CA-18336

हृदय वक्ष एवं तंत्रिका विज्ञान केन्द्र
ब. रो. वि.
अ. भा. आ. सं., नई दिल्ली-११००२९
Cardiothoracic & Neurosciences Centre, O.P.D.
A.I.I.M.S., New Delhi-110029

दिनांक
Date

CV 2014/014/0017476
UHID: 100382990
Date 07/07/2014 Mon
Name SHYAM SUNDER
S/O RAM DARAS
Consultant Room 21
SR Room 21

Cardiology
Cardiology
11M 1D /M
Charges Rs. 100-
~~Prof.R.Juneja~~ DR. ANUNAY

विभाग
Deptt.

बा.रो.वि.सं.
O.P.D. No.

उम्र
Age

लिंग
Sex

ACHD, ↑Qp L→R shunt
VSD.

Adv.
~~Tab~~ Tab Ferofol 0.5ml ~~BD~~ OD
Tab Dixin 0.5ml BD
~~Tab Augmentin 5ml BD~~
Inj ceftrodoxime 2.5ml BD
(5ml=50mg)

RA echo

(4)

AIIMS FREE GENERIC PHARMACY
(√) MEDICINES RECEIVED
Name : 07/14
Date :
Sign. :

Adv
BPL card holder?
Rep to MSSO
(9)
Tab Ferofol Syrup 2.5ml OD 7x
Inj to CHO

RNO (4)

12/9/14 बिहार भवन
5, कौटिल्य मार्ग
चाणक्यपुरी

दिनांक
Date

11/7/14

AIIMS FREE GE... PHARMAC
(✓) MEDICI... RECEIVED
Name : ....
Date : 23/7/14
Sign. : ....

23/7/14

Croan Syrup 1/2 tsp SOS
→ Clavum Syrup 1/2 tsp x 7d.
Cont Dixin & furosped
40 unit Blood for
for VSD cl device
+ MV Repair

27/7/14

R-4
25/7/14

29/8/14 long waiting list explained.

29/8/14
(SR CVS)

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI -110029

आपातकालीन विभाग

(DEPT. OF EMERGENCY MEDICINE)

171

UHID No:100382990

आपातकालीन नं.(Emergency No): 2014/030/0066584 दिनांक DATE: 06/07/2014 समय TIME: 05:38:15 PM

NON-MLC

नाम NAME: MASTER. SHYAM SUNDER आयु AGE : 11 months लिंग /SEX : M

S/O : RAM DARAS

पता ADDRESS: मकान संख्या H.NO: 449 , NATAVA - 3 , गली / मुहल्ला STREET/MOH: SHYAMDEURVA

शहर/प्रखड CITY/BLOCK: DISTT - MAHARAJGANJ पिन PIN: 273303

राज्य STATE: UTTAR PRADESH

स्थान Location: Paediatrics Emergency

द्वारा BROUGHT BY: Relative : FATHER

Kl Cho VSD (L→R) evaluated outside in UP (Wt → 5kg)

Recurrent Fever / cough / Respiratory difficulty - 6months of Age

No H/o cyanosis ⊕

H/o Failure to thrive ⊕

Cuently
- Fever - 5days.
- Respiratory difficulty - 5days. , off & on same status × 5-6mth.
- ↑WOB / Feeding difficulty ⊕ × 5mth.

Currently Feeding ⊖, No oliguria

O/E alert, interested in surroundings ⊕

Febrile to touch. ⊕.

HR - 143/mm

RR - 36/mm

PP/CP - Well palpable

CVS - $S1S_2$ ⊕ PSM ⊕, No S3 gallop.

RS - B/L crops ⊕ - Lt infraaxillary > Rt chest.

Liver 2cm BCM ; Sp- NP

Δ - ACHD / ↑QP / large VSD / Pneumonia (Similar Rec. LRTI, c̄ FTT since last 6 mth)

Plan

IV cannulation

CXR ✓

CBC.

CXR - B/L hilar/parahilar infiltration ⊕ (LZ)

Inj ceftriaxone 250mg IV BD.
~~Inj cefotaxime~~

6.50 pm
mullu

Inj Paracetamol 50mg IV tds.

- Syp. Furoped 0.5ml BD c̄

- Syp. Dixin 0.5ml OD

- Syp Asthalin 2ml TDS

- S/R Ped Cardio to renew

Din
mullu

8pm → D/w SR cardiology.

