कलावती सरन बाल चिकित्सालय
KALAWATI SARAN CHILDREN'S HOSPITAL
(लेडी हार्डिंग मेडिकल कालेज एवं सहअस्पताल)
(LADY HARDING MEDICAL COLLEGE & ASSOCIATED HOSPITAL)
बंगला साहिब मार्ग, नई दिल्ली-110001
BANGLA SAHIB MARG, NEW DELHI-110001

~~23369302~~
~~24369315~~
23344160
Ext 222

सं०
No.:

दिनांक
Dated: 9/10/13

To
The Managing Trustee
Relief India trust
D-22 Sector 3 Noida

Sub. Request for vision Aire for Pt Baby Sunita.

Sir,

Thank you for help of Pearlt. of this Hospital.
This is for your kind notice that Pt. Baby Sunita 5 month old baby is suffering from Septic Meningitis CCHF C-shock C Pulmonary Edima C PAH. She is needed for regular oxigian machin Vision Aire Cost of Rs 42000/- (Fourty two thousand) Aboroy. Parents of the baby is v. poor cent buy the same.
kindly arange the "vision Aire" machine for the Same.

thanking you

Yours faithfully
(A.N.SINGH)
Medical social worker

Date: 9/10/13

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

सेवा में
श्रीमान मैनेजिंग ट्रस्टी
रिलीफ इण्डिया ट्रस्ट
डी - 22 से 3
नोएडा - गौतमबुद्ध नगर
(उ०प्र०)

विषय - छोटी बच्ची बेबी सुनीता उम्र 5 माह के आक्सीजन मशीन के बारे में प्रार्थना पत्र

माध्यम से - मेडिकल सोशल वर्कर कलावती सरन बाल चिकित्सालय नई दिल्ली

महोदय,

आपको मालूम हो कि प्रार्थी अनिल कुमार शर्मा निवासी बी - 51 नेहरू गार्डन खोड़ा कालोनी जिला गाजियाबाद मे किराए के मकान मे रहता हूँ। मैं मजदूरी करता हूँ ठेकेदार के पास बढ़ई का काम करता हूँ। मेरे पास दो बच्चे हैं। जिसमे छोटी बेटी उम्र 5 महीने है अभी नाम नहीं रखा है माँ के नाम से ही जानी जाती है माँ का नाम सुनिता है। जो पैदा होने के बाद निमोनिया की शिकायत हो गयी थी जिसके कारण कलावती अस्पताल में गयी थी उसी समय जाँच में पता चला कि बच्ची का फेफड़ा खराब होने के कारण शरीर से साँस नहीं ले पा रही थी, जब डाक्टर ने बच्ची को आक्सीजन पर रखने की सलाह दी थी जिससे सिलेण्डर द्वारा बच्ची को आक्सीजन दिया जा रहा है मगर मैं यह नहीं खरीद सकता। डाक्टर ने आक्सीजन के लिए एक मशीन कोहोट (?) जिसका मूल्य करीब 42000/- बीस हजार है मैं गरीब यह मशीन नहीं खरीद सकता हूँ। अगर आप यह मशीन दिलवाते हो तो मेरी बच्ची को आक्सीजन अच्छी तरह से मिलती रहेगी और बच्ची ठीक हो जायगी।

अतः आपसे प्रार्थना है कि मेरी बच्ची को मशीन दिलवाने की कृपा करें।

दिनांक
7/10/13

Forwarded to
Relief India Trust
for needfull.

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

प्रार्थी
अनिल शर्मा
बी - 51 नेहरू गार्डन
खोड़ा कालोनी
गाजियाबाद

To
The Social Worker
KSCH.

Respected Sir/Madam.

I hereby referring a patient by name Sumita 8 months c/o BPD. admitted in KSCH and Oxygen dependent. Kindly arrange for Oxygen concentrator. as the baby parents are poor and could not afford for the equipment

Thanking you.

Forwarded for your kind help

1/10/13

DR S. ROBIN

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

forwarded to Relief India Trust for needful.

