



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



शरीरमाहा खल

Follow up Patient  
Dept Reg. 2020/003/0010825

OPR-6

एकक/Uni  
विभाग/Dep

General/रू 0

Paediatrics/Paediatric  
/Unit-III

कक्षा/Room: 7

Days :

Wed, Sat (बुध, शनि)

Name: Mr. PRITAM KUMAR

Queue No : A1

SY 4M 12D पुरुष/M

S/O BIPIN RAVI DAS

पंजीकृत सं/O.P.D. Regn. No. \_\_\_\_\_

मायु  
गुं

पता/Address



UHID : 105280686

Date: 10/04/2021

निदान/Diagnosis

B - ALL

दिनांक/Date

उपचार/Treatment

13-8 Vg

(26)

completely remission  
- gap period

8/4/21

8-8

2.03

1.2

0.49. Am

↓  
awake cont recovery

↓  
Next cycle requs  
long admin for 4D m 3

cont rephaw

appointment →

Handwritten signature



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.D., AIIMS, 26588360, 26593444, www.orbc.org Helpline - 1060 (24 hrs service)



www.aaspatalaiims.org

H0 FN-

admission 2/13 to 6/9/21

Carl Galambos  
2-25

- continue vononazine  
✓ " antibiotic 11/9/21

✓ any urinary way  
wonder gray color <sup>trii</sup> vononazine  
(level  
②)

✓ blood urine copis?

✓ ✓ ABC (PT) - ~~to~~ 15/7/21

✓ apparent diet 4D chow  
M<sub>2</sub>

S. galambos  
S. vononazine

( 20 more  
for DL care )

webs  
ok.



आपातकालीन नं. (Emergency No): 2021/030/0025853

दिनांक DATE: 23/03/2021

समय TIME: 09:27:28 PM

NON-MLC

20

नाम NAME: MR. PRITAM KUMAR

आयु AGE: 5 years 3 months 25 days

लिंग/SEX: M

S/O: BIPIN RAVI DAS

पता ADDRESS:

मकान संख्या H.NO: OM NAGAR  
शहर/प्रखंड CITY/BLOCK: GURGAON  
राज्य STATE: HARYANA

गली / मुहल्ला STREET/MOH:  
पिन PIN:  
दूरभाष सं. PHONE NO:

स्थान Location: Paediatrics Emergency  
Criticality: Red / Yellow / Green

बिरा ब्रॉUGHT BY: Relative: FATHER

Triage: Responsive/ Unresponsive  
Shifted to Paeds/ Main/ New Emergency  
HR /min BP mmHg RR /min spO2 %  
It is a febrile B. au (HR) 156

Presenting Complaints

Has been sent for persistence of fever.  
Planned for admission

Primary Assessment (ABCDE): Assessment Pentagon

<b>Airway</b> Open & stable : Yes/No If No..... <b>Breathing:</b> RR ...../min <b>Efforts:</b> Normal/Poor/increased <b>Auscultation:</b> Air entry: Normal/poor/Differential Added sounds: None/Stridor/Wheeze/Crackles SpO2 on Room air..... 96%	<b>Circulation</b> HR.....156 min CFT.....5 secs. BP.....mmHg Peripheral pulse: Poor/Good Central pulse: Poor/Good Skin temp: Warm/cool Others	<b>Disability</b> GCS.....15/15 Pupil size.....3mm Pupillary Reactions.....Normal, RL <b>Motor activity:</b> Normal & Symmetrical/Asymmetrical/ Posturing/Flaccidity/Seizure Blood Sugar.....mg/dl <b>Exposure:</b> Temp.....100.4 F Colour: Normal/pallor/cyanosis /mottled Any other skin lesions.....
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Diagnosis

1. B-OIL (HR) : FN.

HR = 135 bpm

Handwritten notes:  
10:15 AM  
12:15 AM  
140  
130 bpm in soc.  
6:15 AM  
Mefenamic acid 600mg in 9 AM  
Temp 100.4 in 9 AM  
140  
130 bpm in soc.

हमारा बच्चा प्रितम कुमार जीसकी उम्र 5 साल है

मेरे बेटे को ब्लड कैंसर है। हमारी आर्थिक

स्थिति कमजोर है। हम नारायण सेवा

फाउंडेशन (Narayan Seva Foundation) के

द्वारा सहायता लेना चाहते हैं।

और नारायण सेवा फाउंडेशन हमारी

सहायता कर रहे हैं। मैं आप सभी

से अनुरोध करता हूँ की नारायण सेवा

फाउंडेशन के द्वारा हमारी आर्थिक

सहायता करें।

धन्यवाद

बिपीन दास

(पिता)





# विकिरण नैदानिक विभाग

अ० भा० आ० सं०, नई दिल्ली-११००२६

DEPARTMENT OF RADIODIAGNOSIS

A.I.I.M.S., NEW DELHI - 110029

## PLAIN X-RAY/CONTRAST STUDIES REQUISITION FORM

Name : Pritam Kumar Age/Sex : 57/M Ref. Deptt./Unit : \_\_\_\_\_ Date : \_\_\_\_\_

Indoor (Bed No.) / Outdoor/ Casualty : \_\_\_\_\_ UHID No. : \_\_\_\_\_ LMP : \_\_\_\_\_

Examination Required :

Clinical History and Examination :

USG - Abdomen

105280686

HR-B-All / Prolonged FN / fungal focus  
↑ Galactomannan

USG Abd for fungal ball / abscess.

