

Patient Details

Name : Alok Kumar

Age / Gender : 12y / Male

Father's Name : Yogesh Kumar

Address : Vill Radha Nagar, UP.

Contact No : 8755 9354 46

POC / PCSC No.: 322/21

Diagnosis : AML

Remarks :

mtx - neg

* Accommodation done by ~~Strat~~ ^{Strat} ~~fr~~
2 ds before due gmt
- S1 12 best b.
Danges sigs esophageal
768not es

New Patient
Dept Reg. 2021/001/0015412
General/W 0
Paediatrics/Paediatric /Unit-III
Room: 7
Days : Wednesday
Name: Master. ALOK KUMAR
Queue No : HB
12Y 57430
S/O YOGESH KUMAR
Ph. 8755935446
UHID : 105545520
Date. 01/12/2021

C.K.
57430

Diagnostic Work UP & Risk Stratification

Clinical exam: Liver 3cm
Lymph hypertrophy &

PS: 31% blasts & Auer rods.

Peripheral blood flow:

Cytogenetics, molecular: 46 XY.

Risk stratification: $\left. \begin{array}{l} 8;21 \\ inv 16 \end{array} \right\} \text{neg}$
FLT3 TKD - neg
FLT3 ITD - Neg.
NPM - Neg.

PCT - 0.13

S. galactomannan = 0.5

CECT chest, PNS - RC discussion. →

Echo (13/9/21) severe PS (76mm Hg), LVEF - 60%,
IAS, Aortic overriding present.
USK - negative.

Intermediate Risk

Name of treatment protocol

24/1/22 - BMA - morphological / AML - MRC 15
NPD = (-ve)
26/2/22 - BMA - Dilated. No definite opinion.
Flow cytometry - med = (-ve)
3

Consultations

Ped Cardio :

F/U TOF physiology since the age of 3mo.
Currently on METOPROLOL 25 mg BD

Newly diagnosed AML

c/o fever X 4 days, high grade, ass c̄ chills.
upto 104°F.

H/O Vomiting - 2 episodes, non-projectile.

No h/o headache.

H/O Photophobia ⊕

o/e Mild pallor ⊕

Gum hypertrophy ⊕

(L) elbow tender swelling c̄ restriction of movements ⊕.

(R) 4th digit distal phalanx tender swelling ⊕

CVS - Loud P₂

Pansystolic murmur in left sternal border.

RS - B/L AE equal.

P/A Liver 3cm

Spleen hp palpable

CNS - Kernig ⊕

Brodynitis positive.

Reflexes 2/3 ↑

Plantar ↓ ↓

HR - 90/min

RR - 22/min

CR T₂ 38°C

Imp ④ forearm cellulitis ? evolving abscess
? Meningitis to r/o brain abscess
To r/o IE

Referred to emergency: 22 July

① Blood culture, CBC.

② Inj Ceftriaxone 1.1g IV q 12h July

Inj Vancomycin 440mg in 50ml NS over 1hr
q 6th July

+ Plan early upgradation to meropenem

③ Ped cardio opinion — Echo for IE

④ Fundus.

⑤ CCT Brain.

Child requires admission. Admit in emergency/
bed
~~refer to SHH.~~

Go/w Dr Aditya in.

Neeraj

USG @ elbow:

Thrombosis of superficial veins

Xray elbow:

No obvious bony nil

11/12/21

C/O

Treatment Naive AML / TOF physiology.

- Admitted from 20/11/21 - 27/11/21 r Dengue

- Admitted from 2/12/21 - 6/12/21 r TOF physiology / AML / cellulitis.

- On Abtes from GN / meningitis ruled out.

PCT = 0.29.

Blood c/s sterile.

Csf $\left\{ \begin{array}{l} Pr = 12 \\ S = 55 \\ C/S = \text{Acetabur} \end{array} \right.$

$\left. \begin{array}{l} 10.2 \\ 13210 \\ M_{33} L_{36} \end{array} \right\} 41000$

P res c/s - MSSA (S) Teico / vane / clinda / chloram
Amika / cipro / cefotax.

(R) penicillin.

2D Echo - EF 60%.

CCHD / TOF / VQP.

RC discussion of CT - lay & PNS, no foci of infect.

O/E

Received. 7 days Teico.

(+) Arm cellulitis - healed.

Liver 2cm 5cm.

