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SANJANA R F HDU 1123598 CHEST, PORTABLE 29-09-2023  
DR. RAM MANOHAR LOHIA HOSPITAL, NEW DELHI

नाम..... Sanjana ..... आयु-लिंग 8/F ..... व.रो.वि./के.स.स्वा.वा. 64464  
Patient's Name ..... Age-Sex ..... OPD/CGHS/CR No.  
प्रभारी चिकित्सक ..... वार्ड Ward ..... विस्तर सं. ....  
Dr. Incharge ..... Wars/OPD 104/ECST II ..... Bed No. 5001  
रोगवृत्त .....  
Clinical History .....  
अनन्तिम निदान .....  
Prov. Diagnosis .....  
युनिट अध्यक्ष .....  
Head of Unit .....

Urine — R/M

चिकित्सक के हस्ताक्षर  
Signature of Clinician

रिपोर्ट  
Report

भौतिक जाँच

Physical Examination

रंग

Colour .....

प्रतिक्रिया

Reaction .....

विशिष्ट भनत्व

Specific Gravity .....

रासायनिक जाँच

CHEMICAL EXAMINATION:

एल्बुमिन (प्रोटीन)

Albumin (Protien) .....

शर्करा

Sugar .....

सूक्ष्मदर्शी जाँच

MICROSCOPICAL EXAMINATION:

विशेष जाँच

SPECIAL EXAMINATION:

दिनांक/Dated .....

विकृति विज्ञानी  
PATHOLOGIST

# ABVIMS and Dr RML Hospital

New Delhi - 110001

3rd Floor ECS HDU DAYCARE SHEET

DEPARTMENT OF PEDIATRICS

T - Fever (+)  
 Count 103.50 F  
 (multiple spikes)  
 U.O - 0.7 ml/kg/16  
 stool -  
 NG aspirate (+)

Name	Sanjana	Date / Time -	29/9/23 10:30 pm	DOA -	29/9/23
Age/Gender	2 yr / F	CR. No. -	64464	DOPICU -	1
Weight	16 kg	Bed number	6	DOMV -	01
Diagnosis	Severe DKA   Resp. Failure   <del>Acidosis</del> Sepsis   shock   ? cerebral edema				

### Current issues

Issue	Intervention	Current status
① Severe DKA - RBS > 500 mg/dl On IV fluids (acc. to DKA protocol) Insulin @ 0.4 iu/kg/hr → 0.20/kg/hr (at 8am)		
② Shock Pulse - weak CRT ~ 3 sec BP - 86/60 mmHg Pulses - low volume	On inj. Adr @ 0.3 Nasadi @ 0.4	
③ Resp. failure - On Ps + SIMV mode Chest BIL AE (+) SpO <sub>2</sub> ~ 95%		

### Respiratory system

Support	SIMV/PSV/CPAP/HFNC		ABG/VBG	Time		ET size
	Morning	Evening		Morning	Evening	
PIP	10 + 85		PH			5.5 (w)
Delta P	10		PCO <sub>2</sub>			Fixed at 16
PS	8 + 5		HCO <sub>3</sub>			Changed on 29/9
PEEP	5		BE			VAP---
VR			PO <sub>2</sub>			ICDT----
FiO <sub>2</sub> / SPO <sub>2</sub>	40%		OI			(drain volume)
VT <sub>e</sub>			ICa			other drains
CXR			P/F ratio			
Examination + Other issues with Mx	B/L AE (+)					

NPO  
HEAD END ELEVATION  
ET/VENT CARE

PLAN-

- D/ ① INTJ. MONOCEF 800 mg (10 mL N/2) IV BD
- D/ ② INTJ. AMIKACIN 240 mg (20 mL N/2) IV OD
- ③ INTJ. PCM 160 mg IV SOS
- ④ INTJ. NS @ 80 ml/hr
- ⑤ INTJ. INSULIN 40IU + 39 mL NS @ 6.8 ml/hr  
( @ 0.4 IU/kg/hr)
- ⑥ INTJ. ADR 4.6 mg (24 mL N/2) @ 2 ml/hr
- ⑦ INTJ. NORADR 4.6 mg (24 mL N/2) @ 2 ml/hr
- ⑧ INTJ. MIDAZ ~~40~~<sup>46</sup> mg + PENTANYL 384 mg (24 ml DW)  
@ 2 ml/hr  
(M - 4)  
F - 2)
- ⑨ INTJ. DEXMED 190 mcg (24 ml DW) @ 1 ml/hr
- ⑩ INTJ. 3% SALINE @ 4 ml/hr → STOP
- ⑪ INTJ. PANTOP 20 mg IV BD
- ⑫ INTJ. VIT K 5 mg IV OD X 3 days
- ⑬ SYP. TAMIFLU (12 mg/ml) 3.5 ml PO BD
- D/ ⑭ INTJ. CLINDAMYCIN 130 mg IV TDS
- ⑮ I/O VITAL & TEMP CHARTING

