







शरीरमाद्यं खलु धर्मसाध
 सं० अस्पताल/A.I.I.M.S. HOSPITAL
 बहिरंग शैली विभाग /Out Patient Department
 अस्पताल के अन्दर धूम्रपान करना है। SMOKING IS PROHIBITED IN HOSPITAL PREMISES



डॉ० एम. बाजपेयी
 OPD-6M. BAJPAJ
 सोमवार
 MONDAY

रोगी का नाम/Unit
 विभाग/Dept.
 नाम

रोगी का पहचानिका
 UHO: 105757930
 Dept No: 2001220000049

कक्षा / Room

G-31
 Unit-4
 Paediatric Surgery OPD
 Queue No. 787
 17/07/2023

रोगी/O.P.D. Regn. No.

पता/Address

रोगी का नाम
 BABY
 2Y 4M 17D) F
 D-DHARNAAM SINGH
 Add: SADAL, UTTAR PRADESH, PIN-201304



Follow Up... General P.S. Reseting: 8:30 AM - 8:55 AM

निदान/Diagnosis

fulc of common cloaca

दिनांक/Date

70

उपचार/Treatment

Planned for

Abdomino-perineal pull + vaginal replacement through

- Blood donation

NO C/O cough/cold/fever
 URI

24.07.23
 follow up
 Dept/Clinic: Ped/Sx/OPD

AD/W Dr G Durga maam

Hgm → 9.1/10.54/501K.
 14/07/2023

- fever 24/07/2023 at 9 AM

Wme (R) → (N)
 Wme (L) - No growth

(Signature)

शरीरमाद्यं खलु धर्मसाध



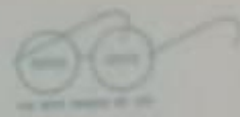
Dr Ram Sheelan Pandey
 MCh SR Paediatric Surgery
 AIIMS New Delhi
 UMC-106215



सर्वोच्च शल्य चिकित्सा केंद्र
 Surgical Department
 3rd Floor, Block - 35

अस्पताल / A.I.I.M.S. HOSPITAL
 / Out Patient Department

SMOKING IS PROHIBITED IN HOSPITAL PREMISES



QR Code
 1040 104707531
 Dept No. 2071020010040

OPR-6

Q-31
 1040
 21/02/2023
 21/02/2023
 21/02/2023
 21/02/2023
 21/02/2023

वर्गीकृत मरीज No./O.P.D. Regn. No.
 उम्र / Age
 डॉ. एम. बाजपेयी
 Dr. M. BAJPAJ
 सोमवार
 MONDAY

रोग/Diagnosis

Common Cloaca A/I end colostomy

दिनांक/Date

उपचार/Treatment

~~21/02/23~~
 21/02/23

8.4 kg

21/2/23 - APP by HBT.
 21/2/23 - EL + excision of pulled
 bowel + end colostomy.
 Currently
 - passing stools via stoma
 - Accepting orally
 - no fever/distension of abdomen
 Pain in abdomen
 OK
 GC for oral
 vitals stable
 Pla - good stoma ⊕ in L.H
 health. Achievement.
 Anterior birth.

appointment on 21/02/23
 Clinic

P.F.O



CLEAN AND GREEN AIIMS / एक ही छत, एक ही जल
 अमृत जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE
 O.R.B.O., AIIMS, 26583300, 26593444, www.orbo.org Helpline - 1200 (24 hrs service)





अ० भा० आ० स० 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

रोगी का नाम / Name
 U4D: 105757930
 Dept No: 20210220005946



कमरा / Room
G-31
 Unit-1
 Paediatric Surgery OPD
 Queue No: 1021

OPR-6

बच्चा बच्चा
BABY
 10M / F11
 C CHARTUKARU SINGH

29/12/2021
 सोम, बुध, गुरु, शनि
 MON, WED, THU, SAT

पंजीकृत सं० / O.P.D. Regn. No.

आयु
 Age

पता / Address

आर. आर. आर. - 11140 PRADESH, Patna



New Patient General ₹ 10 Reporting: 10.00 AM-10.30 AM

निदान / Diagnosis

urogenital sinus

दिनांक / Date

उपचार / Treatment

POB = 4/9

11

10-11-21

IF



अ० मा० आ० स० अस्पताल / A.I.I.M.S. HOSPITAL
 बाहिरंग रोगी विभाग / Out Patient Department
 शिवालय ले अन्दर धुम्रपान नका है / SMOKING IS PROHIBITED IN HOSPITAL PREMISES



रोगी पहचानिका
 UMO 105757930
 Dept No 2021022005046

रोगी कमरा
 G-31
 UMO
 Paediatric Surgery OPD
 Queue No. 107

OPR-6

रोगी का नाम
 BABY
 CHAKRABARTI SINDHU

उपचार सं./O.P.D. Regn. No.