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

विकिरण विभाग
X-RAY DEPARTMENT

क० स० बा० चि०-17
K.S.C.H.-17

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

रोगी का नाम/Patient's Name	आयु/Age लिंग/Sex अ० रो० पे० सं./In Pat. Reg. No.	
पिता का नाम/Father's Name	एकक/Unit	
पता/Address	डॉ० का नाम/Doctor's Name	
	राष्ट्र/Nationality धर्म/Religion	
	परिमाप सदस्य सं०/F. P. Status	
	आय/Income	
	आपात/Emergency	
व्यवसाय/Occupation CGHS	फोन नं०/Tel. No. दाखिला का० समय/Date Time of Admn.	
	हस्ता०/Initials	

उपचार विवरण
Clinical Notes

दिनांक/Date.....

विकिरण परीक्षा
X-Ray Examination of

रिपोर्ट REPORT	विकिरण संख्या X-RAY NO.	क्य सं० PLATE NO.

DOPR

KALAWATI SARAN CHILDREN'S HOSPITAL, NEW DELHI

DISCHARGE SUMMARY UNIT-III

NAME FB SUNITA AGE 5m SEX F C.R.No. 17846

DOA 15/9/13 DOD 1/10/13 Height/length _____

Wt. on Admn. 2.6 kg Wt. at Dis _____ Wt. for height _____

Diagnosis: Sepsis ± Meningitis ± CHF (Myocarditis) ± Shock ± Pulmonary edema ± PAH. (improved)

Immunization status:

BCG ☐ **Hep B** ☐☐☐ **DPT** ☐☐☐☐☐

OPV ☐☐☐☐☐ **Measles** ☐ **MMR** ☐

History & Presenting complaints:

- Fever off & on x 3 wks
- Cough. x 3 wks.
- Vomiting x 3 wks.

B/H- S/P1/ 26 wk/ LSCS/ ELBW/ 790gm/ DNC/AB/ BMV x 30 sec/ AS-6,8,8/ RNS vented/ RD 2/10/ SS 1 & 2 ⊖/ ROP ⊕ Laser R/S D60 O_2 dependance for 60d / USG D5q- 8/0. absent septum pellucidum / USG D3/18 (N)

Duration of stay in nursery 3 mnths.

I/H- Received Pentad Inj on 28/8/13

O/E - GC v. sick
Afeb
PR 158 RR 72

P/A - Hepatomegaly.

R/S- B/L crepts

CVS- NAD S_1S_2 (N)

15/9
CSF — cyto 25 cells 90% P
B/C S P 320 / S 60/72
culture — no growth

BDCS — sterile

Investigations:

	16/9	? 20/9	22/9
Hb	7.0	15.4	12.7
TLC	27,800	8,200	9,900
P/C	1.75 (L)	71,00	1.16 (L)
MCV	91.1		97.1
Hct	23.5		43.2
	$N_{53}L_{40}M_6$		$L_{75}N$
Na/K	143/5.2	145/3.6	
U/creat	53/0.4, 0.6	31/6.6	
T.Bil			
AST/ALT/ALP	963/613		
i Ca	3.4	3.1	

15/9
PT/INR — Ratio altered

16/9
PT/INR ← PT C 13.6 / T 21.2; INR 1.65; aPTT C 34.0 / T 50.6

19/9/13
* Echo — (R) to (L) flow.
Mild TR
— Dilated Rt ventricle & Rt ventricular hypertrophy
PAH.

