



Date	Investigation	Report
18/9/24	PCT	0.25 ng/ml
	COVID Influenza Parainfluenza-3	None None None } awaited.

#### Radiology

Chest X-ray: (11/9/24) cystic changes decreased.

#### Treatment given:

- Inj Meropenem
- Inj Teicoplanin
- Supportive-PCM
- Tab serotin
- G-CSF SA

Weight at discharge 15 Kg

#### Plan at Discharge:

- Due for 3rd course of Cladribine-Ara-C on
- Reassessment of disease status after 3rd course of Cladribine and Ara-C
- Nutritional rehabilitation - to monitor weight closely and document weekly

#### Advice at discharge:

250mg Tab OD x 5d

1. Tab Tylenol 250mg 1-4 times once daily for 5 days
2. Tab Tylenol IR 1 tab once daily for 5 days
3. Syrup Calcein 5 ml once daily for 1 week
4. Syrup Septran (40 mg/5 ml) 5 ml alternate day to continue
5. Tab. Imuran 25 mg 2 tab once daily before breakfast to continue
6. Candid mouth paint twice daily
7. Benadryl gargle 17.5/5ml bath OD
8. Danger signs explained - to report to Pediatric emergency if any
9. To follow up at Paediatric Oncology clinic unit 3 Monday 2PM on 23/09/24 with reports of CBC/LFT and RFT

Junior Resident - Dr. Vaishnavi

Senior Resident - Dr. Nikita/Dr. Rakshana/Dr. Vishal

*Vaishnavi*  
**Dr. VAISHNAVI HARVARIYA**  
 Junior Resident  
 Department of Paediatrics  
 AIIMS New Delhi



31212215

Prince Kayalamba

ASIS: MS-HCM | on statam III salvage  
- ROA & oxygen dysfunction

continuation

therapy part ~ Total @ courses  
of clazibine read last on 6/11/13  
to 10/1/13

② Primary SS

PET CT done on 3/2/13

To discuss and  
plan : if (VAD) - on maintenance  
therapy part 2/13.

① Clinically

no MSN / seizures (rel, 125)  
on thyroxine - 75H  
supplementation - 1.2g  
@ 50mg/day

② lower zone pneumonia  
& influenza B  
Ainebacte swaffii 12

completed (12/1)  
Zosyn 100mg



4) bed and review

5) Review CBC for transfusion effects.

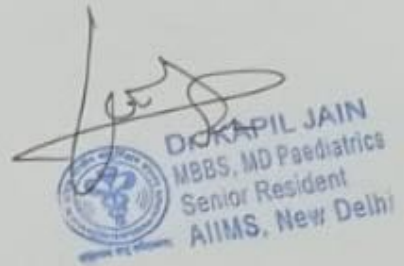
7:30 pm

6) Inj PCM 150mg IV stat, then sos (Hf = 100)

7) Review & jobs.

1:15 pm

Child reassessed, on room air.



last spike of fever @ 6pm

- no episode after that

Dry cough & coryza ∴ 2 days

→ dry in nature, not associated with post-tussive vomiting.

No other complaints, orally accepting well.

HR: 128/min

RR: 26/min

SpO<sub>2</sub> - 98% on RA

CRT < 3sec

B/L AE ⊕, NVBS

No added sounds.

13 / 7690 / 1-25

ANC - 5920

VBG - (N)

CXR - B/L infiltrates ⊕

Imp: viral URTI.

SR peds

on call

Advice:

- Syp. Augmentin (5ml/450mg), 2.5ml PO BD x 7 days

- Syp. PCM (5ml/250mg) 5ml PO sos

- Viral panel from Daycare tomorrow @ 9am.

- Danger signs explained. Hr sos



4) bed and review

5) Review CBC for transfusion effect.

2:30pm  
6) Inj PCM 150mg IV stat, then 300mg (1mg/kg/d)

7) Review = update.

