mmol/L
cCrea	0.19	mg/dL
Acid Base Status		
$cHCO_3^-$(P)$_c$	21.9	mmol/L
? $cHCO_3^-$(P,st)$_c$	21.4	mmol/L
? ABE_c	-3.6	mmol/L
SBE_c	-3.2	mmol/L
Calculated Values		
Anion Gap$_c$	-72.1	mmol/L
AnionGap.K+$_c$	-68.0	mmol/L
cCa^{2+}(7.4)$_c$	0.74	mmol/L
? $ctCO_2$(B)$_c$	44.5	Vol%
$ctCO_2$(P)$_c$	52.1	Vol%
? Hct_c	40.7	%
? $p50_c$	29.49	mmHg
$mOsm_c$	129.3	mmol/kg
cH^+_c	47.7	nmol/L
? ctO_{2c}	17.4	Vol%
? pH(st)$_c$	7.346	

?? ? calibration errors

Notes
c Calculated value(s)


R
DR BRA IRCH AIIMS NEW DELHI


R
X
DR BRA IRCH AIIMS NEW DELHI

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI -110029

आपातकालीन विभाग

(DEPT. OF EMERGENCY MEDICINE)

(REVISIT)

UHID No:101421985

आपातकालीन नं.(Emergency No): 2015/030/0168261 दिनांक DATE: 13/12/2015 समय TIME: 03:54:13 PM

NON-MLC

नाम NAME: **MR. MOHD HASSAN .** आयु AGE : **2 years 16 days** लिंग /SEX : **M**

S/O : JABIR KHAN

पता ADDRESS: मकान संख्या H.NO: BARAUR NAWAB GANJ गली / मुहल्ला STREET/MOH:

शहर/प्रखंड CITY/BLOCK: DT- BREILLY पिन PIN:

राज्य STATE: UTTAR PRADESH दूरभाष सं. PHONE NO:

स्थान Location: Paediatrics Emergency

द्वारा BROUGHT BY: Relative : FATHER **Criticality: Red / Yellow / Green**

Triage: Responsive/ Unresponsive **HR** 108 /min **BP** mmHg **RR** /min **spO2** 99 %

Shifted to Paeds/ Main/ New Emergency

Presenting Complaints

. c/o B-ALL on induction chemo (D13)
c/o: vomiting 2-3 episodes,
- loose stools ± blood 3 episodes. Since yesterday
No fever.
- U/O — last at 2.00pm today.

Primary Assessment (ABCDE) : Assessment Pentagon

Airway	**Circulation**	**Disability**
Open & stable : Yes/No If No..... **Breathing**: RR ...../min **Efforts**: Normal/Poor/increased **Auscultation**: Air entry: Normal/poor/Differential Added sounds: None/Stridor/Wheeze/Crackles SpO2 on Room air.....99%	HR.....108/min CFT.....secs. BP.....mmHg Peripheral pulse: Poor/(Good) Central pulse:Poor/(Good) Skin temp: (Warm)/cool Others Temp: 96.5° F.	GCS..... Pupil size...../min Pupillary Reactions..... **Motor activity**: Normal & Symmetrical/Asymetrical/ Posturing/Flacidity/Seizure Blood Sugar.....mg/dl **Exposure**: Temp..... Colour:Normal/pallor/cyanosis /mottled Any other skin lesions.....

Diagnosis

O/E: child - ill. look Wt: 9 kg.
CVS - S_1, S_2 (N)
RS - B/L crepts (+)
P/A: Soft

Adv:
- CBC
- VBG
- CXR
- cannula

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029

(REVISIT)

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI -110029

आपातकालीन विभाग

(DEPT. OF EMERGENCY MEDICINE)

UHID No:101421985

आपातकालीन नं.(Emergency No): 2015/030/0167361 दिनांक DATE: 11/12/2015 समय TIME: 11:19:09 AM

NON-MLC

नाम NAME: MR. MOHD HASSAN . आयु AGE : 2 years 14 days लिंग /SEX : M

S/O : JABIR KHAN

पता ADDRESS: मकान संख्या H.NO: BARAUR NAWAB GANJ गली / मुहल्ला STREET/MOH:

शहर/खंड CITY/BLOCK: DT- BREILLY पिन PIN:

राज्य STATE: UTTAR PRADESH दूरभाष सं. PHONE NO:

स्थान Location: Paediatrics Emergency

द्वारा BROUGHT BY: Relative : FATHER Criticality: Red / Yellow / Green

Triage: Responsive/ Unresponsive HR 132/min BP 96/60 mmHg RR 32/min spO2 99 %

Shifted to Peds/ Main/ New Emergency

#WC of ALL ? fungal pneumonia on induction

Presenting Complaints

Irritability
Poor oral intake } × 1day.

No H/o fever

Primary Assessment (ABCDE) : Assessment Pentagon

Airway	Circulation	Disability
Open & stable Yes/No If No..... **Breathing**: RR 32/min **Efforts**: Normal/Poor/increased **Auscultation**: Air entry: Normal/poor/Differential Added sounds: None/Stridor/Wheeze/Crackles SpO2 on Room air 99 %	HR 132/min CFT 2 secs. BP.....mmHg Peripheral pulse: Poor/Good Central pulse:Poor/Good Skin temp: Warm/cool Others	GCS Eye M V Pupil size 2mm RSBL/min Pupillary Reactions..... **Motor activity**: Normal &/ Symmetrical/Asymetrical/ Posturing/Flacidity/Seizure Blood Sugar.. .....mg/dl **Exposure**: Temp. Colour: Normal/pallor/cyanosis /mottled Any other skin lesions.....

Diagnosis

c/o ARI

?JPN

डा. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल

Dr. B.R. Ambedkar Institute Rotary Cancer Hospital

M.S. HOSPITAL

nt Department

ITED IN HOSPITAL PREMISES

OPR-6

DR. B.R.A. IRCH, AIIMS, NEW DELHI
IRCH No. 182407 Reg.Date-30/11/2015
Clinic Paediatric Medical Oncology Clinic Clinic No. 3991
Dept. MEDICAL ONCOLOGY
General
Name MOHD HASSANUL QADRI UHID-101421985
S/O- MOHD. JABIR KHAN Sex/Age M/2Y
Rooms Board Room (Shift Morning)
Address BARAUR NAWAB GANJ , DT- BREILLY, UTTAR PRADESH, INDIA

एकक/ Ur
विभाग/ De

0 पंजीकृत सं०/ O.P.D. Regn. No.

	आयु Age	पता/ Address
x		

निदान/ Diagnosis

B-ALL, Standard risk

दिनांक/ Date	उपचार/ Treatment
14/1/16	3 सप्ताह रात को 1. T. 6-MP ½ Tab @ HS X 3 weeks (15) IT-MTX 10 mg weekly X 2 DOSE M. सोम W. बुध F. शुक्र 2. Syp. SEPTRAN 5 ml OD with CBC.
22/1/16 check	
29/1/16	
14/1/16	3. F/U on 3/2/2016

Vaneeta

14 JAN 2016
R.C. ISSUE

अंगदान-जीवन का बहुमूल्य उपहार/ ORGAN DONATION - A GIFT OF LIFE

11/1/16 Central line dressing

wt - 9.5kg
Ht - 85 cm

Rx Inj. Magnesi 1gm IV BD } x 3 days
Inj. Amikacin 150 mg IV OD }

F/U on 13/1/16

D1 11/1 M E
D2 12/1 M E
D3 13/1 M E
D4 14/1 HL

12/1/16

Syp Crocin 6 ml PO. 1—0—1.
Syp predan forte (15 mg/5ml). - 5 ml OD

AIIMS FREE ... RIC PHARMACY
(M) MEDICINE RECEIVED
DATE 12/01/16

13/1/16 Fever ⊕, slow cough ⊕
Ct. As as above

D4 Antibiotics 14/1/16 — HL

TO come on 14/1/16

Dr Sam...

To evaluate.

