



१७९६  
सितंबर ४१ दिन का दृश्य

रिटार्ड ड्राइवर दृष्टि

ट्री-२२ फै. ३

नोटडा गोपनीय दृष्टि

तिथि - जरीव वर्षी सालेहा ३५ १५ वर्ष (२०१८-१९)  
जब उम्मीदवाले) के दवा के लक्षणों।

मी-२००१

उत्पोदन के अभी दला निवासी जल शुल्क  
पर्याप्त निवास उत्पादक जगत् का एक लक्ष है। जिसके  
अन्तर्वर्ती जीव में देखा जाता है उसके पास-वाई  
वर्टम है जिसके विशेष वर्णन का उत्पोदन-वाई  
दी दियारी है। जिसके जाल वर्षी के दलों में  
एक ही जापान वर्षा इस उम्मीदवाले के लक्ष  
है। वर्षी के उत्पादन जिसकी दापत कर  
निकालना है एक दवा है। इसके वर्षी की  
मिहने की उम्मीदवाले के लक्ष II वाई III के लक्ष  
के लिए लिपोसोल अम्फो-४ 100 mg उपचार  
लागू के क्रिया विवरण है जिसकी उम्मीदवाले के लक्ष  
II, जो एक वर्ष जैविक जाल के लक्ष वर्षी के  
एक वर्ष वर्षी वर्षा वर्षी के लक्ष वर्षी के लक्ष  
एवं एक वर्षी वर्षी के लक्ष वर्षी के लक्ष वर्षी के लक्ष  
उत्पोदन के लक्ष वर्षी के लक्ष वर्षी के लक्ष वर्षी के लक्ष

उत्पोदन के लक्ष वर्षी के लक्ष वर्षी के लक्ष वर्षी के लक्ष

उत्पोदन के लक्ष वर्षी के लक्ष वर्षी के लक्ष वर्षी के लक्ष

From  
20/7/13

forwarded to  
Relief India Trust  
Forwarded by  
A.N. SINGH

A.N. SINGH  
Medical Social Worker  
Balwati Saran Children's Hospital  
New Delhi-1

प्रधान

(दला)

८१६१ शोधना  
३११२-११ वर्षी-३११२-११  
कृष्णनगर, नई दिल्ली-११००४४  
कृष्णनगर, नई दिल्ली-११००४४

To,

Medical Social Worker,  
The Additional Medical Supdt.  
Kaliwati Saran Children's Hospital  
New Delhi

Madam/Sir,

This is to bring to your kind notice that a patient Saliba, 14y/f CR No. 6956 is admitted to Unit-II as a case Type I DM in营养不良. The parents of the child are too poor to afford the drugs required for his/her treatment. I request you to kindly arrange to procure following drugs for this patient. These drugs are not available in the hospital at present.

S.No.	Drug	Quantity Required	Approx. Price
1.	Liposomal Amphotericin B	50 mg/ day	12 ruo/- per
2.		100 mg/ Friday	Rs - 18000/- Approx
3.			
4.			
5.			Rs - 1,80,000/- Approx

Thanking you,

Yours sincerely,

(Dr. Kishore K)

Professor  
Department of Paediatrics  
L.H.M.C. & Assoc. K.S.C. Hospital  
New Delhi-110001

Forwarded  
Umar  
19/1/13

forwarded to  
Relief India Trust  
Free full pt in poor  
A  
20/1/13

A.N. SINGH  
Medical Social Worker  
Kaliwati Saran Children's Hospital  
New Delhi-1

Dr Amwari Tasneem

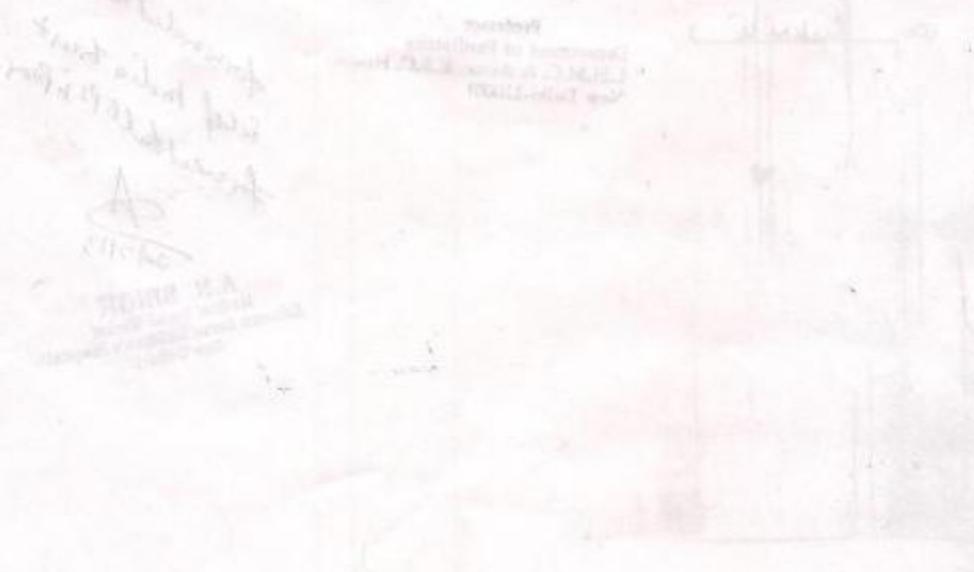
14yrf

DR Dhumika

Village Sana Distt Muzaffer Nagar (Raj)

766954755 CR - 6956/582

name	age	gender	date	time



101  
KALAWATI SARAN CHILDREN'S HOSPITAL

3659

मुख्य विवरण  
KALAWATI SARAN CHILDREN'S HOSPITAL  
श्रीमती सारा नंगा मार्ग, नई दिल्ली - 110001, बंगला बाजार, नई दिल्ली - 110001

क्लिनिकल हैमेटोलॉजी लैब  
CLINICAL HAEMATOLOGY LAB

Patient Name	SACHIN	Age/Age	BBR/Time
C.R.No.	6578	Consultant	Dr. S. C.
Ward/OPO	U-504	Unit/Bed No.	
Date/Time	28/6/13	EDTA/Gelfoam/Heparin	
Nature of Anticoagulant			
Diagnosis/History	Hb 10.5 gm% - 9.7   Signature of the Doctor		
Today's Lab. Ref. No.	Time of Receipt		
Incomplete Form is NOT ACCEPTABLE			

*Complete Form*

मुख्य विवरण  
KALAWATI SARAN CHILDREN'S HOSPITAL  
श्रीमती सारा नंगा मार्ग, नई दिल्ली - 110001, बंगला बाजार, नई दिल्ली - 110001

क्लिनिकल बायोकेमिस्ट्री  
CLINICAL BIOCHEMISTRY LAB

32

Patient Name	SACHIN	Age/Age	BBR/Time
C.R.No.	6594	Consultant	Dr. J. Bhanderi
Ward/OPO	U-505	Unit/Bed No.	
Date/Time	1/7/13	Signature of the Doctor	
Diagnosis/History	SEPT/LET		
Time of Receipt	Today's Lab. Ref. No.		
INCOMPLETE FORM IS NOT ACCEPTABLE			

मुख्य विवरण  
KALAWATI SARAN CHILDREN'S HOSPITAL  
श्रीमती सारा नंगा मार्ग, नई दिल्ली - 110001, बंगला बाजार, नई दिल्ली - 110001

माइक्रोबायोलॉजी  
MICROBIOLOGY DEPARTMENT

A2665

Patient Name	SPYLA	Age/Age	BBR/Time
C.R.No.	7541	Consultant	Dr. V. K. Sharma
Ward/OPO	PICU	Unit/Bed No.	
Date/Time	29/6/13	Signature of the Doctor	
Diagnosis/History	(BACTER)		
Time of Receipt	Today's Lab. Ref. No.		

**KALAWATI SARAI CHILDREN'S HOSPITAL**  
3900 Hillis Rd., #200B - 110001, Bangalore South Marg, New Delhi 110091

**REFIDELA - REFIDELA**  
**CLINICAL HAEMATOLOGY LAB**

Mr./Name Subha  
C.R.No. 556  
Report No. 02/103  
Date/Time 10/10/13  
Reason of Antenatal  
Diagnosis/History

Age/Age 40  
Consultant Dr. J. Chandra  
Refidela No.