आपका डॉक्टर
 Dr. CHAKRABARTI SINDHU

28/12/2021
 सोम बुध गुरु शनि
 MON, WED, THU, SAT

उम्र
 Age

पता/Address

म - New Patient - Series F 15 - Reporting 10:30 AM to 12:30 AM

रोग/Diagnosis

intestinal stress

दिनांक/Date

उपचार/Treatment

11

6.5 kg

10 ml F

POB = 4/3/21

Appointment on
 for
 Dept./Clinic

abnormal analogy since birth.

↓
onset here after 5m 48hr (PT)
↓
into distal part stool softens.
stools clear on its own after 1 week

↓
later pt started taking stools from
rectum

↓
2 weeks later sigmoid colonogdys [PT]

Now takes stools right from

no abnormal distension

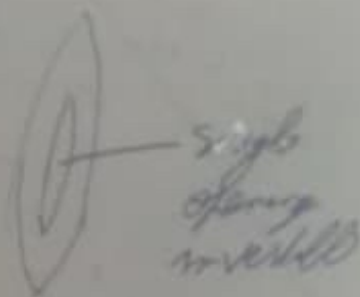
not on steroid wash



O/E

urogenital sinus

~~Conjugation~~



* stand peduncle (+)

sub (+) & oral set (+)

MRI pelvis

(4/12/11)

= High to internal T12 ARM
T12 level point ending just above
the levator ani muscle.

b(R) side sclerous plate

[no outline of tailbone structure]

USG pelvis
G. Nitrogam
L
Pan anatomy

ClD/W Dr. Agny Verma

1) USG pelvis.

2) G. Nitrogam.

Pan anatomy after this.



Review on ~~Wednesday~~ (2nd/12/11)

~~Dr A Verma~~

Agny

5.



Receipt No. ACCOUNTS-18-110061/202324 AMF. RS. 550

क.प.सं. C.R.No.	वार्ड/बिस्तर नं. WARD/BED NO.	दिनांक DATE
नाम NAME	आयु AGE	लिंग SEX
पिता/माता/पति का नाम FATHER/MOTHER/HUSBAND NAME	राष्ट्रीयता NATIONALITY	धर्म RELIGION
माता/पिता/पति का नाम MOTHER/FATHER/HUSBAND NAME	पेशा/व्यवसाय OCCUPATION	पता/पता ADDRESS
स्थानीय पता/जहाँ के निकट का पता LOCAL ADDRESS OR NEXT OF KIN WITH ADDRESS	संपर्क नं. CONTACT NO.	आधार नं. AADHAR NO.
अन्य OTHER PERMANENT ADDRESS	राज्य STATE	पिन कोड PIN CODE

D/D - 25/4/2023

विभाग का विवरण/DEPARTMENT DETAILS

विभाग DEPARTMENT	यूनिट UNIT
प्रा. नं./वार्ड नं. PR. NO./WARD NO.	वै. ति. /दि. /दि. DATE OF ADMISSION
कक्षा/विभाग CLASS/DEPARTMENT	पु. ति. /दि. /दि. DATE OF DISCHARGE
अ.सं./अ.सं. /अ.सं. A.S./A.S./A.S.	देश INDIA
पु. नं. /अ.सं. /अ.सं. /अ.सं. PR. NO./A.S./A.S./A.S.	हस्ताक्षर SIGNATURE

निदान एवं अन्य/DIAGNOSIS & OTHERS

प्रारंभिक/प्रारंभिक निदान
 PRIMARY/PROVISIONAL DIAGNOSIS
 Piloles common dooca with
 Sudoestomus
 16/9/23
 16/9/23
 16/9/23

द्वितीयक निदान एवं जटिलताएँ
 SECONDARY DIAGNOSIS & COMPLICATIONS
 Decimat
 hretardomou
 baily for accommodation
 r thomovak

निदान/प्रकार/प्रकार
 DIAGNOSIS/TYPE/TYPE
 RESULT: CURED/IMPROVED/UNCHANGED/DISCHARGED ON REQUEST/AMA/ABS/CON/D/WORM/EXT/10

निदान/प्रकार/प्रकार
 DIAGNOSIS/TYPE/TYPE
 SIGNATURE OF SR RESIDENT



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

अस्पताल में अग्नि प्रयोग करना है। / SMOKING IS PROHIBITED IN HOSPITAL PREMISES



डॉ० एम. बाजपयी
Dr. M. BAJPAI

OPD-6

MONDAY

QR Code
UPI ID: 1234567890
UPI No: 201234567890

Room/Room

G-31

कार्डिनो नमूना नं./O.P.D. Regn. No.

