

CARE FOR HAPPINESS TRUST

Because They Deserve Happiness

CARE FOR HAPPINESS TRUST REG NO : 759
CARE FOR HAPPINESS TRUST NGO DARPAN UNIQUE ID : DL/2023/0379246
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CARE FOR HAPPINESS TRUST EMAIL ID : INFO@CFHINDIA.ORG
CARE FOR HAPPINESS TRUST CONTACT NUMBER : +91 9911168904

PATEINT DETAILS

PATIENT NAME	MASTER ABHINAV
PATIENT FATHER NAME	MR CHIRAG SINGH
DOB AND GENDER	MALE/ 4YRS
DIEASE	BLOOD CANCER B-ALL WITH COLOSTOMY
TREATMENT HOSPITAL	PGICH HOSPITAL NOIDA UP
UHID NO/ DEPARTMENT NAME/TREATMENT COST	44616/ (HDU PAEDIATRIC SURGERY)/ 2.50L TO 3L Rs.
PATIENT FATHER OCCUPTION/ ADDRESS	LABOUR/ MUZAFFAR NAGR UP



Date & Time	Progress Notes	Orders
3/25/24 @ 9:30 AM	B-All colostomy in situ on Maintenance feces & Shock (Resolved)	
	no issues planned for colostomy closure on 06/1/24	
	I - 1250ml O - 100ml + ST colostomy bag - TT.	- Tab 6MP - T. Voliclozole - T. Levofloxacin - T. Ceftriaxone - clonidine for UA
		Stop Syp Ambroxol

(WE CROSS THIS DOCUMENT TO PREVENT FROM MISSUSE)

31-8-24 9:40 AM	B-ALL & Maintenance & colostomy in situ planned for colostomy closure on 06/09/24	
I - 970 O - 6 times A&T - 8 times no feces complaints BP - 92/58 mmHg		T. 6MP T. VOLICLOZOLE T. Levofloxacin T. Ceftriaxone clonidine LA
	Surgery (colostomy closure planned on 06/09/24)	



POST GRADUATE INSTITUTE OF CHILD HEALTH

SECTOR-30, NOIDA-201303 (U.P.)

(An Autonomous Institute under Government of Uttar Pradesh)

Continuation Sheet

Name _____ Age _____ C.R.No./UHID _____

18/8/24

1/8/13

sn. nms

↓ Dr. Silky M'am

C/O BAK on maintenance Chewy

Afelmile ~ 48 km.

Oral intake better

Maintain BP > 70th centile.

(WE CROSS THIS DOCUMENT TO PREVENT FROM MISSUSE)

BP - 94/67 mmHg

↓
109/76 mmHg. (95th centile)

HR - 92/min

SpO₂ - 100% on nasal cannula
@ 2L/min

chest - clear ⊕.

I/O - 2000 / 700 $\left(\frac{550}{1650} \right)$

Blood c/s - sterile

778 neomycin D₄ f

Meropenem D₅

Amikacin D₅

Meropenem D₄

Voriconazole D₃

Melatonin D₂.

WF DNS / cc

1500 / 24 hrs

Norad @ 3ml/hr

(0.3 µg/kg/min)

↓
2ml/hr



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Continuation Sheet

Name _____ Age _____ C.R.No./UHID _____

19.8.24

B-ALL on Maintenance

9AM

Afebuile x 72h.

BP - BP - 110/67

Na⁺ - 134/4-6
K⁺

I - 2030 + 800

O - 260 + 650 (bag)

KFT - 17/8 - 9.0/0.5/2-5

BP - 90/48 (9AM)

- Azithromycin D 5/5

- Inj meropenem D6.

- Inj Amikacin D6

- Inj Teicoplanin D5

- T. VORICONAZOLE D4

- Inj ~~met~~ metomidazole D4

↓ - IVF DNS

- .../24h.

