









अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029
 ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI -110029
 आपातकालीन विभाग

(REVISED)



(DEPT. OF EMERGENCY MEDICINE)

आपातकालीन नं. (Emergency No): 2023/030/0003413

दिनांक DATE: 13/01/2023

समय TIME: 05:35:22 PM
 NON-MLC

नाम NAME: MR. UTTAAM CHAUHAN
 S/O : BHOLA CHAUHAN
 पता ADDRESS: मकान संख्या H.NO: VILL BOLAVATHANA DAROLI गली / मुहल्ला STREET/MOH:
 शहर/प्रखंड CITY/BLOCK: DIST SIWAN पिन PIN:
 राज्य STATE: BIHAR स्थान Location: Paediatrics Emergency
 Criticality: Red / Yellow / Green

आयु AGE: 6 years 7 days

लिंग/SEX: M

द्वारा BROUGHT BY: Relative: FATHER

Triage: Responsive / Unresponsive
 HR 142 /min
 BP 121/71
 mmHg RR 36 /min
 SpO2 94 % RA
 Shifted to Paeds/ Main/ New Emergency

F/U/C of ALL I.M. done
 Ep. Fever (102.4) on & off
 pain in Deye
 passes stool once in 2 days

Presenting Complaints

Primary Assessment (ABCDE) : Assessment Pentagon

<p>Airway Open & stable Yes/No If No..... Breathing: RR 36/min Efforts: Normal/Poor/increased Auscultation: Air entry: Normal/poor/Differential Added sounds: None/Stridor/Wheeze/Crackles SpO2 on Room Air 94% wt. 16 kg</p>	<p>Circulation HR...../min 142/min CFT.....sec 2 sec BP.....mmHg 121/71 Peripheral pulse: Poor/Good Central pulse: Poor/Good Skin temp: Warm/cool Others</p>	<p>Disability GCS.....E4V5M6 Pupil size...../min 8/8 NSCL Pupillary Reactions..... Motor activity: Normal & Symmetrical/Asymmetrical/ Posturing/Facidity/Seizure Blood Sugar.....mg/dl Exposure: Temp..... Colour: Normal/pallor/cyanosis /mottled Any other skin lesions..... No periorbital edema/redness No lip bleeding manifestations. P/A soft, distended fluid thrill (+) bowel sound (+) Rx as charted</p>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Diagnosis

Acute Neutropenia
 ANC < 500 (10/01/23)

CBC
 VB9
 cannulation
 AXR - AP Erect
 USG - WA
 Dx ascitic cap ±

Shree
 Jyoti & Smt. Pooja

**PAEDIATRIC EMERGENCY
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
ANSARI NAGAR, NEW DELHI-110029**

PATIENT NAME -

UH ID -

DATE -

FLUID CHART

S.NO.	Doctor's Name	IV Fluid	Rate (ml/hr)	Starting Time	Stop Time	Nursing Officer's Name
	Time					
	6/2/23, 1 am	IV F ₀ DNS + 1:100 KCl @ 50ml/hr		1:15 hr		

INFUSION CHART

S.NO.	Doctor's Name	Infusions	Dose	Rate (ml/hr)	Starting Time	Stop Time	Nursing Officer's Name
	Time						

Intake/Output Chart

Time (6 Hourly)	Intake			Output				Nursing officer's Name
	Oral	IV	Total	Urine	NG	Drain	Total	
8am-2pm								
2pm-8pm								
8pm-2am								
2am-8am								
Grand Total								

Please Inform to Nursing Officers after writing each new medication.

PAEDIATRIC EMERGENCY
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
ANSARI NAGAR, NEW DELHI-110029

01

PATIENT'S NAME: *Vijay Prasad* AGE/SEX:

UHID: *106442631*

BLOOD GROUP:

WEIGHT: *15kg*

UNIT:

BED NO.:

DIAGNOSIS:

TREATMENT CHART

S. NO.	DOCTOR'S NAME TIME	MEDICATIONS (DOSE, ROUTE AND FREQUENCY)	DOSE (mg/kg)	DATE: <i>3/2/25</i>		NURSING OFFICER'S NAME	SIGNATURE
				TIME	TIME		
1.	<i>Kartik</i> <i>8:30pm</i>	<i>Inj. Magnex.</i>	<i>750mg IV</i> <i>Q8H</i>	<i>9pm</i>	<i>3am</i>	<i>[Signature]</i>	<i>[Signature]</i>
		<i>Inj. Anikacin.</i>	<i>225mg IV</i> <i>Q8H</i>	<i>9am</i>		<i>[Signature]</i>	
		<i>Inj. Pantop</i>	<i>40mg IV</i> <i>Q24H</i>	<i>9am</i>		<i>[Signature]</i>	<i>[Signature]</i>
		<i>Inj. PCM</i>	<i>150mg IV</i> <i>Stat</i>	<i>9am</i>		<i>[Signature]</i>	

Please Inform to Nursing Officers after writing each new medication.

24/8/23

Pt. has been planned for Therapeutic Cranial Irradiation [24Gy/12#/3wks] ± B/C parallel opposed field using CO-60 energy

Adv.

1. Payment of Rs 750/- → Counter (13)

2. Tab Dexamethasone

0.5mg TDS

o — o — o

x 5d

0.5mg BD

o — o

x 5d

0.5mg QD

x — x

3. Syrup Antacid 5ml TDS

o — o — o

4. Tab Curcumin 4mg (SOS)

5. KFT → every week

Review every Thursday - 2pm.

(40)

R-750/9/20880

Seva Lifetime Foundation

8/9/23 - 9 AM - 28

Dr S-15
14/8



डा. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल
Dr. B.R. Ambedkar Institute Rotary Cancer Hospital
अ.भ

DR. B.R.A. IRCH, AIIMS, NEW DELHI

AL

OPR-6

रुग्णस्य चतुर्णाम्

अस्पताल वे

IRCH No, 288293

Reg. Date-09/01/2023

MISES

Clinic Paediatric Medical Oncology Clinic

Clinic No. 6601/2023

Deptt. MEDICAL ONCOLOGY

General



UHD-106442631

No.

RT-123845

एकक/Unit

Dr. A. Bismas

विभाग/Dept.

Rad Onc

जन्म तिथि/Date of Birth

नाम/Name

Name UTTAAM CHAUHAN

Sex/Age M/6Y

S/O- BHOLA CHAUHAN

Room Board Room (Shift Morning)

Address VILL BOLAV THANA DAROLI, DIST SIWAN, BIHAR, INDIA

RP
8/9/23

निदान/Diagnosis:

A. B-ALL ± CNS involvement (CNS g. de)

दिनांक/Date

8/8/23

उपचार/Treatment

Plan: Therapeutic Cranial Irradiation.

24 Gy / 12 # / 2 Y 2 wks.

(German helmet configura)

Adv: RT appointment

7/8/23

R28 @ 8:30 AM

Pre RT check

HMG

7/8/23

due to 2D simulator not working

24/8/23

as 2D simulator repair

PLEASE REPORT
DEPARTMENT OF RADIOTHERAPY
RAJ KUMARI SHRITKAR, P.O. BLOCK
ON DATED

4

Seva Lifetime Foundation

अंगदान-जीवन का बहुमूल्य उपहार/ORGAN DONATION - A GIFT OF LIFE

O.R.B.O., AIIMS, 26588360, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)

बाहर से आने वाले रोगियों के लिए धर्मशाला की सुविधा उपलब्ध है/Dharamshala facility is available for outstation patients



डा. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल
Dr. B.R. Ambedkar Institute Rotary Cancer Hospital

एकरीवाचं खलु धर्मसाधनम्

अस्पताल व

एकक/Unit Dr. A. Bismas
विभाग/Dept. Rad Onc
नाम/Name

DR. B.R.A. IRCH, AIIMS, NEW DELHI
IRCH No. 288293 Reg. Date-09/01/2023
Clinic Paediatric Medical Oncology Clinic Clinic No. 6601/2023
Deptt. MEDICAL ONCOLOGY General
नाम
Name UTTAAM CHAUHAN
S/O- BHOLA CHAUHAN Sex/Age M/6Y
Phone No. 8116500982 Room Board Room (Shift Morning)
Address VILL BOLAV THANA DAROLI, DIST SIWAN, BIHAR, INDIA