उम्र
Age

घर/Address

बच्चा है
BABY

Specialty: Surgery OPD
Queue No. 75
1201/2023

19/07/2023
DISHANUAM/SNDH
*** BIRTH: 19/07/2023 ***



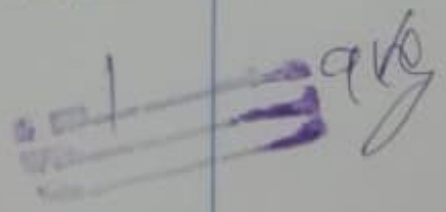
General Fee Reporting 9:00 AM-2:00 AM

रोग/Diagnosis

Common Cloaca

दिनांक/Date

उपचार/Treatment



Planned for Pull through + vaginal
(Abdomino-perineal) Jejunostomy

Appointed for
17/7/23

Dr. Sachit Anand

• PPOA - 24/07/23

Actu

• 10 Blood donation

• F/U on 17/07/23 for confirmation

Room
LF 1
RF 1.
Urea r/m R/c/s

Syp A-2 2ml OD

Syp Vitabal 2ml OD

(Signature) st/pl



• En mass closure of sheath done with 1 Prolene over feeding tube using tension sutures

WARD COURSE
 Preop child came with hypokalemia. Dehydration & hypokalemia was corrected with IV fluids and infusion and posted for OT after stabilization. Patient was shifted after extubation. Received IV Taxim/Amikacin and PCM. Child received 1 unit PRBC and FFP transfusion post op. In the post op period the child had skin level dehiscence from the left lateral aspect of the wound. Stoma started functioning from POD2. Orally allowed from POD3 and gradually built up. LFT showed decreased albumin and was started on a high protein diet. Glove drain removed on POD4. Child developed recurrence of burst abdomen on lateral aspect of wound on POD4 and rapidly increased to complete dehiscence. Child was again posted for OT. Post procedure dressing removed on POD 2. Wound healthy. No further dehiscence. Child is discharged in stable condition on full orals and passing stool. Wound dressing done and taught to mother.

COMPLICATIONS
 Wound dehiscence- recurrent burst abdomen

- ADVISE ON DISCHARGE**
- Laminar discharge summary.
 - High protein diet
 - Peristomal site - coconut oil application
 - Stoma care as explained. Keep local site clean and perform daily dressing as explained
 - Syrup A to Z 3 ml OD
 - Syrup Vitcofol 3 ml OD
 - Syp Taxim O 5 ml (50 mg/5 ml) BD * 1 week
 - Syrup PCM 3 ml (250 mg/5ml) SOS
 - Local hygiene and daily bath
 - Review SOS in Paeds Casualty in case of Poor feeding/ Vomiting/ Lethargy/ Cyanosis/ Fever

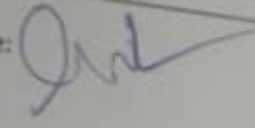
ADMISSION SR
 Dr Kaushal

CONSULTANT
 Prof M Bajpai/ Dr G Divya

MANAGING SR
 Follow Up

Dr Chandramouli / Dr Kaushal/ Dr Monika
 Follow up in Paeds Surg OPD (Mother and Child Block) on Monday (9/10/23) at 9 AM with a prior appointment.

Date: 25/09/23

Signature: 

INVESTIGATIONS

Investigations	Date	Report
Genitogram (AIIMS)	10/01/22	Common cloaca - Size - 36cms, Well formed Uterus - On USG correlation
MRI Pelvis	4/2/21	Rectal pouch above the levator ani muscles. B/L Puborectalis, external sphincter - Visualised. No e/o sacrococcygeal anomaly.
USG KUB (by Dr Manisha)	26/4/22	B/I Kidneys- Normal size, echogenic. Uterus, Cervix- visualised, normal. Vagina- Opening into common channel/ cavity - 1.6 cms length, Rectum appears to end abruptly into the common cavity. Likely cloaca

Blood / Serum

16/9/23	16/9/23	17/9/23	22/9/23
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DEPARTMENT OF PEDIATRIC SURGERY
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, ANSARI NAGAR, NEW DELHI
DISCHARGE SUMMARY