(P.T.O).

D/W Dr A. K Gupta Sr

Adv.

To,

The PRC.
Kindly give appointment
of 13/12/21 in ~~POC~~
OPD room 1AA.

Adv.
Sr, P.O.

Sr Tincy, plz.

① AML Induction
protocol.

MTX - Room ②.

- CL Galactomanan report.
room 50.

- CL AML - Molecular studies.
IRCH - 417.

- Continue Iy¹. Teicoplanin for
10 days - till Monday.

- Visit on Wednesday & Galactomanan
report to start Induction,
from Thursday, after RC drs/Galact.

Refer to Emergency for CBL
& Transfusions if Hb < 7, Plt < 20k

- Teb septan (160/200) 3/4 tab Alt day.

- Iy¹ Hep. B 0.1 ul @
0, 1 month. Adv.
Sr, P.O.

kindly do
CBC Count

↓

11/12/21 ↓
CBC (Coulter)

WBC - 13.16 mm³

Hb - 8.7 g/dl

THR - 275 mm³

Diycane

Galactomanan 0.51 (cut off = 0.5)
reported tr.

D/W Dr JP Sr,

- Repeat Galactomanan on Monday

- POC VISIT on Monday, to
decide chemo from Tuesday.

~~Refer to emergency for CBL
& R/W for RDP.~~

13/12/21

epo Cyanotic Heart d/s
c AMU

Admitted c PN - MSSA sepsis
well, but areas (R) distal finger
& (L) cubital fossa
still induction (T)

No fever

O/E - vitals stable

Chest - clear

P/A - soft, non tender, no organomegaly

Plan

- ① Inj Teicoplanin 220mg iv OD x 8 days
- ② today's → teicoplanin in daycare
- ③ today se kija → CBC, from daycare
- ④ blood donation → 4 unit
- ⑤ Flu on 20/12/21, POC

- ⑥ Tab Meboprolol 25mg BD ^{2PM, Monday}
- ⑦ Tab Septham 1 tab OD on AD
- ⑧ Tab Voriconazole 200mg 1 tab

CAN KIDS

CAN KIDS
please
help

SENIOR PRESIDENT
Department of Pediatrics
All India Institute of Medical Sciences
Ansar Nagar, New Delhi-110029

14/12/21
F U

in. O P D on 15/12/21
R. N = 7/10/1990

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

15/12/21

AML/TOF physiology (VSD+PS severe) /

? MSSA sepsis on teicoplanin
day 14.

O/E (L) elbow swelling - healing

(R) 4th digit terminal phalanx tenderness

PCT (4/12/21) - 0.29 ng/dl.

S. galactomannan - 0.51

CT-chest, PNS - lung - Normal PNS - no infection

Echo: EF - 60% Large ~ 10mm subaortic

VSD R → L shunt

Aortic over-ride (+); severe infundibular
valvular stenosis 84 mmHg. Confluent

PAS (LPA - 8mm; RPA - 10mm)

Bld culture - sterile

c/D/W Dr Aditya Sir & Dr R. Seth.

Wt - 22.7kg

Ht - 136cm

BSA - 0.92m².

Adv:

PICC line from daycare

T. Septran-DS 1 tab alternate day

T. Voriconazole 1 tab BD.

T. Metoprolol 25mg |—o—|.

Inj Cytarabine 90mg IV push q 12hrly

CAN KIDS.
Peer
array
Amor

Inj Etoposide 90mg in 100ml NS over 1hr
q 24hrly

Inj Daunorubicin 45mg in 100ml NS over 1hr
D₁, D₃ and D₅

ITM + PICC line date

↳ Starting
CS daycare

meend

• T. Ciprofloxacin 400mg ½—o—½ x 5 days

PICC line and D₁ chemo—

Elly Room NGO registration

16/12/21

Day 1 of ADE.

started. ~~to~~ today evening.