Weight	
TF	
R (%)	
Drugs	376
Fluids	376
Feed	376
Na	meq/kg/day
K	meq/kg/day

2018026397  
09/29/2023 09:3

3  
20  
220  
168  
48  
48  
48  
24  
376  
—

JR Signature

SR Signature

# ABVIMS and Dr RML Hospital

New Delhi - 110001

3rd Floor ECS HDU DAYCARE SHEET

DEPARTMENT OF PEDIATRICS

Name	Sanyana	Date / Time-	29/9/23	DOA-	29/9/23
Age/Gender	2y / F	CR. No. -	64464	DOPICU--	1
Weight	16kg	Bed number	6	DOMV--	1
Diagnosis	Severe DKA ± met. acidosis ± cerebral oedema ± resp. failure ± GI bleed ± shock				

### Current issues

Issue	Intervention	Current status
1) Respiratory :-	on P <sub>simv</sub> + P <sub>s</sub> mode - hyperventilation <del>mode</del> <sup>mode</sup> <del>not</del> <sup>not</sup> <del>but</del> <sup>but</sup> RR > 52/min; → ΔP ↓ used; P <sub>s</sub> ↓ used; Sat <sup>m</sup> > 95% SpO <sub>2</sub> @ 98% on FiO <sub>2</sub> - - Puj Vec given stat	
2) Hyperglycemia -	on 0.45U/kg → RBS - 480 - 503 Lines checked;	
3) Shock -	ASP - 80/34 mmHg - rechecked ASP - 90/44 mmHg on Adv @ 2.2 N Adv @ 0.1	
4) Electrolyte	- VBG - K <sup>+</sup> < 2.8; So Electrolyte input > 6.8 K <sup>+</sup> free fluid ↓	
	high grade fever spikes @ nt.	

### Respiratory system


Support	SIMV/PSV/CPAP/HFNC		ABG/VBG	Time-		ET size	Fixed at
	Morning	Evening		Morning	Evening		
PIP			PH	7.106			
Delta P		5	PCO2		31.4		
PS			HCO3		10		
PEEP		4.5	BE				
VR			PO2		49.4		
FiO2 / SPO2		50% / 93%	OI				
VTe			ICa				
CXR			P/F ratio				
Examination + Other issues with Mx	B/L AE (+); - <del>intermittent</del> occasional crepts @ nt <sup>at</sup> Rt side.						

rpt  
Elect  
Sec



Patient Name : BABY SANJAN  
Age / Gender : 8 years / Female  
MR No. / IPD No. : R M L /  
Patient Type / Bed No. : 1 /  
Referred By : R M L HOSPITAL



Registration Time : Sep 29, 2023, 03:34 a.m.  
Receiving Time : Sep 29, 2023, 03:34 a.m.  
Reporting Time : -  
  
230929032  
Panel : Dr. R M L HOSPITAL  
Client Code : R M L HOSPITAL

Test Description	Value(s)	Unit(s)	Reference Range
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### HAEMATOLOGY

#### Prothrombin P.T.

##### Prothrombin Time.

Prothrombin Time -Test	15.5	sec.	11 - 16
Control(MNPT)	12.5	sec.	- 12.5
PT(INR) Value	1.25		0.8 - 1.2

#### Interpretation:

- 1- The Prothrombin Time (PT) and International Normalized Ratio (INR) are measures of the extrinsic pathway of coagulation.
- 2- The INR is used only for patients on stable oral anticoagulant therapy. It makes no significant contribution to the diagnosis or treatment of patients whose PT is prolonged for other reasons.

#### Increased PT times may be due to:

Factor deficiencies( X , II , V , I ), Coumadin (warfarin) therapy, Liver Diseases (Bile duct obstruction, Cirrhosis , Hepatitis), Hemorrhagic Disease of the newborn, DIC, Malabsorption, Fibrinolysis, Vitamin K deficiency.

#### Interference in PT/INR:

Alcohol, antibiotics, aspirin, cimetidine, thrombin Inhibitors(Increase PT) Barbiturates, oral contraceptives, hormone-replacement therapy (HRT), and vitamin K (Decrease PT).

**\*\*END OF REPORT\*\***



# लगातार चार्ट / CONTINUATION CHART

कमरा/शय्या सं/Room/Bed No. ....

