UHID NO/ DEPARTMENT NAME/TREATMENT COST	44616/ (HDU PAEDIATRIC SURGERY)/ 2.50L TO 3L Rs.
PATIENT FATHER OCCUPTION/ ADDRESS	LABOUR/ MUZAFFAR NAGR UP

10:03 Vo) LTE2 4G 55%

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Continuation Sheet

Name ____ Age ____ C.R.No./UHID ____

19.8.24 B-ALL on maintenance
9 AM
Afebrile x 72h.
- BP - ~~EP~~ - 110/67
Na^+ - 134/4.6
K^+
I - 2030 + 800
O - 260 + 650 (bag)
KFT - 17/8 - 9.0/0.5/0.5
BP - 90/48 (9 AM)

- Azithromycin D5/5
- Inj Meropenem D6
- Inj Amikacin D6
- Inj Teicoplanin D5
- T. VORICONAZOLE D4
- Inj ~~Cef~~ Metronidazole D...
↓ - IVF DNS ... ml/24h
- Inj NORAD @ 2ml/hour (~~0.4~~ 0.2 µg/kg/min)
- 3% NaCl nebulisation.

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Sd/- 19.8.24

↓ Inj NORAD @ 1ml/hr for 1 hour
↓
STOP

Stop Azithro after today's dose

Authorize the system to edit this file. Authorize

Edit Annotate Fill & Sign Convert All

Inj Nor Adr 1.5ml + 22.5ml NS @ 1ml/hr → w/H
(@0.1μg/kg/min)

5th - 76/[illegible])
BP centiles : 50th 91/46
90th 105/61.
95th 109/65 mmHg

pulses better after fluid bolus.

[illegible] 4:45PM 14/08/2024

@5:30PM pulse - normovolemic
Tachycardia +nt
HR - 156 bpm
RR - 30/min
BP - 91/55 mmHg

passed urine 1h ago in emergency

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Adv: 1) IVF DNS + 1:1 in KCl @ 1000 ml over 24 hours
2) cont. inj Cefoperazone & Amikacin
3) hourly vital monitoring OP/U.O

[illegible]

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Continuation Sheet
Name

10:05 55%

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Date & Time	Progress Notes	Orders
9/9/24	POD3 (LSIB ...)	
	... alert +	
Temp 98.2F	Inj Piptaz D4	
HR 22	" amika D4	U/O = 2.4ml/kg
RR ... 22	" ... D4	
BP 94/52 (63)		
SPO2 98 / ORA		
	Inj PCM SOS	
	Oral sips	
	CST	

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POST GRADUATE INSTITUTE ...

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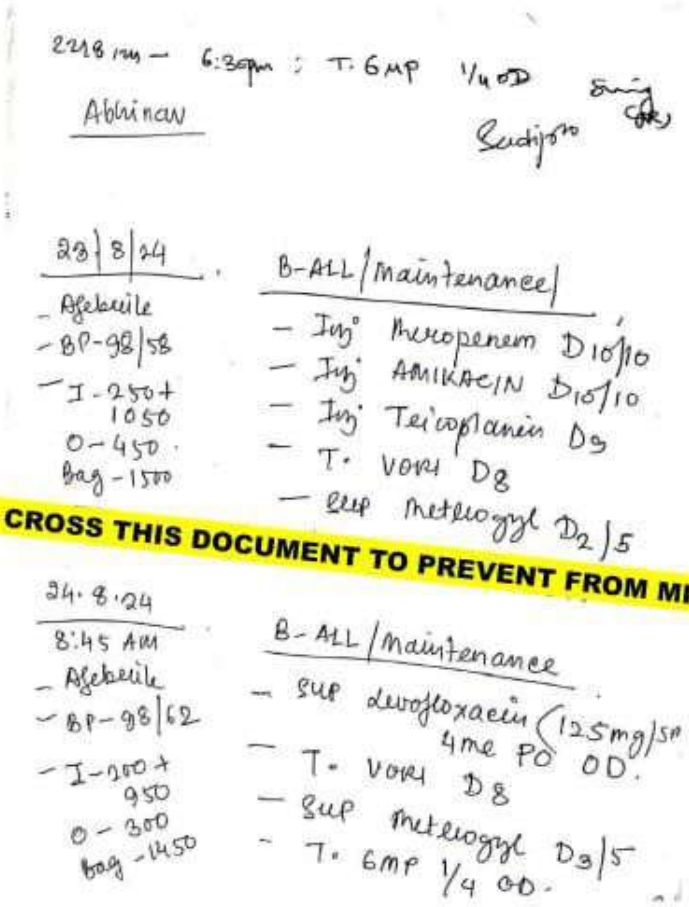

