





S/C-281

PAC  
WTS

Neurosurgery Admission Date

(Adm No. \_\_\_\_\_)  
 ASAFC(Red) \_\_\_\_\_ Priority(Blue) \_\_\_\_\_  
 Routine(Green) \_\_\_\_\_ OSA(Black) \_\_\_\_\_  
 Blood(No. Of Units) \_\_\_\_\_  
 Package Amount Rs. 39,000/-  
 Investigations Hb, TLC, PLT, Blood Group, APTT, PT, Platelets, Hba1c, Urea, Creatinine, FBS, ECG, CXR, Urine R/B  
 Residents Signature \_\_\_\_\_  
 Attend PAC/Red. Ther Sat before Admission Ad 10 11

LH318524149 187534127

LH318524882 187534127

LC318524485-F 187534127

LC3185241217 187534127

MOHD SALMAN

ID: 2024/017/0006580 Neuro Surgery-I 2  
 IHD: 187534127 Neuro Surgery  
 Date: 20/05/2024 MON, THU  
 Name: MOHD SALMAN  
 Sex: Male  
 Consultant: Dr. Shekhar Mishra  
 DR Room: \_\_\_\_\_

Diagnosis

Alone case  
- ETV

20/5/24

Old @ MUP sent → Aug 2023  
for congenital HUP (Rainbow script)

Shunt removed 20th  
Shunt exposure @ back

19/3/24  
31/5/24

New up - waiting

O/E - @ MUP report

At  
 T-Diagnose 125mg bd,  
 Review on Thursday

(NICU/ICU) से छोड़ी होने पर घरवालों के लिये विशेष हिदायतें :

- 3 महीने की उम्र तक बच्चे को मां का दूध ही पिलाएं
- छोड़ी हुए बच्चों को पहले मंगलवार को आँची की जाँच :- 9 से सुबह 11 से 2 बजे के बीच जरूर दिखाएं
- छोड़ी होने के 1 हफ्ते के अन्दर बच्चों की आँखों की जाँच आँखों के डॉक्टर से करवाना अनिवार्य है (R.O.P. Screening)
- छोड़ी हुए बच्चों की कानों की जाँच (BERA) 3 महीने की उम्र में करवानी है।
- निम्न में से कोई भी लक्षण हो तो बच्चे को तुरत इमरजेंसी में लाएं

1. सांस तेज लेना
2. रंग नीला पड़ना
3. दौरे आना
4. दूध ना पीना
5. हरकत बज्ज कारना
6. पेशाब ना आना

Please contact emergency 01802650142

Date : 12/Sep/2023

Time : 13:22

*(Handwritten Signature)*  
**DR. SANDEEP JAGLAN**  
 M.B.B.S., M.S. (General Surgery)  
 M.Ch. (Paediatric Surgery)  
 Regd. No. DMIC-82212  
 Rainbow Hospital, Panipat

**Dr. Girish Arora**  
 (Paeditrician & Neonatologist)  
 Paediatrics & Neonatology

दिनांक  
Date

is exposed → shunt removed

Previously shunted. for Aq. stenosis in Aug '23.  
Now child is 11 mths old

Adv

- Date for surgery - 10 . (ETV) .
- long waiting list explained.



भारत सरकार

Government of India



अमरीन

Amarin

जन्म तिथि / DOB : 01/01/1988

महिला / Female



7631 6458 2648

मेरा आधार, मेरी पहचान

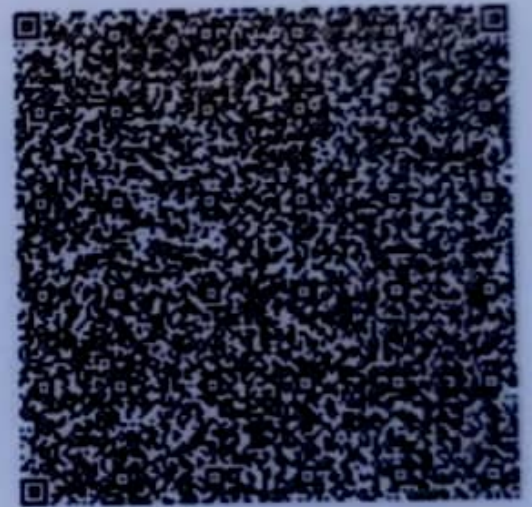


भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

पता: C/O मौ0 इमरान, घर/निर्माण: 258,  
सड़क/मार्ग/गली: खेल कलां-2, गांव/कस्बा/शहर:  
कैराना, जिला: शामली, पोस्ट ऑफिस: कैराना,  
राज्य: उत्तर प्रदेश, पिन कोड: 247774

Address: C/O Mohd Imaran, House/Bldg./Apt.: 258,  
Street/Road/Lane: Khail Kalan-2,  
Village/Town/City: Kairana, District: Shamli, P.O.:  
Kairana, State: Uttar Pradesh, PinCode: 247774