- Inj NORAD @ 3mcg/hour
(0.2 ug/kg/min)

- 3% NaCl nebulisaⁿ. Ceidipoo
19.8.24

↓ Inj NORAD @ 3mcg/hr
for shower

↓
Stop Azithro STOP
after today's dose

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Continuation Sheet

Name	Age	C.R.No./UHID
Abhinav		
21.8.24	10:25 AM	B-ALL / Maintenance / AGE ± shock
Ped Surgery - - Post for colostomy closure - H/O in OPD - Afebeile - BP- 98/62 - I- 1199 + 700 O- 400	Inj Meropenem D8 Inj Amikacin D8 Inj Teicoplanin D7 T. VORI D6 Sup Metronidazole 2.5ml PO TDS D5 STOP I/VF DNS (1:100) KCl 500mg 0.4h CBC - 11.0	

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shift to 11th floor Gudipoo when bed is available

22.8.24	10:25 AM	B-ALL / Maintenance / AGE ± shock
CBC - 11.0 / 5100 / N37 / 66K - Afebeile - BP - 98/54 I - 400 + 1600 O - 650 Bag - 1100	Inj meropenem D9 Inj Amikacin D9 Inj Teicoplanin D8 T. VORI D7 Sup metformin	
Proposed date of L - 9 Sep		<u>Am</u>

2218 12m - 6:30pm : T. GMP 1/4 OD ^{Swig}
Abhinav ^{OK}
Sudhono

23/8/24

- Afebeile
- BP-98/58
- I-250+
1050
- o-450
- Bag-1500

B-ALL/Maintenance

- Inj Meropenem D10/10
- Inj AMIKACIN D10/10
- Inj Teicoplanin D9
- T. VORU D8
- sup Metrogyl D2/5

(WE CROSS THIS DOCUMENT TO PREVENT FROM MISSUSE)

24.8.24

- 8:45 AM
- Afebeile
 - BP-98/62
 - I-200+
950
 - o-300
 - Bag-1450

B-ALL/Maintenance

- sup levofloxacin (125mg/5m
4me PO OD.
- T. VORU D8
- sup Metrogyl D3/5
- T. GMP 1/4 OD.



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SECTOR-30, NOIDA-201303 (U.P.)

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Continuation Sheet

Name Abhinav Age _____ C.R.No./UHID _____

25/8/24

B-ALL Maintenance

8:55am

Afebite

BP - 98/58 mm Hg

I - 50+1100 ml

O - 250 ml (urin)

colostomy bag - 1450g

- Inj Teicoplanin (D10)

- Syp Metronidazole (D4/5)

- Syp Levofloxacin (D2)

- T. voriconazole (D10)

- T. GMP

- Syp zinc

(WE CROSS THIS DOCUMENT TO PREVENT FROM MISSUSE)

26.8.24

B-ALL maintenance

Afebite ^{10:20} All

BP - 98/60

I - 900

O - 100

ST - 950

Inj Teicoplanin D11

Syp metrogyl D5/5

Syp Levofloxacin D3

T. VORICONAZOLE

T. GMP

Syp zinc

Sudip

26.8.24



POST GRADUATE INSTITUTE OF CHILD HEALTH
Sector-30, Noida, G.B. Nagar (U.P.)
(An Autonomous Institute under Government of Uttar Pradesh)

PATIENT INFORMED CONSENT FORM

Department..... Pediatric surgery Consultant In Charge..... Dr. Neel
 CR No. / OPD No. 981162300044616 Date of Admission 02/09/24
 Patient Name..... Abhinav Patient Age/Sex..... 4yr.M
 Patient's Guardian Name..... Chirag Singh
 Address: Budhana, Mirzapur nagar, U.P.
 Phone No. [] [] [] Relationship with the patient..... Father
 Scheduled Date for the Proposed intervention / Procedure / Surgery.....
 Name's of the Proposed Treatment Intervention / Procedure / Surgery..... ileostomy closure

Possible Common Complication Bleeding, Infection, pain, SSI, Injury to nearby
organ, Anaesthetic takes

I, the Undersigned, do hereby state and confirm as follows:
 1. I have been explained the following in terms and Language that I understand
 following in hindi (Name of the Language) and understood by me.

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2. I have been explained with the requisite information, I have understood, and
 authorize and direct the above named Doctor-In-charge / Principal Surgeon/Principal
 interventionist and his / her team with associates or assistants of his / her choice to perform the proposed
 treatment / intervention procedure / surgery mentioned herein above.

3. I have been explained and understood that due to unforeseen circumstances during the course of the
 proposed treatment / intervention / procedure / surgery something more or different than what has been
 originally planned and for which I am giving this consent may have to be performed or attempted. In all such
 eventualities, I authorized and give my consent to the medical / surgical team to perform such other and further
 acts that they may deem fit and proper using their professional judgement.