22/8/24 — 6:30pm ; T. 6MP 1/4 OD
Abhinav
Sudipto

23/8/24
- Afebrile
- BP-98/58
- I-250+1050
O-450
Bag-1500

B-ALL/maintenance
- Inj. Meropenem D10/10
- Inj. AMIKACIN D10/10
- Inj. Teicoplanin D9
- T. VORI D8
- SUP metrogyl D2/5

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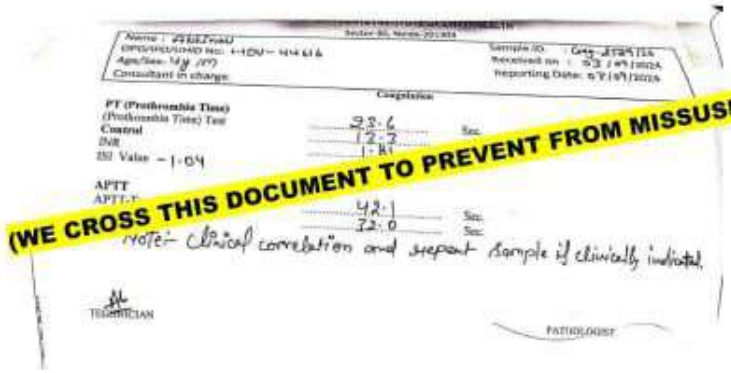
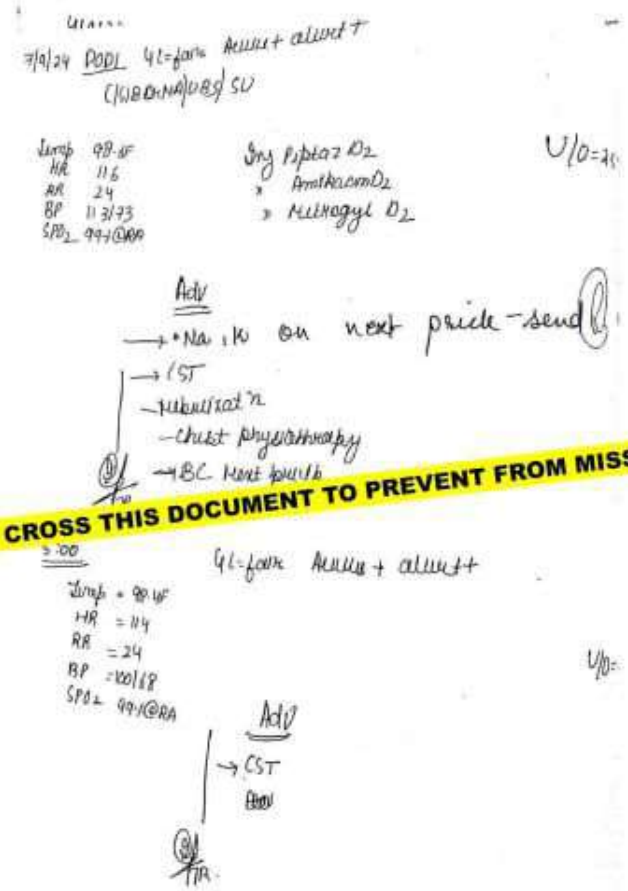
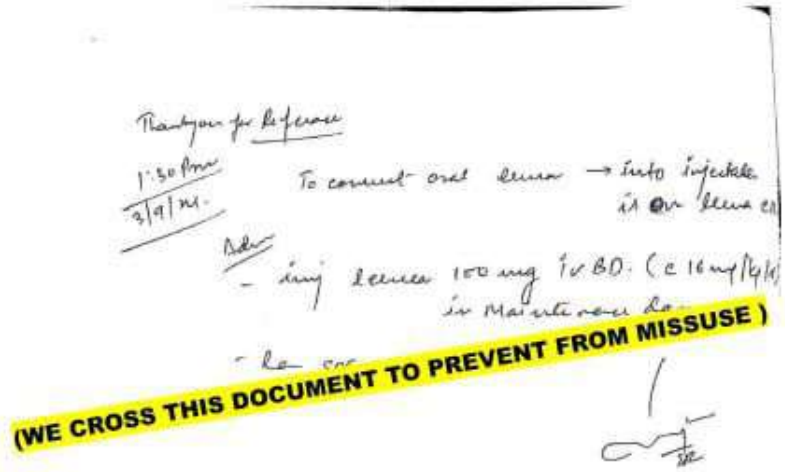
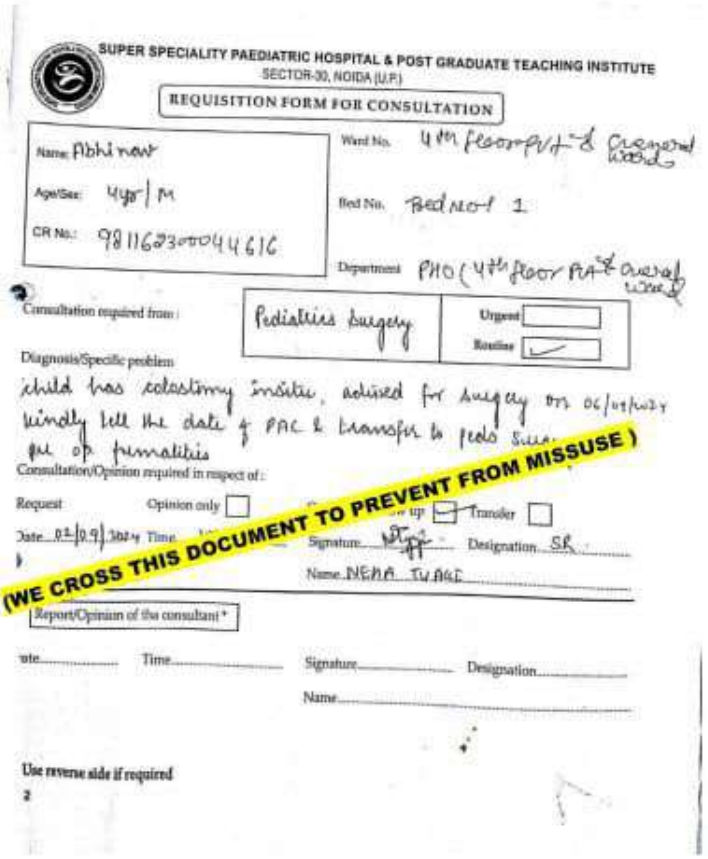
24.8.24
8:45 AM
- Afebrile
- BP-98/62
- I-200+950
O-300
Bag-1450