NAME	Baby	AGE	2 Yrs 4 M	SEX	Female
FATHER'S NAME	Harnaam Singh	DOA	16/09/23	CR NO.	H-500/88-23
ADDRESS	Badlau, India	DOO	16/09/23	UHD NO.	105757930
			20/09/23		
		DOD	25/09/23	CONTACT NO.	R.....
DIAGNOSIS	F/U/C of Common cloaca s/p sigmoid loop colostomy & APPT with burst abdomen				
HISTORY & EXAMINATION	<p>H/o absent anal opening since birth FTNVD / CIAB/ Passed urine on day 1 of life. Noticed single opening in perineum. No antenatal diagnosis. Anoplasty done at Day 1 of life (Pvt hospital, Badlau). No records available. Passed stools through the same for 1 month, but the opening closed off and the child started passing stools from the opening in the vestibule. At 1 month of age, (1/4/23) - Sigmoid loop colostomy at Bijnor private hospital. Followed at AIIMS. On 8/3/22 - Panendoscopy (SN/MB) - 2.5 cms common channel. bladder opening separately anteriorly. Vaginal opening posteriorly with rectal opening seen in the posterior wall of vagina of 1 cm depth. Bladder mucosa - Normal, B/L ureteric orifices - Normal. Vaginal indentation on posterior wall and dome of the bladder. Fecolith in the rectum. Not on distal stoma washes. Passes urine in stream. No h/o UTI. Planned for APPT with vaginal replacement.</p> <p>Underwent APPT with Hanging wall technique (MB/GD/MO/PR) on 25/7/23 Exploratory Laparotomy + Excision of pull through bowel + End colostomy (GD/DL/SG)//MB on 29/7/23 (Developed abdominal distension and features of sepsis on POD2. On POD4, child developed abdominal distension, and there was fecal peritonitis). Post op child kept on ventilator and ADR support. Inotropes were tapered and stopped on POD2. Extubated on POD3. Kept on nCPAP and then gradually shifted to room air. Started on TPN initially but then shifted to NG feeds followed by oral feeds after stoma started functioning on POD3. Has mild SSI at discharge for which stoma care and dressing has been taught to mother. Now child presented with fever- low grade for 2 days, pus discharge from wound and dehiscence of wound with protrusion of bowel outside.</p> <p>O/E: G.C- Fair, Afebrile, Peripheries - warm, CFT <3sec, Hydration- good, Color - Pink, Activity - fair. No icterus/cyanosis. HR - 146/min, RR - 56/min, AF - level. SPO2-99% on RA. RS/CVS/CNS- WNL. P/a- Soft. Burst abdomen with protrusion of bowel- small bowel outside abdomen with surgical site infection and necrosis over superior aspect of wound. Anal opening- normal</p>				
OPERATIVE PROCEDURE	Secondary suturing of wound (CG/Aman//MB/GD) En mass closure of abdomen (GD/CG/SG)				
PER-OP FINDINGS	<p>Surgery 1:</p> <ul style="list-style-type: none"> • Matted bowel loops exposed outside abdomen • Large muscle defect • Muscle plane with sheath mobilized all around • Closure done under moderate to severe tension <p>Surgery 2:</p> <ul style="list-style-type: none"> • Complete dehiscence of previous burst abdomen • Thinned out muscle with cut through of previous sutures 				

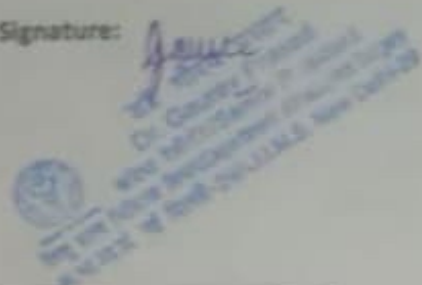
DEPARTMENT OF PEDIATRIC SURGERY
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, ANSARI NAGAR, NEW DELHI
DISCHARGE SUMMARY