EDTA/Chlorotetracycline

Signature of Doctor

Time of Report

N.T.  
2010/10/10 10:10:10

WBC	9,14,000 ± 4%
RBC	3,00,000 ± 5%
Hb	11.00 ± 1.0
Hct	33.700
PLT	92,171
TG	23.5400
TC	52.9600
LDL	44.5 ± 0.7 ±
VLDL	4.7.5 ±
HDL	8.000
HELT	4.6.200
UHM	3.0000 ± 1%
MCV	102.000 ± 1%
MCH	33.700 ± 1%
MCHC	11.0 ± 1
RDW	11.441
PCV	30.041
LCR	16.200

INCOMPLETE FORM IS NOT ACCEPTABLE

**KALAWATI SARAI CHILDREN'S HOSPITAL**  
3900 Hillis Rd., #200B - 110001, Bangalore South Marg, New Delhi 110091

25

**REFIDELA - REFIDELA**  
**CLINICAL BIOCHEMISTRY LAB**

Mr./Name Subha  
C.R.No. 556  
Report No. 02/103  
Date/Time 10/10/13  
Diagnosis/History

Age/Age 40  
Consultant Dr. J. Chandra  
Refidela No.

02/10/13

Signature of Doctor

Today's Lab. Ref. No.

INCOMPLETE FORM IS NOT ACCEPTABLE

**KALAWATI SARAI CHILDREN'S HOSPITAL**  
3900 Hillis Rd., #200B - 110001, Bangalore South Marg, New Delhi 110091

3

**REFIDELA - REFIDELA**  
**CLINICAL BIOCHEMISTRY LAB**

Mr./Name Subha  
C.R.No. 556  
Report No. 02/103  
Date/Time 10/10/13  
Diagnosis/History

Age/Age 40  
Consultant

Refidela No.

02/10/13

Signature of Doctor

Today's Lab. Ref. No.

INCOMPLETE FORM IS NOT ACCEPTABLE

कलावती सरन बाल चिकित्सालय  
KALAWATI SARAN CHILDREN'S HOSPITAL  
बंगला साहिब मार्ग, नई दिल्ली-110001, Bangla Sahib Marg, New Delhi-110001

नेट्रोनिक रसायनिक  
CLINICAL BIOCHEMISTRY LAB

MR./Name	Sadhu	age/Age	BRN/Sex
C.R.No.	6956	Consultant	
Ward/OPD	PICU	Unit/Bed No.	
Date/Time	13/12		
Diagnosis/History	Se / Influenza	Signature of the Doctor	
Time of Receipt		Today's Lab. Ref. No.	

INCOMPLETE FORM IS NOT ACCEPTABLE

कलावती सरन बाल चिकित्सालय  
KALAWATI SARAN CHILDREN'S HOSPITAL  
बंगला साहिब मार्ग, नई दिल्ली-110001, Bangla Sahib Marg, New Delhi-110001

46

नेट्रोनिक रसायनिक  
CLINICAL BIOCHEMISTRY LAB

MR./Name	Sadhu	age/Age	BRN/Sex
C.R.No.	6956	Consultant	
Ward/OPD	PICU	Unit/Bed No.	
Date/Time	12/12	4 am	
Diagnosis/History	Se	HP	Signature of the Doctor
Time of Receipt		Today's Lab. Ref. No.	

INCOMPLETE FORM IS NOT ACCEPTABLE

कलावती सरन बाल चिकित्सालय  
KALAWATI SARAN CHILDREN'S HOSPITAL  
बंगला साहिब मार्ग, नई दिल्ली-110001, Bangla Sahib Marg, New Delhi-110001

21

नेट्रोनिक रसायनिक  
CLINICAL BIOCHEMISTRY LAB

MR./Name	Sadhu	age/Age	BRN/Sex
C.R.No.	6956	Consultant	Dr. V. Kumar
Ward/OPD	PICU	Unit/Bed No.	
Date/Time	2/5/13 (5pm)	LE	Signature of the Doctor
Diagnosis/History			
Time of Receipt		Today's Lab. Ref. No.	

INCOMPLETE FORM IS NOT ACCEPTABLE

CS-NW/3

Posterior pituitary (adrenal)

- (1) ~~markedly~~ ~~gross~~, ~~thickened~~, ~~hardened~~ and  
~~swollen~~ ~~processes~~, ~~and~~ ~~more~~ ~~firmly~~ ~~fixed~~ ~~adhesions~~  
with ~~surrounding~~ ~~tissue~~ ~~and~~ ~~frontal~~ ~~sinus~~, ~~and~~  
to ~~destruction~~ ~~of~~ ~~nasal~~ ~~wall~~ ~~of~~ ~~maxillary~~  
Antrum.

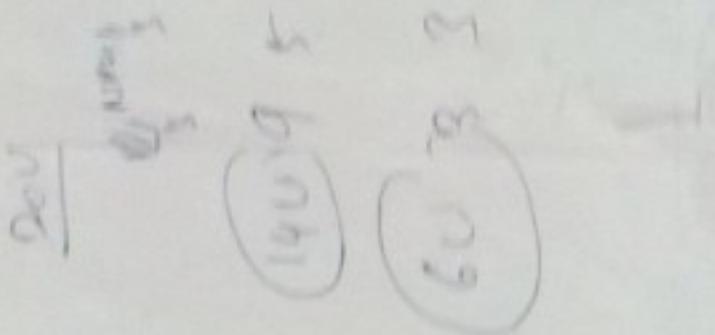
(2) Bone is thickened.

(3) Transverse turbinate slightly ~~swollen~~ (P)

preoptal soft tissue thickening on right side

Impression: ~~longitudinal~~ (R) with preoptal <sup>adventitious</sup> ~~adventitious~~  
to "fungal etiology."

D. septi / Anosmia



cm

11.1

10.0

11.0

10.0

11.0

10.0

cm

Rev

Name	Baby SAHEBA	Specimen Received Date	Collected	20/4/2013 6:28:00PM
Lab No.	101770537	Age: 14 Years	Received	20/4/2013 6:33:49PM
Alt Status	P	Ref By: KALAWATI SARAN CHILDREN HOSP	Report Status	21/4/2013 11:44:55AM

Test Name	Results	Units	Ref. Range
HbA1c (GLYCOSYLATED HEMOGLOBIN), BLOOD HPLC	>16.00	%	

Result Rechecked,  
 Please Correlate Clinically

#### Interpretation

AS PER AMERICAN DIABETES ASSOCIATION (ADA)	
Reference Group	HbA1c in %
Non diabetic adults >=18 years	4.0 - 6.0
All Risk	>6.0 to < 6.5
Diagnosing Diabetes	> 6.5
Therapeutic goals for glycemic control	Adults: - Goal of therapy: < 7.0 - Action suggested: > 8.0 Pediatric patients: - Toddlers & Preschoolers: > 7.5 to < 8.5 - 6 - 12 years : < 8.0 - 13 - 19 years : < 7.5

- Note: 1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Conversely is true for a diabetic previously under good control but now poorly controlled .
2. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate.

#### Comments

HbA1c provides an index of average blood glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.

#### ADA criteria for correlation between HbA1c & Mean plasma glucose levels

HbA1c (%)	Mean Plasma Glucose (mg/dL)
6	126
7	154

# Dr Lal PathLabs

Name: Sathy SAHESHA  
 Lab No.: 1017778827 Age: 14 Years Gender: Female  
 All Status: P Ref By: KALAYANA SARAN CHILDREN HOSP Report Status: Final  
 Collected: 20/02/2013 8:30:00 AM  
 Received: 20/02/2013 8:30:40 AM  
 Reported: 21/02/2013 11:44:55 AM

Test Name:

	Results	Units	Ref Range
8	181		
9	212		
10	240		
11	268		
12	298		

Dr. Lal PathLabs  
 One Bhikaji Cama  
 4250 New Delhi - 110065

End of report

If test results are alarming or unexpected Client is advised to contact the laboratory immediately for possible remedial action.  
 Test conducted at National Reference Lab, New Delhi, a CAP (717)001, ISO (PS-60411) and NABL (M-0061) accredited lab.

Brown, D., Johnson, G.

2006-07

2006-07

2006

Last Published

2006-07/08

2006

2006-07

7 4

July 2006 - 2007 all 2006-07 data found in box [redacted]

2006-07/08

July 2006 - 2007 all 2006-07 data found in box [redacted]

The above study used an online student survey method. This study is intended to be published later. The final version indicates areas for the improvement of the survey and analysis.

This study is a pilot study and aims to identify different strengths and weaknesses of the survey instrument. It is also to make certain to understand the survey by collecting the same information again from 2006-07 and to make sure to understand the survey by collecting the same information again against gender and age groups, and other new variables.

The survey is intended to be used from educators of all subjects and in various fields. The survey is also designed to collect data on the major subjects taught and other subjects present. Survey questions are designed to gather responses.

The survey is also designed to be able to find out what kind of subjects are taught in various fields. The survey is also designed to be able to find out what kind of subjects are taught in various fields.

The survey is also designed to be able to find out what kind of subjects are taught in various fields. The survey is also designed to be able to find out what kind of subjects are taught in various fields.