Treatment Given:

(1) O_2 by hood. @ 2 L/min
(2) Inj Monocef → Inj Claf ×14 days
(3) Inj Amikacin ×14 days.
(4) Inj Digoxin } → Syp Dixin
(5) Inj Lasix } → Syp Frusped.
(6) Inj Vit K ×3d
(7) RTA replacement c N/2 in 5% Dx
(8) Neb c Adrenaline.
(9) Inj Vit D_3 stat
(10) Inj Milrinone / T Sildenafil.
(11) T. Carnitine.
(12) IVF

- Course during hospital Stay:

Child was intubated at the time of admission as not maintaining saturation. Altered blood in NG tube. Transfused FFP. Next day extubated d/t spontaneous respiratory efforts. Transfused PRBC i/v/o Sepsis & Myocarditis + Anemia. Gradually child improved. CHF resolved. Pulmonary edema resolved. Child orally accepting feeds. No fresh complaints. Parents not willing to stay longer. Wants to receive remaining i/v antibiotics from nearest Hospital. Discharged on Personal request. Counselled for O_2 concentrator equipment to be installed at home. Parents arranged the same and being Discharged.

Plan
Repeat ECHO.
Form given.

Advice on Discharge:

(1) Tab Cefcon 175 mg i/v 8 hrly. X 7d } (total 21 days)
(2) Inj. Amikacin 40 mg i/v OD. X 5d. }
(3) Syp Fenfed (100mg/ml) 0.3 ml BD
(4) Syp Dixin (50 µg/ml) 0.6 ml OD.
(5) Syp osteocal 5ml tds
(6) Syp Wanderdrops 0.5ml O.D.
(7) O_2 by prongs @ 0.5L/min.
(8) T. Sildenafil (25mg) ~~2.5mg~~ (2mg) 8 hrly.
(9) T. Carnitine (100mg) 1 tab tds X 4 Weeks.
(10) Prognosis explained.
(11) Danger signs explained.
(12) R/W after 1 Week (Tue - Wednesday) Saturday 9:00 am (P.T.O)

condition explained to father.
Anil Sharma
(Father)

(Advice on discharge contd.)

13) Immunization as per schedule
14) Maintain hygiene / warmth.
15) Feeding as advised

सूचना

- 6 माह तक शिशु को सिर्फ मां का दूध पिलाना है ।
- 6 माह के पश्चात गाढा खाना (खिचडी ,दलिया) शुरु करे ।
- टीकाकरण समयानुसार निकटवर्ती स्वास्थय केन्द से कराये ।

To follow up on Wed/ Sat from 9AM to 11.30AM

S/O PT | 26 wk | LSCS | ELBW | 790 gm | Onc IAB | 3min x 30 sec | AS 6, 8, 8 | ANS covered | RDS 2/10 | SS 1 & 2 -ve | CXR - (N) | MP (+) | Losses Rx D60 | O2 dependence for 60 | USG Dsg S/o absent septum pellucidum

नवजात डिस्चार्ज स्लिप

NEONATAL DISCHARGE SLIP

VBS P3, 18 (+)

नर्सरी (श्रीमती एस० के० अस्पताल)

NURSERY (SMT. S. K. HOSPITAL)

के० एस० सी० एच०/KSCH

बेबी के० नं०
Baby K. No. 894242

पिता का नाम
Father's Name: Anil

माता का पंजीकरण नं०
Mother's Regn. No. 367097

पता/Address: Khora colony, Nehru garden, B-41, ghaziabad UP

माता का नाम और आयु
Mother's Name & Age: Sunita

जन्म तिथि
Date of Birth: 9/5/18 12-23 pm

छुट्टी की तारीख
Date of Discharge: 1/8/18

मानवमिति
Anthropometry

	जन्म/Birth	छुट्टी/Discharge
जन्म वजन/Birth Weight	800 gm	
लम्बाई/Length		41 cm
सिर का नाप/Head circumference		29 cm
वजन/Weight		1.590 kg

गर्भावस्था/Gestation: 26+1

एपगार स्कोर
Apgar Score: 6, 8, 8

निदान/Diagnosis: PT | ELBW | DNZ [illegible] ROP (+) | Inner Rx P60 |

इलाज दिया/Treatment given: BPD, Sepsis, Meningitis, Anemia

छुट्टी के समय सलाह :
Advice on Discharge: Refer to Opthalmo OPD for ROP follow up & Treatment

1. स्तनपान, जैसी सलाह दी गई हो।
Breast feeds, as advised
2. To attend Follow up Clinic (Room No. 219) KSCH Tuesday & Thursday 10 A.M.
3. Syp [illegible] 5 ml TDS in feed
4. Drop Vitamin 2 0.5 ml OD
5. Drop Visofol 0.3 ml OD
- Drop Tenofecin 4 drop OD
- Drop D3 mint 1 ml OD
- F/U in Ophthal. OPD on Monday 2 pm as directed by SR Ophthal. Dr. Shweta.