Understanding all the consequences of the surgery & anesthesia. I give consent with sound mind for the doctor to perform the surgery on my patient.
Abhinav



SUPER SPECIALITY PAEDIATRIC HOSPITAL & POST GRADUATE TEACHING INSTITUTE
SECTOR-30, NOIDA (U.P.)

REQUISITION FORM FOR CONSULTATION

Name: Abhinav
Age/Sex: 4yr/M
CR No.: 981162300044616

Ward No. 4th floor PIA & General Ward

Bed No. Bed no 1

Department PHO (4th floor PIA & General Ward)

Consultation required from :

<u>Pediatrics Surgery</u>	Urgent <input type="checkbox"/>
	Routine <input checked="" type="checkbox"/>

Diagnosis/Specific problem

child has colostomy insitu, advised for surgery on 06/09/24 kindly tell the date of PAC & transfer to pedo sur. pr op. femalities

Consultation/Opinion required in respect of :

Request Opinion only Follow up Transfer

Date... 02/09/2024 Time..... Signature... [Signature] Designation... SR

Name... NENA TWAJ

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Report/Opinion of the consultant *

Date..... Time..... Signature..... Designation.....
Name.....

Use reverse side if required



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PROGRESS NOTES AND ORDERS

Name.....Ward No.....

Sex.....Age.....C.R.No.....Bed No.....

Date & Time	Progress Notes	Orders
01.09.24	6.25 Adm	B-All / maintenance / colostomy in 81 tu
	No flc	Colostomy closure - 06/09
	BP - 96/57 mmHg	Cont. oral medications
		Sudipra
02/9/2024	B-All Maintenance colostomy closure - 06/09/2024	colostomy insitu
	BP - 94/60 mmHg no issues	T. 6MP T. valiumole T. Levofloxacin T. Whimoxazole chloramphenicol for LHM
2/9/24 10am	B-All for colostomy closure.	CST. CBC 9/M
	no fever	Can be shifted to Ped wing

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55+1

Inj Nor Adr 1.5ml + 22.5ml NS @ 1ml/hr → w/h
(@0.1µg/kg/min)

5m - 76/46
BP centiles : 50m 91/46
90m 105/61
95m 109/65 mmHg

3
ot

pulses better after fluid bolus.

@ 5:30PM pulse - normotensive
Tachycardia +nt
HR - 156 bpm
RR - 30/min
BP - 91/55 mmHg

log
4:45M
14/08/2024

passed urine 1st ago
in emergency

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- Adv: 1) IVF Dns + 1:1 w/col @ 1000 ml over 24 hours
- 2) cont inj Cefepime & Amikacin
- 3) hourly vital monitoring BP / U-O

log
JPSK



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Continuation Sheet

Name _____ Age _____ C.R.No./UHID _____

15/8/24

10:05 am

Kiclo BALL

on maintenance chemotherapy

Colostomy in situ

C/O fever, last spike at 8 am today

Afebrile at present (96°F)

Temp - 96°F Poor oral intake

BP - 94/50 mmHg

SPO₂ - 98%

HR - 46 bpm

Adv - ① I/V DNS + 1:100 KCl @ 1000ml over 24.

② continue I/v Cefoperazone & Amikacin

③ hourly vital monitoring BP/VO

Monitor colostomy output.

Recurrent Infections

① → C of I Neo / Amikacin

② → T. Azel (100mg) (1/2) Tab of Syn Amlexol 5ml TDS

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Child at present

afebrile, off O₂

Tachypnea (7)

Ct same Rx

(Street HO Charley)

ASD



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Continuation Sheet

Name _____ Age _____ C.R.No./UHID _____

15/8/24
 11:00 pm

- Add ~~injection~~^{Inj} teicoplanin 120 mg at 0, 12, 24 hr followed by 120 mg OD
- Add ^{Tab} voriconazole (200 mg) 1/2 tab B D

B

16/8/24

cfO BAK on maintenance

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Persistent low grade fever present
 99°F

Vitals - stable

BP - 89/63 mmHg

I/O - 1250/250/500ml

IVIC on 15/8/24

Blood c/s - sterile

ditto

Azithromycin D2

Inj Meropenem P3

Inj Amikacin D3

Inj Teicoplanin D2

Tab Voriconazole D2

DNS + ket 1000ml/24hr



Super Specialty Paediatric Hospital
and Post Graduate Teaching Institute, Sec-30 Noida.