Afebrile
HR = 126/mt
RR - 40/mt mini SCR
CRT < 3 sec SpO_2 = 94% RA
pp/CP/+
Chest - B/L AEE, occ. crept LCZ
CVS - $S_1 S_2$ ⊕, PSM ⊕, S_3 ⊖
PA - $L_2 S_0$
CNS (N)

Advised for m/m of LRTI.
and if no severe pneumonia / CCF, to renew at Ped Cardiology OPD.

↓

Imp - ACHD / VSD c̄ rec. Pneumonia
(not in CCF / Severe Pneumonia)

Adv:

- Syp Cefpodoxime (5ml = 50mg) 2.5ml BD × 7day
- Syp Crocin 3ml SOS / 6hrly
- Syp Dixin 0.5ml BD
- Syp Furoped 0.5ml BD.
- Syp Asthalin 2ml TDS × 3day.

→ Renewal at Ped Cardio OPD (on Mon / Wed / Fri 2pm)

- Dangers explained → attend ER-SOS

REVISIT

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI -110029

आपातकालीन विभाग

(DEPT. OF EMERGENCY MEDICINE)

UHID No:100382990

आपातकालीन नं.(Emergency No): 2014/030/0099842 दिनांक DATE: 23/09/2014 समय TIME: 03:39:21 PM

NON-MLC

नाम NAME: **MASTER. SHYAM SUNDER** आयु AGE : **1 years 1 months 17 days** लिंग /SEX : **M**

S/O : RAM DARAS

पता ADDRESS: मकान संख्या H.NO: 449 , NATAVA - 3 , गली / मुहल्ला STREET/MOH: SHYAMDEURVA

शहर/प्रखंड CITY/BLOCK: DISTT - MAHARAJGANJ पिन PIN: 273303

राज्य STATE: UTTAR PRADESH

स्थान Location: Paediatrics Emergency

द्वारा BROUGHT BY: Relative : FATHER

5 kg

K/c/o ACHD, ↑ OP, L→R shunt, VSD.

Brought c̄ c/o fever, cough, cold | × 2 days.

wt - 5 kg.

O/E - febrile. (101 °F). $P_0 I_0 C_0 D_0$.

HR - 150/min.

RR - 50/min.

SPO_2 - 90%, R/A

Chest - ICR ⊕ crepts ⊕ (R) interscapular area.

CVS - $S_1 S_2$ ⊕, Systolic murmur ⊕.

P/A - liver 2 cm BCM, spleen - n/p, soft, non-tender, BS ⊕.

CNS - Awake, no focal neurodeficit

Adv-

CXR.

23/9/14

RBC - 3.05

Hgb 8.9

PLT - 329

TLC - 6.8

Neu - 47.7

Lym - 47.6

Imp: VSD c̄ LRTI.

Rx. 4:35 pm Inj. Lasix. 5 mg IV stat.

4:35 pm Inj. ceftriaxone. 250 mg IV stat q BD.

~~Inj. [illegible]~~ [illegible]

4:35 O₂ by hood.

VBG

PH - 7.37

PCO2 - 34.1

Na - 131

K - 3.5

Cal - 1.02

Cl - 31

HCO3 - 19.5

रक्तदान महादान

आपात सेवा हर समय उपलब्ध है।

Emergency Services are available round the clock

रक्तदान महादान

ALL INDIA INSTITUTE OF MEDICAL SCIENCES
ANSARI NAGAR, NEW DELHI-110029
REFERRAL SLIP

Name of the Referring Facility : AIIMS
Address : Pediatric casualty
Telephone :

Name of the Patient : Shyam Sunder Age : 1yr Yrs : Male
Father's/ Husband's Name : Ram Dass
Address : U.P. Contact No. :
Referred on 23/9/14 (d/m/yr) at (time) to Paediatric casualty, SJH. (Name of the facility) for management

Provisional Diagnosis

VSD/LRTI.

Admitted in the referring facility on 23/9/14 (d/m/yr) at (time) with chief complaints of :

- fever
- Cough. / x 2 days.
- cold
- fast breathing.

Summary of Management (Procedures, Critical Interventions, Drugs given for Management) :

Investigations :

- Blood Group :
- Hb :
- Urine R/E :
- Others

1) IVC
2) Inj ceftriaxone.
3) O_2.

