



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





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: 20190030038294 UHID: 104909781 JASJOT 2Y7M20D  | Paediatric Queue No: F15 Room: 14 JHID 104909781 13-11-2021  | | | Bo 327/19 |

निदान/Diagnosis

| दिनांक/Date | उपचार/Treatment |
|-------------|---|
| 8 | 13 kg Rem on 8/12/21 Debandh https://www.childhelpinghand.org/ |



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)





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Follow Up Patient

Dept Reg. 2019/003/0038294

OPR-6

General/१०
Paediatrics/Paediatric /Unit-III
नाम: जसजोत सिंह
Name: Mr JASJOT SINGH
पिता: हरमन जोत सिंह
S/O HARMAN JOT SINGH
Days : Wednesday
Queue No : F2
2Y 9M 23D पुष्प/म
Ph. 9915571514
UNID : 104909781 Date. 15/09/2021

व०रो०वि० पंजीकृत सं० / O.P.D. Regn. No. _____

| आयु Age | पता / Address |
|------------|---------------|
| | |

निदान / Diagnosis

125

दिनांक / Date

उपचार / Treatment

5

Remu on 9/10/21

Debraj Sehra

<https://www.childhelpinghand.org/>

Paediatric
CL. No: 20190030038294
UHID: 104909781
JASJOT 2Y7M20D

Paediatric
Queue No: F3
Room 14
JHID 104909781 10-11-21

9

13-16

Remu on 13/11/21

Debraj



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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शरीरमाद्यं खतु धर्मसाधनम्

एकक/Unit _____
 विभाग/Dept. _____

Dept: Paediatrics
 DEPT No: 20150030038291
 Clinic Name _____
 CL No _____
 Room No _____
 Name of Patient _____
 Mat No _____
 UMR No _____

OPR-6

कृत सं०/O.P.D. Regn. No. _____

नाम/Name _____

पता/Address _____

निदान/Diagnosis

दिनांक/Date

उपचार/Treatment

10 10/8

Ⓡ Op D IORB / Latent TB

↓ Post 3 cycles (13/2/20)

<https://www.childhelpinghand.org/>

Evn (1667 2) - Partial remission
 child wew Diffne RD ⊕

Inv (3/3/20)
 8.5 | 4030 | 3.85 L
 N10%
 423

on MD - cer

No fever

Adv

No dehydration AGE ⊕

RA/LA - ⊕

- Rpt CBC - Monday POC (9/3/20)

9 Am

Room 14

- Syp: zinc 5 ml od x 14 dg
 - ORS adlib



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

OPR-6

एकक/Unit _____

विभाग/Dept. _____

व०रो०वि० पंजीकृत सं०/O.P.D. Regn. No. _____

| नाम/Name | पिता/पत्न/पत्नी/पत्नी | ता/Address |
|---|-----------------------|---|
| Paediatric Queue No: F17 Room: 7 UHID 104909781 12-02-2020 | | Paediatric CL. No: 20190030038294 UHID: 104909781 JASJOT 1YEAR7D |

निदान/Diagnosis

RB ← Rt grp D
H (N)

दिनांक/Date

उपचार/Treatment

(11)

11/0/20

Received 2 cycles of std CEV

① due for 3rd cycle

In no persisting RD & partial regression of tumor (minimal pattern)

② CBC
RFT/RFT
③ 0/0 Sept 20

High dose chemo to be given (LEV)

(3)

11/2/2020

Adv

hb 9.0
TC 8840
AOC 2085
Rw 4.63 (L)
Ur 25
Cr 0.3
SABT 29.1
OT 22.0
S.BV(T) 0.11

- Cont DMH Prophylaxis
- 2ij VCR 0.25 mg D₁
- 2ij Carboplatin 280 mg D₁
- 2ij Etoposide 120 mg D₁ & D₂
- CR Syt Septtran
- R/N in Day care
- csc/ur/kr focus given



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



शरीरमाई खलु धर्मसाधनम्

एकक / Unit _____
 विभाग / Dept. _____

OPR-6

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

| | | | |
|---|---|------------------|---------------|
| नाम / Name Paediatric CL No: 20190030038294 UHID 104909781 JASJOT 1YEAR7D | पिता/पुत्र/पत्नी / S/W/I UHID: 104909781 Date: 04/01/2020 Room no: 7 Paediatric | आयु Q No: F30 | पता / Address |
|---|---|------------------|---------------|

निदान / Diagnosis

RB ← Rt Grp D
 4 - (N)

दिनांक / Date

19

उपचार / Treatment

Received 2nd cycle of chemo
 on 4/1 & 5/1/2020.

Paediatric
 CL No: 20190030038294
 UHID 104909781
 JASJOT 1YEAR7D

fever x 2 days - Not documented

Paediatric
 Queue No. F23
 Room
 IHID 104909781 22-01-2020

<https://www.childhelpinghand.org/>

Mother also having cough.

of RR - 28/min
 No retractions

Chest B/L conducted sounds (+)
~~no wheeze~~ wheeze (+)

csc - 9.4 / 3910 / 4.44
 ANL 1106

Adv

- Review in day care for CBC (counters)
- Nasocele saline drops i B/N as adv.
- Temp charting. - syp cetirizine 2.5 ml OD x 5d
- syp INH 5ml PO QD. - syp PCM 5ml bid > 100°F
- Refer to Dr. Lomi for FO. - CT septian
- date for EVA → 27/1/2020 - syp Asthelin 5ml bid x 5d.



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बहिरंग रोगी विभाग / Out Patient Department



General Consultation Time: 9.00 AM-1.00 PM
 DeptSeq: 567
 Dept: Paediatrics
 Unit: Unit-I
 Room: 14
 N/1
 Days: Monday
 App. Date: 23/12/2019
 Appt. ID: 2019122305219

HOSPITAL PREMISES

OPR-6

/O.P.D. Regn. No.

पता / Address

शरीरमापन अनु बर्नसराधनम्

एकक / Unit

विभाग / Dept.

नाम / Na

निदान / Diagnosis

R.B. RT GAP D
LT (H)

दिनांक / Date

उपचार / Treatment

8

9.9 kg

Mantoux +ve
17mm.

<https://www.childhelpinghand.org/>

CXR (discussed @ RC)

↓
normal.

AFB - Negative

d/w. Prof R. Sethi

to start
INH.
prophylaxis.

↓
100mg PO/OD

SYP.
Tablet ISONIAZID
5ml/100mg
1 Sml PO/OD

DS ward

(Received cycle 1
on 8/12/19.)

Next 6/1/2020

Dr. Arora
SR Paed.



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CVM-051219036 104909781
 CH-0512190383 104909781
 JASJOTSINGH
 OPK-0

एकक / Unit _____ वर०रो०वि० पंजीकृत सं० / O.P.D. Regn. No. _____
 विभाग / Dept. _____

| नाम / Name | पिता/पुत्र/पत्नी/पुत्री F / S / M / F | लिंग Sex | आयु Age | पता / Address |
|--|--|-------------|---|---------------|
| Paediatric CL No: 20190030038294 UHID: 104909781 JASJOT 1YEAR7D | Paediatric | | Queue No: F49 Room: 7 UHID 104909781 04-12-2018 | |

निदान / Diagnosis

दिनांक / Date
 27

उपचार / Treatment

① Retinoblastoma. ✓

EUA - ① - Group D E diffuse RD.
 02/12. ② - W.M.
<https://www.childhelpinghand.org/>

Parents want upfront DAE.

Op/w Dr. RAJHVA. S mam.

- Parents counselled regarding the DAE procedure
 - Discussed with possibility of failure of procedure - intra-procedural complication - like valvular spasm, bleeding, thrombosis, methetic complications and progression of lesion despite DAE leading to extraocular extension etc.,



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

एक/Unit
विभाग/Dept.

नाम/Name

New Patient
Dept Reg. 2019/003/0038294 General/000
Paediatrics/Paediatric Unit-III
Name: Mr JASJOT SINGH Days :
Wed, Sat
S/O HARMAN JOT SINGH 1Y 8M
PH. 9878480161
UHD : 104909781 Date. 30/11/2019

OPR-6

Regn. No.

पता/Address

निदान/Diagnosis

दिनांक/Date

उपचार/Treatment

43

8.9 Kg

40 - white reflex
8 months

<https://www.childhelpinghand.org/>

shown at 1 yr 9 age

1.51 m.