B-ALL/maintenance
- SUP levofloxacin (125mg/5ml) 4ml PO OD.
- T. VORI D8
- SUP metrogyl D3/5
- T. 6MP 1/4 OD.









SUPER SPECIALITY PAEDIATRIC HOSPITAL & POST GRADUATE TEACHING INSTITUTE
SECTOR-30, NOIDA (U.P.)

REQUISITION FORM FOR CONSULTATION

Name: Abhinav
Age/Sex: 4yr | M
CR No.: 98116230004461C

Ward No. 4th floor PICU & General ward
Bed No. Bed No of 1
Department PHO (4th floor PICU & General ward)

Consultation required from: Pediatric Surgery
Urgent
Routine ✓

Diagnosis/Specific problem
child has colostomy insitu, advised for surgery on 06/09/2024
kindly tell the date of PAC & transfer to pedo surg.
pt op formalities

Consultation/Opinion required in respect of:

Request Opinion only ☐ follow up ☐ Transfer ☐

Date 02/09/2024 Time Signature Designation SR

Name NEHA TYAGI

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Report/Opinion of the consultant*

Date Time Signature Designation

Name

Use reverse side if required

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POST GRADUATE INSTITUTE OF CHILD HEALTH

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PROGRESS NOTES AND ORDERS

Name........................ Ward No........................
Sex........................ Age........................ C.R.No........................ Bed No........................

