

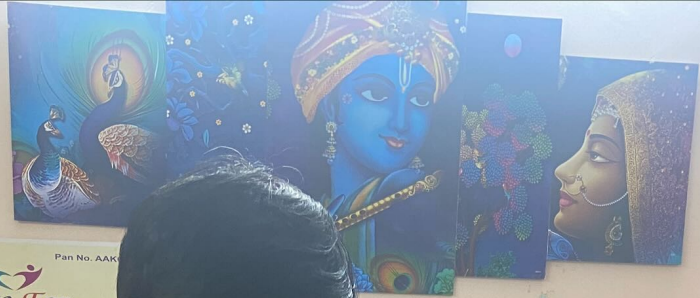
Reg. No. 404703 Pan No. AAK

**Care For
Appetite Foundation**

ANIMAL AID
Support Animal Aid

Child Education Support Pick Food Bank

1897, F/F, Chand Marg, Kotla Mubarakpur, New Delhi - 110003
Mob.: 7982553927 / 9810000000
E-mail: careforappetite@gmail.com
Web: www.careforappetite.org



Care for appetite foundation



GET WELL SOON
PHANISHIKA (15y)
FROM
CARE FOR APPETITE
FOUNDATION

No. 404703

Pan No. AAKCC6003A



Care For Appetite Foundation



Support Animal Aid



Child Education



Food Distribution

1897, F/F, Chand... Lubarakpur,
New I...
Mob.: 798255... 3477740
E-mail : careforap... n@gmail.com
Web : www.care... ntion.com

Care for appetite
foundation



भारत निर्वाचन आयोग

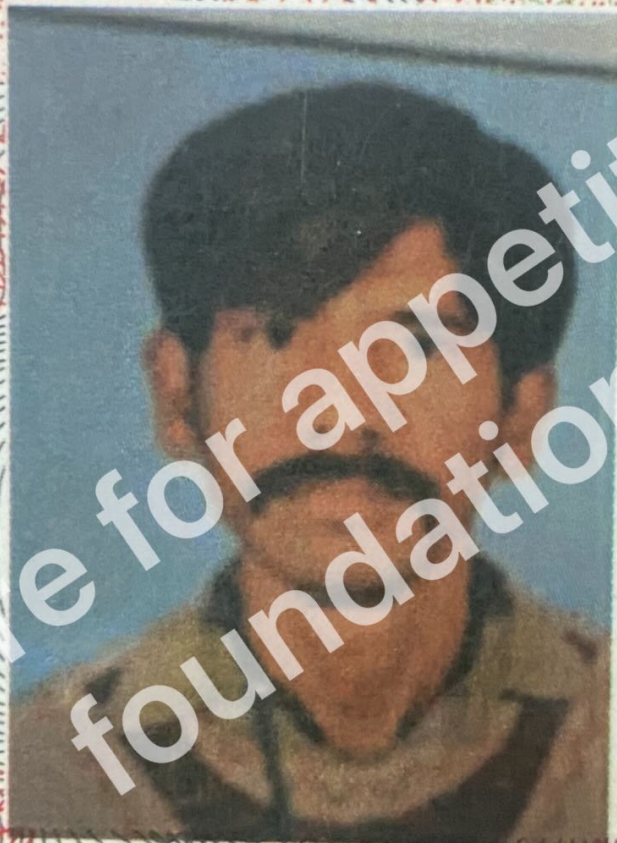
ELECTION COMMISSION OF INDIA



मतदाता फोटो पहचान पत्र - ELECTOR PHOTO IDENTITY CARD



RRC1237221



नाम

: विनोद सिंह

NAME

VINOD SINGH

पिता का नाम

: मन सिंह

FATHER'S NAME

: MAN SINGH

भारत निर्वाचन आयोग



भारत सरकार

Government of India



आधार

Issue Date : 05/02/2022



धनिष्का

Dhanishka

जन्म तिथि/DOB: 24/06/2021

महिला/ FEMALE

बाल आधार

यह आधार 5 वर्ष की उम्र तक ही वैध है

5171 2347 3675

VID : 9194 7049 8521 1681

मेरा **आधार**, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India



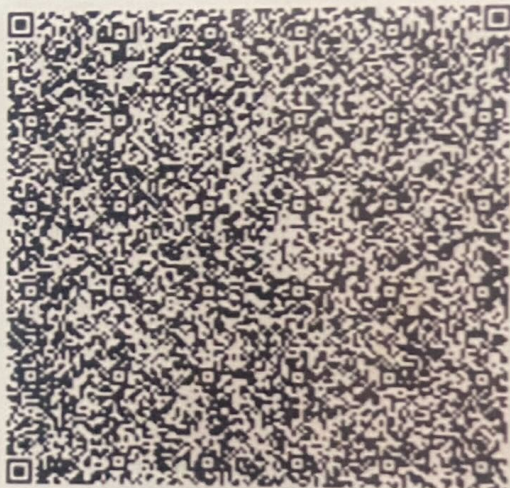
Download Date: 27/02/2022

पता:

द्वारा: विनोद सिंह, 199, गली न 2, नई इन्द्रा कॉम्प्लेक्स,
खेरी कलां ११३, फरीदबाद,
हरियाणा - 121002

Address:

C/O: Vinod Singh, 199, gali no 2, new indra
complex, Kheri Kalan(113), Faridabad,
Haryana - 121002



5171 2347 3675

VID : 9194 7049 8521 1681



1947



help@uidai.gov.in

www

www.uidai.gov.in

To
The Trustee
CARE FOR APPETITE FOUNDATION
(South Extension Part 1)

VERIFIED

Date → 04/03/2023

Sub → बच्चे की मदद हेतु प्रार्थना पत्र

महोदय,
साविनय निवेदन यह है कि मेका नाम
विनोद सिंह है, मैं करीब 140 किलोग्राम का 28 साल का हूँ
मेरी 1.5yr की बच्ची है जिसका नाम Pransika है। पिछले
1.5yr से बच्ची की हालत बहुत खराब है, मेरी
बच्ची को ब्रेन TB (Brain Tuberculosis) का परेशानी है और
बच्ची का Left side Effect हो गया है (Paralysis से) है।
मेरी Condition इतनी गंभीर है कि मैं इलाज की खोज में हूँ
अब कृपा आप मेरी बच्ची की जिंदगी बचाने में मदद
करे आपकी अति कृपा होगी

धन्यवाद

Vinod Singh
(बच्ची का पिता)

विनोद



For CARE FOR APPETITE FOUNDATION

Child Education

Director

For CARE FOR APPETITE FOUNDATION



Food Distribution

Support Animal Aid

Support Pink



Care for appetite foundation

12

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI

बालरोग चिकित्सा विभाग/DEPARTMENT OF PAEDIATRICS
बाल तंत्रिकाविज्ञान प्रभाग/CHILD NEUROLOGY DIVISION
(ई.ई.जी. मांग प्रपत्र/EEG REQUISITION FORM)

ई.ई.जी. प्रयोगशाला, कमरा सं. 12, बाल ओ.पी.डी., फोन नं. 011-2654-6512
EEG LAB, ROOM NO. 12, Children OPD, Ph No. 0112654-6512

(अपूर्ण भरा हुआ मांग प्रपत्र वापस कर दिया जाएगा/ Incompletely filled requisition forms will be returned)

रोगी का नाम/Patient Name: Dhanushka आयु/Age: 148M लिंग/Sex: पुरुष Male / स्त्री Female

ओ.पी.डी./OPD/सी.आर. सं. /CR No:

यू.एच.आई.डी. सं./UHID No. 106046063 ई.ई.जी. प्रपत्र भरने की तारीख/Date of filling the EEG form:

Clinical diagnosis: (Mandatory): clo rBM with muscle tone progression with trem.

Epilepsy: Yes / No

Duration:

Seizure semiology: flexor spasm noted for last 1 week (4-5 episodes/day) 1 cluster = 1 spasm

Seizure frequency:

Date of last Seizure:

Current medications/dose: Levetiracetam, Clonazepam

Associated conditions: Intellectual disability/Cerebral Palsy/Behavioral Problems/Others Specify

Reason for requesting EEG: To rule out structural west syndrome.

Special preparation: Sleep deprivation/Others

Relevant investigations:

ई.ई.जी. प्रकार/EEG type

- Routine EEG
- Short term Video EEG
- Long term Video EEG
- Overnight long term Video EEG
- Ambulatory EEG

Patient state required:

- Induced Sleep
- Natural Sleep
- Awake
- Both Sleep and Awake

अपेक्षित विशेष युक्तियां/Special maneuvers required:

- Hyperventilation
- Photic stimulation
- Induction for Psychogenic non-epileptic events
- Fixation off sensitivity
- Any specific stimuli for reflex epilepsy:
- IV Pyridoxine

Previous EEG No..... Date.....

Report.....

Neuroimaging.....