Rip - estimates given were not accurate to family

AIIMS

PS
EVA

EVA
21/11/19

Gr D
Pants went trial 9.1 Kc

EVA at AIIMS - pending



CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प
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 बहिरंग रोगी विभाग / **Out Patient Department**

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



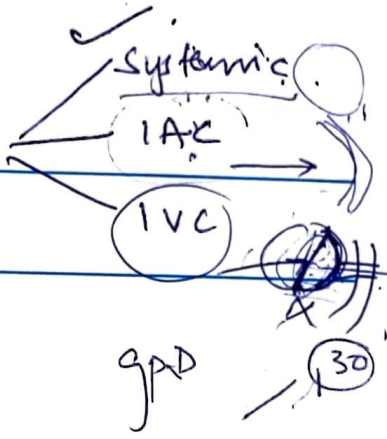
OPR-6

एकक/Unit _____
 विभाग/Dept. _____

नाम/Name: Paediatric
 CL No: 20190030038294
 UHID: 104909781
JASJOT 1YEAR7D

पिता/पुत्र/पत्नी/पुत्र
 F/S/M: 104909781
 UHID: 104909781
 Date: 07/12/2019
 Room no: 7 Q No: F32
 Paediatric

आयु Age _____
 पता/Address _____



निदान/Diagnosis

| दिनांक/Date | उपचार/Treatment |
|-------------|--|
| 5 | gAD (30) |
| 8-9 hrs | <p>gAD</p> <p>https://www.childhelpinghand.org/</p> <p>Chemotherapy</p> <p>EO</p> <p>E</p> <p>D → E → EN</p> <p>IV - Chemotherapy</p> <p>IV - IAC</p> <p>IV - E</p> <p>Father can't give Father willing for chemotherapy. (systemic chemotherapy).</p> <p>D, 2mg ✓ CR 0.45mg carboplatin 170mg 2mg 2mg Etoposide 45mg</p> |

Father can't give in detail

provisional

(Cops)



Poet. 327/19

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

SLB-121219019 104909781



JASJOTSINGH

एकक/Unit _____
विभाग/Dept. _____

ब०रो०वि० पंजीकृत सं०/O.P.

| नाम/Name | पिता/पुत्र/पत्नी/पुत्री F/S/W/D of | लिंग Sex | आयु Age | पता/Address |
|--|--|-------------|------------|-------------|
| Paediatric CL. No: 20190030038294 UHID: 104909781 JASJOT 1YEAR7D | Paediatric Queue No. F9 Room: 7 JHID 104909781 11-12-2019 | | | |

निदान/Diagnosis

2B

| दिनांक/Date | उपचार/Treatment |
|--|---|
| <i>8.6.19</i> | <i>Stable clinical recor 1st year 7 months 7/8th Dec 2019</i> |
| <i>Septic Noisy Paeschi (Doomly)</i> | <i>Septin - 5.5ml (EAD)</i> |
| <i>m7 + ve (7mm.)</i> | <i>med rx Nasoclear drops as adrei</i> |
| <i>- CR - USY abd - Gauri apul</i> | <i>Cont feeding breast feeding</i> |
| <i>HBV 012</i> | <i>hepatic is Emergency</i> |
| <i>↓ gauri apul</i> | <i>danger sign engle</i> |

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

CLINICAL LAB & DIAGNOSTIC CENTRE

Ph. 0175-2204444



Gurdwara Sri Guru Singh Sabha near Sewa Singh Thikriwala Chowk, Patiala
 Summer : 7:00 am to 4:00 pm Winter : 8:00 am to 5:00 pm **SUNDAY CLOSED**

First Name: JASJOT
 Last Name:
 Gender: Male
 Diagnosis:

Sample Type:
 Department:
 Med Rec. No.:

Sample ID: 52
 Run Time: 2021/10/06 12:10
 Age:

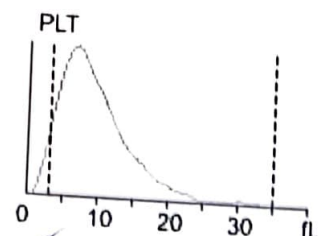
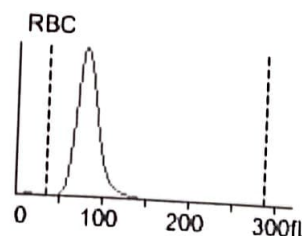
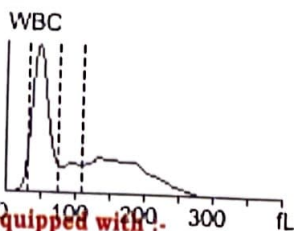
| Parameter | Result | Ref. Range | Unit |
|-----------|---------------|-------------|---------------------|
| 1 WBC | <u>4.83</u> | 3.50-9.50 | 10 ³ /uL |
| 2 Lym% | 44.2 | 20.0-50.0 | % |
| 3 Gran% | <u>44.4</u> ↓ | 50.0-70.0 | % |
| 4 Mid% | 11.4 ↑ | 3.0-9.0 | % |
| 5 Lym# | 2.13 | 1.10-3.20 | 10 ³ /uL |
| 6 Gran# | 2.15 | 2.00-7.00 | 10 ³ /uL |
| 7 Mid# | 0.55 | 0.10-0.90 | 10 ³ /uL |
| 8 RBC | <u>4.05</u> | 3.80-5.80 | 10 ⁶ /uL |
| 9 HGB | <u>10.9</u> ↓ | 11.5-17.5 | g/dL |
| 10 HCT | 33.8 | 35.0-45.0 | % |
| 11 MCV | 83.4 | 82.0-100.0 | fL |
| 12 MCH | 26.8 ↓ | 27.0-34.0 | pg |
| 13 MCHC | 32.1 | 31.6-35.4 | g/dL |
| 14 RDW-CV | 13.1 | 11.5-14.5 | % |
| 15 RDW-SD | 44.4 | 35.0-56.0 | fL |
| 16 PLT | <u>413</u> ↑ | 125-350 | 10 ³ /uL |
| 17 MPV | 7.4 | 7.0-11.0 | fL |
| 18 PDW-SD | 8.2 ↓ | 9.0-17.0 | fL |
| 19 PDW-CV | 13.8 | 10.0-17.9 | % |
| 20 PCT | 0.306 ↑ | 0.108-0.282 | % |
| 21 P-LCR | 10.6 ↓ | 11.0-45.0 | % |
| 22 P-LCC | 44 | 30-90 | 10 ³ /uL |

<https://www.childhelpinghand.org/>

WBC Message

RBC Message

PLT Message



Equipped with:-

+ Erba Chem-EM-200 Automated Bio Chemistry Analyzer + H-360 Blood Cell Counter + Erba Chem 7 Bio Chemistry Analyzer + Computerised ECG

* Test Report not valid for medico legal purpose * Clinical Diagnosis should not be made on the basis of single test report, * in case of unexpected results, please repeat the test. * All disputes subject to Patiala, Punjab Jurisdiction only.



Ph. 0175-2204444

SUNNY OBEROI

CLINICAL LAB & DIAGNOSTIC CENTRE



Gurdwara Sri Guru Singh Sabha near Sewa Singh Thikriwala Chowk, Patiala
Summer : 7:00 am to 4:00 pm Winter : 8:00 am to 5:00 pm **SUNDAY CLOSED**

| | | | |
|---------------|--------------|-----------------|-------------|
| Sample ID | 2913 | Patient ID | 52 |
| Name | JASJOT SINGH | Sample Type | SERUM |
| Category | Male | Collection Date | 06-Oct-2021 |
| Age | 3 Year(s) | Reg. Date | 06-Oct-2021 |
| Ref. Dr | | Analyst | |
| Sample Remark | | Location | |

Profile : --

| Sr.No. | Test | Result | Normal Range |
|--------|------------|--------------|---------------------|
| 1 | Calcium | 8.6 mg/dl | 8.6 - 10.2 mg/dl |
| 2 | Urea | 24.7 mg/dl | 18.0 - 55.0 mg/dl |
| 3 | Creatinine | 0.54 mg/dl L | ↓ 0.70 - 1.30 mg/dl |
| 4 | Uric Acid | 3.2 mg/dl L | ↓ 3.5 - 7.2 mg/dl |

Patient Remark

Completion Date 06-Oct-2021 13:14

Erba Chem EM 200 Automated Bio Chemistry Analyzer + H-360 Blood Cell Counter + Erba Chem 7X Bio Chemistry Analyzer + Computerised ECG

Note: Tests have been performed on fully automated analyser.

• Test Report not valid for medico legal purpose • Clinical Diagnosis should not be made on the basis of single test report, • in case of unexpected results, please repeat the test. • All disputes subject to Patiala, Punjab Jurisdiction only.

EUA-CHART
Anaesthesia Record
Dr. Rajendra Prasad Centre for Ophthalmic Sciences
All India Institute of Medical Sciences, New Delhi-110029

Name Jaijit Age/Sex 3y/m Ward/Bed _____ Ht/Wt 12kg CR No. 10490978
 ASA Grade: 1 2 3 4 5E Diagnosis RE - CRPQ Surgery EUA @ TTT Ph. No. _____

History & current drugs

- FTNUB/ CIAB/ no ICU admission
- 8 cycles of chemo done last chemo → 16/10/21

Prematurity / post gestational age / cyanosis / apnoea

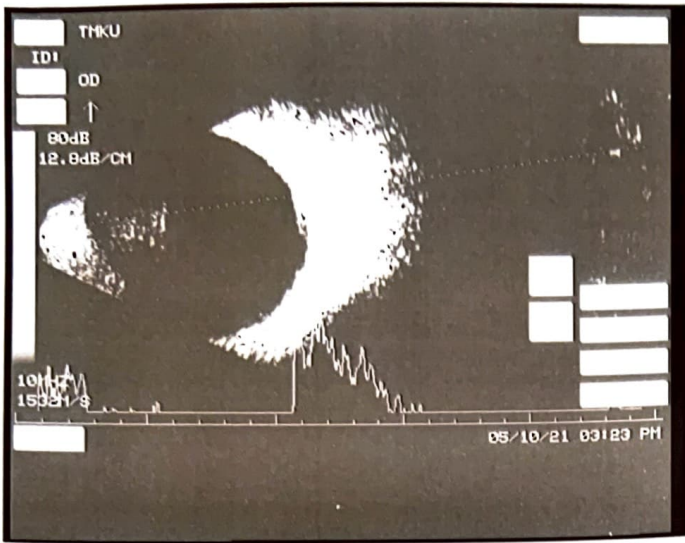
Previous Anaesthesia Exposure & its complications:

Congenital Anomalies / Syndrome:

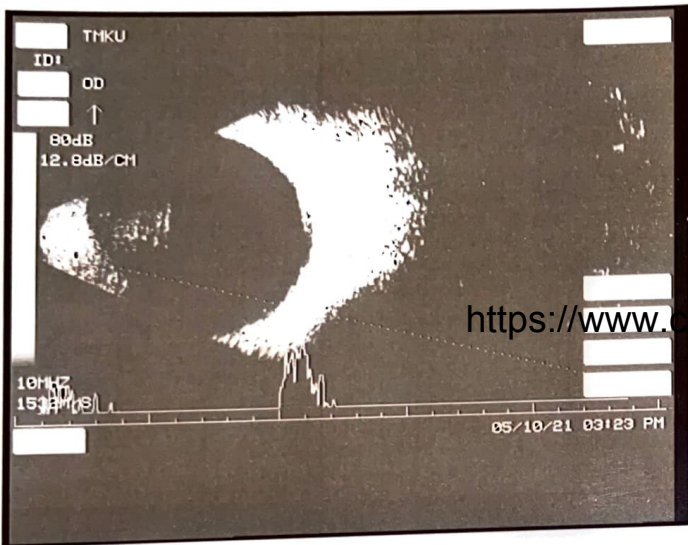
<https://www.childhelpinghand.org/>

Airway examination: Mallampati Class 1 Teeth intact
 Neck movements: Retrognathia High arched/cleft palate
 Nasal Patency: Facies Tongue
 Tonsils: Intubation simple / difficult
 Respiratory System: Resp. Rate 16cpm Auscultation B/L ACP
 Cardiovascular System: Heart rate 120 bpm Pulse rate 120 bpm Neck Veins
 Precordial Thrill: Heart Sounds 2/3+ Murmur Preop. SpO2 _____
 IV access: good
 Nervous System: MR / Delayed mile stones / CP / Seizures

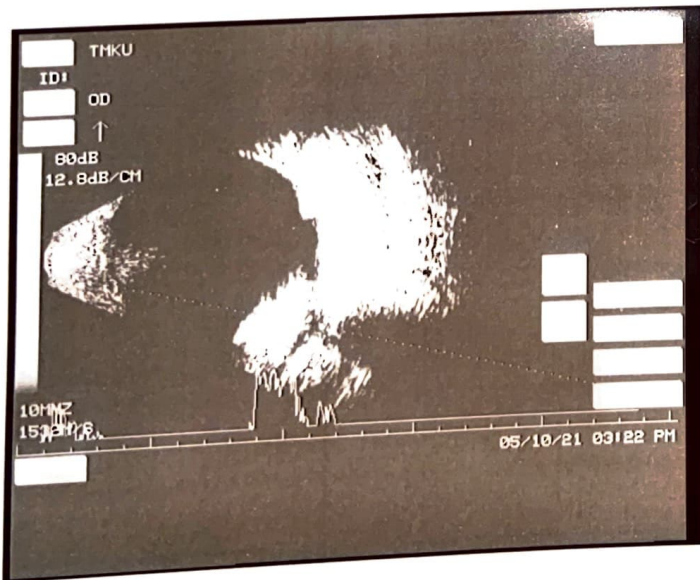
Musculoskeletal system examination



Jawab 6-5-21



<https://www.childhelpinghand.org/>



B. Urea S. Cr. Na/K Ca
 P/AG OT/PT TFT

ECG

MRI

Drug Dose Premedication Route Time

Teyong

Teyong JR.
 Anaesthesiologist
 (Name)

IV
 4-hand.
 → AMBU CMA # 2.

EUA-CHART
Anaesthesia Record
Dr. Rajendra Prasad Centre for Ophthalmic Sciences
All India Institute of Medical Sciences, New Delhi-110029

104909781

Name Jayjit Age/Sex 2y/M Ward/Bed 8A Ht/Wt 12kg CR No.
 ASA Grade: 1 (2) 3 4 5E Diagnosis RE RB Surgery EUA Ph. No.

History & current drugs FTNOD / CAB / No HO New stay.
No HO. 82 / cyanosis / URI / fever / COVID-19.
Received 6 cycles of chemo - Vincristine / Carboplatin / Etoposide.
Last cycle on 25/5/2020

Prematurity / post gestational age / cyanosis / apnea

Previous Anaesthesia Exposure & its complications :
Last EUA on 12/2/21 ↓ GA - U/E

Congenital Anomalies / Syndrome :
Pediatric <https://www.childhelpinghand.org/>

Airway examination: Mallampati Class Teeth
 Neck movements Retrognathia High arched/cleft palate
 Nasal Patency Facies (A) Tongue
 Tonsils Intubation: simple / difficult
 Respiratory System : Resp. Rate Auscultation B/L EAT ⊕
 Cardiovascular System : Heart rate Pulse rate Nack Veins
Precordial Thrill Heart Sounds S₁S₂ ⊕ M ⊕ Murmur Preop. SpO2

IV access: Good

Nervous System : MR / Delayed mile stones / CP / Seizures
WNL

Musculoskeletal system examination WNL



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

Follow Up Patient

OPR-6

Dept Reg. 2019/003/0038294

General/४०

Paediatrics/Paediatric
/Unit-III

कमरा/Room: 14

नाम: जसजोत सिंह

Days :
Wednesday

Name: Mr JASJOT SINGH

Queue No : F2

पिता : हरमन जोत सिंह

2Y 9M 23D पुष्प/M

S/O HARMAN JOT SINGH

Ph. 9915571514



UHID : 104909781

Date. 15/09/2021

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

आयु
Age

पता/Address

निदान/Diagnosis

12 kg

दिनांक/Date

उपचार/Treatment

5

Review on 9/10/21

Debraj Sahar

<https://www.childhelpinghand.org/>

Paediatric

CL. No: 20190030038294

UHID: 104909781

JASJOT 2Y7M20D



Paediatric

Queue No: F3

Room 14

JHID 104909781 10-11-2021



9

13 kg

Review on 13/11/21

Debraj



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)



My Hospital
meraaspatal.nhp.gov.in



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



शरीरमात्रं 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: 20190030038294 UHID: 104909781 JASJOT 2Y7M20D | Paediatric Queue No: F15 Room: 14 JHID 104909781 13-11-2021 | | | 804 327/19 |

निदान / Diagnosis

| दिनांक / Date | उपचार / Treatment |
|---------------|------------------------------------|
| 8 | 13 kg Rem on 8/12/21 Debarak |

<https://www.childhelpinghand.org/>



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)



meraaspatal.nhp.gov.in

**DR. RAJENDRA PRASAD CENTRE
FOR OPHTHALMIC SCIENCES
NEW DELHI-110029**

ATTENDANT PASS

Patient's Name <https://www.childhelpinghand.org/> *Jasrot*

Bed/Ward *18/170*

Period from *14/12* **to** *17/12*


For Medical Supdt.

ब. रो. वि. कार्ड O.P.D. Card



नेत्र अमृत्य उपहार है

अनुभाग व दिन
Section and Day
मंगलवार व शुक्रवार
& Friday

कमरा नंबर
Cabin No.

डा० राजेन्द्र प्रसाद नेत्र विज्ञान केन्द्र

अ०

Dr. R

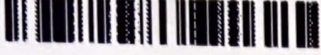
A.I.I.

यू.एच.

UHI

Na

General



DeptSeq: 576

र० 104909781 Dept: R. P. Centre
(Eye Centre)


Dept. Regn. 2019/005/0148581 Unit: Unit-V

Name: Mr JASJOT SINGH Room: 32

S/O HARMAN JOT SINGH, 3Y 15D, M F/5

Ph: 9915571514 Days:

127/7 GAAS MANDI PATIYALA, PUNJAB, INDIA App. Date: 07/12/2021

Appt. ID:  2021120610087

nit

पता
Address

| दिनांक DATE | निदान DIAGNOSIS |
|----------------|--|
| - 7 DEC 2021 | उपचार Treatment |
| 14 DEC 2021 | <p>https://www.childhelpinghand.org/</p> <p>Patient Awaiting FAC</p> <p><u>Taber</u></p> |

कृपया इस कार्ड को सुरक्षित रखें तथा अस्पताल में दिखाने के समय हर वक्त साथ लायें।

Kindly keep this Card safely and bring it on your follow-up visits.

1. धूम्रपान निषेध 2. कूड़ा कर्कट केवल कूड़ेदान में ही डालें 3. थूकिये नहीं
1. No Smoking 2. Use Dustbin 3. No Spitting

ब० रो० वि० कार्ड
O.P.D. Card



नेत्र अमूल्य उपहार है जो आप ही दे सकते हैं

अनुभाग व दिन
Section and Day
मंगलवार व शुक्रवार
Tuesday & Friday

old 3
old 14
कमरा नंबर
Cabin No.