Date & Time	Progress Notes	Orders
10/10/24	POD 4 [illegible]	
	[illegible]	U/O = 4.5 ml/kg/hr.
Temp 98.2F HR 106 RR 22 BP 100/67 SPO2 98		
Adv		
→	Medicine [illegible]	
→	Nebulization as [illegible]	
6:30		U/O = 3.1 ml/kg/h.
Temp 98.2F HR = 108 RR = 24 BP = 100/68 SPO2 = 98 @ RA	Adv CST	

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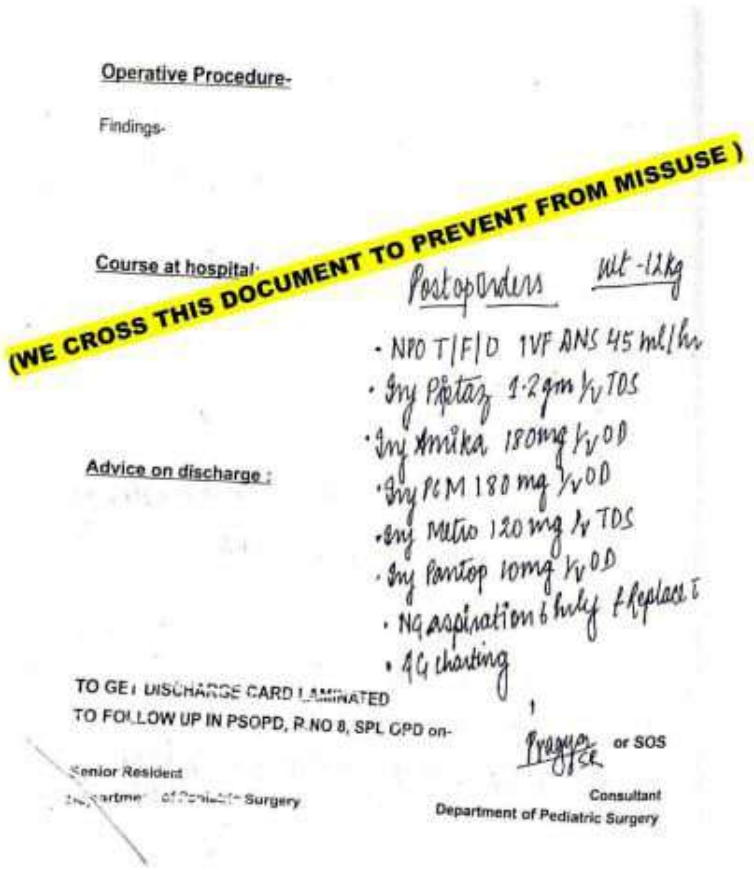
G-5



Operative Procedure-

Findings-

Course at hospital-

Postoperders wt -12kg

- NPO T/F/D 1VF ANS 45 ml/hr
- Inj Piptaz 1.2gm IV TDS
- Inj Amika 180mg IV OD
- Inj PCM 180 mg IV OD
- Inj Metro 120 mg IV TDS
- Inj Pantop 10mg IV OD
- NG aspiration & Irrig & Replace
- IC charting

Advice on discharge :