Pre medication

Rx

IV. Emeset 3mg IV push
IV. Dexa 3mg IV push

~~IV. cytarabine 90mg N. slow push.~~
~~IV. Daunorubicin 45mg/100ml NS / over 1hr.~~
~~IV. Etoposide 90mg/300ml NS N. over 1hr.~~

17/12/21

IV Ara-C 90mg IV push given

Ade

Ara

~~IV Ara-C 90mg IV push~~

IV Emeset & Dexa 3mg IV each stat

~~IV Etoposide 90mg/300ml NS over 1hr~~

Amasa

Parents kindly arrange for

90mg IV BD x 9 doses of Ara-C

Signide

SENIOR RESIDENT
Department of Pediatrics
India Institute of Medical Sciences
Ansari Nagar, New Delhi-110029

OPD appointment 22/12/21

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

18/12/21

Inj Ara-C 90mg IV push BD

Inj Daunorubicin 45mg/100ml NS

Inj Etoposide 90mg/300ml NS IV over 1h

Morning 18/12/21

Evening 18/12/21

~~Inj Ara-C~~
18/12

~~Inj Daunorubicin~~
18/12

~~CANKIDS please arrange~~

19/12/21

Inj Ara-C 90mg IV push BD

Inj Etoposide 90mg/300ml NS IV over 1h

PRBC due on 20/12/21

Asma S. Tak
Morning 19/12/21

Evening 19/12/21
Asma S. Tak

18/12/21

CANKIDS please arrange

- Inj Ara-C 90mg x 15 doses
- Inj Daunorubicin 45mg x 1 dose
- Inj Etoposide 90mg x 2 doses

Asma S. Tak

Dr. ASMA S. TAK
Senior Resident
Department of Pediatrics
AIIMS, New Delhi-110029

20/12/21

Inj Emiset 4mg / IV stat
Inj Dexa 3mg / IV stat
Inj Ara-C 90mg IV. BD

✓ #20/12/21
← e ✓ #20/12/21

* 20/12/21 Inj Daunorubicin 45mg / 100ml NS
over 2h

* 20/12/21 Inj Etoposide 90mg / 100ml NS over 1h.
Inj Pantop 30mg IV stat

[ACC line flush =
hep-saline (100 units/ml)
= 5ml.

Asmass.

20/12/21

Inj Ara-C 90mg x 12 doses.

Asmass

21/12/21

Inj Ara-C 90mg IV BD

Monday 21/12/21
Evening dose 21/12/21

ACC line flush =
hep-saline

flushed
= 5ml
on 21/12/21

Asmass

23/12

HR - 140

- pain (+) over skin nodules

BP - 97/56 - 110g

(R) hip; back

Temp - 97.8

- Tenderness.

Spz - 96%

Child started on iv antibiotics

piptan
Ticoplanin } - D1

Echo:

23/12/21
Day care

C/O headache

P/C - 22 K
(yeast)

O/E - PR - 126/min
RR - 29

↓
received 20R3P

afebrile
CNS - none, oriented
GCS - 15

No NR
Tone - (N) (N)
DTR - (+) (+)
Plantar. ↓ ↓

Adv: - inj Ara - C 90mg IV BD

- fendas - R P C
casually

- review in day care
in evening today

23/12/21

Ara-c 90mg

17
23/12/21
23/12/21

Came for evening dose of Ara-c

Go Dizziness

Weaken & inabil to stand.

On Exam - HR - 104 bpm

Pulses - good volume. Perf - abd.

BP - 90/65 mmHg

SpO₂ - 61% VRA.

CFT - 2xc.

RR - 24 bpm.

Hb - 7.7 g/dl. (23/12/21)

Imp: Symf Anaemia

D/w SR Red ones & Proximal

Plan: ① PRBC transf in Red ones only. ^{D/w} _{Dr. Praveen}

② R/w Red ones SR on cell

③ NS bolus @ 20ml/kg.
Supplem. O₂ @ 2L/min.

Amaze

Inj ARAC 90mg IV BD

24/12/21
E
M

[Handwritten signature]

24/12/2021

To give morning dose of Antibiotics tomorrow along with chemo
for SR

25/12/2021

Inj ARAC IV BD



Not given pending line issues.

Inj piperaz 2.2g IV

Inj Teicoplanin 220mg IV

for SR

29/12/21
Daycare

CL0 AML course 1 Day 9.

- (R) upper limb swelling below PICC line
- (L) Elbow pres discharge. (R) Thigh swelling.

O/E

- vitals stable.

- Afebrile for 2 days
- On IV: piperaz/teico x 3 days.

D/W Dr A.K. Gupta

Plan

- USG local part + E Doppler. (R) hand for PICC line thrombus.
- IV: piperaz/teico.

