22/10/25

- No Mouth ulcer
- 2% betadine gargels
- Sitz bath
- on septran
- personal hygiene
- c/o cough & cold.

completed PI
on 18/10/25

CBC → 7.01 → 1860 / 560 → 1.01C

RFT/LFT → N

c/o. B-ALL/SR/DJ phase

→ cold, cough } x 2 days
no fever

→ vitals stable

RS: NE = BS clear

CVS: S1S2 heard

PA: soft NT

CNS: acs 15/15

Adv

→ Li on 25/10/25
TCBC

→ Syp. cetrizine 5mg/5ml
5ml HS
x 3d

→ To start Maintainence
once ANC
7800
PC 7 L.

AR 6mg
AR Pedonca

25/10/25

Δ: B-ALL/SR/ D? completed

- No mouth ulcer
- 2% betadine gargle
- sitz bath
- on septran
- Personal hygiene
- No fresh complaints

8.5 ⟩ 2740 / 920 ⟨ 1.18 lacs

· To start M1 once ANC >1000

Plan

· to take date for PLAC 28/10/25

· to continue septran or sat/sun

· M/o 29/10/25 c CBC/RFT/LFT

[illegible]

· to start (M1)

27/10

· CSF + IT MTX → on 31/10/25.

· to explain TC for follow up

Adv

① - Tab. 6MP 50 mg — 2/7 — 1 tab
— 5/7 — 1/2 tab

② Tab. Methotrexate 10 mg weekly

③ - Tab. septran to continue on ind/Cum

- CSF+1mm on 31/10/25

↓

→ Inj. Brotizolam (15mg/3ml) — ①

- ~~N~~ 3/11/25 at 2pm in POC

- Betadine gargle BD x 4 wks ~~for~~ R

- Syp Cetirizine (5mg/5ml) 2.5 ml hs x 3d

Advice:

3/11/25

dx: B-ALL/SR/MI.

- No mouth ulcer
- 2% betadine gargels.
- Sitz bath
- on Septran
- Personal hygiene
- No fresh complaints.

No new loosens.

No fever/ Cough/ Cold/ vomiting.

→ ANC: 350

RA/LA: WNL

Pa: 6.4

8.20 | 2330 / 350 | 3.07

adv:-

- W/H T. 6MP/ MTX/ Septran
- Cont. SB/BG
- N/V in PCSC at 2PM on 6/11/ wards
- CBC/ RFT/ LFT

- Syp. Augmentin (457/5) 2.5ml TDS ← x 5 days
- Syp. cetirizine (5/5) 2.5ml TDS ← x 5 days

Shiva
SR

30/7/25

Suhani

B ALL 1 SR1 IM phase

Imp: (D11) and dose
Capizzi Mtx @ 75% [11/10 gd (3) hemat. toxicity]
recvd on [24/7/25]

- C/O passage of semi-solids stool after each meal x1d

no fever / oral mucositis

occ cough (+)

hydration/OO - fair

~ self administering (+) oral Amox for 2 days [no prescription given]

P/A - soft / BS (+)

no chest signs

@ ER visit on 27/7/25
- USG abdomen - (N)
- VBG
- RFT - (N)
- counts - (N) [non neutropenic]

10.6 \ 3460 / 1820 \ 9.7/1 ec

24/8/25

Inj. vincristine (1mg/ml) — (1)

Inj. methotrexate 50mg — (3)

[signature]
SV

27/8/25

Ht → 89cm

Wt → 10kg

LFT RFT } Report awaited

BSA → 0.5m²

DI →

[SR] IM-BALL

Completed IM → 24/8/25.

26/8 10.5 > 4760 / 2.59L / 1700

→ h/o vomiting post feed every evening

plan

(1) Sister Tinny → DI phase protocol

U (2) (210) Dr Vidhate → 2DEcho date!

U (3) Syp Emset (5ml/2mg) 5ml prior food

(4) Periyar Sister (ITM + CSF) - 2/9/25 → done Sumathi

[signature]

21-9-25-C1189

19/9/25

- CBC - Smart Lab ~~delay~~

GPI/SR.

Please give him
CBC/LFT/KFT reports

20/9/25:

FN review.

day 5
on tiptaz | Amikacin.

Afebrile x 72 hours.
cough passive.

- ANC: 170 → 310.
- Blood c/s: Sterile.