Department of Paediatric Surgery
Pro-O.T. Check list

05/01/24.

1.	Informed written consent	✓	
2.	NPO	for 6 hours for 12 hours - 6am	
3.	PAC Orders followed	✓	
4.	Parts Prepared	1 unit PRBC 1 unit FFP arranged	
5.	Blood Components		
6.	Sensitivity (Antibiotics)	Penicillin AST N.R.	
7.	O.T. Medicines / Sutures Arranged	✓	
8.	Metallic Objects and Clothes	✓	
9.	Surgery / Anesthesia Fee Payment	done	
10.	Any Special Instructions	✓	
11.	Shift with All documents (Dress+ Documents)	✓	
12.		Um	LIBS Ag (+ve)
13.			
14.			
15.			

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Name : Abhinav
Age/Sex : 4y/m
IPD No. : 981162300044616

Neha
Shifting Staff nurse
Name & Signature.



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NURSE RECORD FOR INDOOR PATIENTS

Name..... Abhinav Age 4yr Sex M C.R No. 4616
 Date of Date of Date of Room No.....
 Admission..... 14.8.14 Operation..... D6/9.14 Transfer..... Bed No.....

Medication Injections	PODS 1119124	Special Points
<u>IVF DNS @ 20ml/hr</u> <u>+mvt+kcl (1100)</u>	<u>(D6)</u>	
<u>Inj - Piptaz 102 gm IV</u> <u>x TDS</u>	<u>6am 10am</u> <u>6pm</u>	
<u>Inj - Amikacin 120mg</u> <u>IV x OD</u>	<u>(D6)</u> <u>6pm</u>	
<u>Inj - metrogyl 120mg</u> <u>Oral</u>	<u>(D6)</u> <u>6-10</u>	
<u>Inj. Penicillin G IV</u> <u>SOS</u>		
<u>Inj. Pantop 10mg</u> <u>Stat Orders</u>	<u>6am</u> <u>IV x OD</u>	
<u>Inj. Cefera 100mg</u> <u>IV x BD</u>	<u>6am 7pm</u>	
<u>Syrp - Promethazine</u> <u>205ml plb x TDS</u>	<u>6-10</u>	
<u>Syrp LEVOS salbutamol</u> <u>4ml plb</u>	<u>6-10</u>	
Physiotherapy	<u>Wt.</u> <u>11.6kg</u> <u>(New)</u>	

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P.T.O.

Meb. 0.1% TDS 5ml - 10pm 8-10pm/10/14

2 419124 nos 2 Qy/B Dr NAPUBS/80.

GC: faint active talent.

T - 98%
HR - 112 b/min
RR - 22 b/min
BP - 102/70
SpO₂ - 98%

Wt: 3.7ml
kg/hr.

- APIT Repeat
- Check fluids from Jemmonow
- Arrange FFP
- Plan for Friday surgery
- From morning clear liquids allowed.

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J.R.

- 5/9/24
- send PT/INR afternoon
 - syp Ambroxol 5ml BD
 - clear fluid allowed
 - milk don't give
 - Paeds Reference for URI
 - Share OT notes of previous admn

Name : Abhinav
OPD/IPD/UHID No: H1DV-44616
Age/Sex: 4y / M
Consultant in charge.

Sample.ID. : Coag-2529/24
Received on : 03/09/2024
Reporting Date: 03/09/2024

Coagulation

PT (Prothrombin Time)
(Prothrombin Time) Test
Control
INR
ISI Value -1.04

..... 23.6 Sec.
..... 1.3.3
..... 1.81

APTT
APTT-T

..... 42.1 Sec.
..... 32.0 Sec.

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Note:- Clinical correlation and repeat sample if clinically indicated.

Ab
TECHNICIAN

PATHOLOGIST

Thank you for reference

1:30 PM
3/9/21

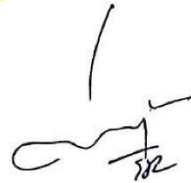
To convert oral leuca → into injectable
is on leuca cl.

Adm

- inj leuca 100 mg iv BD. (e 16 mg/kg/d)
in maintenance dose

- Ren sup

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/s/

3/9/24 Paeds Surgery

HOD

C/S/B Paeds Surgery consultant
D&M / OBS / SO

GI = fair Alert + Alert +

Temp 38.2F

R 94

RR 24

BP 93/64

SPO₂ 99+ @RA

U/O = 3.3m
Rough

Adv

→ Prepare for prep.