Adv

- Refer to peds consult
- peds once SR with r/w.
- peds surgery for I&D (L) arm procedure

[Handwritten signature]

26/12/22

- Inj Ara-c 90mg i/v BP \rightarrow Dr
26/12

in ARAC 90mg i/v given
Dr
26/12

Dr
27/12
morning
- Inj Ara-c 90mg i/v OPD.

opd 2pm \rightarrow POC clinic

KL
(Kumar)

• Kindly make today's OPD (27/12/22)

POC

KL

29/12

Open in POC

- received Induction C#1 (06/12 - 27/12)

- PN - since 21/12.

on Piptra 2 - (D6)
telicoplanin - (D6)

- Focus - skin & soft tissue

multiple nodules - over trunk & extremities.

Uch - cystic collection 1 x 0.5 cm - thigh.

cystic collection 2.4 x 1 cm - (L) lateral aspect in subcutaneous plane. elbow

Red Surgery - I & D done

PNL c/c - 2 sent ✓

- Asepsis x 3 day

- c/o skin nodules - painful - progressive (A)

c/o cough - 2 days.

no resp. distress / compen.

Vitals

PR - 108/m

RR - 21/m

no retractions

Temp - warm

CP/PP - ++/++

CFT :: 2-3 sec

GPE - pallor (A)

echymosis (A)

? Osler nodes (A)

B/C insignificant cervical LAR (A)

oral cavity - (N)

B/C ear - (N)

no PNC tenderness.

19 perianal region - (N)

14/3/22

dy Ennet 4mg qd
dy Deba 4mg qd
dy Pantop 25mg qd

~~Jul 14/23~~ dy Cytarabine 2.8gm i.v. 4am NS over 4hr
dy BD

~~dy TIT~~ ← Methotrexate 12mg
Hydrocort 12mg
Cytarabine 24mg

~~Bay~~

lost CT

- l-Ennet (4mg) 1 tab : TDS qd
- l-Deba 4mg (tab BD)

~~Que~~

14/3 -

100 7/3 14.0) 5860 (1139,000
3460

Urea/Creat - 19/0.34

Bil - 0.3

OT/Pt - 27/36

16/3

2^o Anset Ung
Dy. Desa Ung
Dy. Lantopdang

| 2^o

~~2^o~~ Ly tarabuni 218 gm x 600ml NS over 4hr 7/0 P/P

2^o
2^o

Dr.

OPD appointment 28/3/22

Meerap

SGND - ESCI ENT
Dep of Health Sciences
All India Institute of Medical Sciences
New Delhi

28/3/22

- 2x Betadine mouth
- Sitz bath
- wt: - 23kg
Ht: - 138cm
- on Tab. Septan
A/D
- c/o Epistaxis
today

3rd cycle

— last chemotherapy received on
19/3/22

no active site

Adv

© next visit on 30-03-22 c

CBC

© TK SEPTRAM

TK Betadine gargles (2x) ~~once~~

TK VORICONAZOLE

10
am

30/3/22

- on septan
- voriconazole
- 2x betadine gargles
- sitz bath

3/7/22

no complaints

Mar 15

3rd cycle 11D Ara C
- in gap period.

M RD - ve

after 1/2 cycle both

28/3/22

4h 9.3

WBC 1.6

ANC 0.5

ANC 0.5

no improvement

diets stabilized
on bricit

(R)

→

no plan for USCT as child
is IRC molecular form) but
M RD - ve

21 month for
follow up

Need eye protocol
after 1st

Surin pt funde

1 set

MSC - 13/7/22
Surin - Pagan - Enzo

13/4/22

- onseptions
- NonConcord
- estimate for dly
- (BPL Concord (bale) ab)

= no complaints

22/4

FOR Hygiene

→ may alert next cycle

dr. Anita

business

HID Area C

completing chaw 13/4 - gap period

→ plan for cosultive survey in CTUS.