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Neha

On 1 week / week

3/6

ug Sapporo (R) area

(R) CCS - small (R) branching into DCA & ICAs  
Knee enlargement of L<sub>3</sub> transverse  
ICA appears (R)  
But also (R) in next region

- There is ab(R) enlargement with ~~some~~ some of  
(R) joint effusion (15x15 mm) with thick

irregular walls ? pyogenic

- A large fc collection is seen in the  
S/C area just above the muscle plane +  
echogenic content \* measuring 3.5 cm

- Multiple small L<sub>n</sub> also seen in (R)  
upper cervical region with few  
having intact fibers

Adv CT angiography

Dr. Iwahashi / Weiland

13

1304 | 35/1/12  
75/W-10 BP-55  
KSCB-55

## दैनिक शीट/DAILY SHEET

रोगी का नाम/Patient's Name: अमृत/Age: 35/Sex: महिला/In-Pat Reg. No.

पिता का नाम/Father's Name: गोपी/Unit:

पता/Address: डॉ जय चाहल/Doctor's Name:  
 भारतीय नागरिक/Nationality: इस्लामी/Rel.  
 वीकास पर्सनल/P. P. Status: अमीर/Income  
 आपातक/Emergency: CGHS नंबर Tel. No. ०१९४३६५५५५५५५  
 Date and Time of Adm: ०२/०३  
 अधिकारी/Initials: ३/६/१२

Sahiba  
 6956  
 ०२/०३  
 Dr. T. Chandra  
 ३/६/१२

तिथि/Date	दिनांक/Daily	इनकार/Treatment Orders
-----------	--------------	------------------------

P/I + USG隋嚙 Doppler ECA

USG neck st. R sided ECA w/o  
 aneurysm & thrombus.  
 orbital invasion  
 K/cto DKA = 100m = ft. mucormycosis

3/6 ०३  
 ०३/६/१२  
 गोपी चाहल

be

रेडियोलॉजी  
X-RAY DEPARTMENT

कलावती सरन बाल चिकित्सालय, नई दिल्ली  
KALAWATI SARAN CHILDREN'S HOSPITAL, NEW DELHI

मा. नं. ४८ प्रि-१७  
K. S. C. H.-१७

पेशी का नाम/Patient's Name	आयु/Age	लिंग/Sex	SAHIRA
पिता का नाम/Father's Name	अप्टी. नं. /In Pat. Reg. No.		1141/F
पता/Address	एकाक/L Unit		6956
	दौ का नाम/Doctor's Name		L P102
	प्रजाति/Nationality	धर्म/Religion	D. Sandeep Kumar
	परिवार स्थिति सं./F. P. Status		
	आयु/Income		
	आपात/Emergency		
अवस्था/Occupation CGHS	फोन नं./Tel. No.	दाखिला नं.	
	मात्रा/Date	Time of Admin.	
	हस्ताक्षर/Initials		

क्लिनिकल विवरण  
Clinical Notes

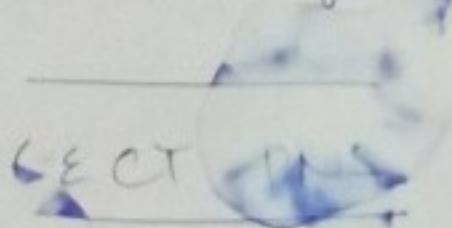
दिनांक/Date: 24/4/13

H/o T1DM x 2 yrs

poorly controlled

c/o Swelling over face ? fungal sinusitis

रेडियोलॉजी परीक्षा  
X-Ray Examination of



REPORT

04/04/2013

रेडियोलॉजी  
X-RAY NO.

प्लेट नं.  
PLATE NO.

Q. 00 04 24/4/13

ful

Reconstruction  
recon

Oblique



## DELHI STATE AIDS CONTROL SOCIETY

(Govt. of NCT of Delhi)

## INTEGRATED COUNSELLING &amp; TESTING CENTRE

## HIV TEST REPORT FORM

Name and address of ICTC centre:

L.H.M.C.

(Home to the blood to diagnose)

Name : Sunita

Middle name :

First name :

SAHIBA

Gender: M/F: F

Age: 14

Years

PID # 3568

Lab ID # 3574

Date and time blood drawn:

11/6/13

(DD/MM/YY)

2:35 P.M.

(HH MM)

## Test Details:

Specimen type used for testing: Serum / Plasma / Whole Blood

Date and time specimen tested:

12/6/13

(DD/MM/YY)

12:12 PM

(HH MM)

## Note:

- Column 2 and 3 to be filled only when HIV 1 & 2 antibody discriminatory test(s) used
- No cell has to be left blank; indicate as NA where not applicable

Column 1	Column 2	Column 3	Column 4
Name of HIV test kit	Reactive/Nonreactive (R/NR) for HIV-1 antibodies	Reactive/Nonreactive (R/NR) for HIV-2 antibodies	Reactive/Nonreactive (R/NR) for HIV antibodies
Test I:	Non Reactive	Non Reactive	NA
Test II:	NA	NA	NA
Test III:	NA	NA	NA

Interpretation of the result: Tick(✓) relevant

 Specimen is negative for HIV antibodies Specimen is positive for HIV-1 antibodies

\*Specimen is positive for HIV antibodies (HIV 1 and HIV 2; or HIV 2 alone)

Specimen is indeterminate for HIV antibodies. Collect fresh sample in two weeks.

Confirmation of HIV 2 sero-status at identified referral laboratory through ART centres

Name & Signature  
Laboratory Technician  
ICTC  
12/06/2013Name & Signature  
Laboratory In-charge

—End of report—

Consultant

  
Senior Resident

Junior Resident

Date:  
Weight:

27/5/13

KSCN PICU  
600 Cases

Lady Hardinge Medical college and Sem. Sucheta Kriplani hospital, New Delhi  
Department of Radiodiagnosis.

Name: Sahiba  
Referred By: PICU  
Clinical Diagnosis: c/o DKA, ?infection

Age/Sex: 14y/F  
CT No. 1853

Registration No. 6996  
Date: 20-4-13

#### CECT PNS

**PROTOCOL:** CECT of the paranasal sinuses was done with MDCT and sections are acquired in axial planes. Multiplanar reformatting was done for better depiction of the anatomy.

#### OBSERVATIONS:

- Right maxillary and ethmoidal sinuses and nasal cavity show increased attenuation with near complete opacification. Right frontal and sphenoidal sinuses show mucosal thickening. Bone destruction is seen involving medial wall of right maxillary antrum. There is soft tissue with obliteration of fat along the posterior wall of maxillary sinus. Soft tissue thickening is noted over right cheek and preceptal space of right orbit. There is increased attenuation in retrobulbar fat of right orbit. However, optic nerve and extraocular muscle tendons appear normal.
- Right Osteomeatal complex is blocked.
- Right inferior turbinate is hypertrophied.
- Nasal septum is in midline.
- Nasopharynx is normal.
- Visualized bones appear normal.

#### IMPRESSION:

Right rhinosinusitis with bone destruction, right cheek and orbit involvement as described above. f/s/o invasive fungal sinusitis.

Please correlate clinically.

Consultant

S. S. J. S.  
Senior Resident

Junior Resident

KSCH PICU  
I/O CHART

Date 2-5-87-13:

Weight:

Post op - Delivered on 28-5-13:

Died at 07 at am on 28-5-13

Came back at 12 noon.

Name Subiba.

Age/Sex 14 yr / F

S/I of Disease

C.R. No 6956

Diagnosis DKA + Rino  
orbital mucositis

Time	Fluid/Vital intake	Amount	Urine/Urine	Time	IV Fluid/Medication
			<del>Ped 0/1900</del>		
	Food - 3		<del>Pd/100</del>		
	milk - 100 ml		<del>6pm</del>		
	H <sub>2</sub> O 150 ml				
noon	Juice - 100 ml.				
	water - 1		<del>Pd/100</del>		
6pm	Metformin 5.6 gm	5.6 gm	<del>Pd/100</del>		tab pcr 2/3 tub prior to
	milk 200 ml	200 ml	<del>6pm</del>		Ampho-B
↓	Mg/Bromal 1165				
	H <sub>2</sub> O 200 ml				
10pm	milk 200 ml.	200 ml.	<del>6pm</del>		mg Ampho-B (30mg) in 200ml
					n/s x 4 hrs.

Urine = formed  
Fecal = formed

mg Insulin nPH - R  
 Tm - 130 20  
 Tpm 60 40

✓ every 2 hours 205/C5ml  
 by order of D.O.P

Name: SAHIBA  
Referred By: PICU

Age/Sex: 14 Y/F  
CT No.: 2369

Registration No.: 6936  
Date: 16 May 2013

Clinical Diagnosis: RT maxillary sinusitis (follow up, case)

### CECT PNS

PROTOCOL: CECT of the paranasal sinuses was done with MDCT and sections are acquired in axial planes. Multiphase reformatting was done for better depiction of the anatomy.

