



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



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

शरीरनाथं खलु धर्मसाधनम्

OPR-6

एकक / Unit \_\_\_\_\_  
विभाग / Dept. \_\_\_\_\_

ब०रो०वि० पंजीकृत सं० / O.P.D. Regn. No. \_\_\_\_\_

Paediatric CL No: 20190030019653 UHID: 104492006 AARTI. 10Y5M26D	Paediatric Queue No: F58 Room: 7 JHID 104492006 13-11-2019	आयु Age	पता / Address
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निदान / Diagnosis

दिनांक / Date	उपचार / Treatment
36  we : To Come on Monday POC	<p>o/o ALCL, due for BB Cuth course.</p> <p>Otherwise well.</p> <p>No other complaints</p> <p>o/e - vitals stable</p> <p>Chest - clear</p> <p>P/A - soft, non tender.</p> <p>Plan</p> <p>① Stop Septtran</p> <p>② To get CBC / LFT / HFT (N)</p> <p>③ will be R/U on 18/11/2019, Monday POC, 9AM → 25/11/2019</p>



*Garh*  
*SR*

CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प  
अंगदान-जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE  
OR.B.O., AIIMS, 26588360, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)





19-20775L 19Y10472L  
 19-20938L 19J11298L  
 19-21403L 19J15914L

19-21403A



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 बहिरंग रोगी विभाग / **Out Patient Department**

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

एकक/Unit \_\_\_\_\_  
 विभाग/Dept. \_\_\_\_\_  
 नाम/Name \_\_\_\_\_

Follow Up Patient  
 Clinic No. 209/2019  
 Dept Reg. 2019/003/0029092  
 General/F: 0  
 Paediatrics/POC/Unit-I No. 14/Room: 14  
 Name: Miss. AARTI Days: Monday  
 D/O JAGAT SINGH 10Y 4M 4D 4F  
 Ph. 8899248149  
 UHID: 104492006 Date: 23/09/2019

CH-1610191346 104492006  
 AARTI.

HM-161019606 104492006  
 AARTI.

104492006

निदान/Diagnosis

दिनांक/Date  
35

उपचार/Treatment

fuC of ALCL.

Child has received

26/8/19.

AA → BB.

31/7/19 - 5/8/19.

Metabolically active soft tissue thickening in (R) preauricular region, anterior abdominal wall & (R) fibular lesions.

No fresh complaints.

Adv.

• CBC

• LFT.

Compared to prev. PET.

→ Resolution of right chest and abdominal nodule, (L) high soft tissue lesion is significant ↓ in size & uptake of pre-auricular lesion & (R) fibular lesion.

Lo.

R/wth reports on Wednesday for admission today.

*Op*

Metabolically active sclerotic lesion - (L) ischiopubic ramus &

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

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- To do CBC/RFT/UT
- To collect outside Block review HPA report. - Submitted on. May, 2019 (10 SS)
- To await call for Admission
- Nit D Ratchet (60,000 Ru) 1 Ratchet once a week x 6wk
- Tab. Calcium (500mg) 1-1.
- To ~~continue~~ Intakehold Septum
- Danger sign explained
- Review S/S.

R. Dink  
Dr. S. Ananth

7

11/10/19

Consent for incision and drainage

  
Dr. Valen  
Wisnu

  
Jagal

.....  
PHOTOCOPY DISPENSED  
.....  
Medicos  
.....





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बहिरंग रोगी विभाग / Out Patient Department  
अस्पताल के अन्दर धूम्रपान मना है। / SMOKING IS PROHIBITED IN HOSPITAL PREMISES



शरीरमाद्यं खलु धर्मसाधनम्

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
Paediatric CL No. 20190030019653 UHID: 104492006 AARTI. 10Y3M27D	UHID 104492006 Date 16/10/2019 Room no 7 Q No: F54			

निदान/Diagnosis

दिनांक/Date	उपचार/Treatment
<p>39</p> <p>- non-acute</p> <p>- on set back</p> <p>wt: 26'</p>	<p>c/o A/ccl, post AA course (3)</p> <p>doing well</p> <p>mild cough/cough.</p> <p>No fever</p> <p>No loose stool/vomiting</p> <p>PE - vitals - stable</p> <p>Chest - clear</p> <p>PIA - soft, non tender</p> <p>no pyramomegaly.</p> <p>Plan</p> <p>(1) Tab cetirizine 2.5mg <math>\frac{45}{45}</math> x 3 day</p> <p>(2) A/v on Saturday <math>\pm</math> CBC/ LFT/RFT.</p> <p>(3) Tab Tramadol, 50mg <math>\frac{1}{2}</math> tab sos</p>



CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प  
अंगदान-जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE  
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2 tab - Emsect 4mg 1 tab sos

Garg  
SK anid

Paediatric  
CL No 20190030019653  
UHID 104492006  
AARTI. 10Y3M27D

Paediatric  
Queue No F71  
Room 7  
UHID 104492006 19-10-2019



49

child stable.

No complaints

no mucositis

RF | LFT - (N)

CBC  
11.6 | 5590 | 1.16L  
huzo

Ad

- R/A (28/10/19) - POC Mandy

- CBC LFT

- continue septum

SK



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OPR-6

एक/Unit \_\_\_\_\_

विभाग/Dept. \_\_\_\_\_

ब०रो०वि० पंजीकृत सं०/O.P.D. Regn. No. \_\_\_\_\_

Paediatric CL No: 20190030019653 UHID: 104492006 AARTI . 10Y3M27D II I II III IV V VI VII VIII IX X XI XII	Queue No F85 Room: 7 UHID 104492006 05-10-2 II I II III IV V VI VII VIII IX X XI XII	आयु Age	पता/Address
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निदान/Diagnosis

दिनांक/Date	उपचार/Treatment
<p>(61)</p> <p>Due for AACELE</p> <p>CBC</p> <p>KFT/AFI</p> <p>Non-sh</p>	<p>To be admitted today</p> <p>Hb - 11.7</p> <p>TLC - 9160</p> <p><del>PLT</del> ANC - 5530</p> <p>Mat - 313000</p> <p>W/C - 21/0.3</p> <p>a/l - 9.8/58</p> <p>AST/ALT - 41/28</p> <p>ALP - 445</p> <p>UA - 3.1</p> <p>Plan</p> <p>① to be admitted today</p> <p>Garg</p>



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11/10/19

- Tab Augmentin 625mg 1 tab BD x 7 days
- Tab Septtran (160/800) 1/2 tab OD A/D

Gaye  

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SK Onco



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शरीरमाद्यं खलु धर्मसाधनम्

एकक/Unit \_\_\_\_\_  
विभाग/Dept. \_\_\_\_\_  
नाम/Name \_\_\_\_\_

Follow Up Patient  
Dept Reg. 2019/003/0019651  
Paediatrics/Paediatric /Unit-III  
Name: Miss. AARTI  
D/O JAGAT SINGH  
UHD : 104492006

General/रू 0  
कमरा/Room: 7  
Days :  
Wed, Sat (बुध, शनि)  
10<sup>th</sup> महीना/F  
Ph. 8899248149  
Date. 06/11/2019

OPR-6

Regn. No. \_\_\_\_\_  
पता/Address \_\_\_\_\_



निदान/Diagnosis

ALCF

दिनांक/Date

6/6

उपचार/Treatment

Due BB cycle

No complains

CBC  
LFT  
RFT

Awaited

S. Ting  
admission  
date

BSA-0.9

13/11/19

- Rx.
- Jak Vera (4mg) 1-1 x 34 days
  - Cyclophosphamide 180mg 1-1 1/2 x 2 days
  - VCR 1.35mg IV stat D1
  - Methotrexate 4.5g oral 24hr
  - denononi 10mg IV x 3 doses
  - Methotrexate 12mg
  - Cytarabine 30mg
  - Hydrocortisone 30mg 15mg
  - Doxorubicin 22.5mg IV on D1, D5

Intrathecal  
D1 + D5

AG

Gandhi



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अ० भा० आ० सं० अस्पताल/Δ I.I.M

tient  
ROHIBIT



Follow Up Patient  
Clinic No. 209/2019  
Dept Reg. 2019/003/0019653

General/र०  
Paediatrics/POC/Unit-I  
Name: Miss. AARTI  
O/O JAGAT SINGH

कमरा/Room: 14  
Days: Monday  
10Y लड़की/F  
Ph. 8899248149

UHTD : 104492006  
Date: 04/11/2019



आयु  
Age  
AARTI..

निदान/Diagnosis

५० ALL - stage III

दिनांक/Date

उपचार/Treatment

45

- Rt eye KFT LFT
- Skin consult.
- Avoid sun exposure, to wear hat
- To review & reports on wednesday
- Next PET CT to be scheduled soon now

Completed 2nd course  
AA on 10/10  
Skin lesion & scalp  
depigmentation + on  
face & periorbital  
area.