डा० राजेन्द्र प्रसाद नेत्र विज्ञान केन्द्र,
अ० भा० आर० आर० नर्सिंग कॉलेज,
Dr. Rajendra Prasad Centre for Ophthalmic
A.I.I.M.S.,

DR. RAJENDRA PRASAD CENTRE FOR OPHTHALMIC SCIENCES

यु एच आई
UHID नं०

UHID: 104909781
Dept. No.: 20190050148581
JASJOT SINGH
S/O: HARMANJOT SINGH

Date: 06/12/2019
RPC OPD-Dr. Rachna
Floor: 1st
Room No.: 33

Address: 127/7 GAASMANDI PATYALA DELHI-110028 INDIA
Mobile: 9878480161



Name

पता
Address

दिनांक
DATE

DIAGNOSIS

उपचार Treatment

06 DEC 2019

<https://www.childhelpinghand.org/>

*Referral to Patient wants
intravenous chemo therapy*

*To go ahead with
2 cycles of
ivc*

Review after 2 cycles

Rachna

*Patient
Registered
Dr. Rachna
Sethi*

कृपया इस कार्ड को सुरक्षित रखें तथा अस्पताल में दिखाने के समय हर वक्त साथ लायें।
Kindly keep this Card safely and bring it on your follow-up visits.

१. धूम्रपान निषेध २. कूड़ा कर्कट केवल कूड़ेदान में ही डालें ३. थूकिये नहीं

ब० रो० वि० कार्ड
O.P.D. Card



अनुभाग व दिन
Section and Day

वार
ay

V

कमरा नंबर
Cabin No.

डा० राजेन्द्र प्र
अ० भा० आयु
Dr. Rajendra P
A.I.I.M.S., New
यु एच आई डी
UHID No.

DR. RAJENDRA PRASAD CENTRE FOR OPHTHALMIC
SCIENCES

UHID: 104909781
Dept. No.: 20190050148581
JASJOT SINGH 1Y/M
S/O: HARMAN JOT SINGH

Date 03/01/2020

General
१०

RPC OPD-Dr. Rachna
Meel

Unit-V TUE, FRI

Room No.: 33

Address 127/7 GAAS MANDI PATIYALA, PUNJAB, INDIA
Mobile 9915571514



रोगी
Name of

पता
dress

दिनांक
DATE

03 JAN 2020

निदान
DIAGNOSIS

उपचार Treatment

1/6 - child
both parents

- fetus examination of father & mother
<https://www.childhelpinghand.org/>

31 JAN 2020

(V)

PTO

EVA on

27/01/2020
27/01/2020
#63, 8:30 AM
NPO-2020
WT 10kg

कृपया इस कार्ड को सुरक्षित रखें तथा अस्पताल में दिखाने के समय हर वक्त साथ लायें।
Kindly keep this Card safely and bring it on your follow-up visits.

१. धूम्रपान निषेध २. कूड़ा कर्कट केवल कूड़ेदान में ही डालें ३. थूकिये नहीं

9315475107
Pharmender

old 7

ब० रो० वि० कार्ड O.P.D. Card



अनुभाग व दिन
Section and Day
मंगलवार व शुक्रवार
Tuesday & Friday

कमरा नंबर
Cabin No.

V

DR. RAJENDRA PRASAD CENTRE FOR OPHTHALMIC SCIENCES

UHID: 104909781
Dept. No.: 20190050148581
JASJOT SINGH
S/O: BARMAN JOT SINGH

Date: 29/11/2019
General
RPC OPD-Dr. Rachna
Meel
Unit-V TUE, FRI
Room No.: 33

Address: 127/1 GAAS MAJDI PATIYALA, PUNJAB, INDIA
Mobile: 9878480161



मा का एकक
Sharma's Unit

| | |
|------------|----------------|
| आयु Age | पता Address |
|------------|----------------|

| दिनांक DATE | निदान DIAGNOSIS |
|----------------|--------------------|
|----------------|--------------------|

उपचार Treatment

29 NOV 2019

RC Group D Ab / as per EVA
<https://www.childhelpinghand.org/>
done outside.
(at PGIMER)

LC wnl

Date for EVA

Monday

2nd / Dec / 2019

Parents want trial of FAC

Posting
2:00

Refc to Dr Rachna Sethi

Paediatrics wed / sat

9:00 (62/63)

Sister Sophie (115)

4:00 - Breast feed.

कृपया इस कार्ड को सुरक्षित रखें तथा अस्पताल में दिखाने के समय हर वक्त साथ लायें।
Kindly keep this Card safely and bring it on your follow-up visits.

Rachna

१. धूम्रपान निषेध २. कूड़ा कर्कट केवल कूड़ेदान में ही डालें ३. थूकिये नहीं
Mr. Dharmendu (63)

ब० रो० वि० कार्ड

O.P.D. Card



नेत्र अमूल्य उपहार है
जो आप ही दे सकते हैं

अनुभाग व दिन
Section and Day
मंगलवार व शुक्रवार
Tuesday & Friday

V

कमरा नंबर
Cabin No.

डा० राजेन्द्र प्रसाद नेत्र विज्ञान केन्द्र,
अ० भा० आयु० सं०, नई दिल्ली - ११००२९
Dr. Rajendra Prasad Centre for Ophthalmic Sciences
A.I.I.M.S., New Delhi-110029

यु एच आई डी संख्या

UHID No. 104909781

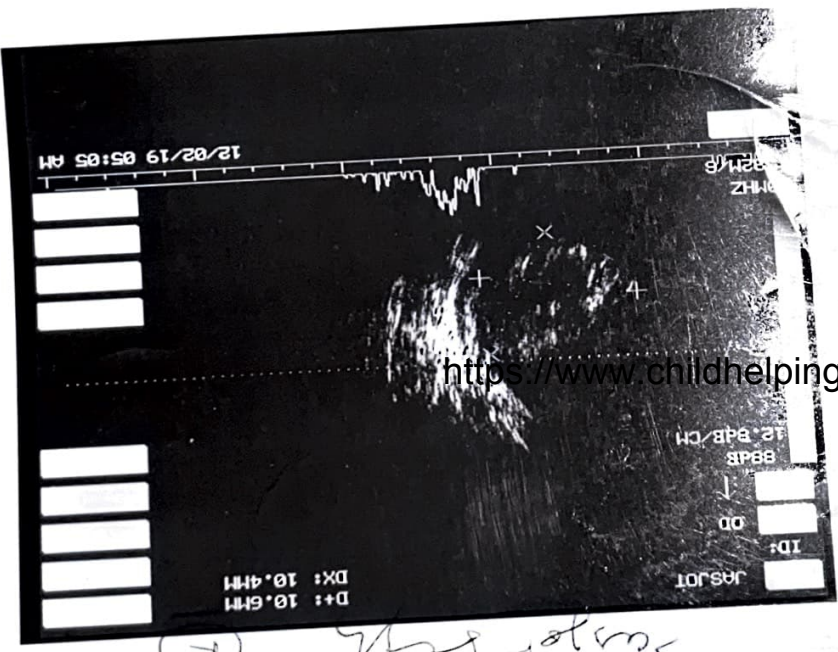
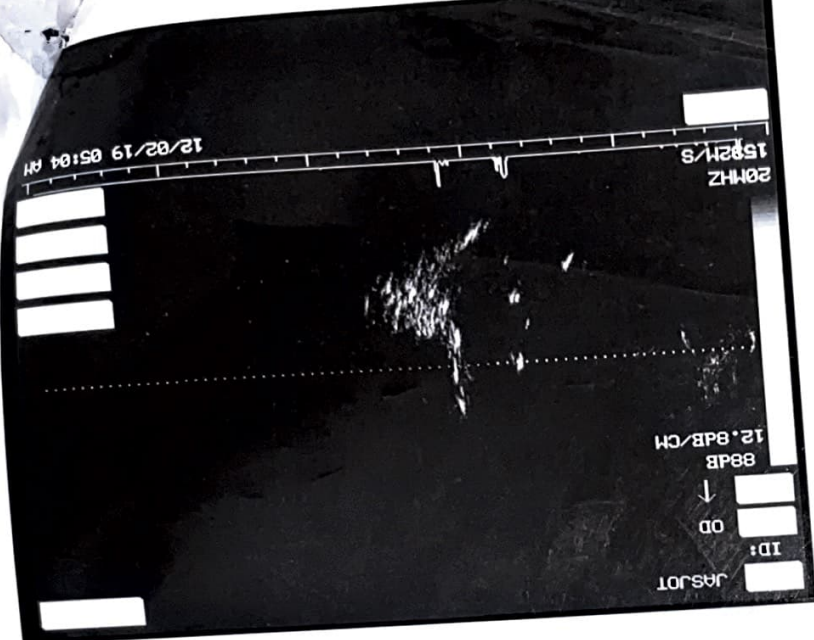
आचार्य प्रदीप शर्मा का एकक
Prof. Pradeep Sharma's Unit

| रोगी का नाम Name of the patient | पुत्र/पुत्री/पत्नी S/D/W | लिंग Sex | आयु Age | पता Address |
|------------------------------------|-----------------------------|-------------|------------|----------------|
| JASJOT SINGH | | M | 1y | |

| दिनांक DATE | निदान DIAGNOSIS |
|----------------|--|
| 18/5/20. | <p>उपचार Treatment</p> <p><u>Consent for EUA</u></p> <p>मैं https://www.childhelplineindia.org/ में जाकर कारणों की अनुमति देती हूँ। मुझे इससे जुड़े खतरों के बारे में समझा दिया गया है।</p> <p>Pt. relative : mother Jasleen Kaur Jasleen Kaur</p> <p>Doctor: Dr. Sowmya.L [Signature]</p> |

कृपया इस कार्ड को सुरक्षित रखें तथा अस्पताल में दिखाने के समय हर वक्त साथ लायें।
Kindly keep this Card safely and bring it on your follow-up visits.