7631 6458 2648



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भारत सरकार

Government of India



मो सलमान

Mohd Salman

जन्म तिथि/DOB: 20/06/2023

पुरुष/ MALE

यह आधार 5 वर्ष की उम्र तक ही वैध है

4448 0347 1987

VID : 9129 2997 3234 7358

मेरा **आधार**, मेरी पहचान



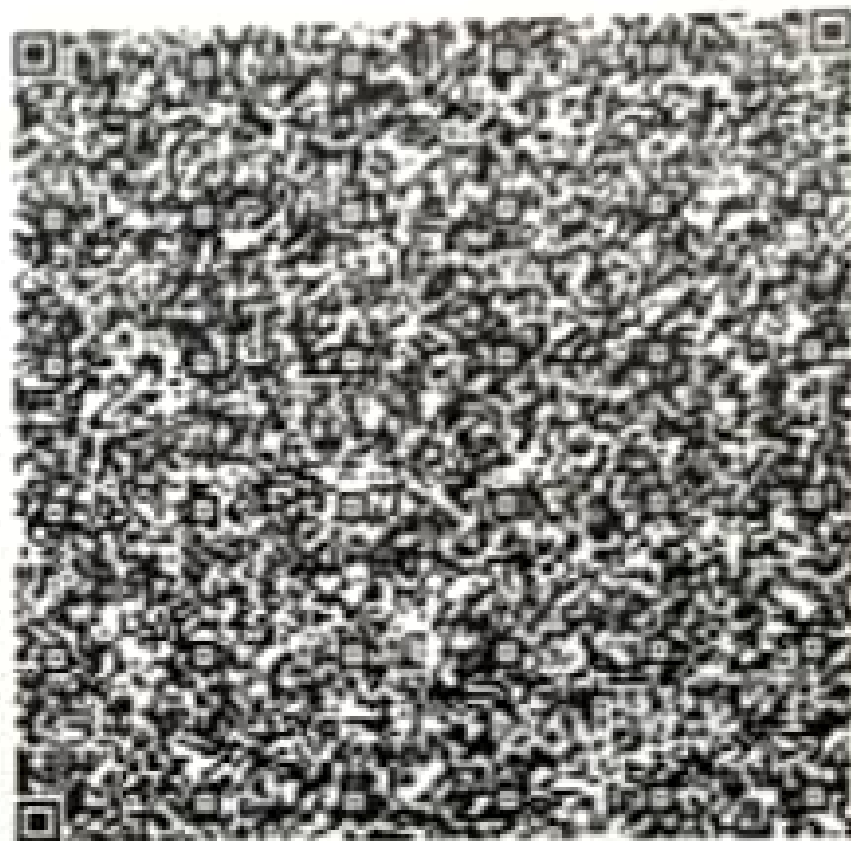
भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India



पता:  
द्वारा: मो इमरान, खैल कलां, कैराना रूरल, शामली,  
उत्तर प्रदेश - 247774

Address:  
C/O: Mohd Imran, khail kalan, Kairanaa  
Rural, Shamli,  
Uttar Pradesh - 247774



4448 0347 1987

VID : 9129 2997 3234 7358



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**RAINBOW HOSPITAL**  
152-R, Model Town, Panipat  
HARYANA

**DISCHARGE Summary**

<b>Patient Name</b> : Mst. SALMAN S/O IMRAN	<b>Age / Sex</b> : 3 Month / Male
<b>Address</b> : KAIRANA SHAMLI	<b>UHID No.</b> : 131842
<b>Organisation</b> : AYUSHMAN HEALTH SCHEME (ABPMJAY)	<b>IPD No.</b> : 1936
<b>Dt. of Admissior</b> : 05/Sep/2023 19:00	<b>Room No.</b> : BED 4
<b>Doctor/Incharge</b> : Dr. Girish Arora	<b>Dt. of Discharge</b> : 12/Sep/2023 13:21

**Final Diagnosis**  
? ACUTE MENINGITIS WITH SUBACUTE INTESTINAL OBSTRUCTION IN A POST OPERATIVE VP SHUNT

**Complaints**  
ABNORMAL BODY MOVEMENTS  
VOMITING-1- DAY  
HIGH GRADE FEVER  
POOR ORAL INTAKE

**History of Present Illness**  
PATIENT PRESENTED WITH ABOVE MENTIONED COMPLAINTS . TOOK ORAL MEDICATION FROM RAINBOW HOSPITAL BUT DID NOT GET RELIEF SO THE ATTENDENT BROUGHT THE PATIENT TO RAINBOW HOSPITAL . SO ADMITTED IN HDU AND IV MEDICATION STARTED FOR FURTHER MANAGEMENT .

**Examination Findings On Admission**  
TEMP-102.6F  
PR-130/M  
RR-36/M  
SPO2-88%  
GC-SICK  
SKIN-FEBRILE  
CHEST- B/L CLEAR  
ABDOMEN-SOFT, NON TENDER  
CVS-S1S2+  
CNS-LETHARGIC

**Hospitalization Summary**  
BABY PRESENTED WITH ABOVE MENTION COMPLAINTS WITH SPO2 :- 88% AND TAKE ON O2 MASK SUPPORT. IV ANTIBIOTICS, ANTIPIRETTICS AND ANALGESIC WERE STARTED ALONG WITH IV FLUID. BLOOD REPORTS SHOWED RAISED TLC (16410.0) AND CRP (20.74) CT SCAN REPORT SHOWS . TODAY BABY CONDITION IS GOOD AND FIT FOR DISCHARGE.