शरीरमाद्यं खलु धर्मसाधनम्



CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प  
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O.R.B.O., AIIMS, 26588360, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)





# Sir Ganga Ram Hospital

RAJINDER NAGAR, NEW DELHI-110060  
GASTROENTEROLOGY INVESTIGATION CENTRE

PHONE : 25750000 Fax : 25861002

GSTIN No.: 07AABTS4366E1ZH, HOSPITAL PAN No.: AABTS 4366E

(To download your Lab. Reports online, please visit [www.sgrh.com](http://www.sgrh.com) and click on 'Patient Portal')

Reg. No. : 2591143  
OPD No. : OP09535098  
Name : MISS AARTI  
Age. : 11 Y  
Address : B-20, SONIPAT  
HARYANA 131402  
Phone :  
Location : PAEDIATRICS (UNIT 1)

Bill No. : 2019-2020/Ca/0/0675907  
Bill Date. : 21/11/2019 11:33AM  
Sex : Female  
Internal Ref:  
Hosp/PSU Ref:  
External Ref:  
GSTIN : 07AABTS4366E1ZH  
SAC Code : 999316


No.	Particulars	Unit	Price	Discount	Amount
1	SERUM METHOTREXATE LEVEL	1	1100.00	550.00	550.00

Total : 550.00  
Amount Paid : 550.00

(Received a sum of Rupees Five Hundred Fifty only)

#### Payment Details

Sr No	Mode	Particulars	Amount
1	Cash		550.00
Total			550.00

  
Signature  
(Akriti Sharma)

For Cancellation / Refund of the Bill, any identity Proof in the form of Photo ID, Aadhar Card, Pan Card, Driving License, Passport is mandatory

62.8  
0.62





# Sir Ganga Ram Hospital

RAJINDER NAGAR NEW DELHI 110060  
GENESIS INVESTMENT LAB CENTRE

PHONE : 25750000 Fax : 25861002

GSTIN No.: 07AABTS4366E1ZH, HOSPITAL PAN No.: AABTS 4366E

(To download your Lab. Reports online, please visit [www.sgrh.com](http://www.sgrh.com) and click on 'Patient Portal')

Reg. No. : 2591143	Bill No. : 2019-2020/Ca/0/0672648
OPD No. : OP09535098	Bill Date. : 20/11/2019 11:16AM
Name : MISS AARTI .	Sex : Female
Age. : 11 Y	Internal Ref:
Address : B-20, SONIPAT HARYANA 131402	Hosp/PSU Ref:
Phone :	External Ref:
Location : PAEDIATRICS (UNIT 1)	GSTIN : 07AABTS4366E1ZH
	SAC Code : 999316


No.	Particulars	Unit	Price	Discount	Amount
1	SERUM METHOTREXATE LEVEL	1	1100.00	550.00	550.00

Total : 550.00  
Amount Paid : 550.00

(Received a sum of Rupees Five Hundred Fifty only)

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Sr No	Mode	Particulars	Amount
1	Cash	-	550.00
Total			550.00

  
Signature  
(Akriti Sharma)

For Cancellation / Refund of the Bill, any identity Proof in the form of Photo ID, Aadhar Card, Pan Card, Driving License, Passport is mandatory

GSTIN:07AAMFJ2289A1ZE

D.L. MLN - 105295, 105296  
GST INVOICE

JAI KALKA MAI

# + JAGDAMBA CHEMIST +

ALL DAYS OPEN

CREDIT CARD ACCEPTED

17/7, Main Market, Yusuf Sarai, N Delhi-16 Email:jagdambachemist531@gmail.com

MEDICINES SURGICALS & ANTI-CANCER DRUG

HELPLINE NO.:26165517, 49027722, 9312480015, 8076756507

\* In case you find any inadvertent error in the price charge.  
\* Please bring this cash memo for refund of difference.

Bill No. : 49446  
Patient : AARTI  
Address : AIIMS  
Prscribed By :

Date : 22/11/19  
Time : 07:20 PM

QTY.	PARTICULARS	HSN	GST%	BATCH	EXPIRY	AMOUNT
1	FOLITRAX-15MG INJ.	3049042	5.0	AI640E19	02/21	50.80
1	HYCOT-100INJ	304	5.0	AI1B047	04/20	38.46
1	BIGBIN-100MG-INJ.	2069099	5.0	BYU1110	03/21	50.74



\*\* GET WELL SOON \*\*  
**9643291111**

Taxable 5%	133.33	CGST 2.5%	3.33	SGST 2.5%	3.33
Taxable 12%	0.00	CGST 6%	0.00	SGST 6%	0.00
Taxable 18%	0.00	CGST 9%	0.00	SGST 9%	0.00
Taxable 28%	0.00	CGST 14%	0.00	SGST 14%	0.00
Taxfree %	0.00	CGST 0%		SGST 0%	
CGST Total	3.33				
SGST Total	3.33				
		MRP TOTAL			140.00
		DIS. AMT.			
		PAID AMT.			

1. No Return, No Exchange  
2. All Disputes are Subject to Delhi Jurisdiction only.  
3. Free Home Delivery. Condition Apply\*

For : **JAGDAMBA CHEMIST**





**CASH RECEIPT**  
**ALL INDIA INSTITUTE OF MEDICAL SCIENCES (AIIMS)**  
**Ansari Nagar, New Delhi-110029**

Phones } 26588500  
26588700

APPOINTMENT SLIP

Follow-up Patient  
Advance



Receipt No. Done By-8335	General ₹ 0.0	Dated :	
Received From: Department Name: Paediatrics/POC	Reporting Time: 8.30 AM	Patient Type : Appointment Date: 18/11/2019	
ON ACCOUNT Request date	13/11/2019	Room No. :	
Name of Patient	MISS. AARTI.	Appointment No	2019111312078
Sex	Female	Age	10 years 6 months 2 days
Contact Details	Mobile: XXXXXXXX149	Request Mode	counter

**Remarks:**

Your UHID Is : 104492006.

Your Clinic Number Is : 209/2019.

New appointment (OPD AND CLINICS)- Report to counter no 50 (Paediatric OPD) for confirmation on the day of your appointment.

Follow up appointment (OPD AND CLINICS)- Report to Kiosk in Paediatric OPD for confirmation on the day of your appointment.

शरीरमाद्य खलु धर्मसाधनम्

**Payment Mode:**  
**INR (Rs.):**  
**Rs. in Words**

**THIS IS COMPUTER GENERATED SLIP AND DOES NOT REQUIRE SIGNATURE AND STAMP**

# ALL INDIA INSTITUTE OF MEDICAL SCIENCES

## DEPARTMENT OF PAEDIATRICS

### UNIT III - DISCHARGE SUMMARY



NAME: Aarti	AGE: 10 yr	SEX: Female	Bed No : D6/24
UHID: 104492006	DATE OF ADMISSION: 05/10/19	DATE OF DISCHARGE: 10/10/19	
Address: Barona, Sonipat			
DIAGNOSIS: ALCL - Admitted for AA protocol			
CONSULTANTS IN-CHARGE: Prof SK Kabra, Prof Rachna Seth, Dr Kanaram Jat, Dr Jagdish P Meena, Dr Aditya Gupta			

**HISTORY AT ADMISSION:** The child is a K/C/O ALCL on BFM - NHL protocol -- admitted for of AA protocol

No h/o fever, cough, fast breathing, pain abdomen, loose stool, bleeding from any site. Blood counts and CXR done during the admission was normal.

**O/E in ward:** Pulse – 112 bpm, RR - 18/min, SpO<sub>2</sub>-99% on RA, BP 94/50mmHg, Temp - 98F

No pallor/ icterus/significant LAP/Cyanosis/ rash

CNS - Conscious, alert, active, interacting with parents, cranial nerves intact, sensations intact, tone, bulk, power normal, DTR 2+, B/L flexor plantar response, no nystagmus / ataxia / neck rigidity

RS - NVBS, bilaterally intensity of breathe sounds normal, no added sounds

CVS - Precordium normal, S1 S2 heard normally, No S3/murmur

P/A – Soft, non-distended, non-tender, no organomegaly, no free fluid, BS+.

**COURSE IN WARD:** The child was admitted for high dose methotrexate as a part of AA protocol. Child was hydrated with IV fluids @3L/m<sup>2</sup> & high dose IV methotrexate was given at 5g/m<sup>2</sup> over 24 hrs as per protocol. IT MTX- 12mg was given. 24 hrs & 72hrs Methotrexate level was 40.8 umol/L & 0.05umol/L. Child received leucovorin at 42, 48 and 54 hours as per protocol.. Child remained asymptomatic and did not develop any signs and symptoms of methotrexate toxicity and was planned for discharge. The child also received other chemo as per protocol.