→ want scans for survey

12/4/22
CBC (2)

Plan

① IR → MAS - re cont unit change

② elytra for eye 4

③ survey may be ~~good~~ ^{good} once chem is complete
PML is complete
last cycle pending

④ dr. Anita
Ms Anita

use
② - Rpt → scan
HCA meeting

no intent for USC7

① Inj Anca C 2.7g IV 12 hly.
x 3 days
EAD

② T15 — MTH₄ — 12
— hydrocortisone — 12
— Anca C — 24

16/4/22

No need for BIM after 3rd cycle

cont neph^s
medic^s as req^d by cardi^{ology}
team

flex

7/5/22

15/4/22 due for course - 4 HiDAC
Cst daycare 31/3/22 ECHO: LVEF = 65%

12/4/22 11.7 $\left\langle \begin{array}{l} 5090 \\ 2759 \end{array} \right\rangle 2,59,000$

U/Cr = 15/0.41 AST/ALT/T.Bil = 43/16/0.3

Inj. ONDANSETRON 4mg IV TDS
Inj. DEXAMETHASONE 4mg IV TDS

~~Inj.~~ CYTARABINE 2.7g in 500ml NS IV over 3hrs Q12H
~~Inj.~~

Adv

- 1) Q/d PREDNISOLONE 20 drops in each eye
QID for 5 days
- 2) To take date for TIT from daycare
prior to leaving today
- 3) I. ONDANSETRON 4mg TDS \int
- 4) I. DEXAMETHASONE 4mg BD \int x5d.

K. Padma Sagarika
SR/Red. Am.

18/4/22

Inj Emeset 4mg IV

Inj Dexa 4mg IV

~~Inj.~~ Inj Ara-C 2.7g in 500ml NS over 4 hrs
q 12hrly

Continue pred. eyedrops & oral antiemetics

Nb

20/4/22
C5/daycare

Dr: ONDANSETRON 4mg IV TDS
Dr: DEXAMETHASONE 4mg IV TDS BD

Dr: CYTARABINE 2.7g in 500ml NS IV over 3hrs Q12H.

* TIT today

Adv

- 1) E/d PREDNISOLONE 20 drops in each eye QID for 3 more days
- 2) J. ONDANSETRON & DEXAMETHASONE can advised for 3 more days
- 3) led 3 OPD on 7/5/22. To collect CSF reports, CBC, RFT, LFT reports.

(6/5/22)
form given

K. Padma Sagarika
SR/led On

29/4/22
C5/daycare

8.4 } 1010 } 19,000
ANC=100

Adv

- 30 RDP transfusion
- Arrange SDP idence.
- R/in C5 daycare on 1/5/22 at 8am, for CBC *
- Danger signs explained. Review in pediatric emergency stat.

K. Padma Sagarika
SR/led On

7/5/22

- 2nd. Beladine Gaffes
- Site both
- Hygiene measures
- Waste to be cut
- no fresh complaints
- 4th course of prophylaxis

no new complaints
epitaxis 8/4/22

CRT (N)
GITZL
CBC (N)

46.3

~~Day 22~~ Day 22. cycle 4

31m date 4/5/22

grippe -

22/8

TOP phymology
read
corrective surgery
- wide followup
of Dr Kaysheller

↓

Dear Dr. Kay Sheller

Child has completed
the required chemotherapy (cycles)
AML. Till now his

31m is in remission.

we will do the post therapy
complete 31m 5/5/22. If no
CR he will not receive
chemotherapy therefore

This surgery may be planned
at your department

He is likely to be unwell for
next 6 months

13/5/22

Carlo Soto
7/5/22

18/5/22
 - 12/22 Betadine gargles
 - Sitz bath
 - Hygiene maintained.
 - post 1st course. completed.
 - no fresh complaints

11.2 → 9.71 → 12.7 → 2.78

c/o
AML (IR) & TOF.

post course -2 MRD Neg.
↓
Completed course -4.

End of therapy BMA remission,
MRD Negative.

OIE
HR = 94/m,
RR = 22/m
CFT = 23 / PPP

CVS - S₁ S₂ ⊕
Pinsky stolic norm
Grade III ⊕.

~~11.2 / 9.71 / 12.7 / 2.78~~

R.

- As already planned & referred, pt can be taken for TOF repair (Dated 25/5/22).
- PCSE enrollment on ~~25/5/22~~ 9/6/22 @ 2pm in room 14A.
- cont. septum/vori

Rel
SP/O.