Clinical / Working Diagnosis :

Blood Urea / S. Creatinine :

Any h / o allergy or asthma :

(for IVU patients only) :

Signature of Referring Physician / Date : Neel

### Consent .

I hereby give consent for the performance of any diagnostic or therapeutic radiological procedure with or without the use of contrast injection and / or sedation. The associated complications and risks have been explained to me.

Signature of Patient / Date : \_\_\_\_\_

Your appointment is on : \_\_\_\_\_

Room No. : \_\_\_\_\_

Time Slot : 8:30    9:00    9:30    10:00    10:30    11:00    11:30    12:00    1:

X- Ray No. :

Size / No. of Films

Date :

Kvp/mAS :

Sign. of Radiographer :



मालीन नं.(Emergency No): 2021/030/0023018

दिनांक DATE: 15/03/2021

समय TIME: 07:25:45 PM

NON-MLC

173

नाम NAME: MR. PRITAM KUMAR

आयु AGE : 5 years 3 months 17 days

लिंग/SEX : M

S/O : BIPIN RAVI DAS

पता ADDRESS: मकान संख्या H.NO: OM NAGAR  
शहर/प्रखंड CITY/BLOCK: GURGAON  
राज्य STATE: HARYANA

गली / मुहल्ला STREET/MOH:  
पिन PIN:  
दूरभाष सं. PHONE NO:  
स्थान Location: Paediatrics Emergency  
Criticality: Red / Yellow / Green

द्वारा BROUGHT BY: Relative : FATHER

Triage: Responsive/ Unresponsive HR /min BP mmHg RR /min spO2 %

Shifted to Paeds/ Main/ New Emergency

90 - Sent from day care for PRBC transfusion

Presenting Complaints

fine. B-ALL (HR) ↓ Paeds also.

Primary Assessment (ABCDE) : Assessment Pentagon

<p><b>Airway</b></p> <p>Open &amp; stable : Yes/No If No.....</p> <p><b>Breathing:</b> RR ...../min <b>Efforts:</b> Normal/Poor/increased <b>Auscultation:</b> Air entry: Normal/poor/Differential Added sounds: None/Stridor/Wheeze/Crackles SpO2 on Room air.....</p>	<p><b>Circulation</b></p> <p>HR...../min CFT.....secs. BP.....mmHg Peripheral pulse: Poor/Good Central pulse: Poor/Good Skin temp: Warm/cool Others</p>	<p><b>Disability</b></p> <p>GCS..... Pupil size...../min Pupillary Reaction..... <b>Motor activity:</b> Normal &amp; Symmetrical/Asymmetrical/ Posturing/Flacidity/Seizure Blood Sugar.....mg/dl <b>Exposure:</b> Temp..... Colour: Normal/pallor/cyanosis /mottled Any other skin lesions.....</p>
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Diagnosis Imp. B-ALL wt. 15kg

4.6 → 410 (1.2 hrs.)  
N24L58  
↓ Arrange for transfuse 150 ml PRBC  
over 4 hrs to day care using 5%  
magma of BT.

आपातकालीन विभाग

(DEPT. OF EMERGENCY MEDICINE)



UHID No:105280686

Emergency No: 2021/030/0013640

दिनांक DATE: 16/02/2021

समय TIME: 11:40:15 AM

NON-MLC

*Priyam Kumar*

NAME: MR. PIYUSH . **PRITAM KUMAR** आयु AGE : 5 years 2 months 18 days लिंग /SEX : M

FATHER: BIPIN RAVI DAS

ADDRESS: मकान संख्या H.NO: OM NAGAR  
 शहर/प्रखण्ड CITY/BLOCK: GURGAON  
 राज्य STATE: HARYANA

गली / मुहल्ला STREET/MOH:

पिन PIN:

दूरभाष सं. PHONE NO:

स्थान Location:

Paediatrics Emergency

Criticality: Red / Yellow / Green

BROUGHT BY: Relative : MOTHER

Response: **Responsive** / Unresponsive HR /min BP mmHg RR /min SpO2 **96 %**

Admitted to Paeds/ Main/ New Emergency

Presenting Complaints

*Kid B-All L Peds ONCO FU. ON  
 (HE) consolidation phase.  
 No vomiting - 2 episodes  
 Untained food particle  
 No cough - 1 days*