**INVESTIGATIONS:**



Date	Hb	TLC	ANC	Platelet count
25/09/19	11.7	9160	5400	313000

Date	Urea/Creatinine	TSB/OT/PT	ALP
26/09	21/0.3	0.4/41/28	
07/10	14/0.3	1.8/29/24	605
09/10	16/0.3	0.5	

Chest X ray: NAD

**CONDITION AT DISCHARGE:**

Pulse – 120bpm, RR - 18/min, SpO2-99% on RA, BP 98/54mmHg , Temp - 98F

No pallor/ icterus/significant LAP/Cyanosis/ rash

CNS - Conscious, alert, active, interacting with parents, cranial nerves intact, sensations intact, tone, bulk, power normal, DTR 2+, B/L flexor plantar response, no nystagmus / ataxia / neck rigidity

RS - NVBS, bilaterally intensity of breathe sounds normal, no added sounds

CVS - Precordium normal, S1 S2 heard normally, No S3/murmur

P/A – Soft, non-distended, non-tender, no organomegaly, no free fluid, BS+.

**Advise at discharge:**

- To get last dose of ARA-C from C5-Day care at morning 08:00 am
- Tab Septran (160/800) 1/2 BD on Sat/Sun (next) — . .
- Sitz bath/Betadine gargle (as advised)
- Review in OPD on Wednesday (14/10/19) with CBC & BET/LFT reports

  
Dr. Prasanth S

JUNIOR RESIDENT

Dr. Wajid/Dr.Richa/ Dr. Kanwaljit

SENIOR RESIDENT

Please allow in waiting room for 3 members. child is being discharged late.



SENIOR RESIDENT  
PEDIATRIC NEPHROLOGY  
KEMPEL HOSPITALS  
MUMBAI



DEPARTMENT OF LABORATORY MEDICINE

CLINICAL CHEMISTRY

-110029

All India Institute of Medical Sciences, Ansari Nagar, New Delhi-110029

/ BLOOD CHEMISTRY

UHID: 104492006      Sample No: CH-1610191346  
 Name: Miss. AARII., Female      Age: 10 years 5 months 5 days  
 Lab Ref No: 1331      Ward Name: C5 DAY CARE  
 Verification Time: 16/10/2019 08:50 pm

Report

Test Name	Result	Comment	Normal Range
UREA	16 mg/dL		10.00-40.00
CREATININE	0.4 mg/dL		0.50-1.00
CALCIUM	9.1 mg/dL		8.50-10.50
PHOSPHATE	4.2 mg/dL		2.50-4.50
URIC ACID	2.6 mg%		• 2.5 - 6 mg/dL
BILIRUBIN TOTAL	0.2 mg/dL		0.20-1.20
TOTAL PROTEIN	6.7 g/dL		6.00-8.00
ALBUMIN	4.2 g/dL		3.50-5.00
SGOT (AST)	25 U/L		5.00-40.00
SGPT (ALT)	26 U/L		5.00-45.00
ALK PHOS (ALP)	523 IU/L		• 240 - 840 IU/L

Over All Comment :

Authorised Signatory  
 Dr. Sudip Kumar Datta

Verified By  
 ajaydrall









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

शरीरपादं खलु धर्मसाधनम्

OPR-6

एकक/Unit \_\_\_\_\_  
विभाग/Dept. \_\_\_\_\_

ब०रो०वि० पंजीकृत सं०/O.P.D. Regn. No. \_\_\_\_\_

<p>Queue No F91 Room 14 JHID 104492006 18-11-2019</p>	<p>पिता/जन - POC CL No: 209/2019 UHID 104492006 AARTI . 10Y5M24D</p>	<p>आयु Age</p>	<p>पता/Address</p>
---	--	--------------------	--------------------

निदान/Diagnosis

ALCL - post 2<sup>nd</sup> AA chemo.

दिनांक/Date

उपचार/Treatment

SS

Due for 2<sup>nd</sup> BB cycle.

No fresh complaint

Off seplian.

Wt - 29.4K  
Ht - 13/4.  
BSA - 1.03m<sup>2</sup>

C<sub>cr</sub> - 11.0 / 5310 / 2550 / 3.08 x 10<sup>5</sup>

RFT/LFT - WNL

Adv

- Tab Dexamethasone (4mg)

1 - 1 - 1/2

- Tab Pan D (40mg) 1 tab BBF

- Inj Vincristine 1.5mg IV D<sub>1</sub>

- Inj Methotrexate 5g over 24hr. D<sub>1</sub>

- Inj Leucovorin 15mg - ~~(B)~~ 3 doses



CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प  
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)

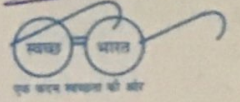






अ० भा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL  
बहिरंग रोगी विभाग / Out Patient Department

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



1A Yadav Sir (MSX) 10:30am

स्वास्थ्य खलु धर्मसाधनम्

एकक/Unit \_\_\_\_\_  
विभाग/Dept. \_\_\_\_\_  
नाम/Name \_\_\_\_\_

Follow Up Patient  
Dept Reg. 2019/103/0019653  
General/R 0  
Paediatrics/Paediatric /Unit-III  
Name: Miss. AARTI  
D/O JAGAT SINGH  
UMID : 104492006

Room/Room: 7  
Days :  
Wed, Sat (सु, शनि)  
10y बहिन/F  
Ph. 8895248149  
Date: 07/09/2019

OPR-6

P.D. Regn. No. \_\_\_\_\_  
पता/Address \_\_\_\_\_

निदान/Diagnosis

RPB-120919339 104492006



AARTI.

दिनांक/Date

उपचार/Treatment

(67)

Hb - 12.8 ✓  
TLC - 6730 ✓  
ANC - 4060 ✓  
Plate - 229000 ✓  
Ue/Creat - 16/0.4 ✓  
cal PO<sub>4</sub> - 9.9/5.2 ✓  
AST/ALT - 20/16 ✓  
ALP - 420 ✓  
Tbil - 0.3 ✓

C/o ALLL stage 3, post chemo  
PET CT s/o - Residual d/s near  
ear  
But ↓ in size  
- Good partial response  
in chest,  
Abd  
soft Hs tender  
Otherwise child is well.  
O/E - vitals stable  
Chest - clear  
P/A - soft, non tender.

Plan

① To H/V on Monday, Room 14  
for next chemo



CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प  
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)

*Gay*





9/9

Rx

OK to give ~~chem~~ course (CC)  
Ple give phlebocopy  
Complete Ref AI-NHC

no h/o fall

PET-CT rediscussed

wt - 26.9 kg  
ht - 130.3 cm  
BSA - 1.7 m<sup>2</sup>

Focal lesion in ischio pubic ramus (+)  
? fracture

S/O CMR

(R) rev CSOM (+)

2/9

KFT? NL.  
LFT

12.8 / 6730 / 4060 / 229K.

Ad

Dr. Rachna S

Wt D  
Dex  
AP

- HT D, AUP

- DEXA scan

- start AA cycle in v/o CMR

- stop septum

→ Day 1: VCR 1.5 mg iv Day ①

→ Day 1: T. Dexr 4 mg 1-1-1/2 x 5 days (D1-D5)

→ Day 1: Ifosfamide 800 mg iv infusion (D1-D5)

→ Day 1: methotrexate 5000 mg iv infusion Day ①

→ Day 1: Leucovorin 15 mg x 3 doses.