१. धूम्रपान निषेध २. कूड़ा कर्कट केवल कूड़ेदान में ही डालें ३. थूकिये नहीं



अनुभाग व दिन
Section and Day
मंगलवार व शुक्रवार
Tuesday & Friday

V
कमरा नंबर
Cabin No.

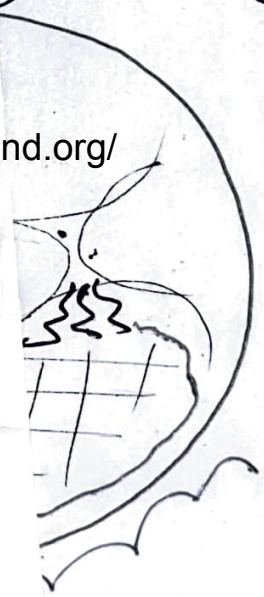
पिप शर्मा का एकक
Pee Sharma's Unit

| लिंग Sex | आयु Age | पता Address |
|-------------|------------|----------------|
| M | 1y | |
| E E U A | | |

treatment

with

(L) wnl



62-11-7
with
JASJOT

4 mm

के समय हर वक्त साथ लायें।
for follow-up visits.

न में ही डालें ३. थूकिये नहीं

v-up visits.

डालें ३. थूकिये नहीं

9315475107
Charmender

ब० रो० वि० कार्ड
O.P.D. Card



नेत्र अमृत्य उपहार है जो आप ही दे सकते हैं

अनुभाग व दिन
Section and Day
मंगलवार व शुक्रवार
Tuesday & Friday

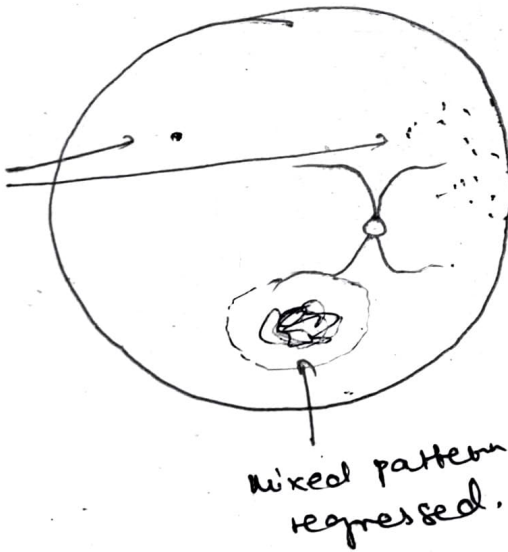
कमरा नंबर
Cabin No.

डा० राजेन्द्र प्रसाद नेत्र विज्ञान केन्द्र,
अ० भा० आयु० सं०, नई दिल्ली - ११००२९
Dr. Rajendra Prasad Centre for Ophthalmic Sciences
A.I.I.M.S., New Delhi-110029

यु एच आई डी संख्या
UHID No. 10490938

आचार्य प्रदीप शर्मा का एकक
Prof. Pradeep Sharma's Unit

| रोगी का नाम Name of the patient | पुत्र/पुत्री/पत्नी S/D/W | लिंग Sex | आयु Age | पता Address |
|------------------------------------|-----------------------------|-------------|------------|----------------|
| Jayid Singh | | M. | 14 | |

| दिनांक DATE | निदान DIAGNOSIS | उपचार Treatment |
|----------------|---|-----------------|
| 16/4/20 | <p>→ received 6 cycles of Chem → last chemo on.</p> <p>26/5/20 → Carboplatin + Etoposide</p> <p>EUA Unit V</p> <p></p> <p>https://www.childhelpinghand.org/</p> <p>WNL (screening done)</p> <p>add</p> <p>① → EOP mycin TDS 1000 15 days</p> <p>→ ② Repeat EUA after.</p> <p>→ No change in appearance on Retcam 2 months.</p> | |

11/1/2021

कृपया इस कार्ड को सुरक्षित रखें तथा अस्पताल में दिखाने के समय हर वक्त साथ लायें।
Kindly keep this Card safely and bring it on your follow-up visits.

१. धूम्रपान निषेध २. कूड़ा कर्कट केवल कूड़ेदान में ही डालें ३. थूकिये नहीं



REG NO - 543
011-40452803
info@childhelpinghand.org

UNIQUE ID- DL/2019/0240433

Office No-30 ,B-28 , Maurya Complex, Laxminagar New Delhi 110092

POOR PATIENT CERTIFICATION FOR HELP

NAME OF HOSPITAL - ALL INDIA INSTITUTE OF MEDICAL SCIENCE NEW DELHI

UHID NUMBER - 104909781

PATIENT NAME - JASJOT SINGH

S/D/WO/OF- HARMAN JOT SINGH

AGE- 2 YEAR

DISEASE - RETINOBLASTOMA

<https://www.childhelpinghand.org/>

ADDRESS- H.NO-127/4,PATIALA,PUNJAB -147001

STATE- PUNJAB

CONTACT NO - 07986978011

DOCTOR NAME - DR.RACHNA MEEL

TREATMENT REQUIRED - I.A.C

ESTIMATED COST - 77150/- (SEVENTY SEVEN THOUSEND ONE HUNDRED FIFTY/-)

Refer By

Rachna

Dr. Rachna Meel
सह-आचार्य नेत्र विज्ञान
Associate Professor of Ophthalmology
Dr. R. P. Gupta
अ.भा.आ.स. नेत्र विज्ञान केंद्र
13-12-2021

8 drug

56,120



TELEGRAM - "MEDINST"

Telephone: 26588500, 26588700, 26589900

अखिल भारतीय
ALL INDIA INSTITUTE OF M
अन्सारी नगर, नई
ANSARI NAGAR,



संदर्भ सं / Ref. No.....

दिनांक / Date

**ESTIMATE CERTIFICATE
TO WHOM IT MAY CONCERN**

This is to certify that Shri/Ms. Jasjit Singh Age 2 yrs Gender M

S/o, D/o, W/o Harmanjit Singh is getting treatment under Dr. Rachna Meel Dept.

Wide registration no. 2019/008/0148581 UHID No. 104909781

is suffering from Retinoblastoma (R group)

He/She has been advised for Medicine/Surgery/Surgical items/procedure/package and the approximate

Cost of the total treatment is amount to Rs ₹ 77,150/-

(in words) Rupees Seventy seven thousand one hundred & fifty

(for 4 cycle)

Item-wise break-up of expenditure of the estimate (if applicable) is as below.

| Sl. No. | Item | Cost in Rs. |
|------------------------|-----------------------------------|-------------------|
| 1. | Inj. Omnipaque | ₹ 1000 |
| 2. | Inj. Nimodipine | ₹ 1000 |
| 3. | Inj. Melphalan 50mg/10ml | ₹ 2500 |
| 4. | Mixaf Marathan | ₹ 28,000 |
| 5. | Hybrid 0.08 wire | ₹ 25,300 |
| 6. | PMO line | ₹ 200 |
| 7. | Percutaneous arterial sheath | ₹ 1000 |
| 8. | ECG electrodes - ₹ 20. | |
| 9. | IV infusion set (B. Braun) - ₹ 50 | |
| TOTAL COST: Rs. | | ₹ 77,150/- |

Note:

- The Estimate certificate is being issued to avail financial assistance for treatment only.
- The said estimate certificate is valid and applicable for avail financial assistance from Rastriya Arogya Nidhi (RAN), Delhi Arogya Nidhi (DAN), State illness assistance fund, Prime Minister's Relief Fund, Health Minister's Discretionary Fund (HMDF), AP local area development fund, CM relief fund, and fund from other sources.
- This Estimate Certificate is also applicable for Govt./PSU's employees and beneficiaries of ESI
- Cheque is to be issued in favor of "Director AIIMS, New Delhi".

- 10. Short connecting tube 3way - ₹ 50
- 11. Long connecting tube 3way - ₹ 80
- 12. Medicut/Puncture needle 21g - ₹ 50
- 13. Exchange guidewire (TERMO) 150cm - ₹ 1500
- 14. Double large bore Y connector (MERIT) - ₹ 100
- 15. ENVOY BF - ₹ 11,300
- 16. Inj. Topotecan 2.5mg/2.5ml - 4000
- Inj. Carboplatin 150mg/15ml - 1000

(Name & Signature of Consultant)

Rachna Meel
Associate Professor of Ophthalmology
Dr. R. P. Centre for Ophthalmology
अ.पा.आ.स., नई दिल्ली/ए.आई.एस.