#### OBSERVATIONS:

- Right maxillary, frontal, ethmoidal and sphenoidal sinuses, and nasal cavity show increased attenuation with near complete opacification. Left maxillary, ethmoidal and sphenoidal sinuses show mucosal thickening. Right Osteomeatal complex is blocked.
- There is soft tissue with obliteration of fat along the posterior wall of right maxillary sinus. Soft tissue thickening with air foci/post debridement) is noted over right side of face with overlying skin defects (post debridement). Bone destruction is seen involving walls (medial, posterior and superior) of right maxillary sinus and inferior orbital wall with extension of soft tissue into retrobulbar space of right orbit. However, optic nerve and extraocular muscle tendons appear normal. There is destruction of alveolar process (incisors on right side) of anterior maxilla.
- Right inferior turbinate is hypertrophied.
- Nasal septum is in midline.
- Nasopharynx is normal.
- No e/o any obvious intracranial extension seen.
- Note is made of Kero's type I and Delano's type I bilaterally.

#### IMPRESSION:

Right pan rhinosinusitis with bone destruction, right cheek and orbit involvement as described above. F/w invasive fungal sinusitis.

Please correlate clinically.

Consultant

In name  
11/5/11

Dipali Srivastava  
Senior Resident

Junior Resident

KOSCH PHCU  
10/20/13

Date: 10/20/13

Weight:

- printed for Detachment on 2nd floor

- NYC items 340

- To be sent End of Oct from sub-103.

daily allowed

Name: Sabrina

Address: 149-1/2 F

City: Rosedale

C.R. No.: 6456

Diagnoses: D.L.A.C. Pneu-

- mictic lung emphysema

Item	Description	Amount	Constituent	Time	To Hospitalization
	Milk Bread	1 quart	1A/PA	3am	
	PEA Egg	1/4 pt	1A/PA		
	Cream for Dent Pie Ran. Jewie	1 1/2 pt 2oz 2 2oz	1A/PA 1A/PA 1A/PA 1A/PA 1A/PA	12pm 4p 12pm 12pm 12pm	IVF fluid to be started at 8AM pick time

✓ lab Penn 9/3 sub Prior  
Angela S✓ lab Angela S (Engl 10)  
who 3000 off x 4 hrUnit 10  
Dr. & H

→ 2nd floor  
 700 - 104 R  
 700 - 124 24  
 ✓ 700 - 64 4 unit

✓ 700 - 104 R  
 700 - 124 24  
 ✓ 700 - 64 4 unit

Weight:

24.000

Name: Sathya

Age/Dose: 11 days

Wt of: 2.000 kg

C.R.No: 6752

Diagnosis: TGA & Patent ductus arteriosus  
Hypotension

Name	ITEM/DRINK NAME	Amount	Direction	Date	By Doctor/Paramedic
1	water - 250ml		<del>P.O.</del>		
	Milk - 2		<del>P.O.</del>		
	Oil - 2		<del>P.O.</del>		
	H2O - 500ml		<del>P.O.</del>		
	Kothi - 1		<del>P.O.</del>		
	Milk (1) - 250ml		<del>P.O.</del>		
1	Biscuit - 10		<del>P.O.</del>		
com-	milkshake - 2		<del>P.O.</del>		
	water - 500ml		<del>P.O.</del>		
	Kothi	100ml	<del>O.R.</del>		
	Oil	200ml	<del>O.R.</del>		
	Milk		<del>P.O.</del>		
	Juice	200ml	<del>P.O.</del>		
					Vita plus (200ml) 250ml given Aug 8

ing	Dosage	Time	R
✓	100	13.00	2.00
✓	100	14.00	4.00

Unicef  
QSO (P)

KSCH PICU  
ED CHART

Date:

Weight:

25kgs

Name: Sakha

Address: Mysore

STD of: Anna

C.R No: 6956

Diagnosis: DIPLO Rhinoblastoma  
Pneumonia

Time	RTA/Oral intake	Amount	Unmeasured	Time	Po Fluid/medication
↓ 11:00 AM	U.T. Bread Milk B-Bread Water Egg	1/4 cup 3.5 fl.oz 1/2 cup 2.5 fl.oz 1/2 cup 0.25 fl.oz	1/2 cup 1/2 cup 1/2 cup 1/2 cup 1/2 cup 1/2 cup	Pd   Pd Gator	Tab PCN (50mg) 2/3 tab given to Ampho B.  <del>YH 2 g Ampho-B 30g in 300ml NS over            4 hrs.</del>

Dry Gruel NPH R

7AM ✓ 13U 2U

7PM ✓ 5U 3U

U.W. ✓  
B.W. ✓  
Pd ✓ Pd

- Diabetic diet

C.R. No. 6956

Diagnosis DKA + Rhin & orbital  
Mucomycosis

Time	RTA/Oral Intake	Amount	Urine/Stool	Time	IV Fluid/Medication
8AM	Milk	250ml	pd/pd		
	Bread	2	1200ml		
	Egg	2			
	H <sub>2</sub> O	100ml			
	Tee	100ml			
12PM					
	Roti - 1				
	Milk - 100ml		pd/pd		
	H <sub>2</sub> O - 100ml		1200ml		
	Yoghurt - 2				
6PM					
	Roti - 1		pd/pd		
	Milk - 200ml		600ml		
	Juice - 200ml				
	Bread - 3				
12noon					
	Milk - 200ml				
	Roti - 2				
6P					

By Insulin NPH R

7AM 13Unit 3unit

7PM 5Unit 3unit

Urine pd  
Stool - pd

Date: 23/5/13

DIABETIC DIET

Name: Sabrina

Age/sex: 14yrs/ female

D/s: Anoam

CRN: 6936

D: - DKA + Keto

Orbital fractures

Time	meal intake	unit	(gms)	
6AM	Sea Anad H2O	Item: 2 100ml	pd 100g	pd
	Roti milk	2 100ml		⑤ informed 600g
	milk H2O	2 100ml	pd/pd	
			pd/mix	
6PM	B		6PM	
	Poti - 2			
	Anade - 200ml	pd/pd	120ml	
	H2O - 100ml			
	Cucumber - 2	pd/mix	60ml	
12PM				Tab Pcm (strong) 2B tabs prior to Ampho B
				✓ by Ampho B 30mg - 300ml H/S over 4hrs
				✓ by Insulin 10pm R
				✓ 7am 13st 3st
				✓ 7pm 5st 3st

Date 22-5-13

Weight:

Dishcha Dab

Name Sabeb

Age/Sex 14 yr / F

S/Dt. Indian

C.R.no. 6956

Diagnosis DKA + Rhine catarrh  
necomycosis

Time	RTA/Diet intake	Amount	Urine/Stool	Time	Pv Fluid/Medication
8pm	milk Bread Egg H <sub>2</sub> O	200ml 2 2 150ml	pd/pd 12nd 11/10 6PM		
6pm	Water - 100ml Roti - 2 Milk - 100ml Mantu Kheera		pd/pd 12nd 10/10 6PM		→ ab/Pcm (Soong) 2/3 tab prior to Amphot.
6AM	Roti - 1 milk - 250ml Water - 250ml				ns Amphot-B 30mg in 300ml IV over 4 hrs. 4PM

mg. Insulin	NP/H	-	R.
7 AM	13 units		4 ml
7 PM	6 units		3 ml

KSCH PICU  
I/O CHARTDate: 21/5/13  
Weight:

- Diabetic diet

Name: Sabha

Age/Sex: 14yrs/F

S/D of: Ambler

C.R. No: 6956

Diagnosis: DKA & Rhine orbital  
Mucomycosis

Time	R/T/Oral Intake	Amount	Urine/Stool	Time	IV Fluid/Medication
8AM	Milk	200ml	pd   NPH		
	Bread	2			
	Egg	2	12PM		
	H <sub>2</sub> O	100ml	pd   nph		
9AM	Roti	0.8		6PM	
7PM	mausma	0.1			
	Juice	1	pd   pd		
	Milk	1 glass		12MN	
9PM	Water - 1 liter		all NPH	3AM	Tab PCM (50mg) 2/3 <del>IDS</del>
	Roti		6am		prior to Amphi-B
	Kheer - 1				
	momo - 1			4PM	Inj Amphi-B 30mg in 300ml NS over 7hr.