1/2/16

Fever × 4 days

Adv ① Syp. Augmentin duo = 1 tsp BD × 5 days (200 mg/5 ml)

× 2) T. of flox 50 OD - 1 tab BD × 5 d

3) Syp Cocain - 5 ml thrice daily (125 mg/5 ml)

× 4) Syp T-mune - 1.5 ml thrice daily

f/v on 3/2/16 ī CBC

3/2/16

Adv.

Stop 6MP

- Syp Cefixime (50 mg/5 ml) 1 tsp BD × 7 d
- Syp. Cocain (125 mg/5 ml) 1 tsp SOS
- ORS for diarrhea
- Syp. Ulzine (5 mg/5 ml) 2 ml OD × 1 week (HS) रात को
- f/u + CBC on 10/2/16
- Syp. Leptrin - 1 tsp M/a If

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-११००२६
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI-110029

नाम Name	उम्र Age	सर्विस Service	दिनांक Date	यू.एच.आई. डी. नं. UHID No.
Mohd. Kaasim	2/M			

प्रोफेसर इंचार्ज
Professor I/C

Notes written by .....

CLINICAL NOTES

13/12/15 H/o B-Pre-ALL

On ICICLE wef 01/12/15

Presented with :

- Vomiting
- Bleeding P/R } x 1 day

no H/o fever

O/E - Irritable
- Chest
- CVS
- P/A | NAD

PHYSICAL EXAMINATION

Temp.	Pulse	Resp	B.P.	Weight

CBC - 13.5 } 3500 < 92,000

Adv.

- CBC/Biochem (kt)
- Inf - 10 DNS
  - 10 NS
- Inj. Magnex 1gm i/v BD
- Inj. Cefixime 100mg/5ml (5ml) BD
- Inj. Emset 2mg i/v stat → BD.
- Syp. PCM 2.5ml SOS.
- PRBC/FFP → acc. to CBC.
- Patient will be reviewed after reports.

→

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-११००२६
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI-110029

नाम Name	उम्र Age	सर्विस Service	दिनांक Date	यू.एच.आई.डी. नं. UHID No
Mohd-Hasan	2yr/Mch			

प्रोफेसर इंचार्ज
Professor I/C

Notes written by.....

CLINICAL NOTES

→ Child found mic knee overnight
Hemodynamically stable.

Plan

① Tb IV Abx.
② O/n in med. onto OPD.

डॉ.भीमराव अंबेडकर संस्थान रोटरी कैन्सर अस्पताल, अ.भा.आ.सं.

Dr. B.R.Ambedker Institute Rotary Cancer Hospital A.I.I.M.S.

DEPARTMENT OF RADIO-DIAGNOSIS

R.30/9/50197

अखिल भारतीय आयुर्विज्ञान संस्थान
A.I.I.M.S. Hospital

एक्सरे -फार्म
X-RAY REQUISITION FORM

नाम
Name Sabnam Jahan

आयु **Age** 38 लिंग **Sex** F आय **Income**

एक्स-रे नम्बर **X-Ray No.** _____ तिथि **Date** _____

चिकित्सक विभाग
Referring Unit MO

अस्पताल क्रम नं. **Hosp. C.R. No.** 10143330 ~~वार्ड/ओ.पी.डी.~~ **Indoor / Outdoor**

~~रोगी स्थिति~~ **Ambulatory/Non** _____

एक्सरे जांच के लिए अंग
Examination Required CXR PA view

चिकित्सक की जांच रिपोर्ट :
Clinical Information :

Fever
Cough
Hemoptic Chest pain x 8 2w

O/E : NAD

~~22 TP~~

किसी दवा का बुरा प्रभाव
Any History of Allergy _____

अन्तिम महावारी तिथि
LMP _____

कोई पुराने एक्स-रे
Any Previous X-Ray _____

चिकित्सक के हस्ताक्षर
SIGNATURE OF MEDICAL OFFICER

रेडियोग्राफर के लिए
FOR RADIOGRAPHERS USE

कमरा नं. Room No.	फिल्म साइज Size & No. of Films	के.वी. KV	एम.ए.एस. MAS
10	1-10×12		
हस्ताक्षर/Signature			

रिपोर्ट
REPORT

10143330
21/11

एक्स-रे चिकित्सक
RAIDIOLOGIST

tment advised Wt = 10Kg.