Unique ID : DL/2019/0240433

Reg. No. : 543



<https://www.childhelpinghand.org/>

92

13

nd.or

.org

g.and.org

Pt:111



अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली
 ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI
 Department Of Lab Medicine (Emergency and Ward)

| | | | |
|------------------------|-----------------------|-------------------------|---------------------|
| ID: | 104000781 | Sex: | Male |
| Patient Name: | Mr. JASJOT SINGH | Sample Received Date: | 15/12/2021 01:16 PM |
| Age: | 3 years, 27 days | Department: | Medicine |
| Sex: | Male | Unit Incharge: | Dr. |
| Lab Name: | Lab Medicine | Lab Sub Centre: | |
| Lab No.: | 22/11/2019 11:01 AM | Sample Collection Date: | 15/12/2021 12:29 PM |
| Reg. Date: | 15/12/2021 02:33 pm | Dept / IRCH No.: | 2020180000856 |
| Report Generated Date: | Dr. NAIYAMESH KRISHNA | Lab Reference No.: | 172 |
| Recommended By: | | | |

Sample Details : WC:151221271

Report

| Test Name | Result | Comment | Normal Range |
|--------------|------------|------------------------------------|---|
| Urea | 21 mg/dl | | • 15 - 46 mg/dl |
| Creatinine | 0.2 mg/dl | | • 0.66 - 1.25 mg/dl |
| Calcium | 9.7 mg/dl | | • 8.4 - 10.2 mg/dl |
| Sodium | 137 mmol/L | | • 137 - 145 mmol/L |
| Potassium | 4.4 mmol/L | | • 3.5 - 5.1 mmol/L |
| Chloride | 103 mmol/L | | • 98 - 107 mmol/L |
| Bilirubin(T) | 0.21 mg/dl | | • 0 - 1.4 mg/dl • 0.2 - 1.3 mg/dl • 1.1/0.5 |
| ALT | 18 U/L | | • < 50 U/L • < 35 U/L |
| AST | 32 U/L | Kindly Correlate Result Clinically | • 17 - 59 U/L |
| ALP | 158 U/L | | • 38 - 126 U/L |
| Albumin | 4.4 gm/dl | | • 3.5 - 5 gm/dl |

Overall Comment :

Authorised Signature

Verified By
 amit kumar

10. I consent to the photographing or televising of the operations or procedures to be performed, including any portions of my body and archiving them for medical, scientific or educational purpose provided my identity is not revealed by the pictures or by descriptive text accompanying them.
11. For the purpose of advancing medical education, I hereby give consent to the admittance of observers in the operating room.
12. I also give consent to the disposal by hospital authorities of any tissues or parts which may be removed during the course of operative procedure / treatment.

I CERTIFY THAT THE STATEMENTS MADE IN THE ABOVE CONSENT LETTER HAVE BEEN READ OVER AND EXPLAINED TO ME IN THE LANGUAGE I UNDERSTAND AND I HAVE FULLY UNDERSTOOD THE IMPLICATIONS OF THE ABOVE CONSENT AND FURTHER SUBMIT THAT STATEMENTS THEREIN REFERRED TO WERE FILLED IN IN MY PRESENCE AND ANY INAPPLICABLE LINE / PARAGRAPHS HAS BEEN STRICKEN OFF BEFORE I SIGNED / PLACED MY THUMB IMPRESSION.

DATE: _____
SIGNATURE, NAME AND ADDRESS OF THE WITNESS

1. _____

SIGNATURE OF PATIENT /
THUMB IMPRESSION
NAME: _____

2. _____

WHEN PATIENT IS A MINOR OR UNABLE TO AFFIX SIGNATURE DUE TO MENTAL OR PHYSICAL DISABILITY

- 1) Risk of loss of vision
- 2) Risk of failure of procedure
- 3) Risk of temporary / permanent focal neurological deficits
- 4) Risk of intracranial hemorrhage
- 5) Risk of GA related complications
- 6) Risk of puncture site complications (hematoma, pseudocyst, infection)
- 7) Risk of contrast induced nephropathy / allergic reactions

SIGNATURE / THUMB IMPRESSION
OF NATURAL GUARDIAN / GUARDIAN
NAME AND RELATIONSHIP
WITH PATIENT: _____

SIGNATURE, NAME AND ADDRESS OF THE WITNESS

1. _____
2. _____
I CONFIRM THAT I HAVE EXPLAINED THE NATURE AND EFFECTS OF THE OPERATION / TREATMENT TO THE PERSON WHO HAS SIGNED THE ABOVE CONSENT FORM

Jasleen Kaur
Mother
24/12/2021

SIGNATURE OF DOCTOR-IN-CHARGE
NAME: _____
DESIGNATION: _____

DATE: _____

Name of primary nurse

Use blank columns for signs not specified (e.g. bleeding, vomiting, sclerema) -
Golden Rule: Wash hands before and after handling any baby

CARDIO-THORACIC & NEURO-SCIENCES CENTRE
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
Ansari Nagar, New Delhi - 110029
CONSENT FORM

U.H.I.D. NO. / O.P.D. NO. 104909781
NAME: Mr. Tarjet Singh SEX: ♂ AGE: 29 days
SON / DAUGHTER / WIFE OF _____
ADDRESS: _____
CONTACT NO. _____

INFORMED CONSENT

AUTHORISATION FOR MEDICAL TREATMENT, ADMINISTRATION OF ANAESTHESIA AND PERFORMANCE OF SURGICAL OPERATION AND / OR DIAGNOSTIC / THERAPEUTIC PROCEDURE / R.T.

1. I hereby authorise the A.I.I.M.S., and those the Institute may designate as staff to perform upon _____ the following medical treatment, surgical operation and / or diagnostic / therapeutic procedures _____
2. It has been explained to me that during the course of the operation / procedure, unforeseen conditions may be revealed or encountered which necessitate surgical or other emergency procedure in addition to or different from those contemplated at the time of initial diagnosis. I, therefore, further authorise the above designated staff to perform such additional surgical or other procedures as they deem necessary or desirable
3. I consent to the administration of anaesthesia and to the use of anaesthetics as may be deemed necessary or desirable, except to the following exceptions.

(indicate exception or 'None')

4. I state that I am / am not suffering from Hypertension / Diabetes / Bleeding disorders / Heart disease or _____
5. I also state that I am not suffering from any known allergies or drug reactions.
6. I further consent to the administration of such drugs, infusions, plasma or blood transfusions or any other treatment or procedures deemed necessary.
7. The nature and purpose of the operation and / or procedures, the necessity thereof, the possible alternative methods of treatment, prognosis, the risks involved and the possibility of complications in the investigative procedures / investigations and treatment of my condition / diagnosis have been fully explained to me and I understand the same.
8. I have been given an opportunity to ask all / any questions and I have also been given option to ask for any second opinion.
9. I acknowledge that no guarantee and promises have been made to me concerning the result of any procedure / treatment.

PHYSICAL EXAMINATION

Temp. Pulse Resp. B.P. Weight

Adv:

- Immobilize RLE x 6 hrs
- Watch for groin/puncture site.
- Monitor vitals.
- Remove groin bandage after 24 hrs.

↓
Dr Ashish
SRM

Use blank columns for signs not specified (e.g. bleeding, vomiting)
Golden Rule: Wash hands before and after handling any baby

NICU-AIIMS approved Sept. 2015

हृदय वक्ष एवं तंत्रिका विज्ञान केन्द्र
CARDIO-THORACIC & NEURO-SCIENCES CENTRE
 अ.भा.आ.सं., नई दिल्ली-110029 / AIIMS, New Delhi-110029

एम.आर.-3 जनरल हिस्ट
 M.R.-3 General Hist

नाम Name उम्र Age सर्विस Service दिनांक Date यूएचआईडी नं. UHID No.

प्रोफेसर इंचार्ज
 Professor I/C

Jasjit Singh 3/M
 104909781
 1049982 DSA Therapeutic Intraarterial
 Chemotherapy 24.12.2021 08:14:37

Notes written by.....

Procedure Notes

Consultant Dr. S.C. Jha
 40/B - Dr. Ashim Ch
 Dr. Prithvi

Δ. Retinoblastoma (RE)

Procedure 1- Intraarterial chemotherapy.

Under strict aseptic precautions, via (R) transfemoral arterial route, using SF sheath, guide catheter placed in RICA and using Marathon microcatheter & hybrid microwire, ophthalmic artery cannulated, microcatheter kept ~~proximal~~ just distal to the ostium & following chemotherapy drugs given:

- ① Melfalan - 0.8 ml in 9.2 ml of NS.
- ② Topotecan - 0.4 ml in 9.6 ml of NS
- ③ Carboplatin - 3ml in 7ml of NS.

Subsequently microcatheter negotiated further into ophthalmic artery distally, and 0.4 ml melfalan given. Check angiogram revealed normal filling of RICA & ophthalmic (R) & intracranial (R) vessels.

Procedure uneventful.