NAME	Baby	AGE	2 Yrs 4 M	SEX	Female 8/30/23
FATHER'S NAME	Harnaam Singh	DOA	24/7/23	CR NO.	44-214966-22
ADDRESS	Badau, India	DOO	25/7/23	UHID NO.	305940025
			29/7/23		105959930
		DOD	16/8/23	CONTACT NO.	8.
DIAGNOSIS	F/U/C of Common cloaca s/p sigmoid loop colostomy				
HISTORY & EXAMINATION	<p>H/o absent anal opening since birth FTNVD / CIAB/ Passed urine on day 1 of life. Noticed single opening in perineum. No antenatal diagnosis. Anoplasty done at Day 1 of life (Pvt hospital, Badau). No records available. Passed stools through the same for 1 month, but the opening closed off and the child started passing stools from the opening in the vestibule. At 1 month of age, (1/4/21) - Sigmoid loop colostomy at Bijnor private hospital. Followed at AIIMS. On 8/3/22 - Panendoscopy (5N//MB) - 2.5 cms common channel, bladder opening separately anteriorly. Vaginal opening posteriorly with rectal opening seen in the posterior wall of vagina of 1 cm depth. Bladder mucosa - Normal; B/L ureteric orifices - Normal; Vaginal indentation on posterior wall and dome of the bladder. Fecolith in the rectum. Not on distal stoma washes. Passes urine in stream. No h/o UTI. Planned for APPT with vaginal replacement.</p> <p>O/E: G.C- Fair, Afebrile, Peripheries - warm, CFT <3sec, Hydration- good, Color - Pink, Activity - fair. No icterus/cyanosis. HR - 146/min, RR - 56/min, AF - level. SPO2-99% on RA. RS/CVS/CNS- WNL P/a- Soft. No lump. Sigmoid loop colostomy present. Distal loop prolapsed. No fecalomas palpable. L/e of Ext genitalia- Single perineal opening noted. Gluteal folds- Well developed. Scar noticed in the anal site.</p>				
OPERATIVE PROCEDURE	Surgery 1 : APPT with Hanging wall technique (MB/GD/MO/PR) 29/7/23 Surgery 2 : Exploratory Laprotomy + Excision of pull through bowel + End colostomy (GD/DL/SG)//MB				
PER-OP FINDINGS	<p>Surgery 1 :</p> <ul style="list-style-type: none"> • Single opening noted in perineum • Foleys insertion was difficult • Cystoscopy was done • Through guidewire, Foleys was inserted into the bladder under vision • Distal prolapsed bowel loop - reduction done • Visualised bowel loops- Normal • No free fluid • Colostomy closed in longitudinal manner • Pull through based on left colic vessels with hanging bowel technique <p>Surgery 2:</p> <ul style="list-style-type: none"> • Exploration done • Complete dehiscence of suture line • Severe fecal contamination + • Excision of pouch done and end stoma created 				

ICU COURSE	Received Inj Augmentin/ Gentamycin/ Metronidazole/ PCM. Baby kept NPO and started on IV fluids. Developed abdominal distension and features of sepsis on POD2. On POD4, child developed abdominal distension, and there was fecal peritonitis. Re-exploration was done and end colostomy made (operative findings above). Child kept on ventilator and ADR support. Inotropes were tapered and stopped on POD2. Extubated on POD3. Kept on nCPAP and then gradually shifted to room air. Started on TPN initially but then shifted to NG feeds followed by oral feeds after stoma started functioning on POD3. Has mild SSI at discharge for which stoma care and dressing has been taught to mother. Discharged on stoma on full oral feeds.		
COMPLICATIONS	Fecal peritonitis		
ADVISE ON DISCHARGE	<ul style="list-style-type: none"> - Laminare discharge summary. - High protein diet - Stoma care as explained. Keep local site clean and perform daily dressing as explained - Syrup A to Z 3 ml OD - Syrup Vitcofol 3 ml OD - Syp Taxim O 5 ml (50 mg/5 ml) BD * 1 week - Syrup PCM 3 ml (250 mg/5ml) SOS & ZINC Syrup 1/1/1/1 - Syrup Rantac 2.5 ml (75 mg/5ml) BD * 1 week - Syrup Domstal 1 ml (1 mg/1ml) TDS - Local hygiene and daily bath - Review SOS in Paeds Casualty in case of Poor feeding/ Vomiting/ Lethargy/ Cyanosis/ Fever 		
ADMISSION SR	Dr Gaurav Prasad	MANAGING SR	Dr Monika
CONSULTANT	Prof M Bajpal/ Dr G Divya	Follow Up	Follow up in Paeds Surg OPD (Mother and Child Block) on Monday (21/8/23) at 9 AM with a prior appointment.

Date: 16/08/23

Signature: *[Signature]*



INVESTIGATIONS

	Date	Report
Genitogram (AIIMS)	10/01/22	Common cloaca - Size - 36cms, Well formed Uterus - On USG correlation
MRI Pelvis	4/2/21	Rectal pouch above the levator ani muscles. B/L Puborectalis, external sphincter - Visualised. No e/o sacrococcygeal anomaly.
USG KUB (by Dr Manisha)	26/4/22	B/I Kidneys- Normal size, echogenic. Uterus, Cervix- visualised, normal. Vagina- Opening into common channel/ cavity - 1.6 cms length; Rectum appears to end abruptly into the common cavity. Likely cloaca

Blood / Serum

	24/7/23	28/7/23
Hb		9.3
TLC		4630
Plt		142k

ACCOUNTS-18-110061/202324 ANT. RS. 150

कें.पं.सं.
C.R.No.

पार्क/विभाग/रजि.
WARD/DEPT NO.

दिनांक
DATE

नाम/NAME:
रिश्तेदार का नाम / FATHER/HUSBAND NAME:

पेशा/PROF.