वरिष्ठ रेजिडेंट के हस्ताक्षर/
Senior resident signature

[Signature]
5/2/20
Nem

नाम/Name:

परामर्शदाता के हस्ताक्षर/Consultant signature:

नाम/Name:

Kindly give date within 2 weeks (urgent).

कृपया-----के दौरान ई.ई.जी. की तारीख चाहिए/
EEG date required within 2 weeks.

Please give early date

अखिल भारतीय आयुर्विज्ञान संस्थान / ALL INDIA INSTITUTE OF MEDICAL SCIENCES
एन. एम. आर. विभाग / DEPARTMENT OF N.M.R.
नैदानिक एम.आर.आई. माँग प्रपत्र / CLINICAL MRI REQUISITION FORM

1. Clinical Dept. Or Unit Ped Neurology Date of Requisition 01-3-2023
OPD No. UHID No. 106046063 Ward / Bed No.

2. Screening Dept. : Radio-Diagnosis Neuro-Radiology Cardiac Radiology
(Tick as appropriate)

3. रोगी का नाम / Patient's Name Dhoni shka आयु/Age 178M लिंग/Sex M
(साफ अक्षरों में / In Block Letters)

जन्म-तिथि / Date of Birth : दिन/Day.....माह/Month.....वर्ष/Year.....वजन/Weight.....कि.ग्रा./KG

4. General Patient Condition (Tick as appropriate)
(i) Critical and with life support (ii) Ill but without life support (iii) Ambulatory

5. Clinical Details : History : do TBM with vasculitis (Basal ganglia infarct R>L)

Examinations : ME -> Assted spasticity & Brisk DTR @

Relevant Investigations : MRI Brain (12/6/22) (inside)
Previous CT / MR / Other Reports / Studies (With numbers, if any) -> Enhancing exudates in basal cister. BIL Sylvian fissure. supravellor cister involving optic chidema. leptomeningeal enhancement in adjacent right fronto temporal lobe. Acute infarcts in BIL basal ganglia (R>L)

6. Blood Urea / S Creatinine

7. Clinical Diagnosis : TBM & vasculitis

8. Exact Anatomical site for MRI MRI Brain + spine contrast

9. Special Instruction (Sedation, Allergy or other details which may facilitate a safe and informative study)

10. (a) Contrast Enhancement Required : Yes No.....
(b) Allergic to any drugs : None
(c) Implant in Body (Tick as appropriate)
Cardiac Pacemaker Aneurysmal clips Cardiac Valve/Prosthesis
Metallic Implants..... Sharpnel/Pellet..... Others..... None

हस्ताक्षर/Signature.....
नाम/Name.....
(साफ अक्षरों में)/(In Block Letters)
पदनाम/Designation.....

प्रयोगशाला कायचिकित्सा विभाग
DEPARTMENT OF LABORATORY MEDICINE

नैदानिक रसायनिक
CLINICAL CHEMISTRY

अखिल भारतीय आयुर्विज्ञान संस्थान, अंसारी नगर, नई दिल्ली-११००२९
All India Institute of Medical Sciences, Ansari Nagar, New Delhi-110029

रक्त रसायन / BLOOD CHEMISTRY

नाम/NAME Dhanishka. आयु/Age 148M लिंग/Sex M

UHID NO. 106046063 OPD / WARD Ped Neuro UNIT II BED NO.

Date

Diagnosis

&

Clinical

Note :-

- Urea
- Creatinine

Signature

Name of Medical Officer

Time of

Specimen Collection

For Lab. Use only

Lab. Ref. No.

Time of Receiving Specimen

INCOMPLETE FORM WILL NOT BE ACCEPTED

Patient to Report Fasting

अ० भा० आ० वि० सं० अस्पताल
A.I.I.M.S. HOSPITAL

PRESCRIPTION SLIP

Name :-

Dhanishka

106046063

UHID No.

O.P.D./Ward

Ans 7/03

Rx.

T. Dena 1mg

T. Aspirin 40mg

✓ T. Clonazepam 5mg

✓ T. Diamox 250mg

T. paritone 2mg

✓ T. Lanrol IR 15mg

✓ syp. Lanera (1/100mg)

syp Domstal 7



ELECTROPHYSIOLOGY LAB

Division of Pediatric Neurology

DEPARTMENT OF PEDIATRICS
ALL INDIA INSTITUTE OF MEDICAL SCIENCES

Created: 6/20/2022 9:45:19 AM

Patient Information

Name: DHANUSHKA Patient ID: V-054-22
Test ID: 106046063
Age: 1 year Gender: Female
Diagnosis: .