Inj Insulin NPH R

7AM	13unit	4unit
7PM	6unit	3unit

Date: 20/5/13  
Weight:

- Diabetic diet
- orally allowed

Name: Sakila

Age/Sex: 14 yr/F

S/D of: Ammar

C.R. No. 6956

Diagnosis: DKA & Rhinorhital  
Pneumonia

Time	R/T/I/OD Intake	Amount	Ornme/Med	Time	IV Fluid/Medication
	Bread - 3		Rd/18g		
	tee - 1		12pm		
	milk - 200ml				
	water - 200ml				
noon			Pd 1/1000		
	Roti - 1		6pm		
	B.Egg - 2		Rd/1Ned		
	Juice - 200ml		12pm		
	water - 200ml		Pd 1/1000		
			6am		
					3PM Tab PCM 50mg (2/3rd) TDS
					Prior to Ampho B
				14PM	Inj Ampho B 30mg in 300ml NS over 4hrs.

Wine - pd  
short - NPD

Inj Insulin	NPM	R
7AM	13 unit	4 unit
7PM	6 unit	3 unit

KSCH PICU  
I/O CHART

Date 17/5/

Weight:

- metabolic diet
- orally allowed

Name Saliba

Age/Sex 14y/f

S/I/O I amas

C.R. No. 6956

Diagnosis

DKA + Kline orbita U  
malignancy

Time	I/V/Oral Intake	Amount	Urine/Stool	Time	I/V Fluid/Medication
8 AM	Tea Break 2 $H_2O$ 200ml	100ml 100ml 100ml	<del>100ml</del> <del>100ml</del> <del>100ml</del>		<del>No I/V fluid</del> <del>per rectum</del> at 7 AM D5RBC 4L
7.30 AM		water 200ml	<del>100ml</del> <del>100ml</del> <del>100ml</del>		

7 AM ✓ Sub per rectum (2/3<sup>rd</sup>) tab  
(prior to Amphot)

✓ AMPO 8g Amphot 30mg in 500ml  
NS fluid 4 hrs.

urine pd  
stool H/H

By insulin	NPH	R
7 AM	3 units	4 units
2 PM	5 units	3 units

On Turbo 39.2°C (F-Knapp  
Jew).

Kahiba 14yr/F

D/o Anwar

Δ DKA + Ehrlichia

*hantavirus*

CR 6956

- Deabsolute diet

- orally allowed

17/05/13

	Orally	Am	unlab rice	ur /medications
9AM	milk - 200ml			
	Bread - 2	11/1pm		
	Egg - 1	72pm		
	water - 100-1	12/12d		
12MID	Roti - 2	6am		
	Dal			
	Milk	200ml	PS/wd	3pm Tab - Dexam (500mg) 2/3rd prior to Ampho-B
	H <sub>2</sub> O	H <sub>2</sub> O	RRR	
	Juice	100ml		4pm Ig. Amphi-B 30mg in 300ml Normal saline over 4 hrs
6PM				
	Roti	2	12/12d	
	Milk	100ml	6am	Ig. Insulin <u>NPH</u> <u>R</u>
	H <sub>2</sub> O	100ml		7AM <u>12unit</u> <u>5unit</u>
12AM	Cucumber	1.		4pm <u>5unit</u> <u>4unit</u>

Urine 2 Pd

Stool =

Pd

KSCH PICU  
I/O CHART

Date: 16/5/13  
Weight:

- Diabetic diet
- orally allowed

Name: Sakila  
Age/Sex: 1 M/F  
S/D of: Answer  
C.R. No.: 6956  
Diagnosis: DKA = Rhine ~~ab~~ orbital  
metformin

Time	RTA/Oral intake	Amount	Urine/Stool	Time	IV Fluid/Medication
12mn	child goes for st. food at 12mn		12mn		
	Bread - 2 Roti - milk - 250ml water - 250ml		12mn		
12mn	Roti	2			
12mn	Milk	100ml	PO   PO		
12mn	H <sub>2</sub> O	100ml	12mn		
12mn					Tab PCM 50mg (2/3 tab) prior to Ampho.
4pm					4pm Inj Ampho-B 30mg in 300ml 5f dex over 4hrs.
6 AM					

Urine - PD  
Stool - PD

Inj Insulin • NPH (R)  
7AM 12 Units 5 Units  
7PM 5 Units 4 Units

Date: 11/19/2003

Weight:

plastic diet

nothing by mouth

Name: Barbara

Age: 60 years

Sex: Female

C.R. No. 6954

Diagnosis: DKA + C. pneumoniae infection  
secondary to

Time	R/T A/D or route	Amount	Urine/Stool	Time	IV Fluid/Medication
9 AM	Milk - 16 oz Dinner - 8 oz 6 eggs - 1 Fruit - 1 milk - 200 ml water - 200 ml	16 oz 8 oz 6 oz 16 oz 200 ml 200 ml	16 oz 8 oz 6 oz 16 oz 200 ml 200 ml	12 AM	4p - soaker - overnight 12 AM 2.5% D5W 300 ml 100 + 100 + 100 70 + 30
6 AM	Breakfast - 1 11 AM - 200 ml 6 PM - 600 ml 11 PM - 100 ml	16 oz 200 ml 600 ml 100 ml			6 AM Tab per se soaker of tab prior to breakfast 12 AM 1/2 amphotericin B 30mg in 300ml 5% D5W over 4 hrs
2 PM	NPO from 2 AM for 6 hrs				12 PM 500 mg - metformin 1000 mg 70.5 10 AM - 10 planned

by insulin NPH

(R)

7 AM 12 units 5 units

7 PM 5 units 4 units

Water - pd

gatorade - pd

STATION/LOCATION	TIME	DEPT/TEMP/MATERIAL
W.M.S. - 30 ft	10:51 AM	Water
W.M.S. - 20 ft	10:51 AM	Water
W.M.S. - 10 ft	10:51 AM	Water
W.M.S. - 5 ft	10:51 AM	Water
W.M.S. - 0 ft	10:51 AM	Water
W.M.S. - 5 ft	10:51 AM	Water
W.M.S. - 10 ft	10:51 AM	Water
W.M.S. - 20 ft	10:51 AM	Water
W.M.S. - 30 ft	10:51 AM	Water
W.M.S. - 50 ft	10:51 AM	Water
W.M.S. - 75 ft	10:51 AM	Water
W.M.S. - 100 ft	10:51 AM	Water
W.M.S. - 125 ft	10:51 AM	Water
W.M.S. - 150 ft	10:51 AM	Water
W.M.S. - 175 ft	10:51 AM	Water
W.M.S. - 200 ft	10:51 AM	Water
W.M.S. - 225 ft	10:51 AM	Water
W.M.S. - 250 ft	10:51 AM	Water
W.M.S. - 275 ft	10:51 AM	Water
W.M.S. - 300 ft	10:51 AM	Water
W.M.S. - 325 ft	10:51 AM	Water
W.M.S. - 350 ft	10:51 AM	Water
W.M.S. - 375 ft	10:51 AM	Water
W.M.S. - 400 ft	10:51 AM	Water
W.M.S. - 425 ft	10:51 AM	Water
W.M.S. - 450 ft	10:51 AM	Water
W.M.S. - 475 ft	10:51 AM	Water
W.M.S. - 500 ft	10:51 AM	Water
W.M.S. - 525 ft	10:51 AM	Water
W.M.S. - 550 ft	10:51 AM	Water
W.M.S. - 575 ft	10:51 AM	Water
W.M.S. - 600 ft	10:51 AM	Water
W.M.S. - 625 ft	10:51 AM	Water
W.M.S. - 650 ft	10:51 AM	Water
W.M.S. - 675 ft	10:51 AM	Water
W.M.S. - 700 ft	10:51 AM	Water
W.M.S. - 725 ft	10:51 AM	Water
W.M.S. - 750 ft	10:51 AM	Water
W.M.S. - 775 ft	10:51 AM	Water
W.M.S. - 800 ft	10:51 AM	Water
W.M.S. - 825 ft	10:51 AM	Water
W.M.S. - 850 ft	10:51 AM	Water
W.M.S. - 875 ft	10:51 AM	Water
W.M.S. - 900 ft	10:51 AM	Water
W.M.S. - 925 ft	10:51 AM	Water
W.M.S. - 950 ft	10:51 AM	Water
W.M.S. - 975 ft	10:51 AM	Water
W.M.S. - 1000 ft	10:51 AM	Water

Name: SALLY  
 Address: 14 9th St  
 City: Atlanta  
 CR No: 6956  
 Outgoing Date: 10/15/03  
 Remarks: (1) Water  
 Remarks: (2) Water  
 Remarks: (3) Water

Katawari Basin  
Chidambaram Hospital

To

Dr Arun Mahta

Medical Superintendent and Head of Department (Paediatric)  
(P.M)

Chacha Nehru Bal Chikitsalya, New Delhi

Reputed Sir:

This is in reference to patient Lalita, 11y/F, T IDDN =  
(R) sided Rhoen orbital mucormycosis & Parotid abscess &  
Celiac disease. CECT Angio s/o Parotid abscess &  
Entrapment (R) maxillary artery pseudoaneurysm &  
partial thrombus.