Condition at time of Referral :

Consciousness : Temp : Febrile Pulse : 150/min BP : RR = 50/min

Others (Specify) :

Information on Referral provided to the Institution Referred to : Yes/No

If yes, then name of the person spoken to :

Mode of Transport for Referral : Govt./PPP/Vehicle arranged by patient : Govt

Signature of Referring Physician/Health Functionary
(Name/Designation/Stamp)

Doctor on-Duty
Emergency Medicine
A.I.I.M.S.

EMERGENCY MEDICINE
AIIMS

Report Printout

Validated

Final report date
23/09/2014 04:39:17 PM
Type
Standard
Comments
Patient ID
AUTOLPID775
Date of Birth

Sample ID
100382990
Department

Collection Date

Physician

Patient Name
SHYAMSUNDER
Age

First Name

Gender
Unknown

Comments
Operator User1

				< Range >		Flags and Alarms
RBC	3.05	L	$10^6/mm^3$	3.80	6.50	Morphology Flags
HGB	8.9	L	g/dL	11.5	17.0	MIC
HCT	27.2	L	%	37.0	54.0	Suspected Pathology
MCV	89		μm^3	80	100	Anemia
MCH	29.1		pg	27.0	32.0	Microcytes
MCHC	32.6		g/dL	32.0	36.0	Remarks
RDW	15.9		%	11.0	16.0	RBC of the Run 23/09/2014 04:39:16 PM
PLT	329		$10^3/mm^3$	150	500	WBC of the Run 23/09/2014 04:39:16 PM
						PM
						PLT of the Run 23/09/2014 04:39:16 PM
						DIFF of the Run 23/09/2014 04:39:16 PM
						Reagent Expired

WBC	6.8		$10^3/mm^3$	4.0		10.0		
	%		#	< %	Range	#	>	
NEU	47.7		3.24	0.0	99.9	2.00	7.50	
LYM	43.6		2.96	0.0	99.9	1.00	4.00	
MON	7.9		0.54	0.0	99.9	0.20	1.00	
EOS	0.4		0.03	0.0	99.9	0.00	0.50	
BAS	0.4		0.03	0.0	99.9	0.00	0.20	
ALY	0.8		0.05	0.0	2.5	0.00	0.25	
LIC	1.7		0.11	0.0	3.0	0.00	0.30	

RADIOMETER ABL800 FLEX

ABL827 754R0903N0003 17:13 9/23/2014
PATIENT REPORT Syringe - S 250uL Sample # 58629

Identifications

Patient ID	100382990
Patient Last Name	shyam
Patient First Name	SUNDE
Age	0 years
Sex	Male
Sample type	Venous
$FO_2(I)$	21.0 %
T	37.0 °C
Department (Pat.)	

Blood Gas Values

pH	7.375	
pCO_2	34.1	mmHg
? pO_2		mmHg

Temperature Corrected Values

$pH(T)$	7.375	
$pCO_2(T)$	34.1	mmHg

Oximetry Values

ctHb	5.2	g/dL
sO_2	81.9	%
FO_2Hb	79.5	%
FMetHb	1.3	%
FCOHb	1.6	%
FHHb	17.6	%

Electrolyte Values

cNa^+	131	mmol/L
cK^+	3.3	mmol/L
cCa^{2+}	1.02	mmol/L
cCl^-	108	mmol/L

Metabolite Values

cGlu	95	mg/dL
cLac	2.5	mmol/L
? cCrea	0.31	mg/dL

Acid Base Status

$cHCO_3^-(P)_c$	19.5	mmol/L
$cHCO_3^-(P,st)_c$	20.3	mmol/L
ABE_c	-4.8	mmol/L
SBE_c	-4.8	mmol/L

Calculated Values

$Anion\ Gap_c$	4.3	mmol/L
$AnionGap.K^+_c$	7.6	mmol/L
$cCa^{2+}(7.4)_c$	1.00	mmol/L
$ctCO_2(B)_c$	43.3	Vol%
$ctCO_2(P)_c$	46.0	Vol%
Hct_c	16.5	%
$mOsm_c$	267.9	mmol/kg
cH^+_c	42.1	nmol/L
$pH(st)_c$	7.324	