~~Advice~~:

1. Stop iv Abx.
2. T. LEVOFLOXACIN 250mg
½ tab OD.
3. ETM + CSF to
proceed on 22/9.
4. N/V: 24/9/25 C
Rpt CBC.

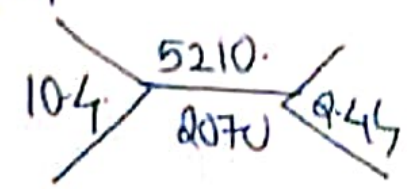
SENIOR RESIDENT
Department of Pediatrics
All India Institute of Medical Sciences
New Delhi-110029

SR.

03/09/25

→ SR/Delayed intensification

30/08/25.



INJ. EMESET 2mg IV Stat.

TAB. DEXAMETHASONE · 4mg ½ tab BD x5days.

- INJ. VINCRISTINE 0.7mg IV slow push.
- INJ. MITOXANTRONE 5mg/100mINS IV over 15mins
- INJ. PEG-ASPARAGINASE 500 IU deep I/m.
- INJ. METHOTREXATE 12mg intrathecally

10 DICS

2/9/25 Sunidhi

Postchemo

Syp. EMESE (2mg/5ml) 5ml TDS x 3days.

N/V 06/09/2025

CBC/LFT/KFT

6/9/25

BP – 105/65 mmHg
Pulse – 125 b/m
- No mouth ulcer
- 2% betadine gargel
- Sitz bath
- No fresh Complaints
- on septran sat & sunday.
CSF – [illegible] Trilmatic

C/O
B-ALL/SR/[illegible]. DI phase
Day 5.

11.5 > 5260 / 3950 < 2.4 ©

- No fresh complaints.

AST / ALT = 132 / 463. → To follow.

Rest – OK.

Rx
- Inj. VCR 0.8 mg IV push 9/9/25
- F/U c̄ CBC, LFT/RFT in POC 15/9/25

15/9/25

- No mouth ulcer
- 2% betadine gargel
- Sitz bath
- C/O cough & cold
- on septran sat & sunday
- on Gutrim maintainance SR.

Hb → 9.10
Plt → 153
ANC → 0.30

ITM+CSF

C/O
B-ALL / SR / DI phase
Day 14.

- No fresh complaints.

9.1 > 1920 / 300 < 1.5 ©

LFT/RFT – OK.

AST / ALT = 27 / 62

Adv
- Tab Dexamethasone 2 mg.
1 tab — 1½ tab BD
- Tab Lanzol 15 mg OD BBF

} X sd from 16/9.

- Inj. VCR 0.8 mg IV push 16/9.
22/09 – IT MTX dote
- F/U 25 c̄ CBC, LFT/RFT on 29/9/25 POC

18/9/25

Vitals

T - N
PR - 116/mt
RR - 20/mt.
BP - 101/70 mmHg
SPO2 - ~~101/70 mmHg~~ 100%

Blc } - To be send
PCT }
CBC }

Dengue - Negative (16/9)

FN resolved.

No recurrence of fever after 1 spike on 16/09/25

Dengue - Negative ANC-170 (16/9/25

Neurodynamic stable

Adv. Repeat CBC/LFT/RFT.
Blood C/S sent today

- Cardiac TV Normal
- E/O CBC report on 19/09/25
- Dengue dept explained

Dr. Amitabh
DM Resident
Pediatric Oncology
DMC
AMRI Hospitals Dhakuria

24/9/25

counselled on
- Betadine gargles
- Sitz bath
- personal hygiene.

C/o fever 100.1°F
@ 12pm
C/o cough mild.
On oral antibiotics Dy.
On Septran.
(CSF photocopy)

S/O
B-ALL / SR / DI phase, Day 23
Had viral URI.
Now afebrile x 2 days

SARS COV-2
Influenza A/B } Negative

8.1 / 2540 / 350 / 2.05 (L)

on oral Levo
↳ child OK.

Cyclo due - 29/30th

Adv
- R/w c̄ CBC/LFT, RFT on 29/9/25
- Stop Levoflox after 5 days POC

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27/09/2025. Dx: B-ALL/SR/DI phase - D26 / FN / Resp. Syncytial virus (+)ve

Respiratory Viral Panel:
RSV positive
(9/4/25)

8.8 / 1320 / 260 / 1.99 L

PS: (N)
CSF - acellular
lymphocytes - acellular
(23/4)

Chest x ray:
B/L Hilar infiltrates (+)nt

Adv:
- Cont. Inj. Tazo/Amika
- Syp. Cetirizine (5/5) 5ml OD → x 5d.
- F/U c̄ FN SR
- Danger signs explained
- R/v in OPD on 1/10/25 c̄ CBC/LFT/RFT

28/09/2025 FN review

Afebrile
· cough · cold

c/f LOS : Acellular
(urine) PS: (N) .

