







POST GRADUATE INSTITUTE OF CHILD HEALTH

Sector-30, Noida, G.B. Nagar (U.P.)
(An Autonomous Institute under Government of Uttar Pradesh)
DEPARTMENT OF BIOCHEMISTRY

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BLOOD BIOCHEMISTRY EXAMINATION REPORT

UH.ID. / C.R. 251520 OPD/IPD PHO DATE 28 SEP 2024
 NAME/ B/o Rashmi AGE 11y/F D/WK/M/Y, GEN-M/F
 REF. BY _____

Test Name	Result	Unit	(Normal Value)
Plasma Glucose Fasting	/	mg/dl	(70-100 mg/dl)
Plasma Post Prandial Glucose (2hrs)	/	mg/dl	(<140 mg/dl)
Plasma Random Glucose	/	mg/dl	(70-140 mg/dl)
Plasma HbA1C	/	%	(4-5.6%)
KFT PROFILE			
Blood Urea	13	mg/dl	(10-45 mg/dl)
S. Creatinine	0.4	mg/dl	(0.5-1.5 mg/dl)
S. Uric Acid	3.2	mg/dl	(2-8 mg/dl)
ELECTROLYTE PROFILE			
S. Sodium (Na ⁺)	145	mmol/L	(135-145 mmol/L)
S. Potassium (K ⁺)	4.1	mmol/L	(3.5-5.5 mmol/L)
S. Calcium Total	/	mg/dl	(9.0-11.0 mg/dl)
S. Chloride (Cl ⁻)	/	mmol/L	(96-106 mmol/L)
S. Calcium, ionized (Ca ²⁺)	/	mg/dl	(4.6-5.3 mg/dl)
LFT PROFILE			
Serum Bilirubin Total	/	mg/dl	(0.2-1.0 mg/dl)
Conjugated (Direct)	/	mg/dl	(0.1-0.4 mg/dl)
Unconjugated (Indirect)	/	U/L	(0-40 U/L)
	/	U/L	(0-45 U/L)
	/	U/L	(Depending on age)
	/	gm/dl	(6.0-8.0 gm/dl)
	/	gm/dl	(4.0-5.5 gm/dl)

M/s Super Speciality Paediatric Hospital & Post Graduate
 Teaching Hospital (Blood Centre), Noida
 Sec-30, Noida, Gautam Bhudh Nagar, Uttar Pradesh
 Phone No.: 1202453951

Lic.No.
 U.P./B&B.P./2018/03

ISSUE REPORT

SBTC No.:-

Age/Gender: 11 Year/Female Patient Barcode : PGI24-R04518
 Issue Date : 19/Aug/2024
 Issue Time : 2:05:00 PM
 Issue No. : IM24-3902
 Department :

PGICH Hospital
 Noida
 Rh Positive
 162400251520

Unit No. / Seg No.	Collection Date	Expiry Date & Time	Blood Group	Compatibility	NAT
PGI24-002636 / 3JX89739	06/Aug/2024 04:14 PM	17/Sep/2024 11:59 PM	O Rh Positive	Compatible	NR

NON-REACTIVE for HIV I&II, HBsAg, HCV, VDRL & free from Malarial Parasite.

Observation: No leakage, no haemolysis, no change of colour, no unusual turbidity.

Mr. Shyam

Issued By : Ajeet

Expired or blood component is issued (taken out of ideal storage condition) shall not be taken back.

STATEMENT OF SUPPLY OF BLOOD AND BLOOD COMPONENTS:

Blood component transfusion therapy is a life saving medical procedure. However, it is not without some associated risk. Blood collection, storage & cross matching are done as per national regulations. However there is still a small chance that adverse reaction(s) may occur such as chills and rigors, itching, urticaria etc. which are treatable & reversible. Rarely, an unpredictable life-threatening reaction can also occur. Adverse effects may occur weeks to months after transfusion.

Pre-transfusion screening of blood for transmissible infections such as HIV I & II, Hepatitis B, Hepatitis C, Syphilis and Malaria, the risk of acquiring these infections by transfusion is not totally eliminated. The risk of acquiring the above mentioned infections despite testing is due to the fact that this is the time in which the person donating blood is harbouring infection and can infect the recipient but tests are negative. This is due to the fact that for normal human physiology, the antibodies to disease organisms are not formed immediately in the human body. Also, some infections are difficult, specially Hepatitis B subtypes, and cannot be detected.