Kindly evaluate the child and give your expert advice  
regarding drainage of abscess, if needed at your centre.

Thanking You

Yours  
18/6/13  
P4-U2

DG  
18/6/13  
Associate Professor  
Department of Pediatrics  
L.H.M.C. & Assoc. K.E.C. Hospital  
New Delhi-110001

## 1600 कैलोरी ग्राहन (Meal) बोलन वाले

### पहला खाने का राशि / Bed time

खाने की समय - १०.३० बजे  
बिस्तर (मेल) - कोफी

### दूसरा / Breakfast

खाना (खाना) - २ बजे बाज़ / दस्तियाँ - बोलन / रोटी - २  
ग्राम / चाय / अचार - दुक्कीय / ग्राम गड्ढी - ५० ग्राम  
दूध पीसा और गोबूत - २५ ग्राम

### तीसरा खाना / १.०० बजे

आटे की रोटी - २ पीस (कोडान)  
हींसकी - १२५ ग्राम  
सलाद - १५० ग्राम  
दही - १२५ ग्राम  
पनी (धरकालनी दुध) - ५० ग्राम  
फल - २५ पीस (१०० ग्राम)  
\* (आम केला, बीज, अमर, लीची छोटकर)

### चाय की बात / Evening Tea

चाय (फीकी) - दस्तियाँ  
बिस्तर मैरी (मोम्पी) २ पीस / बैंडिंग - २ ग्राम

### रात का खाना / १०.३० बजे

आटे की रोटी - दो पीस (१०० ग्राम)  
हींसकी - १२५ ग्राम  
सलाद - १५० ग्राम  
दही - १२५ ग्राम  
दाल - ३५ ग्राम / मांसादार केवल मछली (fish) - ५० ग्राम

### मेह के लियो के लिये न रखने वाली कस्तुरी

चीनी, जहू, मिठाइ, केल, चाकलेट, तस्ती हुड़ी चीजें, आलू, ब्राउन करनी  
बिसिरीनद, अम केला, बीज, अमर, चूस्ते भवे (Dry fruits), फलों का रस,  
चावल, शीतल पेय (Cold drinks) डॉक्टर दाल, राजमी, तमिर चने, कीषी,  
गामर, छालजम, गने का रस इत्यादि।

मधुमेह के रोगियों को तनाव (Tension) बोलने का प्रयत्न करना चाहिये

To  
B.D.  
Dept. of ENT.  
LHMC & SSKH.

Respected Sir/Mam,

Kindly do dressing for pt. Saliba, dr. 100M &  
Rhino Rhinomycosis

Thanking You

Nimish  
14/02  
5/6/13

5/6/13

ENT notes

Pt. no. Rhinomycosis  
↓

ACD done

4au  
→ C&T  
→ Daily dressing  
ENT ward 88 Bason

Nimish  
PG-II

4th week

pd - 1st  
pd - 2nd

green & green  
green & green  
⑧ red & red

water or the droplets

(10ml - 10ml - 10ml)  
10ml water 10ml water 10ml water

the processing of the plant  
soil water  
After 5 days 30% of  
the plants show in 30%

+ 65% show to color

H2O 100ml  
Rat - 2  
cows

Rat - 2  
water - 200ml  
100ml - 200ml

water - 200ml  
Rat - 1  
water

water - 200ml  
Rat - 1  
water

Date	Treatment	Amount	Description	Time	To whom/distribution
9/20/2013	water -	200ml	pd 1st pd		
9/20/2013	water -	1	pd 1st pd		
9/20/2013	water -	1	pd 1st pd		

water

and suitable diet affect

outcomes

⑧ administration

C.R. No. 6959

⑧ administration

KSCB PRG

date / 11/5/13

water

Date 12/5/11

Weight:

→ diabetic diet

Name Schi Bo

Age/Sex 14yrs/

SD of Amobar

C.R. No. C 956

Diagnosis S456 bmc @PCLed  
Cellulitis Frontal cellulitis  
Fungal infection

Time	R/T/I/Diet Intake	Amount	Urine/Stool	Time	IV Fluid/Medication
9am	Bread -	4	pd/pd		
	milk -	200ml	1/2pm		
	water -	400ml			
				12/18/11 6PM	
10AM	milk - 250ml				
↓ Gm	Bread - 1		pd/pd		
	water - 130ml		12/17/11		
	Lait - 2				
	150mls				
	milk - 150ml		pd/pd	6pm	Sub Ampho B 30mg in 300ml of 5% Dext over 4h
	H2O - 150ml		6pm		2/3 tab Pcm before Sub Ampho B
					Warm Saline gargles x 4x
					500ml Pot Klor + 15ml x tabs
					Moxiflor 500mg x 2x

<u>Sub Insulin</u>		
7am	MPH	R
	12U	5U
7pm	4U	4U

wire - p  
stool - p

Date: 11/15/15

Weight:

Name: Sabine  
Age/sex: Adult female  
Sex: Female  
C.R. no.: 6956Diagnosis: Name: Clark Cellulitis  
& *Corynebacterium* infection

Time	Medication name	Amount	Concentration	Time	Medication name
8am	Tee	1 mL			
	Milk	1 mL	5% w/v		
	Promed	2	Lidocaine		
	Epi	1			
10am	Ranitidine	-			
	Nasal - 160mg				
	Pdn				
	Vog				
↓ 6cm	Nwo				
				10am	Spo. dry Ampho B - 30mg in 30ml f
					5:00 est over 4hr
					<input checked="" type="checkbox"/> 1/3 tab Pcm before dry Ampho B
					Warm saline gauze x 4H
				7pm	<del>✓</del> 1/4 tab Spo. Potassium - 15ml n.t.d.s.
					Metformin 800 mg x 2d

dry Insulin		
Am	NPD	R
	12U	5U
7pm	4U	4U

Pdn  
vine/  
pud - NPD

KUCH PICHU  
COTTONWOOD

Date: 4/1/15

Weight:

[100 ml dilute + 1/2 lit. per  
from the Amphot. & sulphur]

Name: S. K. Ito

Age: 29 yrs.

Sex: Female

C. R. No. 1302

Diagnosis: Topical L. Chancroidal  
L. infl. & cellulitis  
With sulphur

Time	Rx/Other notes	Amount	Concentration	Time	Concentration
10 AM	S. Milk 2 oz.	1 fl. oz.			
	Egy - 1		1/2 pm		
	menthol - 2				
	H <sub>2</sub> O - 50 cc.		1/2 fl. oz.		
1 PM	calci. 10 gm	1 fl. oz.	GPM		
	CaHCO <sub>3</sub> 2		1/2 gm		
	Kal. 2		1/2 gm		
	water - 100 ml				
↓					
6 AM				Topical Insulins	1 gm 2
				1 gm	12° 5
				1 gm	4° 1/2
1 PM	by Amphot. 20 gm in 20 ml S.I.D + 4 hrs (2/3 tabs per ml before top Amphot.)				
				warm saline gauze & gauze	
				moisture eye drops x 2 hr.	
4-10	Sp. Nibbs 15 gm 9 fl.				

vine -  
wood

10/6  
~~DT 12000~~  
106. 3900  
2. 22  
JAN  
203'

Date: 8/5/13  
Weight:

Name: Sakiba

Age/Sex: 1y/o/F

S/D of: Anuria

C.R. No: 6956

Diagnosis:  Chest cellulitis orbital cellulitis & fungal infection

~~Pre-medicate w/ 1/2 tab PCM~~  
 1hr prior Amphotericin

Time	I/V/A/O Oral Intake	Amount	Urine/Stool	Time	I/V Fluid/Medication
12 AM	Water - 200ml Bread - 2 1/20 - 400ml	200ml 2 400ml	pb/pd 12mL		
1 AM	Roti - 2. + Sabzi -		pd/pd 6pm		
2 AM	Water - 150ml				
3 AM	Milk - 150ml		pd/pd 12mL		
6 AM	1 Bread piece		pd/pd 6am		
7 AM	Roti 2 1/20 milk	200ml round		7 AM	3ig Insulin NPH 8 12 Units 5 Units
8 AM				7 PM	4 Units 4 units
				4 PM	3ig Amphotericin 30mg in 300ml 5% over 4 hrs.

- Warm saline gargles q 1/2 hr

- Moistbox 2ld q 2 hr.