Test Information

Technologist: .

Recording Start: 6/18/2022 3:54:57 PM Recording Length: 00:30:47

Recording End: 6/18/2022 4:27:06 PM

Patient status: Induced sleep

Observation: Induced sleep record shows 2-4 Hz, 50-80 micV delta activity without voltage asymmetry with symmetric and synchronous sleep spindles and K-complexes. No epileptiform abnormalities seen.

Final Impression: Normal sleep record .

For Dr Sheffali Gulati
Professor Pediatric Neurology

Senior Resident
Division of Pediatric Neurology

12

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI

बालरोग चिकित्सा विभाग/DEPARTMENT OF PAEDIATRICS
बाल तंत्रिकाविज्ञान प्रभाग/CHILD NEUROLOGY DIVISION
(ई.ई.जी. मांग प्रपत्र/EEG REQUISITION FORM)

ई.ई.जी. प्रयोगशाला, कमरा सं. 12, बाल ओ.पी.डी., फोन नं. 011-2654-6512
EEG LAB, ROOM NO. 12, Children OPD, Ph No. 0112654-6512

(अपूर्ण भरा हुआ मांग प्रपत्र वापस कर दिया जाएगा/ Incompletely filled requisition forms will be returned)

रोगी का नाम/Patient Name: Dhanushka आयु/Age: 148M लिंग/Sex: पुरुष/Male / स्त्री/Female

ओ पी डी./OPD/सी आर. सं./CR No:

यू.एच.आई.डी. सं./UHID No. 106046063 ई.ई.जी. प्रपत्र भरने की तारीख/Date of filling the EEG form:

Clinical diagnosis: (Mandatory): do rBM with muscle tone prodromal with trem.

Epilepsy: Yes / No

Duration:

Seizure semiology:

flexor. spasm noted for last 1 week
(4-5 epi. rodu/day) 1 cluster of spasm

Seizure frequency:

Date of last Seizure:

Current medications/dose:

Associated conditions: Intellectual disability/Cerebral Palsy/Behavioral Problems/Others Specify

Reason for requesting EEG: To rule out structural west syndrome.

Special preparation: Sleep deprivation/Other:

Relevant investigations:

ई.ई.जी. प्रकार/EEG type

Routine EEG

Short term Video EEG

Long term Video EEG

Overnight long term Video EEG

Ambulatory EEG

Patient state required:

Induced Sleep

Natural Sleep

Awake

Both Sleep and Awake

अपेक्षित विशेष युक्तियां/Special maneuvers required:

Hyperventilation

Photic stimulation

Induction for Psychogenic non-epileptic events

Fixation off sensitivity

Any specific stimuli for reflex epilepsy: _____

IV Pyridoxine

Previous EEG No. _____ Date _____

Report _____

Neuroimaging _____

वरिष्ठ रेजिडेंट के हस्ताक्षर/
Senior resident signature

[Signature]
S. R. Ped
N. M.

नाम/Name _____

परामर्शदाता के हस्ताक्षर/Consultant signature

नाम/Name _____

Kindly give date within 2 weeks
(urgent).

कृपया _____ के दौरान ई.ई.जी. की तारीख चाहिए/
EEG date required within 2 weeks;

विकिरण नैदानिक विभाग

अ० भा० आ० सं०, नई दिल्ली-११००२६

DEPARTMENT OF RADIODIAGNOSIS

A.I.I.M.S., NEW DELHI - 110029

PLAIN X-RAY/CONTRAST STUDIES REQUISITION FORM

Name : B/o Monika Age/Sex : 2 y/f Ref. Deptt./Unit : Date : 27/6/22

Indoor (Bed No.) / Outdoor / Casualty (circled) UHID No. : LMP : _____

Examination Required : Peds. 106017944

Clinical History and Examination :

USG abdomen

Clinical / Working Diagnosis :

Blood Urea / S. Creatinine :
Any h / o allergy or asthma :
(for IVU patients only) :

cl. TBM / HCF
? shunt in situ

? shunt abdo End
Blockade?

Signature of Referring Physician / Date :

asuty ?

Consent :

I hereby give consent for the performance of any diagnostic or therapeutic radiological procedure with or without the use of contrast injection and / or sedation. The associated complications and risks have been explained to me.

m/p

Signature of Patient / Date :

Your appointment is on : _____ Room No. : _____

Time Slot : 8:30 9:00 9:30 10:00 10:30 11:00 11:30 12:00 12:30

X-Ray No. : _____ Size / No. of Films _____

Date : _____ Kvp/mAS: _____

Sign. of Radiographer :

P.T.O.