नाम/Name .....

आहार/Diet

प्रतिदिन विवरण और चिकित्सा/Daily Notes and Treatment

नाम/Date

To  
DOD/CR on duty  
HDU  
Dr RMITH, Delhi

Bayan  
Eg/F  
↓ EUS 32 flow  
↓ P, emergency

September 29, 2023 (3AM)

Respected sir/ma'am,

This patient is a case of severe DKA

presented i yo pain abdomen since morning.

in gasping state & shock.

o/e GC: sick, acidotic healthy.

HR: 180bpm

SpO<sub>2</sub>: NP

BP: 90/60

Temp: cool

CNS: E4V, M2

tone (N) all 4 limbs

DR: 2+/2+

R/S

W/S

P/A

↓ WNL

RBS = high

PA/pO<sub>2</sub>/HCO<sub>3</sub>: 6.9/31/7

↓ patient intubated i

ET size 5.5mm fixed at 16cm.

Patient is currently on NS bolus, insulin infusion  
in medaz infusion, 3% NaCl, maintenance for 35hr.

Kindly consider for transfer to your unit if yo severe DKA  
need for mechanical ventilation, IVC & monitoring.

Thanking you

2/6,

# लगातार चार्ट / CONTINUATION CHART

Name: Sanjana / By female कमरा/शय्या सं/Room/Bed No. ....  
 प्रतिदिन विवरण और चिकित्सा/Daily Notes and Treatment आहार/Diet

19/23

Transfer Summary

P<sub>15</sub> → HDU

DOA: 29/1/23  
(3:40 AM)

Dis: K/yo Type-I DM & severe DKA

Patient is a K/yo type I DM, diagnosed 1 month ago. (presenting with c/o polyuria for 1 month)

↓  
 started on insulin ijectin [compliance poor]  
 [? documents available]

TODAY: presented c/o pain abdomen x/day morning.

↓  
 taken to prh hospital (Apollo hospital)  
 RBS: 570 mg/dL | HBA1C: 11.5 %

23/1  
 10-8 5300 1-5L  
 9/14L / N60 L35  
 M(T. neg.)  
 WIPAL: neg  
 ESR: 31

↓  
 iv fluids given & insulin infusion started  
 ↓  
 attendant refused & took LAMA

↓  
 presented to emergency in gasping state & shor

altered  
 NO aspirate ⊕

HR: 180 bpm  
 RR: gasping state  
 SpO<sub>2</sub>: NR  
 ext: cool PP  
 BP: 70/NR

CNS: G4U, M2  
 tone ⊕  
 DTR: 2+/2+  
 Cvs: S1S2 + m =  
 P/A  
 R/S } NAD

RBS: high

↓  
 intubated & S. S mm ET fixed  
 at 16cms

Atal Bihari Vajpayee Institute of Medical Sciences and  
Dr Ram Manohar Lohia Hospital  
Baba Kharak Singh Marg, New Delhi-110001

DOCTOR'S INITIAL ASSESSMENT SHEET

PATIENT NAME: Sanyane AGE: 8y SEX: f  
D/O, W/O: \_\_\_\_\_ CONTACT NO.: \_\_\_\_\_  
NO./UHID: \_\_\_\_\_ BED NO./WARD \_\_\_\_\_  
NO. (IF ANY) \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

ADMITTED WITH COMPLAINT OF: epo pain abdomen x since morning

HISTORY OF PRESENT ILLNESS: Patient was apparently asymptomatic 1 day back when she developed pain abdomen which was acute in onset, progressive, non radiating, no aggravating and relieving factors.

HISTORY OF PAST ILLNESS: No y/o fever, vomiting, loose stools, Abnormal body mass  
Blurring vision...  
decreased urine output



# MERI MAA TRUST

Always Love Your Mother

Ref. No.....

Date 30/9/23

सेवा में;  
महोदय  
मेरी माँ ट्रस्ट  
संगम विहार नई दिल्ली

महोदय, सविनय निवेदन यह है कि मेरी भतीजी संजना जो कि 8 साल की है जिसके माँ बाप नहीं हैं संजना अभी RML Hospital में भर्ती है और संजना के chest infection और sugar high है मेरी बच्ची की हालत बहुत नज़रक है हम फलवेल बने आर है अपनी बच्ची के इलाज के लिए मेरी हाथ जोड़ कर आपसे विनती है मेरी बच्ची के इलाज में मेरी सहायता करे इस विन माँ बाप की बच्ची का कमेरे सिवा कोई सहारा नहीं है।