→ Day 4, 5: Etoposide 100 mg iv Day 4, Day 5

→ Day 4, 5: ARA-C 150 mg iv Day 4, D5

III Intrathecal mtx 6 mg

ARA-C 15 mg

Hydrocort 5 mg

Day 1, 5

- Day 1: mesna 200 mg x (15)

*[Signature]*





# Sir Ganga Ram Hospital

SGRH/OPD-W/F-087

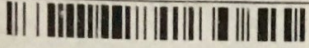
21

Accumulating trust for over fifty years  
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## OUT PATIENT DEPARTMENT

Please do not write in the margin

Aarti, 10Y Female



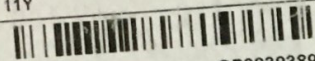
01/08/2019 10:42 OP09156996  
PAEDIATRICS (Unit 1)  
Mon, Thu 9 am - 11 am  
Room :G4,G5  
Dr. V. K. Khanna  
Dr. D. Kaul

Registration No: 2591143 Rs. 100

*S. K. Thakur*  
*50%*

*1/8*

Aarti, 11Y Female



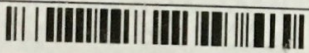
07/10/2019 09:51 OP09393898  
PAEDIATRICS (Unit 1)  
Mon, Thu 9 am - 11 am  
Room :G4,G5  
Dr. V. K. Khanna  
Dr. D. Kaul

Registration No: 2591143 Rs. 0

*50%*

*07/10*

Aarti, 11Y Female



20/11/2019 10:56 OP09535098  
PAEDIATRICS (Unit 1)  
Mon, Thu 9 am - 11 am  
Room :G4,G5  
Dr. V. K. Khanna  
Dr. D. Kaul

Registration No: 2591143 Rs. 0

*50%*

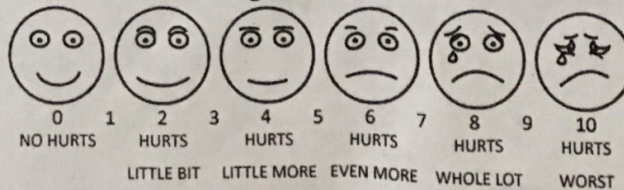
  
*20/11/19*

*50%*

*21/11*

### Pain Score :

#### Wong Baker Face Scale



FOR INTERNAL USE ONLY FOR HOSPITAL





शरीरमाथे खलु धूम्रपानम्

# 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

POC 130  
OPR-6 19

एकक/Unit \_\_\_\_\_

विभाग/Dept. \_\_\_\_\_

नाम/Name

144/19

New Patient  
Clinic No. 209/2019  
Dept Reg. 2019/003/0029092

Paediatrics/POC/Unit-I    General/Unit 0  
Name: Miss. AARTI    Ward/Room: 14  
Days: Monday  
D/O JAGAT SINGH    10Y    11/11/19  
Ph. 8899248149

UHD : 104492006    Date: 16/09/2019

egn. No. \_\_\_\_\_

पता/Address

~~POC-144/19~~

निदान/Diagnosis

all

दिनांक/Date

उपचार/Treatment

stage III

port chemotherapy

22

R3

V ✓  
AA ✓

awaiting admission

BB ✓  
last che 5/8/19

awaiting admission - chemotherapy

PET CT

- Septum to vent x 1 more wk

PET CT  
done in  
PET CT  
wg.

3/9/19

CBC (N)  
PET  
CT (N)

16/9/19  
start  
chemo due

Next

CMR

CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प

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

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10/10

M :

Inj. CYTARABINE 150mg in 100ml NS  
iv over 1hr @ 12H x 7 days. (2)

~~Inj. FTDROCIDF 100mg in 100ml NS  
iv over 1hr @ 24H x 7 days.~~

Inj. FOLIMAX (1ml = 15mg) 12mg.

Inj. CYTARABINE (1ml = 100mg) 30mg

Inj. HYDROCORTISONE 10mg.

on DS

L.P. 1  
Dr. C.P.



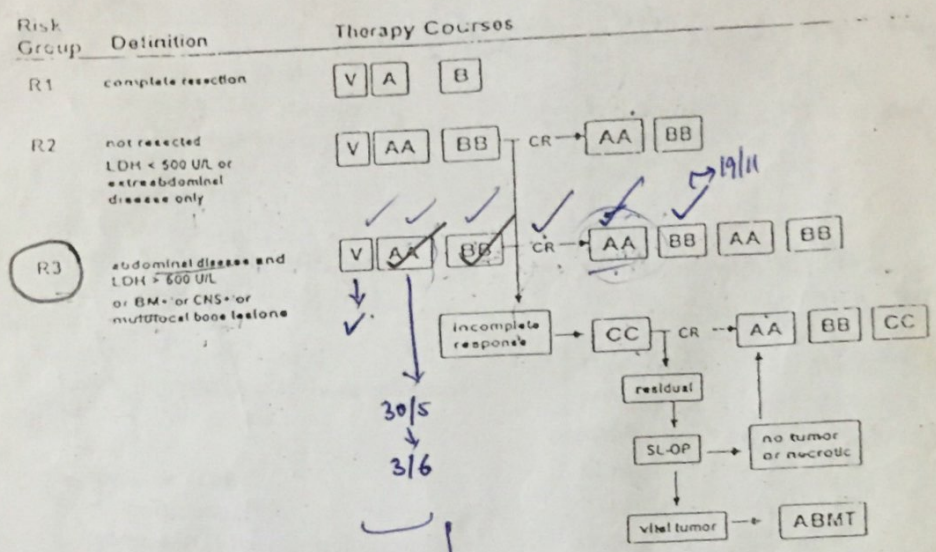
Protocol

Pocno → 130/19

Aoroti  
poc

### BFM-NHL Protocol

Improved treatment results in Childhood B-Cell Neoplasms With Tailored Intensification of Therapy: A Report of the Berlin-Frankfurt-Munster Group Trial NHL-BFM 90. Reiter A, Schrappe M, et al. Am Soc Hematology 1999; 3294-3306.



30/5  
3/6

Cycle AA  
given

BB - 31/7/19 - 5/8/19

AA → 6/10/19 - 11/10/19

AA



analysis  
 Wt 26 kg  
 length 130 cm  
 BSA 0.96 m<sup>2</sup>

BSA - 0.96 m<sup>2</sup>  
 Du - 30/5/19  
 Wt - 23.7 kg  
 Ht - 128.5 cm  
 BSA : 0.9 m<sup>2</sup>

Treatment of Ki-1+ Anaplastic Large Cell Lymphoma and Other Group B Lymphomas (BFM-NHL Protocol)

Drug	Dose	Days when administered
Cytoreductive prephase (course V)		
Prednisone (orally /IV)	30 mg/m <sup>2</sup>	4-5
Cyclophosphamide (IV)	200 mg/m <sup>2</sup>	1-5
Course A		
Dexamethasone (orally)	10 mg/m <sup>2</sup>	1-5
Ifosfamide (1-hour infusion)	800 mg/m <sup>2</sup>	1-5
MTX (24-hour infusion) <sup>b</sup>	500 mg/m <sup>2</sup>	1
MIX (IT)	12 mg <sup>a</sup>	1
Cytarabine (IT) <sup>a</sup>	30 mg <sup>a</sup>	1
Hydrocortisone (IT) <sup>a</sup>	10 mg <sup>a</sup>	1
Cytarabine (1-hour infusion)	150 mg/m <sup>2</sup> q12h	1-5
Teniposide (1-hour infusion)	100 mg/m <sup>2</sup>	4.5
Course B		
Dexamethasone (orally)	10 mg/m <sup>2</sup>	1-5
Cyclophosphamide (1-hour infusion)	200 mg/m <sup>2</sup>	1-5
MTX (24-hour infusion)	500 mg/m <sup>2</sup>	1
MTX (IT) <sup>a</sup>	12 mg <sup>a</sup>	1
Cytarabine (IT) <sup>a</sup>	30 mg <sup>a</sup>	1
Hydrocortisone (IT) <sup>a</sup>	10 mg <sup>a</sup>	1
Doxorubicin (1-hour infusion)	25 mg/m <sup>2</sup>	4.5
Course AA		
Same as A, except for addition of vincristine (IV)	1.5 mg/m <sup>2</sup>	1
MTX (24-hour infusion) <sup>b</sup>	500 mg/m <sup>2</sup>	1
MTX (IT) <sup>a</sup>	6 mg <sup>a</sup>	1
Cytarabine (IT) <sup>a</sup>	15 mg <sup>a</sup>	1
Hydrocortisone (IT) <sup>a</sup>	5 mg <sup>a</sup>	1
Course BB		
Same as B, except for addition of vincristine (IV)	1.5 mg/m <sup>2</sup>	1
MTX (24-hour infusion) <sup>b</sup>	500 mg/m <sup>2</sup>	1
MTX (IT) <sup>a</sup>	6 mg <sup>a</sup>	1.5
Cytarabine (IT) <sup>a</sup>	15 mg <sup>a</sup>	1.5
Hydrocortisone (IT) <sup>a</sup>	5 mg <sup>a</sup>	1.5

W (1.5 mg/m<sup>2</sup> VCR - 24/5)  
 Prednisone standard evening of 17/5/19  
 23/5, 24/5, 25/5  
 80/5, 81/5  
 100/5, 101/5, 102/5, 103/5, 104/5, 105/5

Arc - 30g/15g  
 Hydrocortisone - 5g  
 max 6mg



\*Doses adjusted for children less than 3 years of age as follow:

IT doses in courses A and B:			
Age	MTX	Ara-C	Hydrocortisone
<1 year	6	16	4mg
1-2 years	8	20	6mg
2-3 years	10	26	8mg
≥3 years	12	30	10mg
IT doses in courses AA and BB:			
<1 year	3	8	2mg
1-2 years	4	10	3mg
2-3 years	5	13	4mg
3 years	6	15	5mg

<sup>b</sup>IV infusion of MTX and leucovorin (CF) rescue is as follows:

In courses A and B, 10% of the MTX dose of 500 mg/m<sup>2</sup> (50 mg/m<sup>2</sup>) is administered IV over 30 minutes and 90% (450 mg/m<sup>2</sup>) is administered as a 23.5 hour continuous IV infusion. Leucovorin 15 mg/m<sup>2</sup> is administered as a bolus at 48, 51, and 54 hours.