Please give early date

अखिल भारतीय आयुर्विज्ञान संस्थान / ALL INDIA INSTITUTE OF MEDICAL SCIENCES

एन. एम. आर. विभाग / DEPARTMENT OF N.M.R.

नैदानिक एम.आर.आई. माँग प्रपत्र / CLINICAL MRI REQUISITION FORM

1. Clinical Dept. Or Unit Ped Neurology Date of Requisition 01-3-2023
OPD No. UHID No. 106046063 Ward / Bed No.

2. Screening Dept. : Radio-Diagnosis Neuro-Radiology Cardiac Radiology
(Tick as appropriate)

3. रोगी का नाम / Patient's Name Dhoni shka आयु/Age 148M लिंग/Sex M.
(साफ अक्षरों में / In Block Letters)

जन्म-तिथि / Date of Birth : दिन/Day माह/Month वर्ष/Year वजन/Weight कि.ग्रा./KG

4. General Patient Codition (Tick as appropriate)
(i) Critical and with life support (ii) Ill but without life support (iii) Ambulatory

5. Clinical Details : History : clo TBM with multiple (Basal ganglia infarct R>L)

Examinations : ME -> Basal ganglia & Basal Ganglia @

Relevant Investigations : MRI Brain (13/6/22) (Inside)
Previous CT / MRI / Other Reports / Studies (With numbers, if any) -> Enhancing nodules in basal cister. BIL Sylvian fissure. supravellor cistem involvement optic chidema. leptomeningeal abancement in adjacent right fronto temporal lobe. Acute infarcts in BIL basal ganglia (R>L)

6. Blood Urea / S Creatinine

7. Clinical Diagnosis : TBM - multiple

8. Exact Anatomical site fo. MRI MRI Brain + spine contrast

9. Special Instruction (Sedation, Allergy or other details which may facilitate a safe and informative study)

10. (a) Contrast Enhancement Required : Yes No

(b) Allergic to any drugs : None

(c) Implant in Body (Tick as appropriate)

Cardiac Pacemaker Aneurysmal clips Cardiac Valve/Prosthesis

Metallic Implants Sharpnel/Pellet Others None

हस्ताक्षर/Signature [Signature]

नाम/Name Dr. Shant

(साफ अक्षरों में) / (In Block Letters)

पदनाम/Designation SR

Parent copy



All India Institute of Medical Sciences, Delhi
Department of Paediatrics
Unit 2 – Discharge Summary

C5 ward – 011-26594752, Casualty – 011-26594225

Name: Dhanishka	AGE: 1Yr	Gender: Female	UHID No: 106046063
Date of admission: 17/06/22			Date of discharge: 01/07/2022
Diagnosis: Microbiologically proven rifampicin sensitive tuberculosis(CNS + polymen) Tubercular Meningitis with vasculitis (bilateral basal ganglia infarcts - R>L) with sequelae.			
Consultants In-charge: Prof. M Kabra, Prof.S.Gulati, Prof.V Jain, Dr Biswaroop Chakrabarty, Dr.Neerja Gupta, Dr. Prashant Jauhari Dr. Rajni Sharma			
Address :199 Gali No-2,Indra complex,Faridabad			MOB-9911521908

PNC no: 156/22

Presenting complaints:

- Fever x 1 week
- Decreased activity x 3days
- Poor oral acceptance x 3 days
- One episode of paroxysmal event on 17/6/22 on the day of admission

History of Presenting Illness:

Child was in her usual state of health 1 week back, when she developed fever,intermittent,low grade,not associated with chills or rigour or rash,diurnal variation. Relieved on taking medication but recurred.

H/o lethargy(decreased activity) since 3 days

H/o irritability since 3 days

H/o poor oral intake since 3 days

H/o 3-4 episodes of vomiting on day 1 of illness,non projectile,containing food particles,non blood or bile stained.

H/o dry cough,acute onset,intermittent,non spasmodic,no diurnal variation,no post tussive vomiting.

No h/o fast breathing/breathlessness/chest retractions

No h/o running nose/nasal discharge/eye discharge

No h/o loose stools/constipation

No h/o cry during micturition /increased frequency

H/o one episode of a paroxysmal event on the day of admission. There was tonic clonic movement of the limbs, deviation of eyes to the left with frothing. (? Left focal with generalisation). It lasted for around 10 minutes. Was aborted with Midazolam in the emergency.