चिकित्सक के हस्ताक्षर/Signature of Doctor

Shifted to nursery i/v/o prematurity / ELBW at 2 HOL
↓
अस्पताल में रुकने का सार
Summary of Hospital stay

O₂ by prongs
IVF
EBM by OG given
↓
D9 Inj caffeine started & given till 16/7/13
10 ml PRP given
↓
D_{20} Meropenam given for 21 days.
Amikacin started given for 14 days
Vit A supplements given
↓
12/6/13 15 ml PRBC given Hb: 8.5 g/dL. RBC: 2.86×10^6
↓
13/6/13 Vancomycin started & given for 15 days.
↓
18/6/13 20 ml PRBC given
↓
D48 O₂ by nasal prongs continued
↓
जाँच/Investigation

D60 Laser photocoagulation therapy for ROP given
↓
Inj. Avastin given 17/7/13

9/4/13
USG skull:
absent septum pellucidum.

8/7/13
R/E: zone II stage I
24/5 L/E: zone II stage II

17/5	13/5	24/5
Hb - 14.9	14.1	12.4
TLC - 23,800	15300	18500
Hct - 46.2	44.8	38.2

9/7/13
R/E: zone II stage 2
L/E zone I stage 2

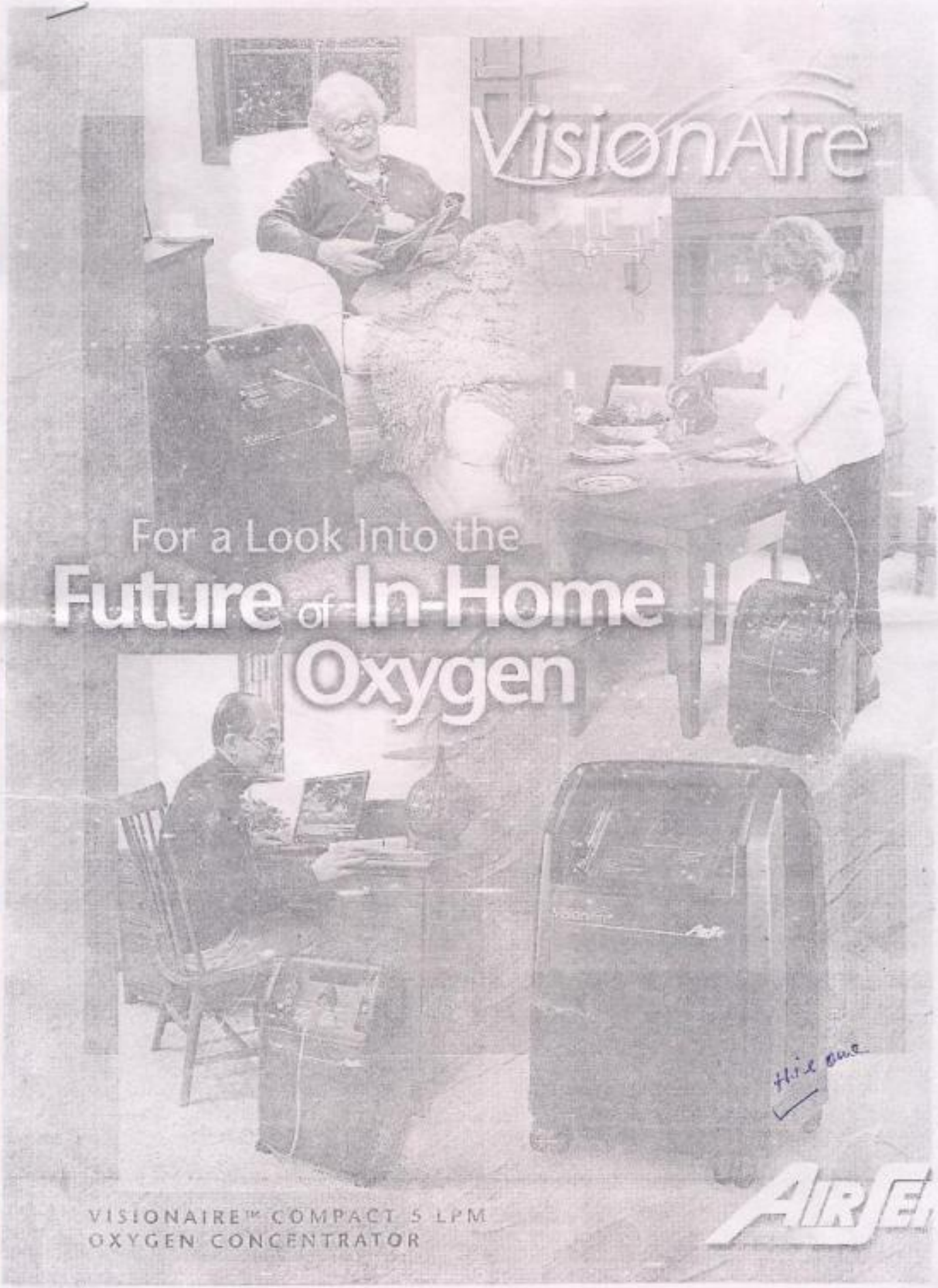
Na/K: 161/4.5, CRP -ve, 3.32 lac
S. Bili = 3.15 / 2.6 / 0.6
N/K/Cl 138/7.1
SGOT/PT = 77/21
ALP = 765
S. Ca⁺⁺ = 5.6