AL OPR-6

MISES

No. RT-123845

जन्म तिथि/Date of Birth

निदान/Diagnosis

A. B-ALL ± CNS involvement (CNS grade 2)

दिनांक/Date

11/8/23

उपचार/Treatment

Plan: Therapeutic Cranial Irradiation.
24 Gy/12#/2Y2 wks.
(German helmet configuration)

Adv: RT appointment 10/8/23 R25 @ 8:30 AM

Pre RT checklist → HMG

16/8/23

due to 2D simulator not working

24/8/23

as 2D simulator → repair

PLEASE REPORT
DEPARTMENT OF RADIOTHERAPY
WJ KUMARI AMRIT KANTH D.P.O. BLOCK
ON DATED:.....

7

अंगदान-जीवन का बहुमूल्य उपहार/ORGAN DONATION - A GIFT OF LIFE

O.R.B.O., AIIMS, 26588360, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)

बाहर से आने वाले रोगियों के लिए धर्मशाला की सुविधा उपलब्ध है/Dharamshala facility is available for outstation patients



भारत सरकार

Government of India

उतम चौहान

Utam Chauhan

माता : सीमा देवी

Mother : Seema Devi

जन्म तिथि / DOB: 23/01/2016

पुरुष / Male

ह ३.५१ - वर्ष के अ. क. व. ह

6852 5970 7625



बाल आधार

मेरा **आधार**, मेरी पहचान



**DR. B.R.A INSTITUTE ROTARY CANCER HOSPITAL
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
Ansari Nagar, New Delhi 110029**

Printed on 24 Aug 2023 14:33:11 PM

आर्य समाज के प्रतिष्ठान

Dept No: 288293

Receipt No: ACCOUNTS-9/20880/202324 [Original] IRCH Receipts IRCH No: 288293 UHID : 106442631
Received From: MR. UTTAAM CHAUHAN ,Age :6 Yrs 7 Mons 18 Days DATED: 24/08/2023
Payment By: Cash Billing Type : General

On ACCOUNT OF

SI No.	Service Name	Quantity	Rate	Net Amount
1	RADIOTHERAPY (IRCH) - RT CHA 5LS	1	750.00	750.00

Payment Mode : Cash

RS.: 750.0

Rupees Seven Hundred Fifty Only.

MS.CHAMPA RAWAT

Printed on 24 Aug 2023 14:33:11 PM

seva lifetime foundation

RAJDHANI PHARMACEUTICALS
 PLOT BEARING NO.3, BASEMENT,
 BLOCK-F3, GAUTAM NAGAR, NEW DELHI

GST INVOICE

Party Name
 UTTAM CHAUHAN
 AIIMS

CASH

Invoice No	RT005130	Order No. Order Date	Cases	0
Invoice Date	10-08-2023	L.R. No.	Transport	
Due Date	10-08-2023	L.R. Date	10-08-2023	

DEL No: UL-MLN-138435, 138436, 138437, 138438
 GSTIN: 07AARFR3582R1Z4


S.	Qty.	Mfr	Pack	Product Name	Batch	Exp	HSN	M.R.P	Rate	DIS	SGST	CGST	Amount	Net Amount
1.	1	SURG	1 PCS	U FRAME HEAD MASK(E420U)	Y-M001-02	9/25	90229090	5500.00	2300.00	0.00	6.00	6.00	2300.00	2300.00

seva lifeline foundation

CLASS	TOTAL	SCHEME	DISCOUNT	SGST	CGST	TOTAL GST			TOTAL	2053.57
GST 5.00%	0.00	0.00	0.00	0.00	0.00	0.00	Total Items :-	1	DIS AMT.	0.00
GST 12.00%	2300.00	0.00	0.00	123.21	123.21	246.42	Total Qty :-	1	SGST PAYBLE	123.21
GST 18.00%	0.00	0.00	0.00	0.00	0.00	0.00			CGST PAYBLE	123.21
GST 28 %	0.00	0.00	0.00	0.00	0.00	0.00			CR/DR NOTE	0.00
TOTAL	2300.00	0.00	0.00	123.21	123.21	246.42				

Rs. Two Thousand Three Hundred Only

MSG:
Terms & Conditions
 Goods once sold will not be taken back or exchanged.
 All disputes subject to Jurisdiction only.
 Bills not paid due date will attract 24% interest.