AML MRC 15 - Induction (Course-1) (ADE 10+3+5)

[Ref: J Clin Oncol 2013; 31:3360-3368]

Name: Alok Age: 12y Sex: M Weight: 22.7kg Height: 136cm BSA: 0.92m²
 POC No: ECHO: 60% EF: EF CSF: Acetula HBV 0: Neg 1: Neg 2: Neg

Days	Date given	ARA-C (905)	DNR ASy	Etoposide (905)	TIT (Age appropriate doses)
1.		X			- # 18/12/21
2.		17/12/21			
3.		# 18/12/21			
4.		# 19/12/21			
5.		# 20/12/21			
6.		# 21/12			
7.		# 22/12			
8.		# 23/12			
9.		# 24/12			
10.		# 25/12			
11.		# 26/12			
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					

Acellular

TIT on day 1 of each cycle: CNS positive will receive 2 courses of TIT each week till CSF clears plus two further courses. Children > 2 years with CNS positive disease will receive CRT 2400 cGY after final course of chemotherapy

***NOTE- All drug doses should be reduced by 25% for children aged less than 1 year and weight less than 10 kg

Drugs	Doses	Route	Frequency	Days
Arabinoside (ARA-C)	100 mg/m ² /dose	IV push	12 hrly	1-10
DNR	50 mg/m ² /day	Slow IV	24 hrly	1,3,5
Etoposide	100 mg/m ² /day	Slow IV	24 hrly	1-5

TIT on day 1	<1 year	1-2 year	2-3 year>	>3year
MTX	6	8	10	12
Hydrocortisone	6	8	10	12
ARA-C	12	16	20	24

AML MRC 15 – Induction (Course-2) (ADE 8+3+5)

Name Alok age 12y Sex M Weight.....
 Ht 137cm BSA 0.9 POC No..... ECHO 6/1/22 CF-10/

Days	Date given	ARA-C	DNR	Etoposide	TIT (Age appropriate doses)
1.		20mg	85mg	90mg	2400
2.		20mg	85mg	90mg	2400
3.		20mg	85mg	90mg	2400
4.		20mg	85mg	90mg	2400
5.		20mg	85mg	90mg	2400
6.		20mg	85mg	90mg	2400
7.		20mg	85mg	90mg	2400
8.		20mg	85mg	90mg	2400
9.		20mg	85mg	90mg	2400
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

Drugs	Doses	Route	Frequency	Days
Cytosine Arabinoside (ARA-C)	100 mg/m ² /dose	IV push	12 hourly	1-8
DNR	50 mg/m ² /day	Slow IV	24 hourly	1,3,5
Etoposide	100 mg/m ² /day	Slow IV	24 hourly	1-5

TIT dose	<1 year	1-2 year	2-3 year	>3year
MTX	6	8	10	12
Hydrocortisone	6	8	10	12
ARA-C	12	16	20	24

2/2/22

AML MRC 15 - Consolidation (Course-3) (HiD (C)

Name Alok Kumar Age 12y8 Sex M Weight 23kg Ht BSA
POC No ECHO

Days	Date given	ARA-C(3 g/m ² /dose)		TIT (Age appropriate doses)
1.		Aug 14/3	Pat.	Aug 14/3
2.				
3.		Aug 16/3	Aug 16/3	
4.				
5.		Chemoprev 14/3	Chemoprev 14/3	
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				
26.				
27.				
28.				
29.				
30.				

13/04/2022

Ht → 138 cm
 wt → 22 kg
0.92 m²

AML MRC 15 –Consolidation (Course-4) (HiDAC)

Name Alock Age Sex Weight
 Ht BSA POI
 No ECHO

Days	Date given	ARA-C		TIT (Age appropriate doses)
1	31. 16/4/22	16/4/22	16/4/22	16/4/22
2	32.			
3	33. 18/4/22	18/4/22	18/4/22	
4	34.			
5	35. 20/4/22			
6	36.			
7	37.			
8	38.			
9	39.			
10	40.			
11	41.			
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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



शरीरनाथं तनुं धर्मसाधनम्

OPR-6

एकक / Unit _____
विभाग / Dept. _____

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

नाम / Name	पिता/पुत्र/पत्नी/पुत्री aediatic	लिंग	आयु Age	पता / Address
Paediatric CL No 20210030015412 UHID 105545520 ALOK 12Y7M13D 	ueue No F29 oom 14 HID 105545520 	18-05-2022		

निदान / Diagnosis

दिनांक / Date	उपचार / Treatment
<p>6</p> <p>room so. kindly provide last BMA MRD. CST</p>	<p>22.6</p> <p>clo AML (IR) E TOF. Details in POE notebook - Next PCSE clinic date on 9/6/22.</p>



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

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