27/5	19/7	20/7
Hb = 9.6	Hb = 13.6	Na/K⁺ 140/5.1
TLC = 21500	Hct = 34.9	ALP 985
Platelets 28...	TLC = 13700	S Ca⁺⁺ 4.9
Plt = 1.88 lac	Plt = 3.11,000	

18/7/13
↓
OG - EBM + HMF given
↓
24/7/13
Cup feeding started
↓
Breast feeding
29/7/13
Omitted O₂ therapy
↓
Breast feeding established
↓
Baby feeding well
↳ discharged

27/7 Hb = 9.6
Hct = 28.4
TLC = 14300
Plt = 3.28 lac
ANC = 2910
CRP -ve

D_{26}: Culture sterile
CSF c/s sterile
CSF DLC: 15 cells all polymorphs


VisionAire
For a Look Into the
Future of In-Home
Oxygen
VISIONAIRE™ COMPACT 5 LPM
OXYGEN CONCENTRATOR
AIRSEP

Lighter, Quieter, and More Power-Efficient

Lighter, quieter, and more power-efficient. Those five words are soothing music to the ears of oxygen patients around the world who rely on the everyday dependability of oxygen concentrators for all of their in-home oxygen needs.

Patients and providers have long established their objectives concerning in-home oxygen. Only with VisionAire do all those objectives get met.

Maintenance-Free VisionAire Units

And it is music to your ears as well in knowing that you can experience the added assurance of maintenance-free* VisionAire oxygen concentrators that are fully backed by AirSep, the expert in oxygen generating technology. This helps ensure that you maximize the potential of your equipment inventory while greatly reducing or eliminating any unnecessary down time.

The technology of this filter-free unit offers AirSep's time-proven expertise in a smaller cabinet that will please patients, their physicians, and meet your business requirements. Save time and money with VisionAire!

* Maintenance-free for five years, guaranteed.