There is no test in the world which can totally eliminate the Window Period and guarantee hundred percent blood safety. NAT testing can reduce the window period but cannot totally eliminate it. NAT testing is not available with us. Other infections like CMV can also be acquired by transfusion. Some infections not identified at present maybe transmitted. It is presumed that the treating consultant who has prescribed blood or blood component therapy has carefully assessed the risk to benefit ratio and has taken informed consent from the patient and his/her relatives. Pre-transfusion testing for transfusion before prescribing blood / blood components is mandatory as per NABH and NACO guidelines.

INSTRUCTIONS FOR PERSON RECEIVING BLOOD / BLOOD COMPONENT UNIT:

TRANSFUSE ONLY AFTER READING THE TRANSFUSION INSTRUCTIONS / GUIDELINES GIVEN BELOW

Abbreviations Used: Tx = Transfusion, WB = Whole Blood, PCV = Packed Red Cells, PC = Platelet Concentrate, FFP = Fresh Frozen Plasma)

PLEASE READ & FOLLOW THE INSTRUCTIONS ON LABEL OF BAG CAREFULLY.
 Verify patient's identity and details on the label of the bag. Also check blood grouping of recipient & of bag.
 Delay in starting Tx. Please start transfusion within 30 min of issue from blood bank.

In case of delay in initiating Tx, please return bag immediately to ideal storage condition maintaining ideal temperature conditions.
 Blood bags should be stored in unmonitored refrigerators.
 Blood bags should be stored at temp 20- 22 °C in air conditioned room with gentle agitation and not in refrigerator.

Written Informed Consent before starting transfusion as per NACO/NABH guidelines (Format overleaf).
 Record the vital parameters (TPR BP) carefully before, during & 4hr post Tx.
 For PC prime the BT set with saline.
 Set up the Transfusion Record form properly & completely. Record the vital parameters (TPR BP) carefully before, during & 4hr post Tx.
 Use fresh sterile disposable BT set with filter (one BT set for one bag of WB/PCV or 4-6 FFP). For PC prime the BT set with saline before transfusion and transfuse one unit (50 ml) in 10 to 15 min.

Transfusion should be very slow for initial half an hour. Carefully monitor the patient for early detection of Tx reactions.
 One unit of FFP or PC within 15-20 min.
 One unit of WB/PCV in 2 hrs to hemodynamically stable patient. One unit of FFP or PC within 15-20 min.
 Use blood warmer equipment for Neonatal & Massive Tx, and patients having cold reactions of Tx through central line.

Use blood warmer equipment for Neonatal & Massive Tx, and patients having cold reactions of Tx through central line.
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Vital Chart

Patient's Name..... Radhika..... C.R.No..... Ward..... P.H. 10/24

Date	Time	T	P	R	BP	Level of Consciousness/ Glasgow Coma Scale	Remarks
<u>29/09/24</u>	11 Am	98.2f	110/	26/-	101/59	99%	± HRly vital.
	12 Am	98.6f	118/	26/-	98/62	98+	
	1 Pm	98.3f	122/	26/-	98/64	99%	
	3 Pm	98°f	118/-	26/-	108/72	98%o	
	4 Pm	97.2°f	118/	26/-	102/64	98%.	
	5 Pm	98°f	116/	26/-	99/62	99% RA	
	6 Pm	97.2°f	118/	26/-	98/54	99%.	
	7 Pm	98°f	122/	26/-	106/62	98%.	
	8 Pm	97.6°f	112/	26/-	101/68	99% RA	
	9 Pm	98.4f	108/	26/	98/56	98% JRA	
<u>30/9/24</u>	10 Pm	97.6f	120/	26/	112/70	100% JRA	
	11 Pm	98°f	118/	26/	102/60	97% JRA	
	12 Am	97.8°f	116/	26/	98/60	98% JRA	
	1 Am	98.6f	119/	24/	105/76	97% JRA	
	2 Am	98.4f	120/	24/	103/71	98% JRA	
	3 Am	97.2f	118/	24/	107/74	97%.	
	4 Am	98.2°f	124/	26/	111/81	98%.	
	5 Am	98°f	122/	22/	100/72	98%.	
6 Am	96°f	127/	26/	110/68	97%.		