Primary Assessment (ABCDE) : Assessment Pentagon

<b>Airway</b>  Open & stable : Yes/No If No.....  <b>Breathing:</b> RR ...../min Efforts: Normal/Poor/increased <b>Auscultation:</b> Air entry: Normal/poor/Differential  Added sounds: None/Stridor/Wheeze/Crackles  SpO2 on Room air... <b>96</b>	<b>Circulation</b>  HR... <b>130</b> /min CFT... <b>2/SEC</b> secs.  BP.....mmHg  Peripheral pulse: Poor/ <b>Good</b>  Central pulse: Poor/ <b>Good</b>  Skin temp: <b>Warm</b> /cool  Others  <b>Chest = BL AEE</b> <i>no added sounds</i>	<b>Disability</b>  GCS..... <b>15/15</b>  Pupil size...../min  Pupillary Reactions.....  <b>Motor activity:</b> Normal & Symmetrical/Asymmetrical/ Posturing/Floidity/Seizure  Blood Sugar.....mg/dl <b>Exposure:</b> Temp..... Colour: Normal/pallor/cyanosis/mottled Any other skin lesions.....
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Diagnosis

*15.9 kg.*

*Temp =*

*Advice  
 2mg Emset. umg iv stat  
 2mg Pantop 15mg iv stat.*

*Prati SR*





ओ० 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

शरीरमाद्य खलु धर्मसाधनम्

Follow Up Patient  
Dept Reg. 2020/003/0010825

OPR-6

एकक / Unit \_\_\_\_\_

विभाग / Dept. \_\_\_\_\_

नाम / I \_\_\_\_\_

Paediatrics/Paediatric  
/Unit-III

General/४०

कमरा/Room: 10

Days :

wed, Sat (पुष, शनि)

Queue No : F11

5Y 7D पुष/म

Name: Mr. PIYUSH .

S/O BIPIN RAVI DAS



UHID : 105280686

Date: 05/12/2020



सं०/O.P.D. Regn. No. \_\_\_\_\_

पता / Address \_\_\_\_\_

निदान / Diagnosis

*Ac leukemia*

दिनांक / Date

उपचार / Treatment

*5*

*16/12*

*currents - few on and off.*

*Pollos*

*CBC - 6.5/1970/19,000 LDM*

*Last TLC parameters - @*

*PS*

*Max - TLC - 4900*

*Spleen - 5cm x 12cm*

*Tests - @*

*No med indications*



*Adv - Refer to Ped - emergency (Plt transfusion)*

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

अंगदान-जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE

C.R.B.O., AIIMS, 26588360, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)



(C5/dogone)

(Fed sample for molecular w/ cytogenetics)

- Tab. Septin }  
 Allopurinol }  
 betadine gargles

- Review on 9/12/20 c CBC, RFT/LFT

Debrist ~~Sch~~ ○

BMA

→ s/o B lineage blasts

Flow - diluted

CBC - Hb - 7.3

✓  
9/12/20

Plat - 40000

- TLC - 3410

ANC - 699

To CANKIDS

Hafesh

please help c FISH + karyotype  
for this child  
ALL child

ALLIANCE  
FOR CHILDREN  
WITH CANCER  
AMERICAN SOCIETY  
OF CLONING  
AND REPRODUCTION  
ANALYSIS



New Patient  
 Dept Reg. 2020/003/0010825

OPR-6

Paediatrics/Paediatric /Unit-III  
 General/४०

Name: Mr. PIYUSH

S/O BIPIN RAVI DAS

कमरा/Room: 10  
 Days :  
 Wed, Sat (पुष, शनि)  
 Queue No : N4  
 SY 4D पुष/श

ब०रोगी० पंजीकृत सं०/O.P.D. Regn. No.

ग	आयु Age	पता/Address
X		



निदान/Diagnosis

दिनांक/Date

उपचार/Treatment

②

16.2 kg

C/o fever on & off x 2 weeks  
 weakness + abdomen pain x 1 week  
 4/10 PRBC transfusions - 4 times  
 - no h/o bleeding

01/12/2020

O/E pallor ⊕

Hepato = splenomegaly ⊕

HB - 7.7

PCV - 14000

WBC - 12000

Exact size - could be done  
 (chest is notable)

25/11/2020 -

HB - 5.6

Hct - 2200

PCV - 24000

oral intake - good

BMT done  
 outside -  
 pending

D ? Acute leukemia

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)

Rev  
① P Allopurinol 100mg 1-1-  $\frac{1}{2}$  x 1 week

Plenty of fluids

T. SCEPTAN-(20) A/D


Bedtime gongles (2.1.) o o o

Collect CBC, LFT, PS

Review on Saturday 05/12/2020



molecular  
study  
(M7)

  
डॉ. जगदीश प्रसाद मीना  
Dr. Jagdish Prasad Meena  
सह-आचार्य / Associate Professor  
बालरोग चिकित्सा विभाग / Department of Pediatrics  
सर्वोच्च शिक्षा आयोग, दिल्ली-110029