In courses AA and BB, the MTX dose is increased to 5 g/m<sup>2</sup>. The MTX infusion schedule and leucovorin rescue are the same as in therapy group non-B lymphoma, i.e., BFM-NHL protocol

#### Indication of radiotherapy in NHL

Generally RT is not indicated

#### Indications

1. Life threatening complication
2. Superior vena cava syndrome
3. Ureteric obstruction from the tumor
4. Hyperbilirubinemia from severe liver involvement

#### Caution

Do not use cranial radiation in a case of B-cell NHL with central nervous system (CNS) involvement.



Therapy courses for Anaplastic Large Cell Lymphoma and other group B Lymphomas (BFM-NHL Protocol) *The American Society of Hematology 2001*

	Drug	Dose	Days when administered
Cytoreductive prephase (Course V)	Prednisone (orally/IV)	30 mg/m <sup>2</sup>	1-5
	Cyclophosphamide (IV)	200 mg/m <sup>2</sup>	1-5
Course A	Dexamethasone (orally)	10 mg/m <sup>2</sup>	1-5
	Ifosfamide (1-hour infusion)	800 mg/m <sup>2</sup>	1-5
	MTX (24-hour infusion)	500 mg/m <sup>2</sup>	1
	MTX (IT)*	12 mg/m <sup>2</sup>	1
	Cytarabine (IT)*	30 mg/m <sup>2</sup>	1
	Hydrocortisone (IT)*	10 mg/m <sup>2</sup>	1
	Cytarabine (1-hour infusion)	150 mg/m <sup>2</sup> q 12 hr	4,5
Course B	Etoposide (1-hour infusion)	100 mg/m <sup>2</sup>	4,5
	Dexamethasone (orally)	10 mg/m <sup>2</sup>	1-5
	Cyclophosphamide (1-hour infusion)	200 mg/m <sup>2</sup>	1-5
	MTX (24-hour infusion)	500 mg/m <sup>2</sup>	1
	MTX (IT)*	12 mg/m <sup>2</sup>	1
	Cytarabine (IT)*	30 mg/m <sup>2</sup>	1
	Hydrocortisone (IT)*	10 mg/m <sup>2</sup>	1
Course AA	Doxorubicin (1-hour infusion)	25 mg/m <sup>2</sup>	4,5
	Dexamethasone (orally)	10 mg/m <sup>2</sup>	1-5
	Ifosfamide (1-hour infusion)	800 mg/m <sup>2</sup>	1-5
	VCR (IV)	1.5 mg/m <sup>2</sup> (max.2 mg)	1
	MTX (24-hour infusion)	2.5 gm/m <sup>2</sup> 5g m <sup>2</sup>	1
	MTX (IT)*	6 mg/m <sup>2</sup>	1
	Cytarabine (IT)*	15 mg/m <sup>2</sup>	1
Course BB	Hydrocortisone (IT)*	5 mg/m <sup>2</sup>	1,5
	Cytarabine (1-hour infusion)	150 mg/m <sup>2</sup> q 12 hr	1,5
	Etoposide (1-hour infusion)	100 mg/m <sup>2</sup>	4,5
	Doxorubicin (1-hour infusion)	25 mg/m <sup>2</sup>	4,5
	Hydrocortisone (IT)*	5 mg/m <sup>2</sup>	1,5
	Cytarabine (IT)*	15 mg/m <sup>2</sup>	1,5
	MTX (IT)*	6 mg/m <sup>2</sup>	1,5
Course CC	MTX (24-hour infusion)	2.5 gm/m <sup>2</sup> 5g m <sup>2</sup>	1
	VCR (IV)	1.5 mg/m <sup>2</sup> (max.2 mg)	1
	Dexamethasone (orally)	20 mg/m <sup>2</sup>	1-5
	Cytarabine (3-hour infusion)	2 gm/m <sup>2</sup> q 12 hr	1,2
	Etoposide (1-hour infusion)	150 mg/m <sup>2</sup>	3-5
	MTX (IT)*	12 mg/m <sup>2</sup>	5
	Cytarabine (IT)*	30 mg/m <sup>2</sup>	5
Course CC	Hydrocortisone (IT)*	10 mg/m <sup>2</sup>	5

\*Intrathecal injection (IT) should be given 2 hours after beginning of MTX IV infusion; doses will be adjusted for children, 3 years of age.

- AA ✓  
 - BB ✓  
 - AA - 5/10/9 - 10/10/9



Therapy courses for Anaplastic Large Cell Lymphoma and other group B Lymphomas (BFM-NHL Protocol) *The American Society of Hematology 2001*

	Drug	Dose	Days when administered
Cytoreductive prephase (Course V)	Prednisone (orally/IV)	30 mg/m <sup>2</sup>	1-5
	Cyclophosphamide (IV)	200 mg/m <sup>2</sup>	1-5
Course A	Dexamethasone (orally)	10 mg/m <sup>2</sup>	1-5
	Ifosfamide (1-hour infusion)	800 mg/m <sup>2</sup>	1-5
	MTX (24-hour infusion)	500 mg/m <sup>2</sup>	1
	MTX (IT)*	12 mg/m <sup>2</sup>	1
	Cytarabine (IT)*	30 mg/m <sup>2</sup>	1
	Hydrocortisone (IT)*	10 mg/m <sup>2</sup>	1
	Cytarabine (1-hour infusion)	150 mg/m <sup>2</sup> q 12 hr	4,5
	Etoposide (1-hour infusion)	100 mg/m <sup>2</sup>	4,5
Course B	Dexamethasone (orally)	10 mg/m <sup>2</sup>	1-5
	Cyclophosphamide (1-hour infusion)	200 mg/m <sup>2</sup>	1-5
	MTX (24-hour infusion)	500 mg/m <sup>2</sup>	1
	MTX (IT)*	12 mg/m <sup>2</sup>	1
	Cytarabine (IT)*	30 mg/m <sup>2</sup>	1
	Hydrocortisone (IT)*	10 mg/m <sup>2</sup>	1
	Doxorubicin (1-hour infusion)	25 mg/m <sup>2</sup>	4,5
	Course AA	Dexamethasone (orally)	10 mg/m <sup>2</sup>
Ifosfamide (1-hour infusion)		800 mg/m <sup>2</sup>	1-5
VCR (IV)		1.5 mg/m <sup>2</sup> (max.2 mg)	1
MTX (24-hour infusion)		2.5 gm/m <sup>2</sup>	1
MTX (IT)*		6 mg/m <sup>2</sup>	1,5
Cytarabine (IT)*		15 mg/m <sup>2</sup>	1,5
Hydrocortisone (IT)*		5 mg/m <sup>2</sup>	1,5
Cytarabine (1-hour infusion)		150 mg/m <sup>2</sup> q 12 hr	4,5
Course BB	Etoposide (1-hour infusion)	100 mg/m <sup>2</sup>	4,5
	Dexamethasone (orally)	10 mg/m <sup>2</sup>	1-5
	Cyclophosphamide (1-hour infusion)	200 mg/m <sup>2</sup>	1-5
	VCR (IV)	1.5 mg/m <sup>2</sup> (max.2 mg)	1
	MTX (24-hour infusion)	2.5 gm/m <sup>2</sup>	1
	MTX (IT)*	6 mg/m <sup>2</sup>	1,5
	Cytarabine (IT)*	15 mg/m <sup>2</sup>	1,5
	Hydrocortisone (IT)*	5 mg/m <sup>2</sup>	1,5
Course CC	Doxorubicin (1-hour infusion)	25 mg/m <sup>2</sup>	4,5
	Dexamethasone (orally)	20 mg/m <sup>2</sup>	1-5
	VCR (IV)	1.5 mg/m <sup>2</sup> (max.2 mg)	1
	Cytarabine (3-hour infusion)	2 gm/m <sup>2</sup> q 12 hr	1,2
	Etoposide (1-hour infusion)	150 mg/m <sup>2</sup>	3-5
	MTX (IT)*	12 mg/m <sup>2</sup>	5
	Cytarabine (IT)*	30 mg/m <sup>2</sup>	5
Hydrocortisone (IT)*	10 mg/m <sup>2</sup>	5	

\*Intrathecal injection (IT) should be given 2 hours after beginning of MTX IV infusion; doses will be adjusted for children, 3 years of age.