**Treatment given during Hospitalization**  
IV FLUIDS AND IV MED AND O2 MASK SUPPORT.

**Condition at time of Discharge**  
ST=ABLE AT THE TIME OF DISCHARGE.

**Follow-up Advice At The Time Discharge**  
REVIEW ON 14/09/2023.

**Medical Advice**

S.No.	Category	Medicine Name	Dose	Frequency	Days
1	Syrup	FEROPENEM	2.0 ml	BD	5
2	Syrup	PCM 120 FOR FEVER	5.0 ml	SOS	5
3	Tab	DIAMOX 125 MG	0.5	BD	5
4	Tab	FLUCONAZOLE 50 MG	50.0	OD	5

To Obtain Urgent Care Please Contact : 0180-2650142

2023 KFT

BUN	7.45	
BLOOD UREA	7.45	
CREATININE	17.88	.mg/dl
URIC ACID	0.81	mg/dl
SODIUM	3.30	mg/dl
POTASSIUM	137.30	meg/l
	3.81	meg/l

NOTE: KFT includes a group of blood tests to determine the functioning of kidneys. It is advised in symptoms such as puffiness around eyes, bloody urine etc and also as a part of routine health check up

28/Aug/2023 CRP QUANTITATIVE

1.36

NOTE: Measurement of CRP is useful for evaluation and detection of infection, tissue injury and inflammatory disorders. Increase in CRP values are non specific and should not be interpreted without a complete history

28/Aug/2023 KFT

BUN	13.29	
BLOOD UREA	13.29	.mg/dl
CREATININE	31.90	mg/dl
URIC ACID	0.78	mg/dl
SODIUM	4.50	mg/dl
POTASSIUM	138.1	meg/l
	3.9	meg/l

NOTE: KFT includes a group of blood tests to determine the functioning of kidneys. It is advised in symptoms such as puffiness around eyes, bloody urine etc and also as a part of routine health check up

9/Aug/2023 CRP QUANTITATIVE

20.13

11/Aug/2023 CRP QUANTITATIVE

27.16

NOTE: Measurement of CRP is useful for evaluation and detection of infection, tissue injury and inflammatory disorders. Increase in CRP values are non specific and should not be interpreted without a complete history

Aug/2023 KFT

7.20

BUN	7.20	
BLOOD UREA	7.20	.mg/dl
CREATININE	17.29	mg/dl
URIC ACID	0.66	mg/dl
SODIUM	3.8	mg/dl
POTASSIUM	139.1	meg/l
	3.7	meg/l

NOTE: KFT includes a group of blood tests to determine the functioning of kidneys. It is advised in symptoms such as puffiness around eyes, bloody urine etc and also as a part of routine health check up

Aug/2023 LFT

3.62

ALBUMIN	3.62	.gm/dl
SERUM GLOBULIN	1.68	.gm/dl
Total Bilirubin	0.85	.mg/dl
Direct Bilirubin	0.35	.mg/dl
Indirect Bilirubin	0.50	.IU/l
GPT	34.30	.IU/l
GOT	39.60	.IU/l
ALP	295.30	gm/dl
Total Proteins	5.30	

हृदय-वक्ष एवं तंत्रिका विज्ञान केन्द्र  
CARDIO-THORACIC & NEURO-SCIENCES CENTRE  
अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029  
A.I.I.M.S. NEW DELHI-110029  
ई0सी0जी0 रिक्वाजिशन फार्म  
E.C.G. REQUISITION FORM

दिनांक ..... यूएचआईडी / बा0 रो0 वि0 सं0 ..... कक्ष ..... बिस्तर सं0 .....  
Date.....UHID/O.P.D. No.....Ward.....Bed No. ....  
नाम ..... आयु ..... लिंग ..... निर्वेशन / विचारार्थ .....  
Name.....Age.....Sex.....Refg. by.....  
क्लीनिकल डायगनासिस .....  
Clinical Diagnosis.....  
दवाईयां .....  
Drugs.....

ECG for PM

हस्ताक्षर चिकित्सा अधिकारी

Signature of M.O.



**FLUIDS AND EXCRETIONS  
A.I.I.M.S. NEW DELHI**

INCOME  
UHID No.  
UNIT  
OPD  
WARD

NAME

AGE

SEX

NATURE OF SPECIMEN :

URINE  
PERICARDIAL FLUID

FAECES

C.S.F.  
PERITONEAL FLUID

SPUTUM  
OTHER

*R / m*

Please send seprate requisition slip for each specimen to be examined

DATE

DIAGNOSIS

SIGNATURE  
NAME OF MEDICAL OFFICER

TIME OF COLLECTION

TIME OF RECEIVING SPECIMEN

FOR LAB USE ONLY

LAB REF. NO.

DATE

STAMP