No - w - t - - Sup. Potassium 15  
2nd & TD

3 500mg Tab Pum  $\frac{1}{2}$  given

Date 7-15  
Weight:

Name Sabrina  
 Age/Sex 1y 1m  
 S/O/T  
 C.R. No 6956  
 Diagnosis DM + Hb transfusion  
 1L colloid colloidal & Crystal infusion

Time	STANDARD MEALS	Amount	Oral/IV	Time	IV Fluid/Medication
9am	Milk - 200ml				
1	Ghee - 2		PO		
1pm	Gr - 2		PO		
	H2O - 50ml		PO/IV		
	Khichdi - 1/2 bowl		PO		
	Roti - 2		PO/IV		
	+ 2 dal -				
	Bread - 2 piece		PO/IV		
	Milk - 75ml				
↓	Water - 200ml		PO/IV		
6pm	Roti - 2				
	Milk - 250ml				
	Water - 250ml				
7am					
→	Antacid 1/2 tab PO				Medications & IV fluids (in prior)
	1hr after infusion				1) Ampicillin 30mg in 300ml SD over 4hrs.
					2) Ampicillin 30mg in 300ml SD over 4hrs.
					warm saline gavage 60ml
					- Mon/Hour c/d x 24

6pm Temp. 40.5°C  
Tab per rectum

To A/D Spp Potassium load IV

8am	Insulin	NPH	R
12 units			
7pm			
4 units			

Date: 6/5/

Weight:

KSCH PICU  
I/O DIAry

Name: Sabha

Age/Sex: 14 yrs/

S/D: Animal

C.R. No.: 6956

Diagnosis: DHc RT

Left orbital cellulitis

Lungs

Time	RTA/Oral intake	Amount	Urine/Stool	Time	IV Fluid/Medication
9AM	orally allowed				
	roti	1Kgmd			
{	1/2	150mgd			
	break	2	Po/Pd		
	egg	2	200g		
	roti	2			
	Sabzi	100gm	pd/dpd		
11:20		1Kgmd	Gps		
	Roti	2	Pd/pd		
	Bread	2	Pd/pd		
	Milk	200ml	Pd/pd		
	Wali	200ml	Pd/pd		
			6"		

Premedicate w/

1 Tab PCM (600mg)

1 hour before  
infusion.

Take Tab PCM 2/3 tab Met-

4PM by Ampoule B 30mg in 300

over 4 hrs

warm saline gavage

Max flow 1/4 d @ 2L

N=40 Lysp Potator 10ml X TD 5

By 10% dext

TAN

7pm

NPV R

12 units 5 units

4 units 4 cm

RSCH PICU  
NURSING

Date: 6/15/

Weight:

Name: Sabika

Age/Dose: 10yrs/1L

QD/AM Animal

C.R. No: 6956

Diagnosis: OME w/ chf cellulitis

(H otential effusion &amp; hypersecretion)

Time	R/T/Oral intake	Amount	Unsuppressed	Time	IV Fluid/Infusion
9am	Small amount milk	1/2 cup			
11am	1/2 cup	1/2 cup			
	Breakfast	2	120ml		
	Eggs	2	120ml		
1pm	Bolli	2			
	Sabji	100gm	120ml		
	Milk	1/2 cup			
	Bolli	2	Pellet		
	Breakfast	2			
	Bolli	200ml	Pellet		
4pm	Water	200ml	Pellet		

~~Warm Tab Pem 2/3 tab Met-~~

Premedicate I

1 Tab Pem(200mg)

1 hour before infusion

APM 8g Ampho B 30mg in 300 ml

over 4 hrs

warm saline gavage daily

Monitor C/F C/S

X 7-10) Spp Potassium 10ml X TDS

2g mg/die 1PM R

12 units 5 units

4 units 4 units

KSCH PICU  
I/O CHART

Date: 5/5/83

Weight:

Name: Sahiba

Age/Sex: 17 yrs/

Mo of: APR

C.R. No.: 698

Diagnosis: D/A T/F (hypothalamic)

Hypothalamic obesity  
Hyperthyroidism

Hyperthyroidism

Time	R/T/Oral Intake	Amount	Urine/Stool	Time	I/V Fluid/Medication
9AM	Milk —	250ml	pd   pd		
	Bread —	2	12 noon		
	Water —	500ml			
	Tea —	50ml	pd   pd		
	Bread —	2	6pm		
noon	milk	250ml	pd   pd		
	Rolls	1/2	12pm		
	Bread	2			
	H2O	1900ml	pd   pd		
7PM					

6/5/83 by ANP/H & 300ml 300ml 500ml  
over 4hrs.

- warm saline gargles daily.

- mouthwash 1/2 C 2hr.

6/4/83 50g Polkton 100mlx7ds.

6/4/83 by Insulin NPH 2  
7AM 10ml HEP 50

7PM 40 40

water pd

stool NPD.

✓ temp 39.2°C  
Tub per 3L 3Lnt in  
100

Date 26/4/13

Weight:

Name Sabiba.

Age/Sex 14 yrs/f

S/O of Anwar.

C.R.No 6956.

Diagnosis: Left cheek cellulitis  
R orbital cellulitis & funga  
Infection.

orally allowed

Time	Medication	Amount	Conc/Strength	Time	To Fluid/Infusion
10 AM	Sent to ENT OT For Biopsy & came back at 11:20 am		Pd 1ml 10mg/ml	11:20 AM	40ml for today's I/O 1/p 160ml + 2ij KCL 3.2ml/hh ✓ 50 + 50 + 60 1.5 1.5 2.2cc @ 20ml/hh
			Pd 1ml Qm	12 PM	✓ ✓ ✓ 1.5 1.5 1.2 ml
			Pd 1ml 10mg/ml	12:20 PM	✓ ✓ + 60 1.2 ml
4 PM	Pd H2O	2 100ml	Pd 1ml 60ml	1:20 PM	50 + 50 + 60 1 1 1.2
4 PM				4:20 PM	✓ ✓ ✓ 1.2 ml
4 PM				5:20 PM	Inj Ampho (2) 30mg in 300ml in 5% Dext DD over 4 hrs
				6 PM	* Inj Insulin (2) 1ml + 39ml NS @ <del>6pm + 1.5ml/hh</del>

used for nasal 1/2  
(total wt - nasal)  
Qm / Pd / NS  
Pd / NS

- Maxiflox eye drops R/E x2H  
✓ 8-10-12-24-6-8-10-12-24 by
- Gargle E warm saline 1ml

Date: 26/4/13

Weight:

Name: Sabir

Age/Sex: 14 yrs / M

L/D: Ambulant

C.R. No: 6966

Diagnosis: BM &amp; RT chest cellulitis

(N) orbitofacial cellulitis &amp; fungous infection.

orally allowed

Time	RT/AM/Oral intake	Amount	Urine/Mouth	Time	IV Fluid/Medication
Qam	water - 200ml		ppp	8 AM	400ml for today's IV 2/3 160ml + 2nd KCl 3g + metphyl SO4 50 + 60 @ 20ml/min
	Stom - 200ml		ppp		✓ 1/3 160ml @ 20ml/min
	8 - 1		6pm		50 + 50 + 60 1/3 1/3 1/3 20ml/min
	Milk			12NN	50 + 50 + 60 @ 20ml/min 1/3 1/3 1/3 20ml/min
	water - 100ml				
	Rice grm - 100ml				
Gpm	Milk: 150ml		ppp		
	water - 200ml		ppp	9 AM	
			3pm		
				4PM	3rd Ampo @ 30ml for 300ml of water OD from 6 hrs. (12:00)
				7P	Inj insulin @ 100unit/100ml (full Insulin @ + 30ml/mg) @ 10ml/min

and T not 31°  
100 ml. Grm (Rabbit V)  
water + PPD  
(PPD, PPD)

- Maxipox eye drops & 10 x 2ml
- 8-10-12-14-16-18-20-22-24
- Gargle & warm saline 1ml

Date 2-14-13

Weight:

Name Sabrina

Age/Dose 14 yrs / F

Sex Female

Case # 6956

~~Temp 99 - RT check~~  
~~collaborative (R) orbital cellulitis~~  
~~+ fungal infection~~

## Orally Administered:

Date	Medication	Amount	Concentration	Date	Medication
	Mesalamine - 1		Pd / Npd		Wound today 30%
	Bisect - 2		Npne	8am 30% 8 16ml x 3/4L	
	milk - 200ml			8am 30% 8 16ml x 3/4L	
	water - 200ml			8am 30% 8 16ml x 3/4L	
	Chlorhexidine			4pm 30% (60mg 8m + 1.6ml KCl)	
	milk	200ml	Pd / Pd	4pm 30% (60mg 8m + 1.6ml KCl)	@ 2ml/h
			1.5ml	4pm 30% 8 16ml x 3/4L	
↓	Amphotericin			4pm 30% 8 16ml x 3/4L	
↓	water - 100ml		Pd / Npd	4pm 30% mg. Amphotericin 3mg in 300ml	
	Mesalamine - 1		6.4mg	4pm 30% 5% Dext.	
↓	water - 200ml				
				Jordan R 15mlit / hr	
				(1ml Jordan @ + 39 L ns @ 1/4L)	
				(1.5ml/hr) 4hr	
				10% Xifex Eye drops RE & LE	
				10-2-22-4-16-2-2-2	
				2-4-2-6	
				Angle : Warm saline x 1hr	
	young for next 10				
	10ml 2.5% gauze				
	uni - pd				
	uni - med				