राष्ट्रियता/NATIONALITY

धर्म/RELIGION:

माता का नाम/MOTHER NAME/LESS BABY/BABY

व्यवसाय/OCCUPATION:

D/O HARNAM

स्थायी पता/LOCAL ADDRESS OR NEXT OF KIN WITH ADDRESS:

फोन नं./CONTACT NO.

पता नं./ADDRESS NO.

अन्य
स्थायी पता/PERMANENT ADDRESS:

राज्य/STATE

राज्य/STATE

D/O - 25/1/2023

विभाग का विवरण/DEPARTMENT DETAILS

विभाग/DEPARTMENT

यूनिट/UNIT

यूनिट का प्रमुख/UNIT HEAD

प्रवेश दिनांक/DATE OF ADMISSION

रजिस्ट्रार/REGDNT

प्रवेश दिनांक/DATE OF INDIA

अपघात नं./OPD CASUALTY NO.

अपघात नं. के तहत कार्य करने वाले का नाम/NAME OF CAO STAFF ON DUTY:

अपघात नं. के तहत कार्य करने वाले का हस्ताक्षर/SIGN OF CAO STAFF ON DUTY

निदान एवं अन्य/DIAGNOSIS & OTHERS

प्रारंभिक निदान/PROVISIONAL DIAGNOSIS

Dr. S. under dr. bapaj
Pituitary adenoma with

टिप्पणी/REMARKS:

Sustained

अंतिम निदान/FINAL DIAGNOSIS

Dr. S. under dr. bapaj
Pituitary adenoma

द्वितीयक निदान एवं जटिलताएँ
SECONDARY DIAGNOSIS & COMPLICATIONS

Dr. S. under dr. bapaj
Pituitary adenoma

मृत्यु का कारण/CAUSE OF DEATH

Dr. S. under dr. bapaj

Dr. S. under dr. bapaj
Pituitary adenoma

परिणाम: ठीक हो गया/बढ़ा हुआ/बदला हुआ/असंशोधित/असंशोधित/असंशोधित/असंशोधित/असंशोधित
RESULT: CURED/IMPROVED/UNCHANGED/UNCHANGED ON REQUEST/LAMA/ABSCONDED/WORSE/EXPIRED

अधीन निवास करने वाले का नाम और हस्ताक्षर
NAME & SIGN OF SR. RESIDENT

Dr. S. under dr. bapaj

अधीन निवास करने वाले का हस्ताक्षर
SIGN OF SR. RESIDENT

कें.पं.सं.
C.R. No.

वार्ड / WARD
NON-ELIGIBLE
WARD / BLDG NO.

दिनांक
DATE

नाम / NAME :
दि.पू.सं. / FATHER / HUSBAND NAME :

MCH6B/1

वय / AGE : 16/09/23

राष्ट्रियता / NATIONALITY :
धर्म / RELIGION :

माता का नाम / MOTHER NAME / SS BABY / BABY

व्यवसाय / OCCUPATION : D/O HARN + AM

स्थायी पता अथवा निकटतम रिश्तेदार का पता
LOCAL ADDRESS OR NEXT OF KIN WITH ADDRESS :

व्यवसाय / HABIT / STATUS :

संस्था / INSTITUTION :

सं.सं. / CONTACT NO.

आधार सं. / AADHAR NO.

अन्य पता / PERMANENT ADDRESS :

राज्य / STATE :

D/O - 25/9/2023

16/09/23

राज्य / STATE :

विभाग का विवरण / DEPARTMENT DETAILS

विभाग / DEPARTMENT :

यूनिट / UNIT :

यूनिट का वर्ष / UNIT YEAR :

प्रवेश दिनांक / DATE OF ADMISSION :

आवृत्ति / VISIT / VISIT :

छुट्टी के दिनांक / DATE OF HOLIDAY :

आवृत्ति सं. / CASUALTY NO.

यूनिट का कर्मचारी का नाम / NAME OF CAO STAFF ON DUTY :

यूनिट पर कर्मचारी का हस्ताक्षर / SIGN. OF CAO STAFF ON DUTY

निदान एवं अन्य / DIAGNOSIS & OTHERS

आवृत्ति / PROVISIONAL DIAGNOSIS :

Dr. S. under dr. bajpai
pulsig common doosa with
Sudrologom

टिप्पणी / REMARKS :

Sudrologom

अंतिम निदान / FINAL DIAGNOSIS :

Sudrologom

द्वितीयक निदान एवं जटिलताएँ
SECONDARY DIAGNOSIS & COMPLICATIONS :

Deeromat
- kret abdomen

मृत्यु का कारण / CAUSE OF DEATH :

Signature

- birkly fine accommodation
in pharynx

परिणाम / RESULT : CURED / IMPROVED / UNCHANGED / DISCHARGED / ON REQUEST / AM / ABSCONDED / WORSE / EXP. / ...