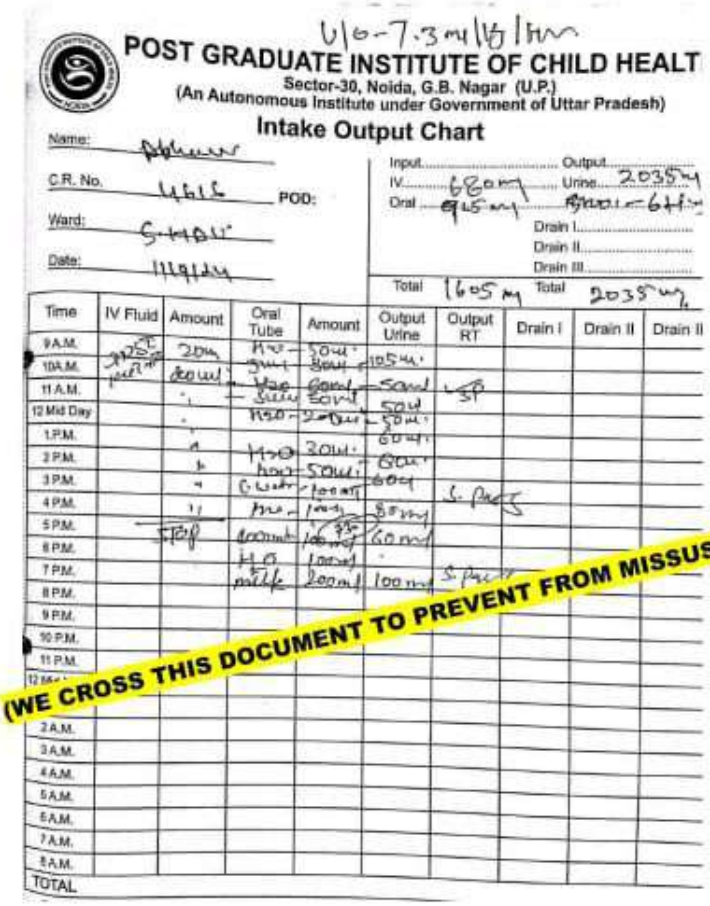
TO GET DISCHARGE CARD LAMINATED

TO FOLLOW UP IN PSOPD, R.NO 8, SPL OPD on- Prague or SOS

Senior Resident

Department of Pediatric Surgery

Consultant
Department of Pediatric Surgery



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Intake Output Chart

Name:
C.R. No.
POD:
Ward:
Date:

Input
IV
Oral
Total

Output
Urine
Drain I
Drain II
Drain III
Total

Time	IV Fluid	Amount	Oral Tube	Amount	Output Urine	Output RT	Drain I	Drain II	Drain II
9 A.M.									
10 A.M.									
11 A.M.									
12 Mid Day									
1 P.M.									
2 P.M.									
3 P.M.									
4 P.M.									
5 P.M.									
6 P.M.									
7 P.M.									
8 P.M.									
9 P.M.									
10 P.M.									
11 P.M.									
12 M...									
2 A.M.									
3 A.M.									
4 A.M.									
5 A.M.									
6 A.M.									
7 A.M.									
8 A.M.									
TOTAL									

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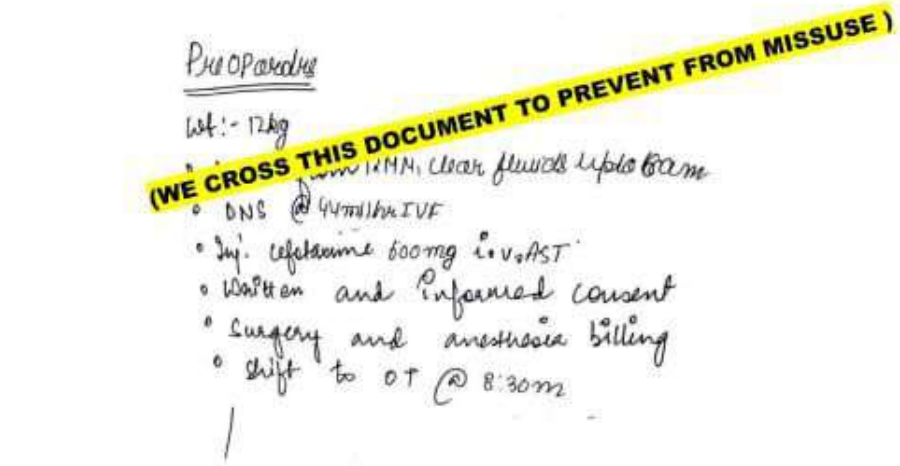

Pre OP orders

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Wt :- 12kg

- [illegible] 12MN, clear fluids upto 6am
- DNS @ 44ml/hr IVF
- Inj. cefotaxime 600mg i.v. AST
- Written and informed consent
- Surgery and anesthesia billing
- Shift to OT @ 8:30am

/

POST OPERATIVE PROGRESS

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PROGRESS NOTES AND ORDERS

Name .... Ward No. ....

Sex .... Age .... C.R.No. .... Bed No. ....

Date & Time	Progress Notes	Orders
01.09.24 6:25 AM	B-A11 / Maintenance / Colostomy in	situ
- n/b f/e	Colostomy closure - 06/09	
- BP-96/57 mmHg		Cont. oral medications
		Sudipa
02/9/2024	B-A11 / Maintenance / colostomy in situ colostomy closure = 06/09/2024	
O/E stom		

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Date & Time	Progress Notes	Orders
	BP - 94/61 mmHg	T. 6MP
	[illegible]	T. [illegible]
		T. Levofloxacin
Stool - 8T bag		T. [illegible]
I - 1450ml		[illegible] for LIR
O - 6T		
2/9/24 10am	BAL for colostomy closure.	[illegible]
		CST. CBC S/M
	No fever	Can be shifted & Ped Surg.
	[signature]	

2-2

POST GRADUATE INSTITUTE OF CHILD HEALTH

SECTOR-30, NOIDA-201303 (U.P.)