Notes

c	Calculated value(s)
cCrea	0210: Calibration error(s) present
pO_2	0210: Calibration error(s) present

Printed 17:14:31 9/23/2014

UHID:	100382990	**Reg Date :**	06/07/2014 05:38 PM
Patient Name :	**Master. SHYAM SUNDER**		
Sex :	Male	**Age :**	11 months
Department :	DEPT. OF EMERGENCY MEDICINE	**Unit Name :**	Unit-I
Unit Incharge :	Dr. Y R Sharma	**Sample Collection Date:**	06/07/2014 07:37 PM
Lab Name:	Hematology	**Lab Sub Centre:**	Emergency Lab (Hematology)
Sample Received Time:		Report Generated Date:	06/07/2014 09:05 PM

Sample Details : EHM-060714385 (Blood)

Test Name	Observation Result	Normal Range	Verification Comment(s)
T.L.C	***14.8 10^3/ÂµL***	4000.00 - 11000.00 10^3/ÂµL	
RBC COUNT	***3.57 10^6/ÂµL***	4.5 - 5.5 10^6/µL	
HB	***9.2 g/dL***	13 - 17 g/dL	
HCT	29.6 %	40 - 50 %	
PLATELET COUNT	***401***	150.00 - 400.00	

Authorized Signatory

DEPARTMENT OF LABORATORY MEDICINE
CRITICAL CARE LABORATORY, CLINICAL CHEMISTRY
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI

Name Shyam Sunder Age 1 yr Sex M

REGD. NO. WARD UNIT Paed Cardiac BED NO. 100382990

Nature of Specimen VBG

Date

Diagnosis & Clinical Notes :-

Signature

Name of Medical Officer 23/6/11 C

Time of Specimen Collection

For Lab. Use only
Lab. Ref. No.

Time of Receiving Specimen

INCOMPLETE FORM WILL NOT BE ACCEPTED

ALL INDIA INSTITUTE OF MEDICAL SCIENCES
ANSARI NAGAR, NEW DELHI-110029
REFERRAL SLIP

(1)

Name of the Referring Facility : RIHL
Address : Pediatric casualty
Telephone :

Name of the Patient : Shyam Sunder. Age : 1yr 1mon Yrs : M

Father's/ Husband's Name : Ram Dayal.

Address : U.P. Contact No. :

Referred on 25/9/14 (d/m/yr) at (time) to Pediatric casualty.

STH (Name of the facility) for management

Provisional Diagnosis

VSD / severe PEM / LRTI.

Admitted in the referring facility on 25/9/14. (d/m/yr) at (time) with chief complaints of :

- Congm x 3 days.
- Fever (+).
-

Summary of Management (Procedures, Critical Interventions, Drugs given for Management) :

Investigations :

- Blood Group :
- Hb :
- Urine R/E :
- Others

1) PRBC transfused.
2) O_2.
3) IVF
4) Inj ofloxacin
5) Inj amikacin

Condition at time of Referral :

Consciousness : Temp : (N). Pulse : 120/min BP : RR = 50/min

Others (Specify) :

Information on Referral provided to the Institution Referred to : Yes/No

If yes, then name of the person spoken to :

Mode of Transport for Referral : Govt./PPP/Vehicle arranged by patient :

Signature of Referring Physician/Health Functionary
(Name/Designation/Stamp)

REVISIT

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI -110029

आपातकालीन विभाग

(DEPT. OF EMERGENCY MEDICINE)

UHID No:100382990

आपातकालीन नं.(Emergency No): 2014/030/0100552 दिनांक DATE: 25/09/2014 समय TIME: 07:17:13 AM

NON-MLC

नाम NAME: **MASTER. SHYAM SUNDER** आयु AGE : **1 years 1 months 19 days** लिंग /SEX : **M**

S/O : RAM DARAS

पता ADDRESS: मकान संख्या H.NO: 449 , NATAVA - 3 , गली / मुहल्ला STREET/MOH: SHYAMDEURVA

शहर/प्रखंड CITY/BLOCK: DISTT - MAHARAJGANJ पिन PIN: 273303

राज्य STATE: UTTAR PRADESH

स्थान Location: Paediatrics Emergency

द्वारा BROUGHT BY: Relative : FATHER

wt - 5 kg

K/C/O VSD

C/O cough since 3 days.

no H/O cyanosis

O/E:

T - afebrile

PR - 120/mt

RR - 40/mt

child cacectic, Sick looking

CVS: S1S2 heard, PSM (+)

RS: BAE equal, B/L wheeze (+)

B/L creps (+)

P/A: Soft, non tender.