→ Medication / PHO reference to convert medication into injectable

→ CST

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MR.

→ PHO reference (Dearanged. PT / IHR) - CASE SEEN BY PHO TEAD

→ Arrange kits.

⊙ Dry Leuva 100mg IV - BD.

→ Ask about the apnoeas

Sudh
3-9-24


MR.



POST GRADUATE INSTITUTE OF CHILD HEALTH
SECTOR-30, NOIDA-201303 (U.P.)
DEPARTMENT OF ANAESTHESIOLOGY

PRE-ANAESTHETIC CHECK UP

Abhinav
 3.5 yrs
 2/9/24
 CR No - 981162300044616

Ward & Bed:

Pediatric Surgery

Height:

Weight:

12 kg.

Clinical Diagnosis:

K/C/O BALL with colostomy.

BSA:

Proposed Operation:

Colostomy closure

Significant History (Present/Past) FTNVD/2.5kg/♂/CAB(+) (M) Development/Immunisation complete
 - No NICU admission/ jaundice/BA/Thyroid/
 - h/o Seizures int and on meds started @ 7 month age. Last seizures 7-8m.
 - No VRTI/No cardiac history/fxns.

Medication Tab Levofloxacin 2 episodes of febrile seizures, has been on Eng
 Syp - Lixiva
 T. Septtran daverol 100g

General Examination T. Voriconazole.
 P I C C L E
 Systemic Examination ⊕ ⊕ ⊕ ⊕
 HS - B/L clear chest
 CVS - S₁S₂ +wt

INVESTIGATIONS
 Reports awaited.
HAEMATOLOGICAL 2/9
 Hb% 12.9
 Haematocrit
 TLC/DLC 6500
 PT/PC P/E 1.67
 BT/CT
 Blood
 ...AT 135
 ... 16.50

ASA Grading, Anaesthetic Problems, Advice & Plan:
 M.P.G.H.
 No loose teeth
 Pre op ... after ... a.m/p.m.
 regional block/sab/ep. Block
 on night before operation
 Parts to be prepared:
 Premedication
 A1

Blood Urea/S.Creat
 S. Proteins & A/G
 S. Electrolytes
LIVER FUNCTION TESTS
 URINALYSIS
 Alb.
 Sugar
 CXR

Signature & Name

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6/6-7.3 ml/kg/hr

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Intake Output Chart

Name: Abhinav
 C.R. No. 4612 POD: _____
 Ward: S.HDU
 Date: 11/9/24

Input..... Output.....
 IV..... 680ml Urine..... 2035ml
 Oral..... 925ml 645ml
 Drain I.....
 Drain II.....
 Drain III.....

Total 1605ml Total 2035ml

Time	IV Fluid	Amount	Oral Tube	Amount	Output Urine	Output RT	Drain I	Drain II	Drain III
9 A.M.		20ml	H ₂ O	50ml					
10 A.M.		20ml	Suc	50ml	105ml				
11 A.M.			H ₂ O	60ml	50ml				
12 Mid Day			Suc	50ml	50ml				
1 P.M.			H ₂ O	20ml	50ml				
2 P.M.			H ₂ O	30ml	80ml				
3 P.M.			H ₂ O	50ml	60ml				
4 P.M.			C. Water	100ml					
5 P.M.			H ₂ O	100ml	80ml				
6 P.M.			H ₂ O	100ml	60ml				
7 P.M.			milk	200ml	100ml				
8 P.M.									
9 P.M.									
10 P.M.									
11 P.M.									
12 Mid									
2 A.M.									
3 A.M.									
4 A.M.									
5 A.M.									
6 A.M.									
7 A.M.									
8 A.M.									
TOTAL									

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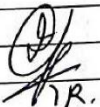

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(An Autonomous Institute under Government of Uttar Pradesh)

PROGRESS NOTES AND ORDERS

Name.....Ward No.....

Sex.....Age.....C.R.No.....Bed No.....