DEPARTMENT OF ANAESTHESIOLOGY

PRE-ANAESTHETIC CHECK UP

Abhinav
3.5 yrs
2/9/24
CR No - 98/1623000 44616

Ward & Bed: Pediatric Surgery

Height:

Weight: 12 kg.

Clinical Diagnosis: K/C/O BALL with colostomy.

BSA:

Proposed Operation: Colostomy closure

Significant History (Present/Past) FTNVD/2.75kg/Ō/CAB(+)/ (N) Development/ Immunization complete
- No NICU admission/ jaundice/ BA/ Thyroid/
- H/O seizures ... A ... 9 month age, last seizures 7 m.
- No URTI/ No cardiac history/ fever

Medication Tab levofloxacin, Syp- Lib..., T. ..., T. Vonoprazole. 2 episodes of febrile seizures, has been on ...

General Examination
P I C C L E (all negative)

Systemic Examination
RS – B/L clear chest
CVS – S_1S_2 +nt

ASA Grading, Anaesthetic Problems, Advice & Plan:
MPG II
No loose teeth

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Pre ... after .... a.m/p.m. ....
... spinal block/stab/sp. Block
... night before operation

Parts to be prepared:

Premedication

A1

INVESTIGATIONS Reports awaited.

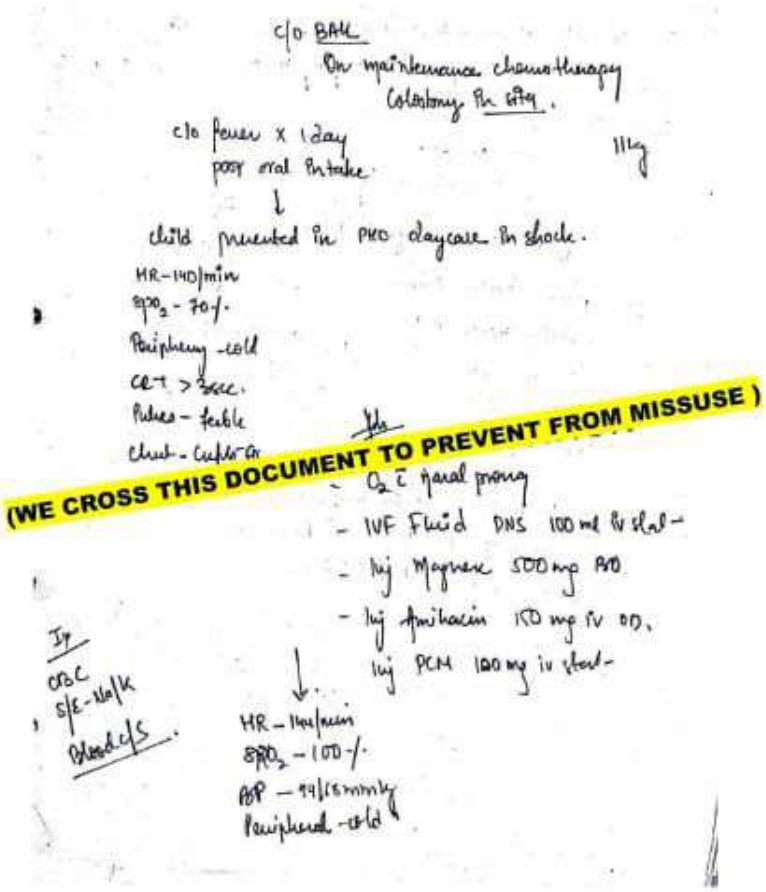
HAEMATOLOGICAL 2/9
Hb% 12.9
Haematocrit
TLC/DLC 6500
PT/PC PLT 1...
BT/CT
Blood ...
... Na^+ 135
... K^+ 5.0
Fp
Blood Urea/S.Creat
S. Proteins & A/G
S. Electrolytes

LIVER FUNCTION TESTS

URINALYSIS
Alb.
Sugar

CXR

Signature & Name



c/o BALL
On maintenance chemotherapy
Colostomy Rx 6/7/19.