KSCH PICU  
I/O CHART

Date 03/4/13

Weight

Name Sahiba

Age/Sex 14 yrs F

S/D of Anuria

C.R. No. 6956

Diagnosis Dm &amp; RTI check

Cellulitis (R) orbita

cellulitis &amp; fungal infection

Orally allowed

Time	RTA/Oral Intake	Amount	Urine/Stool	Time	IV Fluid/Medication
8 AM	Milk	100 ml	90 ml 120 ml 100 ml	4 PM	90 ml for today's IV. Previous balance 110 + 110 = 220 ml Q.2 H. 2.2 ml x 110 = 242 ml 1 P 330 + ket - 814
	Egg	1			
	Bread	2			
	Milk	100 ml	60 ml (removed) 60 ml (removed)		H.0 + 110 + 110 2.2 22 22 22
				4 PM	Iso. p 160 ml x 8 H
					100 + 60
				12 PM	100 + 60
					100 + 60
					100 + 60

~~4 PM of Amphotericin B 30mg/100ml  
300 ml of 5% Dext.~~

~~Moxiflox 0.375 mg/kg x 21d  
8 AM 10 AM 12 PM 2 PM 4 PM 6 PM~~

140 ml for today + 210

Total intake — 680 ml

Urine → Pd

stool → 188 ml

\* Gargle &amp; warm Soaked hib.

8 AM — 10 — 11 — 12 — 1

\* Regular doses 7.5 x 6 H (500 mg)  
G — 12 — 6 — 12.0 ml~~Start  
Gastric Intake (P) 1 unit/hr  
(Glucagon + Zoledronic acid)~~

@ last 1/2 hr.

Date 22/4/13

Weight

Name Saliba

Age/Sec 14yrs

Unit Primary

C.R. No 6956

Diagnosis DM C.R.1 chronic cellulitis

Orbital cellulitis fungal infection

Time	I/V/Oral intake	Amount	Concentration	Time	I/V Fluid/Medication
	Going to ENT OPD at 11 AM		1/2L		
	Exam back at 1pm		qan	8AM	IP. 330ml + KCl + G.Gel x 2L
			100ml/HM		<del>KCl + Na + H2O + 1L</del>
			1PM		2L 2L 2L KCl
	Milk 100ml				
↓ 6PM	Chicken 1/2 bowl		150ml 4PM		<del>1L + 1L + 1L + 1L - KCl</del>
	Wali 100ml		6PM		
			250ml 1PM		<del>1L + 1L + 1L</del>
			250ml 1PM		2L 2L 2L KCl
			275ml 1PM		<del>1L + 1L + 1L</del>
			275ml 1PM		2L 2L 2L 2L KCl
				4PM	<del>1/2 Amphotericin B 20mg in 200ml of 5% Dext.</del>
				10-12	<del>Maxiplex eld (RF) x 2L</del>
					Gargle w/ warm saline 1L/qd

90ml for Next I/O.  
Total IVF - 900ml

Accu → 1135nd

g stool → pd

8 Regular Insulin + UGHI (SC)

✓-12-✓-12

4pm si vit K 5mg stat qid

RSCH PICU  
I/O CHART

Date: 2/4/13

Weight:

Name: satuba

Age/Sex: 14 yrs/f

S/D of: A/w/w

C.R. No: 6956

Diagnosis: Drg & ft chek  
cubito c Sputus F

NPO

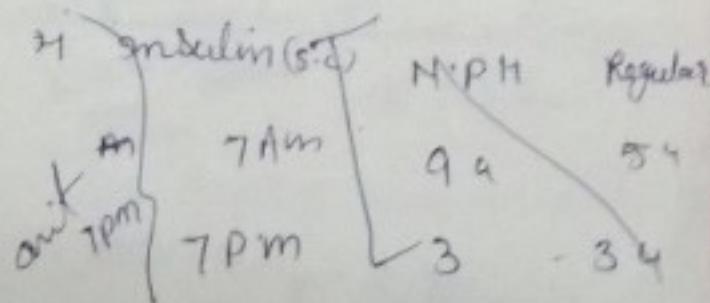
Time	I/V/D/O Intake	Amount	Urine/Output	Time	IV Fluid/Medication
	- O2 by NIV		80 ml/dl	8:00	Glut + 500 ml 1/2 NS
	milk		12 ml/d		110 + 110 110 ✓
	water			7:22	22 22 22 -
	Bisant 2		250 ml/dl	4:00	110 + 110 + 110
	milk - soup		12 ml/d		22 22 22 22 -
	water-soup		175 ml/dl	12:00	110 + 110 + 110
			6:00		22 22 22 Kd
				4:00	I + II ✓
					Sy. Angiotensin 200 mg 1/2 NS
					Moziflo eld R/FD 12/1
					Gauge c was selne 1 stdy
				9-3	Inj Insulin R 5 units 6 AM
				9-3	

90ml for next 600

Total wt - 990ml

Urine → 525ml

Stool → NPO



si insulins sc Regular 6x6H

6-12 6Pm 12-6am

Date: 2/14/

Weight:

Name: Salma

Age/Sex: 14yrs F

S/G: 1000cc/hr

C. R. No: 6956

Diagnosis: DHT C Pts. check/drink

? vomiting &amp; hypotension

NPO

Time	RTA/Diet Intake	Amount	Urine/Stool	Time	IV Fluid/Medication
	Cetog mask		300ml/		
	child meal		10 AM		110 ml S/P 85ml/hr + 2 Kcl
	800g CT ab		100ml/		9/19-17-12-10-2 ✓ (1100)
	1200ml		1200ml/		Unit
			450ml/		1/P 330ml + Kcl 6.6 ± 8H
			6PM		110 + 110 + 110 11 11 11 23 KCl
			250ml/		
			12AM		110 + 110 + 110 2.2 2.2 2.2
			6AM		Kcl 2.2 2.2 2.2
			8PM		110 + 110 + 110 2.2 2.2 2.2 Kcl
					8:30pm - 2300 - 8:30 AM
					→ inj. metformin 5' SC S/G 3.6H
					→ 3/ Lusulin (R) 1nd + 39ml n/s
					W/H at 8pm 3pm
					② 2nd/lr
					1L Amphot. 10mg in 100ml N
					over 6hrs 1200ml
					(4PM on 21/4)

Monitor ECG x 2H

4-8-8-10/V2-2-4-6-8

Gauge 2 warm saline x 1L



ONLY FOR DRIVING  
PURPOSE NOT VALID  
FOR ADDRESS PROOF

FORM 6

(See rule 16 (1))

Form of Driving Licence

A-12027/mzn/123

Date of issue

9.2.2007

Driving Licence Number

Name

Temporary address/Office & Address (if any)

Permanent address

Educational qualification

Blood group RBC factor

The holder of this licence is licensed to drive throughout India vehicle of the following description:

Motor Cycle without gear

Motor Cycle with gear

Invalid carriage

Light Motor Vehicle

Transport Vehicle

A Motor Vehicle of the following description

Motor Cycle with gear

The licence to drive a motor vehicle other than

transport vehicle is valid from

Date of Birth 09.7.71



The licence to drive transport vehicle is valid from  
From 12.10.2016 to 11.10.2017

Name and designation of the Authority  
Who conducted the driving test

Number.....

Authorisation to drive transport vehicles

Licensing Authority  
M.V. Deptt.

LICENCING AUTHORITY MUZAFFARNAGAR (UP12)  
M.V. DEPTT.  
MUZAFFARNAGAR (UP12)

Authorised to drive transport vehicle with effect from

Badge Number .....

Name and designation of the authority  
conducted the driving test

Number.....

Space for addition of other classes of vehicle

Licensing Authority  
M.V. Deptt.

Also authorised to drive the following class or description of vehicles -

MUZAFFARNAGAR (UP12)  
Date

Name and designation of the authority  
conducted the driving test

Date :

Space for renewal of driving licence  
The licence to drive motor vehicle other than

The licences to drive transport vehicles  
is hereby renewed

Licensing Authority  
M.V. Deptt. MZN

Transport vehicles is hereby renewed

From ..... to .....

Licensing Authority MZN  
M.V. Deptt. MZN

From .....

Signature of Licensing Authority

Space of endorsement Court

- Fine or other punishment Signature of the Endorsing Authority

Date

Section and Rule

Space for endorsement by Licensing Authority

Date

Proceeding Number  
and date

Disqualification period

From ..... To .....

Signature of Licensing Authority