# ALL INDIA INSTITUTE OF MEDICAL SCIENCES

## DEPARTMENT OF PAEDIATRICS

### UNIT III - DISCHARGE SUMMARY



NAME: Aarti	AGE: 10 years	SEX: Female	Bed No : D5/13
UHID: 104492006	DATE OF ADMISSION: 18/11/19	DATE OF DISCHARGE: 23/11/19	
Address: Village Barona, Sonipat Haryana			
DIAGNOSIS: ALCL On BFM NHL, admitted for BB			
CONSULTANTS IN-CHARGE: Prof SK Kabra, Prof Rachna Seth, Dr Kanaram Jat, Dr Jagdish P Meena, Dr Aditya Gupta			

**HISTORY AT ADMISSION:** The child is a k/c/o ALCL on BFM NHL protocol, admitted for BB

No h/o fever, cough, fast breathing, pain abdomen, loose stool, bleeding from any site. Blood counts and CXR done during the admission was normal.

**O/E in ward:** Pulse – 90 bpm, RR - 19/min, SpO2-99% on RA, BP 94/50mmHg , Temp - 98F

No pallor/ icterus/significant LAP/Cyanosis/ rash

CNS - Conscious, alert, active, interacting with parents, cranial nerves intact, sensations intact, tone, bulk, power normal, DTR 2+, B/L flexor plantar response, no nystagmus / ataxia / neck rigidity

RS - NVBS, bilaterally intensity of breathe sounds normal, no added sounds

CVS - Precordium normal, S1 S2 heard normally, No S3/murmur

P/A – Soft, non-distended, non-tender, no organomegaly, no free fluid, BS+.

**COURSE IN WARD:** The child was admitted for BFM NHL protocol, BB , She was started on Hydration at 3L/kg/day following which she recieved High dose methotrexate at 5g/m<sup>2</sup> followed by Leucovorin at 42, 48 and 54 hours. 24 hour level was 62.8mcmol/L and 48 hour level was 0.62mcmol/L . Child also received Cyclophosphamide, VCR and Doxorubicin as per protocol. Child underwent TIT on day 1 and day 5 and CSF samples were sent on both days. Procedures were uneventful. Child had no signs of methotrexate toxicity throughout hospital stay.

#### INVESTIGATIONS:

Date	Hb	TLC	ANC	Platelet count
8/11/19	11	5,310	2550	3.08L



Date	Urea/Creatinine	TSB/OT/PT	ALP
20/11/19	9/0.3	1.2/26/20	581

Chest X ray: WNL

**CONDITION AT DISCHARGE:**

Pulse – 88 bpm, RR - 18/min, SpO2-99% on RA, BP 98/54mmHg , Temp - 98F

No pallor/ icterus/significant LAP/Cyanosis/ rash

CNS - Conscious, alert, active, interacting with parents, cranial nerves intact, sensations intact, tone, bulk, power normal, DTR 2+, B/L flexor plantar response, no nystagmus / ataxia / neck rigidity

RS - NVBS, bilaterally intensity of breathe sounds normal, no added sounds

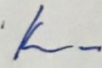
CVS - Precordium normal, S1 S2 heard normally, No S3/murmur

P/A – Soft, non-distended, non-tender, no organomegaly, no free fluid, BS+.

**Advise at discharge:**

- Tab Septran (160mg)  $\frac{1}{2}$  tabs alt day
- Sitz bath/Betadine gargle (as advised)
- To repeat LFT/KFT and CBC after 3 days.
- Review in OPD on 27/11/19 with CBC, LFT RFT reports

Dr. Kritika



**JUNIOR RESIDENT**

Dr. Richa

**SENIOR RESIDENT**



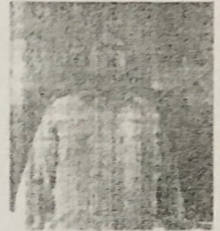
CIDR Id HA1800427661

eDisHa 181051901008497

Government of Haryana  
*Income Certificate*

[Other than education purpose]

Certified that Mr. JAGAT SINGH s/o Sh. ZILE SINGH resident of 485/1 BARONA Pin 131402, Village Barona, Tehsil KHARKHODA, District SONIPAT is having annual family income from all sources Rs.80000/- as verified by Tehsildar.



No.: INC/2019/394  
Date: 29/05/2019  
Place: SDM Office

Issued by:

*Shu*  
SDM, SDM Office



This certificate is electronically generated and authenticity of this certificate can be verified from <http://edisha.gov.in>



2-2-1994

# हरियाणा सरकार

डी-3

## राशन कार्ड

(केवल राशन वस्तुओं के लिए)

1. वितरण क्षेत्र का नाम..... Kharakhand 71
2. राशन कार्ड संख्या..... 745754
3. परिवार के मुखिया का नाम..... Zile Singh
4. माता/पिता का नाम..... Mir Singh
5. पत्नी/पति का नाम.....
6. एल.पी.जी.गैस उपभोक्ता नं०..... SBC एक सिलेण्डर/दो सिलेण्डर ✓
7. क्या आवेदक एवं परिवार का कोई सदस्य आयकर दाता है या नहीं ।
8. मकान नं०..... 39 वार्ड/सैक्टर नं०.....
9. मोहल्ला/गली का नाम.....
10. स्थाई डाक पता..... Barona

सदस्यों की संख्या	व्यस्क	बच्चे	शिशु	जोड़
<u>5</u>	<u>5</u>	<u>1</u>	<u>—</u>	<u>6</u>



7/1/1994  
 24/1/94  
 18/1/94  
 10/1/94  
 10/1/94

कार्ड धारक के हस्ताक्षर.....  
 तिथि.....

वितरण अधिकारी के हस्ताक्षर व मोहर  
 तिथि.....



ALL INDIA INSTITUTE OF MEDICAL SCIENCES (AIIMS)  
New Delhi,  
REQUISITION SLIP  
MRD No. :

7



Requested By: Dr. Shuvadeep Ganguly

Patient Status: Outdoor  
Payment Category: General (0)  
Requisition No: OBR/2019/2310428  
Department Name: Paediatrics/Unit-I  
Patient Name: Miss. AARTI ., (Female)  
Age: 10 years 6 months 7 days  
Address: Street: VILL- BARONA, City: SONIPAT, State: HARYANA, Country: INDIA

Requisition Date: 18/11/2019  
Unit In-charge: Dr. RAKESH LODHA  
UHID: 104492006  
Contact No: 8899248149

Recommended by: Dr. Shuvadeep Ganguly

Investigation to be done:-

Remarks

Investigation Name  
P.A.N.X.RAY >> CHEST PA VIEW

D5-14

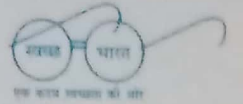
OK

Ganguly  
SR  
amr



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



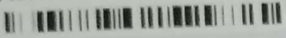
प्रवेशार्थं खतु परीक्षणम्

OPR-6

एकक/Unit \_\_\_\_\_

विभाग/Dept. \_\_\_\_\_

ब०रो०वि० पंजीकृत सं०/O.P.D. Regn. No. \_\_\_\_\_

नाम/Name	पिता/पत्र/पत्नी / UHID	आयु Age	पता/Address
Paediatric CL No 20190030019653 UHID 104492006 AARTI . 10Y7M21D 	UHID 104492006 Date 22/02/2020 Room no 7 Q No F93 Paediatric		

निदान/Diagnosis

दिनांक/Date	उपचार/Treatment
<p>(53)</p> <p>LFT/RFT=✓</p> <p>11.1/9.1/207</p> <p>6.6</p> <p>for issue</p> <p>S. Tracy</p> <p>admission</p> <p>date</p> <p>Sephan</p> <p>Stoppins</p>	<p>ALCL - R3.</p> <p>One BB cycle.</p> <p>No complains:</p> <p>O/E ✓.</p> <p>Inf Dexamethasone 4mg - 4mg - 2mg.</p> <p>Tab Pan - 40 1tae OD</p> <p>Inf Cyclophosphamide 180mg IV over 2h x 5days</p> <p>Inf Methotrexate 4.5g over 24h</p> <p>Inf Leucovorin 15mg IV x 3doses</p> <p>Inf Vincristini 1.35mg IV stat D1</p> <p>Inf Methotrexate - 12mg</p> <p>Inf Cytarabine - 30mg</p> <p>Inf Hydrocortisone - 15mg</p> <p>Inf Doxorubicin 22.5mg IV over 1hr on Day 4, Day 5</p> <p>Sephan to continue</p> <p>Inf Emeset 4mg IV SOS</p> <p>Intrathecal stat { D1, D5</p>



CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प  
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)





Therapy courses for Anaplastic Large Cell Lymphoma and other group B Lymphomas  
(BFM-NHL Protocol) *The American Society of Hematology 2001*

	Drug	Dose	Days when administered
Cytoreductive prephase (Course V)	Prednisone (orally/IV)	30 mg/m <sup>2</sup>	1-5
	Cyclophosphamide (IV)	200 mg/m <sup>2</sup>	1-5
Course A	Dexamethasone (orally)	10 mg/m <sup>2</sup>	1-5
	Ifosfamide (1-hour infusion)	800 mg/m <sup>2</sup>	1-5
	MTX (24-hour infusion)	500 mg/m <sup>2</sup>	1
	MTX (IT)*	12 mg/m <sup>2</sup>	1
	Cytarabine (IT)*	30 mg/m <sup>2</sup>	1
	Hydrocortisone (IT)*	10 mg/m <sup>2</sup>	1
	Cytarabine (1-hour infusion)	150 mg/m <sup>2</sup> q 12 hr	4,5
	Etoposide (1-hour infusion)	100 mg/m <sup>2</sup>	4,5
Course B	Dexamethasone (orally)	10 mg/m <sup>2</sup>	1-5
	Cyclophosphamide (1-hour infusion)	200 mg/m <sup>2</sup>	1-5
	MTX (24-hour infusion)	500 mg/m <sup>2</sup>	1
	MTX (IT)*	12 mg/m <sup>2</sup>	1
	Cytarabine (IT)*	30 mg/m <sup>2</sup>	1
	Hydrocortisone (IT)*	10 mg/m <sup>2</sup>	1
	Doxorubicin (1-hour infusion)	25 mg/m <sup>2</sup>	4,5
Course AA	Dexamethasone (orally)	10 mg/m <sup>2</sup>	1-5 <sup>04/10</sup>
	Ifosfamide (1-hour infusion)	800 mg/m <sup>2</sup>	1-5 <sup>4/5</sup> <sup>LR</sup>
	VCR (IV)	1.5 mg/m <sup>2</sup> (max.2 mg)	1 <sup>3/8</sup>
	MTX (24-hour infusion)	2.5 gm/m <sup>2</sup> <sup>5g m<sup>2</sup></sup>	1 <sup>4/1</sup>
	MTX (IT)*	6 mg/m <sup>2</sup>	1 <sup>1.5</sup>
	Cytarabine (IT)*	15 mg/m <sup>2</sup>	1 <sup>1.5</sup>
	Hydrocortisone (IT)*	5 mg/m <sup>2</sup>	1 <sup>1.5</sup>
	Cytarabine (1-hour infusion)	150 mg/m <sup>2</sup> q 12 hr	4,5 <sup>1.5</sup>
Etoposide (1-hour infusion)	100 mg/m <sup>2</sup>	4,5 <sup>1.5</sup>	
Course BB	Dexamethasone (orally)	10 mg/m <sup>2</sup>	1-5
	Cyclophosphamide (1-hour infusion)	200 mg/m <sup>2</sup>	1-5
	VCR (IV) ✓	1.5 mg/m <sup>2</sup> (max.2 mg)	1
	MTX (24-hour infusion) ✓	2.5 gm/m <sup>2</sup> <sup>5g m<sup>2</sup></sup>	1
	MTX (IT)*	6 mg/m <sup>2</sup>	1,5
	Cytarabine (IT)*	15 mg/m <sup>2</sup>	1,5
	Hydrocortisone (IT)*	5 mg/m <sup>2</sup>	1,5
	Doxorubicin (1-hour infusion)	25 mg/m <sup>2</sup>	4,5
Course CC	Dexamethasone (orally)	20 mg/m <sup>2</sup>	1-5
	VCR (IV)	1.5 mg/m <sup>2</sup> (max.2 mg)	1
	Cytarabine (3-hour infusion)	2 gm/m <sup>2</sup> q 12 hr	1,2
	Etoposide (1-hour infusion)	150 mg/m <sup>2</sup>	3-5
	MTX (IT)*	12 mg/m <sup>2</sup>	5
	Cytarabine (IT)*	30 mg/m <sup>2</sup>	5
	Hydrocortisone (IT)*	10 mg/m <sup>2</sup>	5

\*Intrathecal injection (IT) should be given 2 hours after beginning of MTX IV infusion; doses will be adjusted for children, 3 years of age.

AA ✓

Therapy courses for Anaplastic Large Cell Lymphoma and other group B Lymphomas  
(BFM-NHL Protocol) *The American Society of Hematology 2001*

	Drug	Dose	Days when administered
Cytoreductive prephase (Course V)	Prednisone (orally/IV)	30 mg/m <sup>2</sup>	1-5
	Cyclophosphamide (IV)	200 mg/m <sup>2</sup>	1-5
Course A	Dexamethasone (orally)	10 mg/m <sup>2</sup>	1-5
	Ifosfamide (1-hour infusion)	800 mg/m <sup>2</sup>	1
	MTX (24-hour infusion)	500 mg/m <sup>2</sup>	1
	MTX (IT)*	12 mg/m <sup>2</sup>	1
	Cytarabine (IT)*	30 mg/m <sup>2</sup>	1
	Hydrocortisone (IT)*	10 mg/m <sup>2</sup>	1
	Cytarabine (1-hour infusion)	150 mg/m <sup>2</sup> q 12 hr	4,5
	Etoposide (1-hour infusion)	100 mg/m <sup>2</sup>	4,5
Course B	Dexamethasone (orally)	10 mg/m <sup>2</sup>	1-5
	Cyclophosphamide (1-hour infusion)	200 mg/m <sup>2</sup>	1-5
	MTX (24-hour infusion)	500 mg/m <sup>2</sup>	1
	MTX (IT)*	12 mg/m <sup>2</sup>	1
	Cytarabine (IT)*	30 mg/m <sup>2</sup>	1
	Hydrocortisone (IT)*	10 mg/m <sup>2</sup>	1
	Doxorubicin (1-hour infusion)	25 mg/m <sup>2</sup>	4,5
	Course AA	Dexamethasone (orally)	10 mg/m <sup>2</sup>
Ifosfamide (1-hour infusion)		800 mg/m <sup>2</sup>	1-5
VCR (IV)		1.5 mg/m <sup>2</sup> (max.2 mg)	1
MTX (24-hour infusion)		2.5 gm/m <sup>2</sup> → <del>800 mg</del> 14/1/20	1
MTX (IT)*		6 mg/m <sup>2</sup>	1,5
Cytarabine (IT)*		15 mg/m <sup>2</sup>	1,5
Hydrocortisone (IT)*		5 mg/m <sup>2</sup>	1,5
Cytarabine (1-hour infusion)		150 mg/m <sup>2</sup> q 12 hr	4,5
Etoposide (1-hour infusion)		100 mg/m <sup>2</sup>	4,5
Course BB		Dexamethasone (orally)	10 mg/m <sup>2</sup>
	Cyclophosphamide (1-hour infusion)	200 mg/m <sup>2</sup>	1-5
	VCR (IV)	1.5 mg/m <sup>2</sup> (max.2 mg)	1
	MTX (24-hour infusion)	2.5 gm/m <sup>2</sup>	1
	MTX (IT)*	6 mg/m <sup>2</sup>	1,5
	Cytarabine (IT)*	15 mg/m <sup>2</sup>	1,5
	Hydrocortisone (IT)*	5 mg/m <sup>2</sup>	1,5
	Doxorubicin (1-hour infusion)	25 mg/m <sup>2</sup>	4,5
Course CC	Dexamethasone (orally)	20 mg/m <sup>2</sup>	1-5
	VCR (IV)	1.5 mg/m <sup>2</sup> (max.2 mg)	1
	Cytarabine (3-hour infusion)	2 gm/m <sup>2</sup> q 12 hr	1,2
	Etoposide (1-hour infusion)	150 mg/m <sup>2</sup>	3-5
	MTX (IT)*	12 mg/m <sup>2</sup>	5
	Hydrocortisone (IT)*	30 mg/m <sup>2</sup>	5
		10 mg/m <sup>2</sup>	5