No h/o paucity of limb movements (although it was noticed after admission)

No h/o deviation of angle of angle of mouth

No h/o recent travel or vaccination

Past history:

History of hospitalisation at 2 months of age for acute gastroenteritis with dehydration (? faulty feeding). No other significant past history.

Birth history: Single/Term/Female/Birth weight: 2.4kgs/No h/o NICU stay/Smooth perinatal transition

Developmental history: Obtained appropriate milestones as per age.

Immunisation history: Received upto 3rd dose of pentavalent vaccine and Vitamin A dose Pending. BCG vaccine taken, scar seen.

Family history: Second born to a non consanguineous marriage. She has an elder brother who is 8 years old, alive and healthy.

Mother was diagnosed with pulmonary TB in March 2020 for which she received ATT for 6 months. Close to the time of delivery mother had recurrence of cough. Post delivery she was suspected to have ?MDR TB and treatment was started for the same but expired in Nov 2021 with massive hemoptysis (when the child was 5 months of age). According to the father, the child did not receive INH prophylaxis.

Examination at admission: Conscious, irritable, consolable

GCS: 15/15

Vitals: HR-136/min, RR-36/min, BP: 104/70 mmHg. SpO2-99% on room air. CFT <3 s, Peripheries warm, Febrile

Anthropometry:

Parameter	Measurement	Z score IAP
Weight	8.5 kg	WFA: -0.42 SDS
Height	76cm	HFA: 0.7 SDS
HC	44cm	HC/A: 0.66 SDS

General physical examination:

Pallor present, bilateral multiple cervical lymph nodes of <1.5cm present.

No icterus/no cyanosis/no clubbing/no edema

- 6) T. clobazam (50g) 1 tab OD
- 7) Symp lower (100g/ml) 1.5 ml - 1.5 ml
- 8) T. Picitone (2g) 1 - 1/2 - 1/2
- 9) T. Junior Lenzol (15g) 1/2 tab OD
- 10) RIV with reports 1 dose after 1 month.
on Monday 12pm / CDC
- 11) PT / OT - PMR

Andre
Pulvis R

14/11/2022
14/11/2022
14/11/2022

14/11/2022

PCPC score - 4

Andre

- 1) T. Isoniazid (50g) + Rifampin (150g) 2 tabs OD
- 2) T. ethambutol (100g) 1/2 tab OD
- 3) T. Pyridoxine (10g) 1 tab OD
- 4) T. Aspirin (75g) 1/2 tab OD
- 5) T. clobazam (50g) 1 tab OD
- 6) Symp. lower (100g/ml) 1.5 - 1.5 ml.
- 7) Picitone (2g) 1 - 1/2 - 1/2
- 8) T. Junior Lenzol (15g) 1/2 tab OD
- 9) MRI: Brain + Spine
Symp MVI Sml OD
- 10) RIV on 26/Dec/2022 / 12pm

Andre
Pulvis R

18/8/22

Week 6 visit

still not able to sit

Guy (+)

Infraglenoid fossa (+)

skin rash (+)

Or NG feed

↑ wt gain

Done completed vaccines

Old Dr. P. Jankari

→ Dermatology review

to taper down on rash

opt MRI Brain & contrast

& spine scan

Today care

Sam

18/8/22

LSF ↓ Dr. P. Jankari sbag

+ scan

Dr. Kumbik

continue 4 drug

ATT

Aspirin ^{HR}

22/8/22

Monday

CDC clinic

Taper ATT off
NRC

T-Dexa (4mg)	1/4	- 1/4	- 1/4	x 4 days
		↓		
	1/4	- 1/4		x 4 days
	1/4	- X		6 days
				stop

SENIOR RESIDENT
Department of Paediatrics
All India Institute of Medical Sciences
Dr. [Signature]
110029



अ० भा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL
बहिरंग रोगी विभाग / Out Patient Department



अस्पताल के अन्दर धूम्रपान मना है / SMOKING IS PROHIBITED IN HOSPITAL PREMISES

DOTS REFERRAL CENTRE
Room No. 40/41
All India Institute of Medical Sciences
New Delhi-110029

OPR-6

एक/Unit _____

विभाग/Dept. _____

रोगी सं/ O.P.D. Regn. No. _____

नाम/Name	पिता/पुत्र/पत्नी/पुत्री F/S/W/D of	लिंग Sex	आयु Age	पता/Address
Dhanishka		F.	14	