FOR RAJDHANI PHARMACEUTICALS

 Authorised Signatory

Grand Total
 2300.00



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

UHID: 106442631
Patient Name : Mr. UTTAAM CHAUHAN Sex : Male
Age : 6 years 7 months 20 days Sample Received Date : 26/08/2023 02:40 PM
Unit Name : Unit-I Department : Radiation Oncology
Lab Name : NCI CORE LAB Unit Incharge : Dr. D.N.Sharma
Reg Date : 06/01/2023 10:00 AM Lab Sub Centre:
Report Generated Date: 26/08/2023 04:24 pm Sample Collection Date: 26/08/2023 08:11 AM
Recommended By: Dept / IRCH No: 288293
Lab Reference No: 2421

Sample Details : F260823001

Test Name	Result	Report	
		Comment	Normal Range
Glucose			
Glucose Fasting	97 mg/dL		<ul style="list-style-type: none">• < 100 Normal glucose metabolism• > 126 Diabetes

Over All Comment :

Authorised Signatory

Verified By
ritulabnci

seva lifeline foundation



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

UHID: 106442631
 Patient Name : **Mr. UTTAAM CHAUHAN**
 Age : 6 years 7 months 20 days
 Unit Name : Unit-I
 Lab Name : NCI CORE LAB
 Reg Date : 06/01/2023 10:00 AM
 Report Generated Date: 26/08/2023 04:55 pm
 Recommended By: Mr. nitin

Sex : Male
 Sample Received Date : 26/08/2023 01:54 PM
 Department : Radiation Oncology
 Unit Incharge : Dr. D.N.Sharma
 Lab Sub Centre:
 Sample Collection Date: 26/08/2023 08:11 AM
 Dept / IRCH No: 288293
 Lab Reference No: 630

Sample Details : S260823054

Test Name	Result	Comment	Normal Range
AMYLASE	27 U/L		
Magnesium	2.160 mg/dL		• 3.0 - 4.5 mg/dL
Lipase	19 U/L		• 13 - 30 mg/dL • 53 U/L
<u>LFT</u>			
TOTAL BILIRUBIN	0.420 mg/dL		• 0.3 - 1.2 mg/dL
DIRECT BILIRUBIN	0.190 mg/dL		• < 0.3 mg/dL
INDIRECT BILIRUBIN	0.23 mg/dL		• < 0.9 mg/dL
SGPT/ALT	60.550 U/L		• 10 - 49 U/L
SGOT/AST	102.130 U/L		• < 34 U/L
TOTAL PROTEIN	6.400 g/dL		• 5.7 - 8.2 g/dL
ALKALINE PHOSPHATASE	166 I.U.		• 46 - 116 U/L
GLOBULIN	2.55 g/dL		• 2.5 - 3.4 g/dL
A/G Ratio	1.50		• 1.2 - 2.2 ratio
Albumin	3.85 g/dL		• 3.2 - 4.8 g/dL
Gamma-Glutamyl Transferase			• < 73 U/L
<u>RFT</u>			
UREA	13 mg/dL		• < 50 mg/dL
CREATININE	0.160 mg/dL		• 0.7 - 1.3 mg/dL
CALCIUM	8.700 mg/dL		• 8.7 - 10.4 mg/dL
PHOSPHOROUS	4.800 mg/dL		• 2.4 - 5.1 mg/dL
SODIUM (NA)	135 mmol/L		• 132 - 146 mmol/L
POTASSIUM (K)	3.700 mmol/L		• 3.5 - 5.5 mmol/L
CHLORIDE (CL)	101 mmol/L		• 99 - 109 mmol/L
Uric Acid	3.500 mg/dL		• 3.7 - 9.2 mg/dL

Over All Comment :

Authorised Signatory

Verified By

D.L. No. : DL-2022000142

TAX/RETAIL INVOICE/CASH MEMO

GSTIN : 07ALGPJ9871M1ZD

KNOW AIDS

+ ONKAR MEDICOS +

NO AIDS

Deals In : Medicines, Surgicals, Anti-cancer Drugs,
Nephrology & Health Care Products
E-mail : onkarmedicos1@gmail.com