Date & Time	Progress Notes	Orders
10/10/24	POD 4 CSIB DYNAMATUBS KU	
	U1 = fair Acute + acute	U/O = 4.5 ml/kg/d.
	<p>Temp 98.2F HR 106 RR 22 BP 100/67 SPO₂ 98% @ RA</p>	
	<p>→ Medicine consultation → Nebulization as advised</p>	
	 H.R.	
6:30		U/O = 3.1 ml/kg/d.
	<p>Temp = 98.2F HR = 108 RR = 24 BP = 100/68 SPO₂ = 98% @ RA</p>	<p>Adv <u>CST</u></p> 

(WE CROSS THIS DOCUMENT TO PREVENT FROM MISSUSE)

Date & Time	Progress Notes	Orders
9/9/24	POD3 (151B-DYMAIUBS/SO)	
	UL=farm Accident about	
Temp 98.2F	Jmy Piploc 2D4	
HR 22	" amika D4	
RR @4/52 22	" mthogy 2D4	U/O = 2.4 ml/h
BP 94/52 (63)		
SPO2 98+ OXA		

(WE CROSS THIS DOCUMENT TO PREVENT FROM MISSUSE)

Jmy PCM SOC
 → anal sips
 - (ST-





POST GRADUATE INSTITUTE OF CHILD HEALTH

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(An Autonomous Institute under Government of Uttar Pradesh)

PROGRESS NOTES AND ORDERS

Name..... Abhinav Ward No. C.HDU
Sex..... Age..... C.R.No..... Bed No.....

Date & Time	Progress Notes	Orders
	HISTORY for Discharge (Summary)	
	<ul style="list-style-type: none"> → Pt operated on 16/May/2023 → KICLO B ALL 7 Heat preparation. → C/o Vomiting, abdominal pain, loose stool. 	
8/9/24	<div style="border: 1px solid black; padding: 2px;">POD2</div> GI = fair. Accutut. about 1. C/S B/D & MATHUB/SU.	UO = 3.03ml/kg/hr
RR 22	Oral Pipraz D3	
BP 106/68	Oral Amikacm D3	
SpO2 98% RA	Oral Methagyl D3.	
	Metb CST Mend purck Mat RT	

(WE CROSS THIS DOCUMENT TO PREVENT FROM MISSUSE)

Ura...
7/9/24 PODI 4L-farm Aulum + alunt +
(SIBORNA)UBS/SU

Jumb 98.6F
HR 116
RR 24
BP 113/73
SPO2 99% @RA

iny Piptaz O2
" Amikacim D2
" Methogyl O2

U/O = 25

Adv

→ Na 1W on next price - send

→ CST

- nebulizat n

- chest physiotherapy

→ BC Next pull b

①
TIR

(WE CROSS THIS DOCUMENT TO PREVENT FROM MISSUSE)

5:00

4L-farm Aulum + alunt +

Jumb = 98.4F
HR = 114
RR = 24
BP = 100/68
SPO2 99% @RA

Adv

→ CST

①

①
TIR

U/O =

Operative Procedure-

Findings-

Course at hospital:

(WE CROSS THIS DOCUMENT TO PREVENT FROM MISSUSE)

Postop orders Wt - 12kg

- NPO T/F/O 1VF ANS 45 ml/hr
- Inj Pipraz 1.2 gm $\frac{1}{2}$ TDS
- Inj Amika 180mg $\frac{1}{2}$ OD
- Inj PCM 180 mg $\frac{1}{2}$ OD
- Inj Metro 120 mg $\frac{1}{2}$ TDS
- Inj Pantop 10mg $\frac{1}{2}$ OD
- NG aspiration to bulb & replace \bar{t}
- AC charting

Advice on discharge :

TO GET DISCHARGE CARD LAMINATED
TO FOLLOW UP IN PSOPD, R.NO 8, SPL CPD on-

Senior Resident
Department of Pediatric Surgery

Pragya or SOS
SR
Consultant
Department of Pediatric Surgery

c/o BAL

On maintenance chemotherapy
Colostomy in situ.

c/o fever x 1 day
poor oral intake.

11kg

↓
child presented in PHO daycare in shock.

HR - 140/min

SpO₂ - 70%.

Periphery - cold

CR - > 3 sec.

Pulses - feeble

Chest - Cupls - Gr

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Jh
- O₂ nasal prong

- IVF Fluid DNS 100 ml iv stat -

- 1ug Magnex 500 mg PO

- 1ug Amikacin 150 mg iv OD.