CBC/VBG/SGRFT/RBS

① IVF 200ml @ 5% Dextrose @ 6 hrly.

② R/v ē reports.

SR

SR mod One to review

③ Visit by Urol

Dr

IF - Pulse

SIGNATURE

- PLEASE GET ENTRY DONE AT **NIS COUNTER** IMMEDIATELY AFTER BEING SEEN BY THE DOCTOR
- ALSO INFORM **AT NIS COUNTER** IN CASE OF:
  - REFERRAL TO OTHER DOCTORS
  - IN CASE XRAY/CT SCAN HAS BEEN ORDERED
  - TO **GET FREE MEDICATIONS** AFTER DISCHARGE

FRUSTATED/ANGRY ?? CONTACT HELPLINE NO. (ONLY FOR PATIENTS IN EMERGENCY)
AN INITIATIVE BY NURSE INFORMATICS(NIS), AIIMS

- कृपया चिकित्सक द्वारा देखे जाने के बाद तुरंत से एन.आई.एस काउंटर प्रविष्टि करा लें।
- एन.आई.एस काउंटर पर भी सूचित करें, अगर
  - अन्य डॉक्टरों के लिए रेफरल
  - यदि एक्स रे/ सीटी स्कैन की जाँच लिखी गई है
  - छुट्टी के बाद नि: शुल्क दवाएं प्राप्त करने के लिए

निराश / गुस्सा ?? संपर्क हेल्पलाइन नं.(केवल इमरजेंसी में रोगियों के लिए)

एक पहल नर्सी इन्फार्मेटिक्स (एन. आई. एस.) अ. भा. आ. स. द्वारा।

YOU WILL NOT BE SEEN IN **OPD** WITHOUT PRIOR APPOINTMENT
APPOINTMENT CAN BE TAKEN -THROUGH PHONE PATIENT PORTAL AT
www.aiims.edu

आप पहले नियुक्ति के बिना ओपीडी में नहीं देखा जाएगा

नियुक्ति फोन एटी रोगी पोर्टल www.aiims.edu से लिया जा सकता है

YOUR UHID IS 1014219S5

PLEASE SAVE IT ON YOUR PHONE FOR READY REFERENCE

कृपया अपने फोन पर UHID सुरक्षित करो

It is your right to have typed discharge summary for future reference . please ask for it from your doctor.

यह आपका अधिकार है कि आप भविष्य में संदर्भ हेतु टाइप किया हुआ डिस्चार्ज समरी को अपने पास रखें। कृपया इसके लिए अपने डाक्टर से अनुरोध करें।

डा. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल
Dr. B.R. [illegible] er Hospital
[illegible] PITAL
[illegible] nt
[illegible] PREMISES

OPR-6

Dept. Reg. No. 182407 Reg.Date-30/11/2015
Deptt. MEDICAL ONCOLOGY
General
Name MOHD HASSAN .KADRI
S/O- JAVIR KHAN
UHID-101421985
DOB 27/11/2013 (M/2Y)
Room Board Room (Shift Morning)
Address BARAUR NAWAB GANJ , DT- BREILLY, UTTAR PRADESH, INDIA

इकाई/Unit DR-S.B
विभाग/Dept. _____
Regn. No. Pomoc-3991
नाम/Name
जन्म तिथि/Date of Birth

AHRI - 12
10 am

निदान/Diagnosis Δ Acute Leukemia.

दिनांक/Date	उपचार/Treatment
15/12/15.	Blood donation - Main Blood Bank AIIMS 6 ⊙ 1 Sameer Kalia NKD c/c - ALL - Dysentry - 11/12/15 WBC = 91 a - 0.2 Plan Inj RFT/INR Inj - IVF - N/2 5% Dextrose - 500ml Q 8 hrly.

अंगदान-जीवन का बहुमूल्य उपहार/ORGAN DONATION - A GIFT OF LIFE