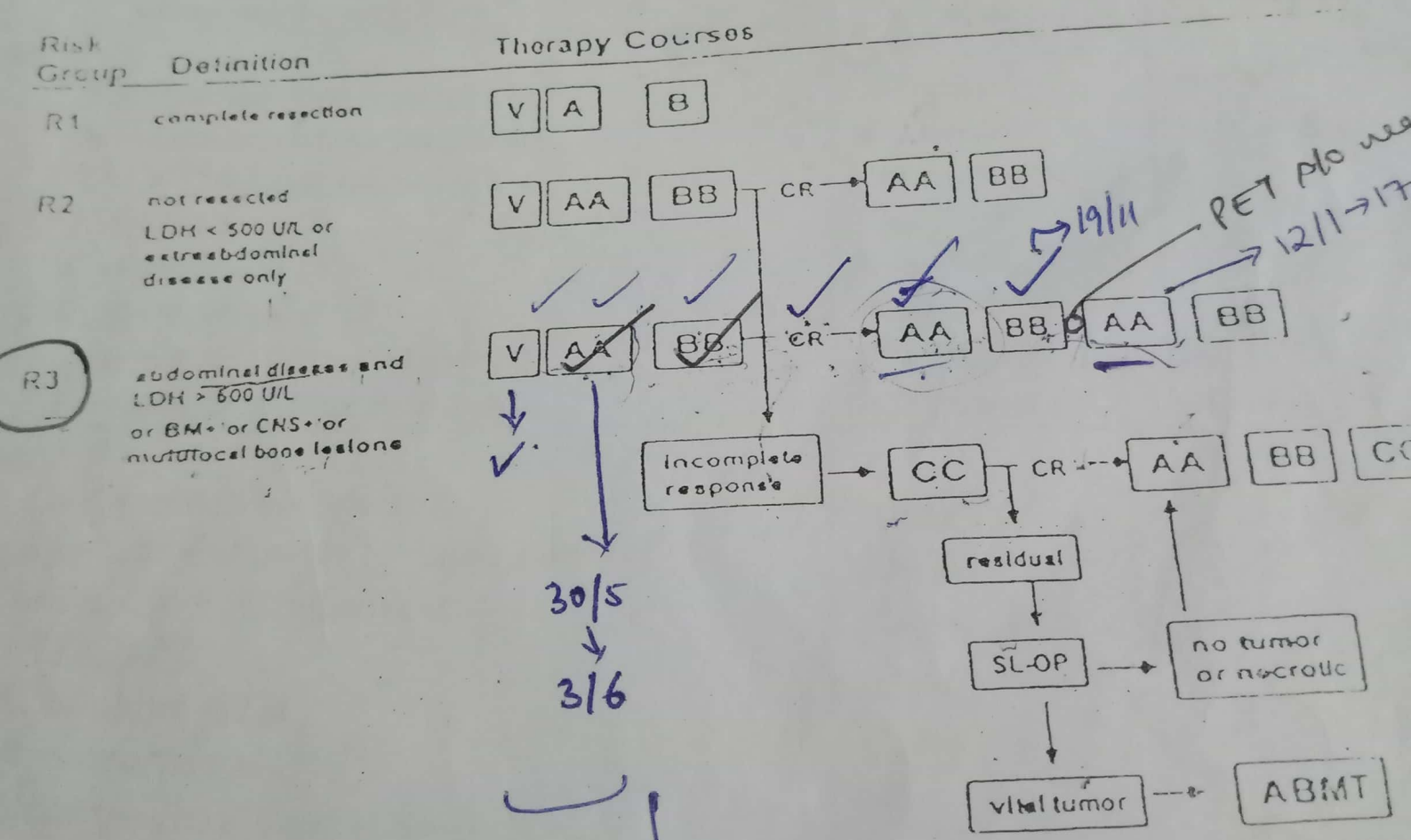
\*Intrathecal injection (IT) should be given 2 hours after beginning of MTX IV infusion; doses will be adjusted for children, 3 years of age.



Arbeits  
prot

# BFM-NHL Protocol

Improved treatment results in Childhood B-Cell Neoplasms With Tailored Intensification of Therapy: A Report of the Berlin-Frankfurt-Munster Group Trial III.-BFM 90. Reiter A, Schrappe M. et al. Am Soc Hematology 1999; 329-336.



cycle AA  
given

→ 30/5 to 3/6

## Treatment of Ki-1+ Anaplastic Large Cell Lymphoma and Other Group B Lymphomas (BFM-NHL Protocol)

Drug	Dose	Days when administered
Cytoreductive prephase (course V)		
Prednisone (orally /IV)	30 mg/m <sup>2</sup>	4-5 <i>Presed</i>
Cyclophosphamide (IV)	200 mg/m <sup>2</sup>	1-5 - 23/5, 24/5
Course A		
Dexamethasone (orally)	10 mg/m <sup>2</sup>	1-5 ✓ <i>25/5</i>
Ifosfamide (1-hour infusion)	800 mg/m <sup>2</sup>	1-5 - 80/5, 81/5
MTX (24-hour infusion) <sup>b</sup>	500 mg/m <sup>2</sup>	1
MIX (IT) <sup>a</sup>	12mg <sup>a</sup>	1
Cytarabine (IT) <sup>a</sup>	30mg <sup>a</sup>	1
Hydrocortisone (IT) <sup>a</sup>	10mg <sup>a</sup>	1
Cytarabine (1-hour infusion)	150 mg/m <sup>2</sup> q12h	1-6, 5 ✓ <i>3/6</i>
Teniposide (1-hour infusion)	100 mg/m <sup>2</sup>	1-4, 5 ✓ <i>3/6</i>
Course B		
Dexamethasone (orally)	10mg/m <sup>2</sup>	1-5 31/7/19
Cyclophosphamide (1-hour infusion)	200 mg/m <sup>2</sup>	1-5 31/7/19
MTX (24-hour infusion)	500 mg/m <sup>2</sup>	1 31/7/19
MTX (IT) <sup>a</sup>	12 mg <sup>a</sup>	1
Cytarabine (IT) <sup>a</sup>	30 mg <sup>a</sup>	1
Hydrocortisone (IT) <sup>a</sup>	10 mg <sup>a</sup>	1
Doxorubicin (1-hour infusion)	10 mg <sup>a</sup>	1
Dexamethasone (orally)	25 mg/m <sup>a</sup>	4,5
Course AA		
Same as A, except for addition of vincristine (IV)	1,5 mg/m <sup>2</sup>	1 31/5
MTX (24-hour infusion) <sup>b</sup>	(max. dose, 2mg) 5g/m <sup>2</sup>	1 31/5
MTX (IT) <sup>a</sup>	6 mg <sup>a</sup>	1 ✓ <i>31/5</i>
Cytarabine (IT) <sup>a</sup>	15 mg <sup>a</sup>	1 ✓ <i>31/5</i>
Hydrocortisone (IT) <sup>a</sup>	5 mg <sup>a</sup>	1 ✓ <i>31/5</i>
Course BB		
Same as B, except for addition of vincristine (IV)	1,5 mg/m <sup>2</sup>	1 → 31/7/19
MTX (24-hour infusion) <sup>b</sup>	(max. dose, 2mg) 5g/m <sup>2</sup>	1 → 31/7/19
MTX (IT) <sup>a</sup>	6 mg <sup>a</sup>	1
Cytarabine (IT) <sup>a</sup>	15 mg <sup>a</sup>	1
Hydrocortisone (IT) <sup>a</sup>	5 mg <sup>a</sup>	1



\*Doses adjusted for children less than 3 years of age as follow:

IT doses in courses A and B:			
Age	MTX	Ara-C	Hydrocortisone
<1 year	6	16	4mg
1-2 years	8	20	6mg
2-3 years	10	26	8mg
≥3 years	12	30	10mg
IT doses in courses AA and BB:			
<1 year	3	8	2mg
1-2 years	4	10	3mg
2-3 years	5	13	4mg
3 years	6	15	5mg

<sup>b</sup>IV infusion of MTX and leucovorin (CF) rescue is as follows:

In courses A and B, 10% of the MTX dose of 500 mg/m<sup>2</sup> (50 mg/m<sup>2</sup>) is administered IV over 30 minutes and 90% (450 mg/m<sup>2</sup>) is administered as a 23.5 hour continuous IV infusion. Leucovorin 15 mg/m<sup>2</sup> is administered as a bolus at 48, 51, and 54 hours.

In courses AA and BB, the MTX dose is increased to 5 g/m<sup>2</sup>. The MTX infusion schedule and leucovorin rescue are the same as in therapy group non-B lymphoma, i.e., BFM-NHL protocol

### Indication of radiotherapy in NHL

Generally RT is not indicated

#### Indications

1. Life threatening complication
2. Superior vena cava syndrome
3. Ureteric obstruction from the tumor
4. Hyperbilirubinemia from severe liver involvement

#### Caution

Do not use cranial radiation in a case of B-cell NHL with central nervous system (CNS) involvement

Cranial irradiation may be used as CNS prophylaxis in advance stage lymphoblastic lymphoma

#### Surgical therapy

1. Localised bowel disease
2. Presence of a single non resectable mass in addition to a totally resectable mass will not exclude patients from surgical treatment.