Contemporary Styling to Complement Any Décor

Today's in-home concentrators should never detract from the ambiance of a patient's home interior. The compact VisionAire was designed with the modern patient's affinity for a non-medical looking device that can even fit just about anywhere or match up to and blend in with the contemporary home's audio-visual equipment. The attractive, lightweight unit, with its one 360 wheels, allows the VisionAire to glide easily over carpets and area rugs to move effortlessly from room to room with the patient.

VisionAire's 30 pound weight also ensures that the unit can be transported with ease by patients and providers.

With VisionAire, the sounds of silence extend to the patient's bedroom, where the noise free unit allows even the most sound-sensitive patient or loved one to sleep comfortably without interruption.

Offering Great Power through Energy-Efficiency

VisionAire, the most power-efficient, 5 LPM, compact concentrator on today's market, boasts just 290 watts to offer greater cost-savings with decreased power consumption, which addresses the growing concern worldwide regarding energy conservation.

Ensuring the "Sounds of Silence"

VisionAire lets your patients work and concentrate effectively at home, with no distractions from a noisy O_2 partner by their side. This unit's low dBA level means that long runs of tubing used to isolate a noisy machine now become unnecessary.

AirSep's exclusive technology brings you an exceptionally reliable concentrator with top-of-the-line components that are built to withstand the demands of in-home, hospital, or clinical use 24 hours per day, every day, even in the most challenging environments.

VisionAire

VisionAire for Non-Delivery Systems

VisionAire – paired with AirSep's FreeStyle, the world's lightest and only wearable portable oxygen concentrator – packs a powerful scenario in a non-delivery system that is the most financially prudent in considering acquisition costs as well as economics for daily use. When the majority of hours of therapeutic use can be placed on this rugged, in-home stationary unit, the patient's POC is able to be reserved solely for out-of-home use, such as automobile and even airline travel.**

In this pairing as the Ultimate O_2 Combo***, oxygen patients with an ambulatory prescription can benefit from the flexibility of using the industry's most lightweight units – whether in the home, around town, or traveling the globe.

** FreeStyle was approved by U.S. Federal Aviation Administration (FAA) compliance for onboard in-flight use by oxygen passengers on commercial airlines via a 2006 amendment to SFAR 106.

For a list of airlines that accept passengers with FreeStyle portable oxygen concentrators (POCs), [illegible] www.airsep.com. Please check directly with the individual airline for the most up-to-date information on their specific POC policies.

*** See AirSep's Ultimate O_2 Combo brochure.

SPECIFICATIONS

Oxygen Concentration:	1-5 liters per minute at 90% +5.5/-3% (Based on 70°F [21°C] at sea level)
Dimensions:	20.6 in. high [illegible]
Weight:	30 lb; shipping weight - 37 lb (13.6 kg; shipping weight - 16.7 kg)
Electrical:	115 VAC, 60 Hz [illegible] 220/240 VAC [illegible] 230 VAC [illegible]
Sound Level:	40 dBA
Alarms:	Power Failure [illegible] Temperature [illegible] Oxygen Concentration [illegible]
Relative Humidity:	Up to 95% (non condensing)
WARRANTY:	[illegible]

INTERNATIONAL APPROVALS

CE 0459

AirSep is ISO 9001:2000-certified

ORDERING INFORMATION

AS098-1 VisionAire Oxygen Concentrator (115 V, 60 Hz unit)

AS098-2 VisionAire Oxygen Concentrator (220-240 V, 50 Hz unit)

AS098-3 VisionAire Oxygen Concentrator (230 V, 60 Hz unit)

AS098-4 VisionAire Oxygen Concentrator with oxygen monitor (115 V, 60 Hz unit)

AS098-5 VisionAire Oxygen Concentrator with oxygen monitor (220-240 V, 50 Hz unit)

AS098-6 VisionAire Oxygen Concentrator with oxygen monitor (230 V, 60 Hz unit)

Other model units available

AirSep Corporation
Medical Products Division
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Tel: 716.691.0202 • Fax: 716.691.4141 • E-mail: [illegible]@airsep.com