अभिज्ञ रेजीडेन्ट का नाम एवं हस्ताक्षर
NAME & SIGN. OF SR. RESIDENT :

Signature

अभिज्ञ की हस्ताक्षर
SIGN. OF CONSULTANT



भारत सरकार

GOVERNMENT OF INDIA



मोहन देवी

Mohan Devi

जन्म तिथि/ DOB: 01/01/1994

महिला / FEMALE



आधार-मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:

अर्धांगिनी: हरनाम सिंह,
कोठा पोस्ट गुडाना, गुधना,
बदायूँ,
उत्तर प्रदेश - 243637

Address:

W/O: Harnam Singh, Kotha Post
Gudana, Gudhna, Badayun,
Uttar Pradesh - 243637

Aadhaar-Mera Aadhaar, Meri Pehachan



PILL Receipt No.: ACCIDENTS-IN-TENSION UNIT 45, 39

NCPN-NLIC

सं.पं.सं. C.A.N.	IN-SHIPING 20	रक्त, विभाग सं. WARD - BED NO.	NC3665	दिनांक DATE	25/09/2023	पै. SEX	051
नाम NAME	MISS BAJAJ BAJAJ		उम्र AGE	2 Y 4 M 25 D 03		पै. SEX	F
पिता का नाम FATHER'S NAME	DR. HARNAWANT SINGH		राष्ट्रियता NATIONALITY	INDIA			
पति का नाम HUSBAND'S NAME			धर्म RELIGION	Hindu			
वैवाहिक स्थिति MARRIAGE STATUS	Other		वैवाहिक स्थिति MARRIAGE STATUS	Single			
व्यवसाय OCCUPATION	Other		व्यवसाय-श्रेणी OCCUPATION-BRAND				
स्थानीय पता LOCAL ADDRESS OR NEXT OF KIN WITH ADDRESS			सं.पं.सं. C.A.N.				
स्थायी पता PERMANENT ADDRESS			सं.पं.सं. C.A.N.				
राज्य STATE			सं.पं.सं. C.A.N.	INDIA			

विभाग के विवरण / DEPARTMENT DETAILS

विभाग DEPARTMENT	PAEDI SURGERS	डॉक्टर DOCTOR					
डॉक्टर का नाम DOCTOR'S NAME	Dr. Arun Kumar Singh	आवेशित तिथि DATE OF ADMISSION	25/09/2023	सं.पं.सं. C.A.N.	051		
उत्सर्ग तिथि DATE OF DISCHARGE		उत्सर्ग तिथि DATE OF DISCHARGE		सं.पं.सं. C.A.N.			
एल.आई.एम.एस. आई.डी. नं. AIIMS ID No.	1855308						
अधिकारी का हस्ताक्षर SIGNATURE OF CAO STAFF ON DUTY							

विचार एवं अन्य / DIAGNOSIS & OTHERS

आयु AGE	2 Y 4 M 25 D 03	सं.पं.सं. C.A.N.					
वजन WEIGHT		सं.पं.सं. C.A.N.		सं.पं.सं. C.A.N.			
शरीर का तापमान BODY TEMP		अन्य टिप्पणियाँ OTHER NOTES					
द्वितीयक निदान एवं जटिलताएँ SECONDARY DIAGNOSIS & COMPLICATIONS							
मृत उपचार POST MORTEM							
मृत उपचार AUTOPSY	है/नहीं YES/NO						
निदान का प्रकार RESULT	CURD/IMPROVED/UNCHANGED/DISCHARGED ON REQUEST/LANKA/RECONDOID/WORSE/EXPIRED						
रिजिडेंट का नाम एवं हस्ताक्षर NAME & SIGN OF ST. RESIDENT							
कंसल्टंट का हस्ताक्षर SIGN OF CONSULTANT							

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029
 ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI-110029

नाम Name	उम्र Age	लिंग Sex	वैवाहिक स्थिति Marital Status	यू.एच.आई. नं. UHID No.
सेवा Service	वार्ड Ward	बेड Bed	व्यवसाय Occupation	क्षेत्र Region

Date	Remarks	Investigation Advised	Treatment Advised
<u>26/9/23</u>		<p>H/O/cof consciousness: 2nd sentence by POD 9/6</p> <ul style="list-style-type: none"> - No focal complaints - No h/o cough/cold/pain abdomen/substernal distress - Stom functional, stool passed therapy initiated • Urine passed 	
	<u>Askle</u>	<p>D/C I.V. fluids</p> <p>Start full orals.</p>	

Initial all entries

I hereby give my consent for the performance of any physical examination, diagnostic evaluation, biopsy, treatment and any other procedure which may be deemed necessary in the proper medical/surgical evaluation & treatment for my/our patient while the patient is in Hospital.