Ph. : 011-26176555
Mobile : 7838883555

Shop No.-1, AIIMS Subway, New Delhi - 110023

DEALS IN : MEDICINES, SURGICALS & COSMETIC PRODUCTS

Bill No. : 13858

Date : 15/05/2022

Pt. Name : UATTAM

Pr. by Dr. :

Address

QTY.	DESCRIPTION	BATCH NO.	EXP. DT.	HSN	GST	AMOUNT
------	-------------	-----------	----------	-----	-----	--------

1	P.H.PAPER	50	00/00	48		60.00
1	HEXIDINE 160ML	L23062	02/26	30		120.00
1	STEAM INHALAR (NAULAKHA)	**	00/00	42		250.00
1	POTASSIUM PERMAGNATE 20G	C-1012	00/00	41		56.00

ALL DEBIT CARD CASH CARS ARE ACCEPTED HERE

India Imported Medicine H.I.V. (AIDS),

AF35A3 DL 6979040872990990 Medicine & Cosmetics

NOTE: ALL FRIDGE ITEMS (WITHOUT ICE) WILL NOT BE RETURNED

WILL BE REFUND WITHIN 10 DAYS WITH BILL FROM SALE DATE

GROSS AMOUNT : 486.20

LESS DIS.% : 0.00

NET AMT. (R/O) : 486.00

Rupees

A Trusted Name for Genuine Medicines

- Prices of Medicines are Inclusive of GST.
- Goods once sold will not be taken back.
- All Disputes Are Subject To Court Jurisdiction.
- (Computer Generated Invoice)

For Onkar Medicos

OPEN ALL DAYS OPEN ALL DAYS OPEN ALL DAYS

OPEN ALL DAYS OPEN ALL DAYS OPEN ALL DAYS

Printed by : Confindental Foods Pvt. Ltd. Ph: 011-26176555 Email: onkarmedicos1@gmail.com



डा. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल
 Dr. B.R. Ambedkar Institute Rotary Cancer Hospital
 अ.भा.आ.स. अस्पताल/Dr. B.R. Ambedkar Institute of Medical Sciences
 बहिरंग रोगी नि...

OPR-6

एकक/Unit 0953/OP
 विभाग/Dept. _____
 नाम/Name _____

DR. B.R.A. IRCH, AIIMS, NEW DELHI
 Reg. Date-09/01/2023
 Clinic No. 6601/2023
 IRCH No. 288293
 Clinic Paediatric Medical Oncology Clinic
 Deptt. MEDICAL ONCOLOGY
 General
 नाम
 Name UTTAAM CHAUHAN
 S/O- BHOLA CHAUHAN
 Sex/Age M/6Y
 Room Board Room (Shift Morning)
 Address VILL BOLAV THIANA DAROLI, DIST SIWAN, BIHAR, INDIA
 UID-106442631

Date of Birth _____
 106442

निदान/Diagnosis:

दिनांक/Date

उपचार/Treatment

7/8/23
 Hb - 10.8 gm
 Wt - 17.7 kg

DI-d#8
 inj VCA 1mg IV
 inj Doxorubicin 1mg IV
 inj Zofen 4mg IV
 inj L-Asparaginase 7000 units IV
 10/8
 10/8
 Septoran / Acinos
 Cloac on
 CFT/RT/Mg / Amylase / Lipase / PPS
 Adv:
 T. Dexta 4mg - 4mg x DI-D5
 T. Lantol JR 15mg OD x DI-D5
 सुबह खाली पेट

FREE GENETIC PHARMACY
 MEDICINE RECEIVED
 NAME: _____
 DATE: 14/8/2023
 SIGN: _____

15/8/23

अंगदान-जीवन का बहुमूल्य उपहार/ORGAN DONATION - A GIFT OF LIFE
 O.R.B.O., AIIMS, 26588360, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)
 बाहर से आने वाले रोगियों के लिए धर्मशाला की सुविधा उपलब्ध है/Dharamshala facility is available for outstation patients