निदान/Diagnosis

Disse. TB (PTB + CNS)

दिनांक/Date

04/07/22

उपचार/Treatment

Hu in Pediatrics

- Fam X week
- Isoniazid X 3 days
- Rifampin acceptance X 3 days

Microbiological - GeneXpert +ve

R - sensitive

New case / Disseminated
(PTB + CNS)

Microbiologically / cat I
proven

- ATT

- Tab HR (H-50/R-75) 1 1/2 tab OD

- Tab Pyrazinamide 500 mg 1/2 tab

- Tab Ethambutol 180 mg 1 1/2 tab OD

- Tab Pyridoxine 100 mg 1/4th tab

Rfor Hu in Paeds TB OPD

-21



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बहिरंग रोगी विभाग / Out Patient Department



अस्पताल के अन्दर धूम्रपान करना है। / SMOKING IS PROHIBITED IN HOSPITAL PREMISES

Room / Room
4
PHC PACES
Queue No: N7
19/10/2022

OPR-6

नाम / Name
DHANISHKA
114M20 / M (एन)
SUBVISED 5/10/21
Add: 199 GALING-2, INDRA COMPLEX
DISTRICT FARIDABAD, HARYANA, INDIA
Mob: 9911521908 New Patient General B B Reporting: 9:30 AM-11:00 AM

ता / Address

एकक / Unit
विभाग / Dept.
नाम / Name

निदान / Diagnosis: Microbiologically proven *Mycobacterium* sensitive TB
FBM with vasculitis (R/L BG)

दिनांक / Date
32

6.5 Kg (CNS + Pulm) उपचार / Treatment
infant (R/L) with regim
No fresh complex.

Room-50
File pls.

Att started
19/6/22 (MARS)
from 2019 - NRE
Data stopped
in Aug 2022.

Adro

- 1) MRI Brain + contrast + spine scan.
- 2) T. Isoniazid (500 mg) + Rifampin (750 mg) 2 tab OD
- 3) T. Ethambutol (100 mg) 1 1/2 tab OD
- 4) T. Pyridoxine (10 mg) 1 tab OD
- 5) T. Aspirin (75 mg) 1/2 tab OD

CSF
28/9/2022
RBC - 15
WBC - 1000



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 ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI -110029
 आपातकालीन विभाग

(REVISIT)



UHID No:106046063

(DEPT. OF EMERGENCY MEDICINE)

आपातकालीन नं. (Emergency No): 2022/030/0062165

दिनांक DATE: 08/08/2022

समय TIME: 01:43:50 PM

NON-MLC

नाम NAME: MR. DHANISHKA .

आयु AGE : 1 years 1 months 21 days

लिंग /SEX : M

S/O : VINOD SINGH

पता ADDRESS: मकान संख्या H.NO: 199 GALI NO-2
 शहर/प्रखण्ड CITY/BLOCK: DISTRICT FARIDABAD
 राज्य STATE: HARYANA
 मोबाइल MOBILE NO: 9911521908

गली / मुहल्ला STREET/MOH: INDRA COMPLEX
 पिन PIN:
 दूरभाष सं. PHONE NO:
 स्थान Location: Paediatrics Emergency
 Criticality: Red / Yellow / Green

द्वारा BROUGHT BY: Relative : FATHER

Triage: Responsive (No worsening from pre-morbid state) HR 102/min BP - mmHg RR 24/min SpO2 99%

Shifted to Paeds/ Main/ New Emergency

Presenting Complaints

f/u/c of TBM & primary TB
 • 0% skin rash 3-4 days on ATT
 • 0% regurgitation of feeds on & off x 2 days
 On NG feeds.
 No loose stools

Primary Assessment (ABCDE) : Assessment Pentagon

Airway	Circulation	Disability
Open & stable : Yes/No If No.....	HR 102/min	GCS 15/15
Breathing: RR 24/min	CFT 3 secs.	Pupil size 2/2 mm
Efforts: Normal/Poor/Increased	BP 110/70 mmHg	Pupillary Reactions.....
Auscultation: Air entry: Normal/poor/Diaphragm	Peripheral pulse: Poor/Good	Motor activity: Normal & Symmetrical/Asymmetrical/ Posturing/Flacidity/Seizure
Added sounds: None/Stridor/Wheeze/Crackles	Central pulse: Poor/Good	Blood Sugar.....mg/dl
SpO2 on Room air 99	Skin temp: Warm/cool	Exposure: Temp. febrile Colour: Normal/pallor/cyanosis /mottled Any other skin lesions.....
	Others -	

Diagnosis

Adv.