शिक्षण एवं अनुसंधान हेतु नैमिक चिकित्सा उपचार के भाग के रूप में एकत्रित किए गए आंकड़ों/प्रतिबिंबों/जैविक नमूनों के बचे हुए भागों के प्रयोग हेतु सहमति
CONSENT FOR USE OF REMNANT DATA/IMAGES/BIOSPECIMENS COLLECTED AS PART OF ROUTINE MEDICAL CARE FOR TEACHING & RESEARCH

मैं एतद्वारा किसी भी प्रकार की सामग्री (आंकड़े, प्रतिबिंबों, जैविक नमूनों/सूक्ष्म जीवविज्ञान नमूनों) जो कोई भी चिकित्सा के नैमिक उपचार (जांच, निदान, उपचार, इलाज आदि) के भाग के रूप में एकत्रित किए गए हैं तथा जिनकी इस प्रकार उपयोग हेतु भविष्य में किसी प्रकार की उपयोगिता नहीं है और जिसका प्रयोग शिक्षण एवं अनुसंधान हेतु अधिकृत भारतीय संस्थान, नई दिल्ली द्वारा मंजूरित/संग्रहित/नष्ट करने के लिए किया जाएगा, के प्रयोग हेतु सहमति देता/देती/नहीं देता/देती हूँ। मैं समझता/समझती हूँ कि इस सामग्री का प्रयोग संस्थान की नीति समिति के विधिवत रूप से अनुमोदन से, उनके स्वीकृत दिशानिर्देशों एवं मानक प्रक्रियाओं के अनुसार किया जाएगा। मुझसे न तो भविष्य में संपर्क किया जाएगा और ना ही मुझ पर इससे किसी प्रकार की वित्तीय दायनदारी होगी।

I hereby give/ do not give my consent for the use of any remnant material (data, images, biological specimens/microbiological specimens) that have been collected as a part of my/our child's/ward's routine care (investigation, diagnosis, treatment, management) and that to not have any further utility for such care but would be otherwise stored/archived/discarded to be utilized by the All India Institute of Medical Sciences, New Delhi for teaching and research. I understand that this material will be utilized in accordance with the accepted guidelines, standard procedures and duly approved by the Institutional Ethics Committee. I may neither be contacted in the future nor will there be any financial commitment in this regard.

रोगी के हस्ताक्षर (रिश्तेदार केवल तभी जब रोगी हस्ताक्षर करने में असमर्थ हो)
Signature of Patient _____
(Relative only if patient is unable to sign.)

नाम (स्पष्ट शब्दों में) / Name (Capital letters) _____
पता/ Address _____

संबंध/Relationship _____
रिश्तेदार/गवाह के हस्ताक्षर Relative/Witness Signature _____
नाम (स्पष्ट शब्दों में) Name (Capital letters) _____
पता/ Address _____

परामर्श के विरुद्ध छुट्टी लेने पर जिम्मेदारी से मुक्ति
RELEASE FROM RESPONSIBILITY FOR DISCHARGING AGAINST ADVICE

मैं, उपचार कर रहे चिकित्सक की सलाह के विरुद्ध अभा.आ.सं. अस्पताल, नई दिल्ली से रोगी को ले जा रहा हूँ/छुट्टी करवा रहा हूँ। मुझे इसमें सम्मिलित जोखिम के बारे में सूचित कर दिया गया है एवं मैं, एतद्वारा, उपचार कर रहे डॉक्टर एवं अस्पताल को इस प्रकार की छुट्टी के परिणामस्वरूप हो सकने वाले किसी प्रकार के दुष्प्रभावों की जिम्मेदारी से मुक्त करता/करती हूँ।
I am leaving/taking away the patient from the AIIMS Hospital, New Delhi against the advice of the Attending Physician and the hospital for all responsibility for any ill effects which may result from such discharge.

रोगी के हस्ताक्षर (रिश्तेदार केवल तभी जब रोगी हस्ताक्षर करने में असमर्थ हो)
Signature of Patient _____
(Relative only if patient is unable to sign.)

नाम (स्पष्ट शब्दों में) / Name (Capital letters) _____
पता/ Address _____

संबंध/Relationship _____
रिश्तेदार/गवाह के हस्ताक्षर Relative/Witness Signature _____
नाम (स्पष्ट शब्दों में) Name (Capital letters) _____
पता/ Address _____