10:15pm



Child reassessed, on room air.

last last spike of fever @ 6pm

Dry cough & coryza :: 2 days  
- no episode after that

dry in nature, not associated with post-tussive vomiting.

No other complaints, orally accepting well.

O/E: HR: 128/min

RR: 26/min

SpO2 - 98% on RA

CRT < 3sec

B/L AE @ NVBS

No added sounds.

13 7690 1-25

ANC - 5920

VBG - (N)

CXR - B/L infiltrates

Imp: viral URI.

Udew SR peds

once SR on call

Advice:

- SyP - Augmentin (5ml/457mg) 2.5ml P

- SyP - PCM (5ml/250mg) 5ml Po so

- Viral panel from Daycare +

@ 9am

- Danger signs explained. Lr

Dr. RISHIKA POTHARAJU  
Junior Resident  
Department of Pediatrics  
AIIMS, NEW DELHI - 110029





8/2/25

MS-124 / RO

Salvage CT  
③ courses of  
chlorambucil  
received  
(Last 6/1/25 - 10/1/25)

PET done on 3/1/25

PET discussion

Fibrotic changes in lungs - 'Not metabolically active'

No active  
complaints

Liver - No uptake

Bone marrow - heterogeneous mild uptake

"CMR" - No active disease

Adv

— To collect protocol for maintenance

↓ from MCB daycare.

① PAN CARE @ 5 PM

part ② continuation therapy protocol given

O/E

well child

~~No~~ No organomegaly.

10.9 } 3800 } 1 Lckh  
ANC = 2240

Advise

① 10/2/25 inj. VINORELBASTINE 4mg IV slow push

BCT/D = 0.29/0.13

AST/ALT/ALP = 28/36/272

CdP = 9.2/6.2

② 540 OMNACORTIL PORTA 5.5 mL 110 q w  
 [10 mg/5 mL]

①  
 x 5 days

[10/2/25 - 14/2/25]

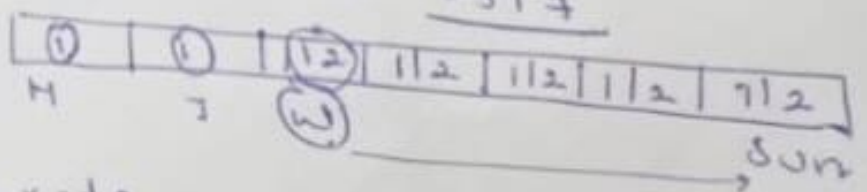
Tab hantol 3A  
 (Pms) 15 mg

① 00 x 5 days  
 ①

③ 90L 01/2/25

GMP [Pms] 50 mg

① tab 00 02/25  
 ① tab 00 05/25



Tab methotrexate  
 (10 mg)

① (2.5 mg)

① each 00 weekly

10/2/25

17/2/25

flu on 22/2/25

SAM unit ③ 010

T CBC/SE AP7 KPT

Nikita



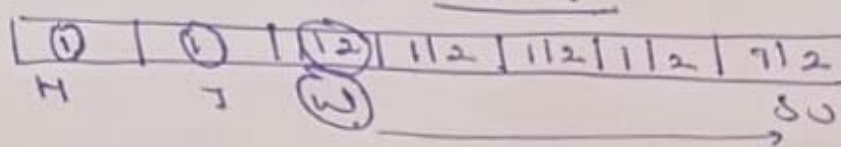


② 540 OMNACORTIL FORTE 5.5 mL 110 q 12h  
 [15 mg/5 mL] x 5 days

[10/2/25 - 14/2/25]

Tab kenzol JR 11 00 x 5 days  
 (15 mg)

③ 01/2/25 Tab GMP. 11 00 02/7  
 [50 mg] 11 00 05/7



Tab methotrexate ✓ (10 mg) + (2.5 mg) ✓  
 ↓  
 11 each 00

10/2/25

17/2/25

Plu on 22/2/25 SAM unit ③ 00  
 T CBC/SE ART