- To change NG tube & check position
- To r/w e peds near

Dr. Shivaprasad

- 6) Symp. Levetir (100mg/ml) 1.5ml - 1.5ml
- 7) C. Paritane (2mg) 1 - 1/2 - 1/2
- 8) T. Tumor Lenzol (15mg) 1/2 tab QD
- 9) RPC - vision assessment
- 10) ENT - Hearing (BCRA)
- 11) PMR - PT/OT/early stimulation
- 12) EEG Sleep + Awake (early date)
- 13) To review after 2 months (ER for)
- 14) MRI Brain + spine contrast.

Amber
JK Red Means

Care for appetite
 foundation



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सर्वोपयोग्य चिकित्सा

OPR-6

एकक/Unit _____

विभाग/Dept. _____

ब०रो०वि० पंजीकृत सं०/O.P.D. Regn. No. _____

नाम/Name	पिता/पुत्र/पत्नी/पुत्री F/S/W/D of	लिंग Sex	आयु Age	पता/Address
Dhanishka		17 M / M.		UHID → 106046063 Faridabad, Haryana, India

निदान/Diagnosis: Microbiologically proven Rifampicin sensitive TB

दिनांक/Date	उपचार/Treatment
<p>ATT started. 19/12/22 (HRZE) from 2/19 → HRZE Dose stopped in Aug 2022</p>	<p>(CNS + pulmonary): TBu with rifampicin (B/L Bb in part R>L) & streptomycin</p> <p><u>Concern:</u></p> <p>1) Episodes of spasms almost 4 times/day noted for last 1 week.</p> <p>2) Tightness of limbs.</p> <p><u>Attain:</u></p> <p>1) To continue continuation phase of ATT</p> <p>2) To do ECG to rule out dysrhythmia.</p> <p><u>Adm:</u></p> <p>1) T. Isoniazid (50mg) + Rifampicin (75mg) 2 tabs OD</p> <p>ii) T. Ethambutol (100g) 1 1/2 tab OD</p> <p>iii) T. Pyridoxine (10mg) 1 tab OD</p> <p>iv) T. Aspirin (75mg) 1/2 tab OD</p> <p>v) T. Clozaran (5mg) 1 tab OD</p>



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Initial all orders Cancel by crossing through and intaling Rewrite all orders when turning over and after major operations. Sister should sign in the column provided when the order is transferred to the treatment books.

नाम Name	उम्र Age	लिंग Sex	वैवाहिक स्थिति Marital Status	यू.एच.आई.डी. नं. UHID No.
Dhanishka	14 months	F		
सर्विस/Service	वार्ड/Ward	बेड/Bed	व्यवसाय/Occupation	धर्म/Religion

Date Order	Date Cancellation	Doctor's orders with signature	The sister's signature with date
		<p>c/o disseminated TB</p> <p>↓</p> <p>was on ATT</p> <p>↓</p> <p>Now 40 rash all over the body</p> <p>Adv</p> <p>to Refer to pediatric casualty</p> <p>↓</p> <p>Dermatology opinion.</p>	
			<p>Duplik</p> <p>SR/pody neuro</p>



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बहिरंग रोगी विभाग / Out Patient Department

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हरीपत्रादं खतुं धर्मसाधनम्

OPR-6

एकक/Unit _____

विभाग/Dept. _____

ब०रो०वि० पजीकृत सं०/O.P.D. Regn. No. _____

नाम/Name	पिता/पुत्र/पत्नी/पुत्री F/S/W/D of	लिंग Sex	आयु Age	पता/Address
Dhanishikha	1/2/1	M	Unid - 106046063	

निदान/Diagnosis: microbiologically proven Rifampin sensitive TB.

दिनांक/Date	उपचार/Treatment
	CENS + (Pulm) TBM vasculitis CRIL SA infund 2x4 sequele C/D/W for Biopsy - Adro - ECG to 1-4 hgt.
CS ward 27 Dec 8:45 PM Syr Pedicard - T. met (12g)	1) 7. Isoniazid (500g) + Rifampicin (75g) 2) 7. Ethambutol (100g) 1/2 tab OD 3) 7. Pyridoxine (10g) 1 tab OD 4) 7. Aspirin (75g) 1/2 tab OD 5) 7. Cloxazem (5mg) 1 tab OD 6) Syr. Levure (100g/ml) 1.5 - 1.5 ml 7) 7. Paracetem (2mg) 1 - 1/2 - 1/2



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