DR. RAJESH K. PRASAD CENTRE FOR OPHTHALMIC SCIENCES
 DR. (PEDIAT) 12
 R. No. R-412849-21
 DR. NEER JASJOT SINGH
 17.12.2021
 DR. NEER JASJOT SINGH
 ACCOUNTS- R.S.
 21-63294/202122 105
 DR. RAJESH K. PRASAD CENTRE FOR OPHTHALMIC SCIENCES
 PUNJAB

ICU FOR OPHTHALMIC SCIENCES
 OF PEDIATRICS
INTENSIVE CARE UNIT
 Ophthalmic Sciences, New Delhi

17/12

| DATE | DAY OF LIFE | |
|---------------------|-------------|-------------|
| | PMA | MOTHERS BED |
| (g) TODAY (Morning) | (Evening) | |
| YESTERDAY (Morning) | (Evening) | |

| | | | | | | | | | | | | | | | | | | | |
|---------------------------|-----------------------|--|----|------------|--------------------|---------------------------|------------------------|--|--------------------------------|----------|------------------|----------------------|--------------|-----------------|---------------------------------|--------------------------|---------------------------|-----|-----------------|
| Activity (movement/awake) | Periphery (cold/warm) | Color (pink/Peripheral Cyanosis/Central Cyanosis/Pale) | HR | RR (count) | Retraction / Grunt | O ₂ Saturation | Capillary refill (sec) | BP (Systolic/Diastolic/Mean low [L] / Non-low [M]) | Apnea (A) / Brady (B) (0,1,2)* | IV sites | OK/Swelling (sw) | Abdominal girth (cm) | Seizures (S) | Jitteriness (J) | Amt of milk expressed by mother | No. of skin pricks given | Amount of blood withdrawn | KMC | Visit by mother |
|---------------------------|-----------------------|--|----|------------|--------------------|---------------------------|------------------------|--|--------------------------------|----------|------------------|----------------------|--------------|-----------------|---------------------------------|--------------------------|---------------------------|-----|-----------------|

Specify frequency of monitoring: q.....hr

Prophylaxis - IAC. USA

Chilled Prophy RH in PRIME at 2.45 PM. After IAC Prophylaxis

| | | | | | | | | | | | | | | | | | | | | | |
|----------|---|---|---|-----|----|------|---|---|----|--|--|--|--|--|--|--|--|--|--|--|---------------------------------|
| 9:30 AM | N | W | P | 90 | 26 | 98% | - | - | OK | | | | | | | | | | | | |
| 10:00 AM | N | W | P | 98 | 24 | 100% | - | - | OK | | | | | | | | | | | | OK @ 2.45 PM started at 2.45 PM |
| 10:30 AM | N | W | P | 112 | 26 | 100% | - | - | OK | | | | | | | | | | | | at stopped at 3.20 PM |
| 11:00 AM | N | W | P | 126 | 24 | 100% | - | - | OK | | | | | | | | | | | | |

| |
|-----|
| 0 |
| 10 |
| 20 |
| 30 |
| 40 |
| 50 |
| 60 |
| 70 |
| 80 |
| 90 |
| 100 |
| 110 |
| 120 |
| 130 |
| 140 |
| 150 |
| 160 |
| 170 |
| 180 |
| 190 |
| 200 |
| 210 |
| 220 |
| 230 |
| 240 |
| 250 |
| 260 |
| 270 |
| 280 |
| 290 |
| 300 |

0= None 1= Response to tactile 2= Response to bag and mask Mean BP norm - 5th 50th 95th

Name of primary nurse Parents contact No.

Use blank columns for signs not specified (e.g. bleeding, vomiting, sclerema etc.)
 Golden Rule: Wash hands before and after handling any baby

PRE - MEDICATION & ANAESTHESIA

Name of Anaesthetist Dr SKD / Dr Sager
 Date 24/12/21
 Premedication -
 Time Started 11:20 Am
 Anaesthesia Local General VAMBOLMA 2'0.
 Operation done - IA - (transverse)
 Anaesthetic agent O₂ + O₂O + N₂O + F₂O + F₃O
 Surgeon Dr. A. Joseph / Dr. Sager
 Remarks 1/0' W.B.
 Assistants -

R/B.
1/0.
Prone W.B.
1/0.
4 gms of long iv.

US/B Peds SR

Baby shifted to PUDV after IAC for monitoring at 2:30

- Haemodynamically stable
- Vitals had 1 episode of small volume vomiting by emet gases.

3:00 PM
 HR - 98 bpm
 RR - 16 cpm
 CF - 2.35
 SpO₂ - 99% JRA.

Advice

- shift toward
- by emet long sas (2ml/5ml) Bellin
80

डा० राजेन्द्र प्रसाद नेत्र विज्ञान केन्द्र
Dr. Rajendra Prasad Centre for Ophthalmic Sciences
A.I.I.M.S.

Ansari Nagar, New Delhi-110029

Section Unit 3
 Jr. Resident Dr. Rajat

Consultant Prof. M.S. Bhatnagar Sr. Resident Dr. Rajat

| | | | | |
|---|------------|----------------|------------------------------|-------------|
| C.R. No. | O.P.D. No. | Sp. Clinic No. | Ward / Bed No. <u>140</u> | |
| DB RAJENDRA PRASAD CENTRE FOR OPHTHALMIC SCIENCES UHID: 164589751 Date: 22/12/2021 09:10:07 PM CR No.: R-015089-21 Ward Name: 1B Bed No.: 140 Name: MR JASJOY SINGH Unit In-charge: Dr. M. S. Bhatnagar Age: 37 Y 10 M 20 D Unit-V ACCOUNTS- RS 21-63294/202122 105 | | Age | Sex | Nationality |
| SO. RAJENDRA PRASAD Address: 127/1 GANES MANDI PATIALA PUNJAB | | Family Income | Single / Married | |

Permanent Address

Occupation

D.O.A. Time

D.O.D. Time

Previous Admission / CR No.

Admission-Routine / Emergency / EHS /

Local Address 127/1 Ganes mandi Patiala Punjab

Tele No.



| DIAGNOSIS | Primary | 2nd | 3rd | Code No. |
|--|------------------------------|---------------------------------|-----|--------------------------------------|
| <u>(Cardiff)</u> Right Eye <u>6/60</u> | <u>(R) Partially Group D</u> | <u>shenorepand</u> <u>RB</u> | | 1) } 2) } 3) } <u>No other</u> |
| Left Eye <u>6/15</u> | <u>(L) NML</u> | | | 1) } 2) } <u>syot mlu</u> 3) } |
| Medical / Operation Treatment | | | | |

Result : Cured / Relieved / Stationary / Failure

Photographs No. W1-17K5

X-Ray No.

Histopath Report No.

| | RIGHT | LEFT |
|---|--|---|
| <u>PUPIL</u> | | |
| Size | 2 → 2+ | 2 → 2+ |
| Shape | round | round |
| Position | center | center |
| Synechia | | |
| Reaction to direct light | D+ | D+ |
| Consensual | | |
| Accommodation | W | W |
| <u>LENS</u> | | |
| Transparency | clear | clear |
| Position | | |
| Capsule | | |
| <u>VITREOUS</u> | | |
| State | clear | clear |
| Opacities | | |
| <u>INTRAOCULAR TENSION</u> | | |
| Digital | Dig (N) | Dig (N) |
| Instrumental, Schiottz | | |
| Applanation | | |
| <u>BIOMICROSCOPIC FINDINGS (Digrams)</u> | | |
| |  |  |

PRE OPERATIVE ORDERS

Signature

27/1/22

- 1) clean, mark delate BC
- 2) clean L/C Inguinal region.
- 3) Follow PAC orders

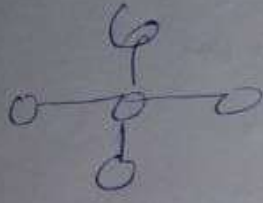
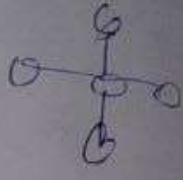
4) shift pt to Cath lab (onc) at 7:45 AM (24/12/21)

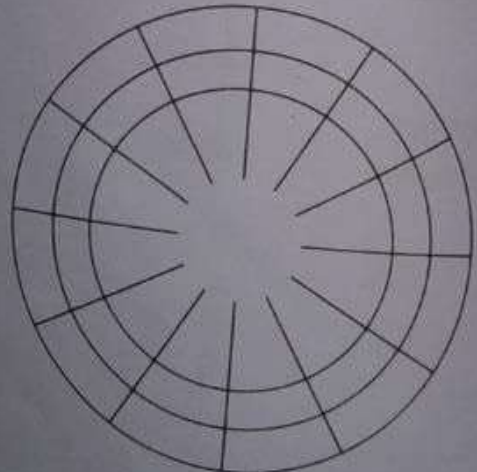
Sharp

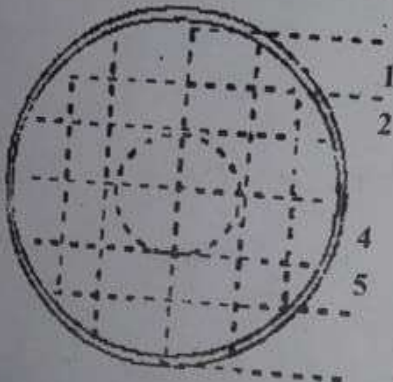
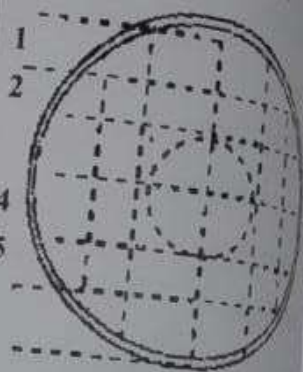
NPO Solid → 12 PM

water → 4 AM

used
23/12/21

| DARK ROOM EXAMINATION | RIGHT EYE | LEFT EYE |
|--|---|---|
| Preliminary Examination |  |  |
| Refraction Under Cycloplegic | glow ③ | glow ② |
| OPHTHALMOSCOPY (i) Distance Direct (ii) Direct Ophthalmoscopy Media Disc. Vessels A. V. Crossing Periphery Macula (iii) Indirect Ophthalmoscopy | Inf temp retina lesion over subscripted mac | COL 03/1 MO NLL Hany |



| | RIGHT | LEFT |
|-------------------------|--|--|
| CORNEA | | |
| Size, Shape | ① size & shape | ① size & shape |
| Surface, Transparency | clear | clear |
| Ulcer | | |
| Vascularization | | |
| Opacity | No opacity | No opacity |
| Degeneration | | |
| Dystrophy | | |
| Sensation | | |
| Thickness | | |
| | F E D C B A | A B C D E F |
| |  |  |
| SCLERA | | |
| Shape, Vessels | | |
| Nodules, Ectasia | | |
| ANTERIOR CHAMBER | | |
| Depth | | |
| Regularity | | |
| Contents | | |
| Angle of A.C. | | |
| IRIS | | |
| Colour Pattern | | |
| Coloboma | | |
| Nodules Vascularization | | |
| | ① shape & vessels | ① shape & vessels |
| | VA is regular | VA is regular |
| | Brown, faded No colob No pv, | Brown, faded No colob No pv |