Adv:
· Cont · Inj · 70mg · / Amikacin
· Danger signs Explained
· Cont · Syp · Cetirizine ·
· F/U c FN SR ·
· N/V in OPD on 01/10/2025 c
CBC/RFT/LFT

Shivani
SR

Vitals

T - N
PR - 126/min
RR - 24/min
BP - 68/49 mmHg
SPO_2 - 98%
B/C - (R) awaiting (26/9)

Dengue - Negative (26/9)
Viral Respiratory Panel - Positive (26/9)
- Syncytial Virus
8.5) 3530 / 280 < 161 $\times 10^3$ (29/9)
- c/o Cough, Cold.
PCT - To be send.

→ D2 IV ARA-C → 38 mg slow push

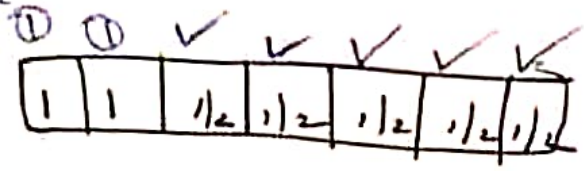
D3

D4

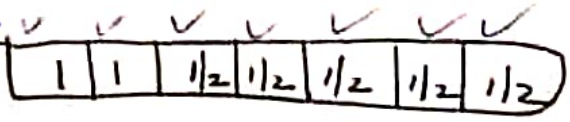
D5 9/10 Gyn

T. 6MP . 50mg

(5) date



(12) date



LFT on 8/10/25 CBC/RFT/CFT

Dr Resident

SENIOR RESIDENT
Department of Medical Oncology
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4/10/15

- No Mouth ulcer
- 2:1 betadine gargels
- Sitz bath
- on septran
- No fresh complaints
- personal hygiene
  Hb - 8.60
  Plt - 235
  ANC - 1.08
- on SF, DI protocol

B-ALL / SR / D1

No complaints.

CBC → 8.6 > 3510 / 1080 < 2.35C

RFT/LFT → e.

HR → 110

RR → 26

PP+ ++/+

→ RS : AE = BS clear

CVS : S1S2 heard

PA : soft NT

CNS : ac 15/15. Adv

→ due

5/10 Adv

→ IVF DNS + 1: 100 KCl at 65 ml/hour (x 24 hour)

→ IV cyclophosphamide 510mg in 100ml NS over 30 mins.

→ Premedicate = IV Emset 2mg
IV Dexa 2mg

(D1)

5/10/25

IV Mesna 170mg in 100 ml NS at 0 hour

Oral Mesna in 100ml juice at 3, 6 hour
170mg

Dr. REMA KURADE, Junior Resident, Department of Pediatrics, ... New Delhi-110029

1/10/25

- 2% Betadine gargle
- Salt bath
- on Septran SAT/Sum
- C/o- Cold-cough
  - No fever.
- On IV antibiotics (D6)

FN IVF

D/c

→ afebrile > 48hr

mild cold & cough ⊕

(Viral panel : RSV +ve)

IMP

(20/9)

IBC: 8.5 | 2850 / 450 | 1.5 lakh

LFT/RFT: N

Plt: 0.09

Blood g s: 1 unit

Adv

1. Tab UBC & IV on 04/10/25

2. D/C IV antibiotics

3. danger signs explained

/

FN IV daycare on 2/10

Advice

SR

8/10/25

- NO Mouth ulcer
- 2% betadine gargels.
- sitz bath
- on septran
- No fresh complaints.
- personal hygiene

c/o
B-ALL (SR) / DI phase Day 32
NO fresh complaints

10.0 > 2750 < 3.26 (L)
1030

LFT/RFT - OK.

Adv.
- continue Tab 6MP till 18/10/25
- Inj. cytarabine 40 mg IV preservative free.
{ 8/10 ✓ 9/10 - 13/10 14/10 15/10 16/10.
- premed c Inj. Emeset
- F/U c CBC, LFT/RFT on 22/10/25
- septran cont
— Betadine gargle / sitz bath

14/10
L Betadine gargle
L (2)
Syp Hominters
L (1)

Sep.

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