1ug PCM 100 mg iv stat -

Ip

CBC

S/E - Na/K

Blood c/s

↓
HR - 144/min

SpO₂ - 100%

BSP - 99/65 mmHg

Peripheral - cold

Preoperative

Wt:- 12kg

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- ^{from 12MM, clear fluids upto 6am} DNS @ 4ml/hr IVP
- Inj. cefotaxime 600mg i.v. AST
- Written and informed consent
- Surgery and anesthesia billing
- Shift to OT @ 8:30am

|

410150

Date & Time	Progress Notes	Orders
11/9/24	PODS 48/10 Dr NAH WBS/80.	
	ac - fair + active + alert	
T - 98.6°F	. 01nj. Pipraz D ₆	4/0 ⁵ -
HR - 106 bpm	(min) 01nj. Amikacin D ₆	
RR - 24b/min	. 01nj. metrogyt D ₆ .	1-3ml/kg/hr
BP - 110/64	Add	
SpO ₂ - 99%.	↑ increase oral intake.	
	DU	
	JK.	

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POST GRADUATE INSTITUTE OF CHILD HEALTH

Sector-30, Noida, G.B. Nagar (U.P.)

(An Autonomous Institute under Government of Uttar Pradesh)

Vital Chart

Patient's Name..... Ashwin C.R.No..... 11164 Ward..... 340

Date	Time	T	P	R	BP	Level of Consciousness/ Glasgow Coma Scale	Res
	3:07	98.6F	102	22	112/68 (78)	SpO2-98% RA	
	5:00	98.4F	110	24	102/54 (60)	SpO2-99%	
	7:00	98.4F	106	24	106/52	SpO2-99%	
	9:00	98.2F	110	24	110/66 (74)	SpO2-99	Ag 24
	11:00	98.4F	106	24	106/64 (70)	SpO2-99%	
11/9/2024							
	1:00 AM	98.0F	106	24	110/64 (76)	SpO2-98	
	3:00 AM	98.6F	102	24	109/70 (80)	SpO2-99	
	5:00 AM	98.4F	102	24	104/66	SpO2-99%	
	7:00 AM	98.6F	112	24	106/66 (72)	SpO2-99%	Ag 24
	9:00 AM	98.1F	110	24	102/61 (8)	SpO2-99%	
	11:00 AM	98.0F	102	24	102/60	SpO2-99%	
	1:00 PM	98.1F	110	24	100/66	SpO2-99%	Ag 24
	3:00 PM	98.4F	102	24	100/66	SpO2-98%	Ag 24

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Department of Paediatric Surgery
Super Specialty Paediatric Hospital & Post Graduate
Teaching Institute, Sector-30 Noida. U.P.

OPERATION NOTES

Name- <i>Abhinav</i>	Age/Sex- <i>4 yr/M</i>	Wt.- <i>12 kg</i>
C.r. No. <i>981162300044616</i>	Ward- <i>Paed surgery</i>	DOS-
Surgeon-1. <i>Dr sheetal (AP)</i>	Anaesthetist-1. <i>C.H. D. J.</i>	
2. <i>Dr Pragnya (RT)</i>	2. <i>Dr. Sonakeshi</i>	
3.	3. <i>Dr Shambhavi</i>	
Scrub Nurse-1. <i>Karampal</i>	Floor Nurse-	
2.	O.T. Technician-	

Pre-operative Diagnosis- *K/O BALL*

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Operative Diagnosis- *K/O BALL i ileal perforation status ileostomy*

Operation Performed- *Ileostomy closure ↓ GA + RA*

Operative Findings-

- *Stoma mobilised*
- *Stoma 40 cm proximal to IC T*
- *end to end anastomosis done after margin freshened*



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PROGRESS NOTES AND ORDERS

Name.....
Sex..... Age..... Ward No.....
C.R.No..... Bed No.....

Date & Time	Progress Notes	Orders
Paed Surgery 28/8/24	C/S/BAI K/C/O BAI with colostomy in situ.	
	Planned for colostomy closure.	
	Adv	
* Child already dated for admission Paediatric Surgery on 6th/Sept/2024. for surgery. Kindly Review the pt on 6/Sept/2024.		

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[Signature]

21/9/24	B AI (Colostomy insitu) on Maintenance feces i shock (resolved)	
10:30am	no issues	
	BP - 94/60 mmHg	- Tab GMP 5mg 1/2 o.d
	I - 1250 ml	- T. Vancomycin
	O - 300 ml	- T. Levofloxacin
	AT - Colostomy bag	- T. Chloramphenicol

[Signature]