GENERAL PHYSICAL EXAMINATION

General Health (N) build

Oral hygiene

Bowels

Micturition

Sleep

Adequate

Pulse 70

Resp. 16

B.P. 120/80

Temperature 37.5



Anaemia No

Any other relevant No

SYSTEMIC EXAMINATION (C.V.S., Resp. G.I. & C.N.S. system)

as child active play
 as S, S2
 as 4/6 EAC
 PR - soft

| VISUAL ACUITY | DISTANCE | | NEAR | |
|----------------------|---------------|---------------|-------|------|
| | Right | Left | Right | Left |
| Naked eye Correct | 6/60 \times | 6/15 \times | | |
| With glasses | | | | |
| Power of glasses | | | | |
| Refraction | | | | |
| Remarks : | | | | |

| LOCAL EXAMINATION | RIGHT | LEFT |
|------------------------|---|---|
| <u>EYE BALLS</u> | | |
| Size, Shape | Ⓜ Size & shp Conc | Ⓜ Size & shp Conc |
| Position | | |
| Direction | | |
| Movements |  |  |
| Cover test | | |
| Convergence | | |
| <u>EYE LIDS</u> | | |
| Position | No ptosis | No ptosis |
| Palpebral aperture | No ectropion | No ectropion |
| Movements, Skin | No entropion | No entropion |
| Margins, Cilia | | |
| Glands, Canthi | | |
| <u>DRAINAGE SYSTEM</u> | | |
| Puncta, Lac. Sac : | Both open & dry | Puncta open & dry |
| Lac. Gland | No Regurgitation | No Regurgitation |
| Nasal check up | | |
| <u>CONJUNCTIVA</u> | | |
| Discharge, congestion. | No Discharge | No Discharge |
| Follicles | No Follicles | No Follicles |
| Scars | | |
| Bulbar | | |
| Palpabral | | |
| Fornices | Fornix etc. | Fornix etc. |
| Plica semilunaris | | |
| Caruncle | No etc. | No etc. |
| F.B. | | |



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

| | | | |
|------------------------|-----------------------|-------------------------|---------------------|
| LABID: | 104895781 | Sex: | Male |
| Patient Name: | Mr JASJOT SINGH | Sample Received Date: | 15/12/2021 03:06 PM |
| Age: | 7 years 22 days | Department: | Medicine |
| User Name: | Ush | Unit Incharge: | Dr. |
| Lab Name: | Hematology | Lab Sub Centre: | Hematology-PT |
| Reg. Date: | 22/11/2019 11:01 AM | Sample Collection Date: | 15/12/2021 12:29 PM |
| Report Generated Date: | 15/12/2021 04:51 pm | Dept / IRLH No: | 2020108000070 |
| Recommended By: | Dr. SAJ VISHU KRISHNA | Lab Reference No: | 159 |

Sample Details : HPT-1512210237

Report

| Test Name | Result | Comment | Normal Range |
|----------------------------------|------------|---------|--------------|
| PROTHROMBIN TIME (PT-INR) | | | |
| PROTHROMBIN TIME/PT | 11.600 sec | | 9.70-12.70 |
| INR | 1.018 | | |

Over All Comment :

Authorized Signatory

Verified By
naresh

COMPLAINTS WITH DURATION

- 1.
- 2.
- 3.
- 4.
- 5.

4/0 white reflex (R) 1.463 of eye
 Not observed in (L) eye - last 2 year

Patient was apparently alright 2 year back
 when patients started noticing white reflex in (R) eye

HISTORY OF PRESENT ILLNESS

for which they showed to Pediatric and referred to
 P48 Chandigarh, diagnosed as Leukocoria and referred to
 one and advised for intravitreal chemotherapy
 It came to see for 2nd opns USG @ Chand

HISTORY OF PAST ILLNESS intractable meningeal & exudative RD

As per P48 (R) eye RD is EOA
 Patient not advised chemotherapy

Total no. of chemotherapy - Total 4 (2 Augments
 & Docosubins)

HISTORY OF PREVIOUS OPERATION

Last chem 13/11/14 Docosubins 17g
 cytoposferamide 780mg
 Mesna 200mg x 8
 Vial 139mg

Last EUA 4/12/14

OTHER RELEVANT HISTORY

(L) Int. leg active lesion over
 Oculofacial

TTT given (except on active lesion present leg)

FTNVD, is immediate eye is also periorbital cystic

No H/O other syst illness or per. sb

No H/O any fever or any other
 No H/O similar complex in family



Port Plain



प्रयोगशाला कायचिकित्सा विभाग
DEPARTMENT OF LABORATORY MEDICINE
रुधिर विज्ञान
Hematology

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

| | | | |
|-------------------------|------------------------|-------------------------|---------------------|
| Lab ID: | 10400781 | Sex: | Male |
| Patient Name: | Mr JASJOT SINGH | Sample Received Date: | 15/12/2021 02:43 PM |
| Age: | 7 years 25 days | Department: | Medicine |
| Unit Name: | Unit | Unit Incharge: | Dr |
| Lab Name: | Hematology | Lab Sub Centre: | Hematology (Ward) |
| Reg Date: | 22/11/2019 11:01 AM | Sample Collection Date: | 15/12/2021 12:29 PM |
| Request Generated Date: | 15/12/2021 05:00 pm | Dept / IBCN No: | 2020168000836 |
| Recommended By: | Dr. SAI VAMSHI KRISHNA | Lab Reference No: | 599 |

Sample Details : HMW-151221553

Report

| Test Name | Result | Comment | Normal Range |
|---------------------------|-------------------------|---------|--------------------------------|
| T.L.C | 4.06 $10^3/\mu\text{L}$ | | 4.00-11.00 |
| NEUTRO | 28.3 % | | 40.00-80.00 |
| LYMPHO | 53.7 % | | 20.00-40.00 |
| MONO | 11.6 % | | 2.00-10.00 |
| EOSINO | 6.2 % | | 1.00-6.00 |
| BASO | 0.2 % | | 1.00-2.00 |
| NUCLEATED RBC | 0.0 % | | 0 |
| ABSOLUTE NEUTROPHIL COUNT | 1.15 $10^3/\mu\text{L}$ | | 0.00-0.00 |
| ABSOLUTE LYMPHOCYTE COUNT | 2.18 $10^3/\mu\text{L}$ | | 0.00-0.00 |
| ABSOLUTE MONOCYTE COUNT | 0.47 $10^3/\mu\text{L}$ | | 0.00-0.00 |
| ABSOLUTE EOSINOPHIL COUNT | 0.25 $10^3/\mu\text{L}$ | | 0.00-0.00 |
| RBC COUNT | 3.66 $10^6/\mu\text{L}$ | | • 4.5 - 5.5 $10^6/\mu\text{L}$ |
| HB | 10.6 μdL | | • 12 - 15 μdL |
| HCT | 33.2 % | | • 40 - 50 % |
| PLATELET COUNT | 327 $10^3/\mu\text{L}$ | | 150.00-400.00 |
| MCV | 90.7 fl | | 78.00-97.00 |
| MCHC | 31.9 μdL | | 31.00-34.00 |
| RDW CV | 16.7 % | | 11.60-13.00 |
| MCH | 29.0 pg | | 27.00-33.00 |
| ABSOLUTE BASO COUNT | 0.01 $10^3/\mu\text{L}$ | | 0.00-0.00 |

Over All Comment :

Authorised Signatory

Verified By
Dr.Mahakalm

12/2021

PROFORMA FOR RETINOBLASTOMA

NAME- 104909481

AGE/SEX- 3yr/Male

UHID- Mr. Tarjot Singh

RIGHT SIDE-

LEFT SIDE-

COMPLAINTS- c/o white reflex (R) x 1 yr of age + DOV.

EXAMINATION: VISUAL ACUITY RT EYE- 6/60 LT EYE- 6/15

CLINICAL STAGE- Group D, RB WNL

ANY OTHER c/o white reflex

CT/MRI FINDINGS -

TREATMENT RECEIVED PRIOR TO INTRA-ARTERIAL CHEMOTHERAPY- No

SURGERY- No

INTRAVITREAL CHEMOTHERAPY- No

SYSTEMIC CHEMOTHERAPY - Total 9,

last chemo (13/11/21)

Doxorubicin
cyclophosphamide
Minc
VCR.

ANY OTHER -

INTRA-ARTERIAL CHEMOTHERAPY- No

DATE-

DRUGS/DOSE- MELPHALAN

TOPOTECAN

CARBOPLATIN

SITE OF INJECTION OF DRUG- OSTIUM OF OPHTHALMIC ARTERY

DISTAL OPHTHALMIC ARTERY

ECA-

} No

FOLLOW UP-

CT/MRI FINDINGS-

EXAMINATION-