VSD / Severe PSM / anemia / failure to thrive / LRTI / Adv

Asthalin nebalisation 1.5mg in 3ml NS.

0, 20, 40 mts

Stop.

P/v after neb.

Camlok VBG RBS Hgb

Adnex Inj Lasix 5mg IV stat

Inj Ceftriaxone 250 mg IV BD

Inj amikacin 75mg IV OD

9.45 PM

रक्तदान महादान

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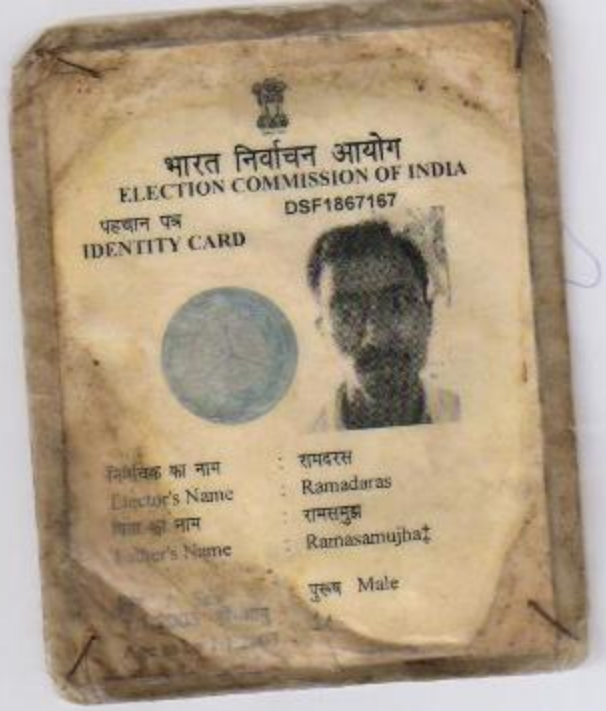
Emergency Services are available round the clock

रक्तदान महादान



भारत निर्वाचन आयोग
ELECTION COMMISSION OF INDIA
DSF1867167
पहचान पत्र
IDENTITY CARD

निर्वाचक का नाम : रामदरस
Elector's Name : Ramadaras
पिता का नाम : रामसमुझ
Father's Name : Ramasamujha‡
पुरुष Male

पहचान पत्र संख्या : DSF1867167

पता
Address
H.No. : 449
Strt/Mohalla : Natava - 3
Vill/Town : Natava
PoliceStn. :
Distt. : Maharajganj
Pin :

निर्वाचक रजिस्ट्रीकरण अधिकारी के हस्ताक्षर की अनुकृति
निर्वाचन क्षेत्र 177-श्यामदेउरवा
Facsimile Signature of
Electoral Registration Officer
for 177- Shyamdeurawa
स्थान : महाराजगंज दिनांक : 25/03/2012
Place : Maharajganj Date

इस कार्ड को विभिन्न सरकारी योजनाओं के अन्तर्गत पहचान पत्र के रूप में प्रयोग किया जा सकता है ।
This card can be used as an Identity Card under different Government Programmes.

250/745

सेवा में

श्री मान अधीक्षक

रिमिक इंडिया प्रा॰ लि॰

D. 22. सेक्टर 3

नोयडा (उ॰ प्र॰)

विषय :- मेरे बेटे के इलाज के लिए आर्थिक सहायता हेतु प्रार्थना पत्र

महाशय,

सविनय निवेदन यह है कि मेरा नाम राम दरश है और मेरे बेटे का नाम श्याम सुन्दर है। जिसका उम्र एक साल तीन महिना है मेरे बेटे का इलाज एम्स हॉस्पीटल में चल रहा है। जिसका कुल खर्च एक लाख रुपया बताया गया है मेरे बेटे के दिल में छेद है। मेरे बेटे के इलाज के लिए पैसा का इन्तजाम नहीं हो पा रहा है।

अतः आपसे निवेदन है कि इलाज के लिए आर्थिक सहायता प्रदान करें

धन्यवाद

प्रार्थी

रामदरश