c/o fever x 1 day
poor oral Intake.
↓
child presented in PICU daycare in shock.
HR-140/min
SpO_2 - 70%
Peripheral - cold
CRT > 3 sec.
Pulses - feeble
Chest - Crepts +

11kg

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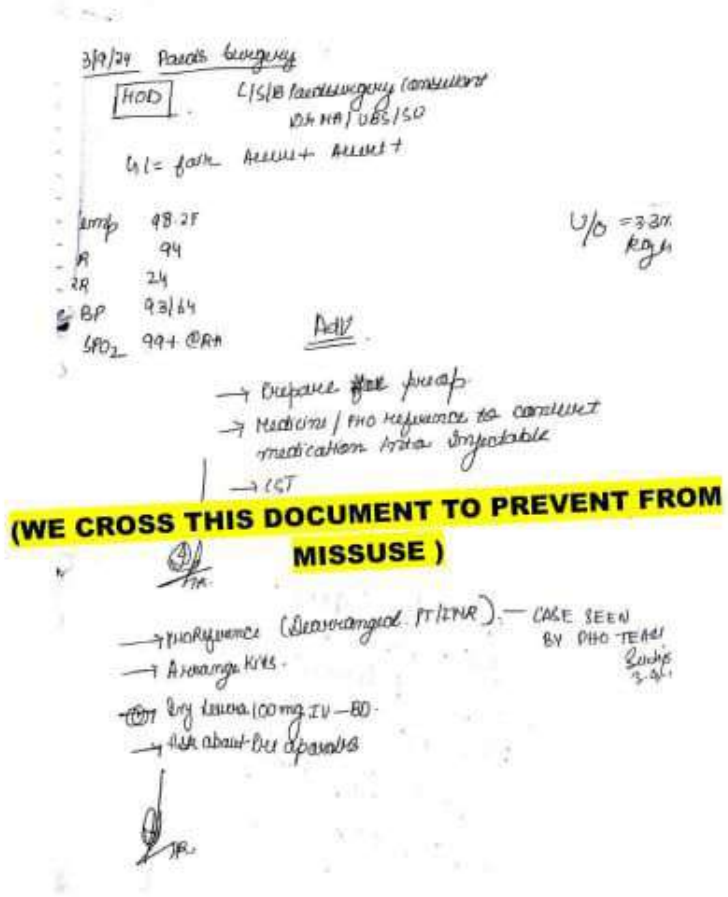
- O_2 @ nasal prong
- IVF Fluid DNS 100 ml @ stat -
- Inj Magnesium 500 mg BD
- Inj Amikacin 150 mg IV OD.
- Inj PCM 100 mg iv stat -

Ix
CBC
S/E - Na/K
Blood c/s

HR - 144/min
SpO_2 - 100%
BP - 94/62 mmHg
Peripheral - cold



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PATIENT INFORMED CONSENT FORM

Department: Pediatric surgery — Consultant In Charge: Dr Neel
OR No. / OPD No.: 9911623000446101 — Date of Admission: 02/09/24
Patient Name: Abhinav — Patient Age/Sex: 4yr1M
Patient's Guardian Name: Chirag Singh
Address: Budhana, Muzaffar nagar, UP. — Relationship with the patient: Father
Phone No.:
Scheduled Date for the ... Procedure / Surgery:
Name/s of the Proposed Treatment Intervention / Procedure / Surgery: Ileostomy closure
Possible Common Complication: Bleeding, Infection, pain, SSI, Injury to nearby organ, Anastomotic leak

I, the Undersigned, do hereby state and confirm as follows:

1. I have been explained the following in terms and Language that I understand ... (Name of the Language) ... and understood by me.

2. I have been ... with the requisite information, I have understood, and ... and direct the above named Doctor-in-charge / Principal Surgeon/Principal ... and his / her team with associates or assistants of his / her choice to perform the proposed treatment / intervention procedure / surgery mentioned herein above.

3. I have been explained and understood that due to unforeseen circumstances during the course of the proposed treatment / intervention / procedure / surgery something more or different than what has been originally planned and for which I am giving this consent may have to be performed or attempted. In all such eventualities, I authorised and give my consent to the medical / surgical team to perform such other and further acts that they may deem fit and proper using their professional judgement.

understanding all the consequences of the surgery ... anesthesia. I give consent with sound mind for the doctor to perform the surgery on my patient.

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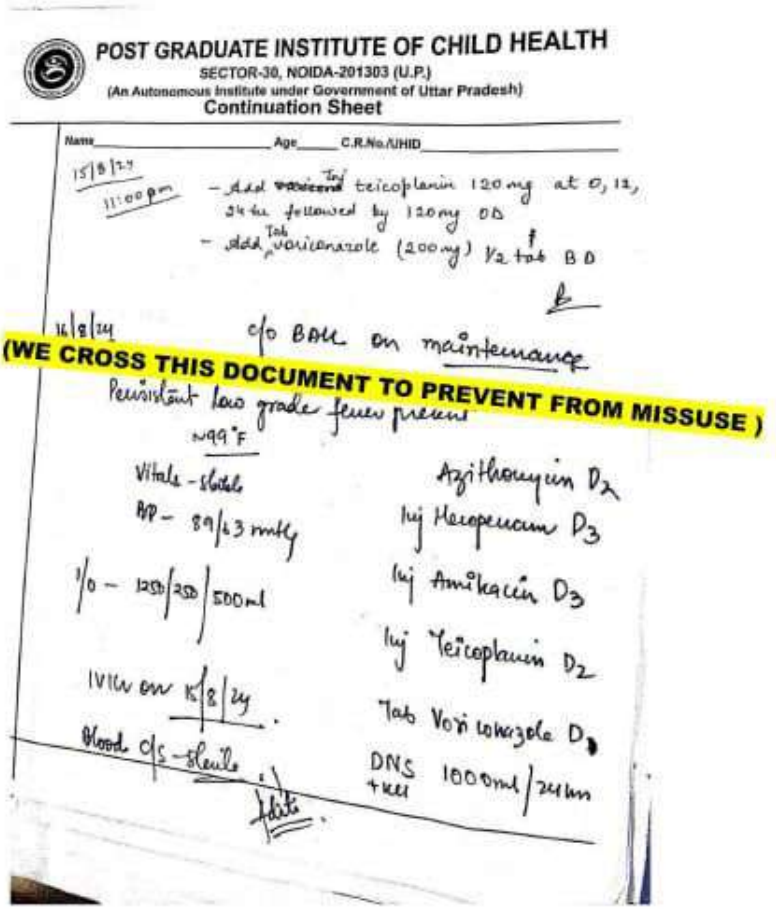

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SECTOR-30, NOIDA-201303 (U.P.)
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Continuation Sheet

Name _____ Age _____ C.R.No./UHID _____

15/8/24
11:00 pm
- Add Inj teicoplanin 120 mg at 0, 12, 24 hr followed by 120 mg OD
- Add Tab voriconazole (200 mg) ½ tab BD

16/8/24
c/o BAH on maintenance
Persistent low grade fever present
~99°F
Vitals - Stable
RP - 89/43 mmHg
I/O - 125/250/500 ml
IVHs on 15/8/24.
Blood C/S - Sterile.

Azithromycin D2
Inj Meropenem D3
Inj Amikacin D3
Inj Teicoplanin D2
Tab Voriconazole D1
DNS 1000 ml/24 hrs

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10:04 Vo) LTE2 4G 55%

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POST GRADUATE INSTITUTE OF CHILD HEALTH

SECTOR-30, NOIDA-201303 (U.P.)
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NURSE RECORD FOR INDOOR PATIENTS

Name: Abhinav Age: 4yr Sex: M C.R.No. 4616

Date of Admission: 14/8/24 Date of Operation: 06/9/24 Date of Transfer: Room No. Bed No.

Medication Injections	POD 5 14/9/24				Special Points
IVF DNS @ 30ml/hr + MVI + KCl (11/00)	✓				
Inj. Piptaz 1.2 gm IV x TDS	(DG) 2am 10am 6PM				
Inj. Amikacin 180mg IV x OD	(DG) 5PM				
Inj. Metrogyl 120mg IV x TDS (Oral)	(DG) 6-2-10				
Inj. P[illegible] ... IV SOS					
Inj. Pantop 10mg IV x OD (Stat Orders)	✓ 6am				
Inj. Levera 100mg IV x BD	✓ 7am 7pm				
Syp. Promethazine 2.5ml P/O x TDS	6-2-10				
Syp. Levosalbutamol 4ml P/O	6-2-10				
Physiotherapy Wt.	11.6kg (Jhon)				

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G-10

P.T.O.

Neb. Duolin TDS 5am - 1pm ...

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