29/09/2024

B-ALL

@ 7:35am

HDMT, cycle 1 D9

I/O: 2220+1500/18T/17T

Stool - 17T

(v. small amount watery)

do pain abdomen intermittently, no vomiting

stool off: no parasite seen

Bp - 100/55 mmHg

- Iy Meropenem (D2)
- IVF
- Syf Metomidazole (D5)
- T. Nitroxamide (D4)
- Tab Domeperidone
- Ondansetron
- UNO-ORS
- elohimazole
- Syf Deuterium
- P CR 505

29/9/24

9:24am

HDMT C2 D4

diarrhea (+)
abdominal pain (+)

low grade fever
10 pms.

Review diet for pain abnd.

Wrote hourly
temp

① IVF DNB 1:100 KCl
1000ml / 24hrs

② Mers
Metrogyl
Nitroxamide.

③ Ij Amikacin

④ Ondansetron
Domeperidone

⑤ cl.

Leucocytes
Clostridium



Leucina
Symp Drotein 5ml 80S.

folite.

KFT - 1 | 0.4 | 4.9

Na/K - 138 | 3.4

KFT
Na/K] C/M

28/9/24

GL mod

HR - 124/min

RR - 24/min

BP - 104 | 60 mmHg

→ CBC / RBS

Iv - stool OP

1/0 - $\frac{1350}{2500}$ | 1200 | 12 times

Iv Buscopan 5mg in
50ml NS 80S.

Shift to antibiotic B.

- Iuj Heuropenam 1200mg iv
TDS

- Iuj PCM 300mg iv stat

- Sy Diprofin 5ml 80S

- Withhold GMP

- IVF DNS (1:100) KCI

① 70ml/hr

- Nitazoxanide P3.

- Mefenidazole D4

- Tab Domstal 5mg TDS.

- Ondansetron

- ORS

- Clostrimazole

Leucovorin 8 doses.

folite.

Rahim

Induction 1A D24

TR-B-ALL / GIPR / CNS-1 / NEC / S

17-7-24

9:20 A.M

16-7

Nx + 135
Kt - 3.4

Received
75% of
VOR & Peg
d-ASP D22
on D23 - 16/7

- O/E

BP - 101/54 mmHg

I - 1500 + 900 (0)

- O - 800
- off inotropes
- P/A - tenderness ⊖
- orally taking well
- off oxygen
- blood g/s - not sent in this episode

- TAB PREDNISOLONE 20mg
- Inj merop/colistin/mica
- IVF DNS + (100:2) KCl to cm
- TAB PANTOPRAZOLE
- Inj Ondansetron
- T. cotrimox / clotrimazole
- Inj ~~to~~ SUP Levetiracetam
- Strict I/O

17/7/24

2pm

(D24)

Improved.

- T. Ondansetron 4mg 88H
- IVF DNS 1:100 KCl 500ml
- Rest same.

||

20.7.24

- off IV fluids
- Afibrile
- BP - 102/64
- J - ~~1024~~ + 2050
242 1000
- G - 1000ml

IR-B-ALL/GUPP/CNS-1/NEC/Septic shock
Induction IA Day 27

- TAB PRED 20mg 1-1-1/2
- Inj merop/colistin/mica Dg
- TAB PANTOPRAZOLE
- T. Ondansetron - stop
- Inj PCM 300mg SUS
- CBC, Nat/Kt - 23/7/24

Well. No issues.
Afibrile.

Day - 29 chemo on
23/07/24.

Rudiporo
23.7.24

Silky

24.7.24

7:30 A.M

- D29 chemo received on 23/7

- BP - 94/58

- I: - 1580

O: - 1250

Preid - 80 dose from 25/7

B-ALL Induction Day 31

- Inj MICAFUNGIN 50mg IV SUNDAY/WED

- off Antibiotics / off fluids

- T. Prednisolone / Antacid tabs

- T. Levofloxacin

- T. Cotezumazole

- Clotrimazole

Child looks stable

vitals OK.

Stward tapering

Sudipto @ 24/7

Asn

24.07.24

11:30 AM

24.7.24

3PM

- STOP Inj MICAFUNGIN
- TAB VORICONAZOLE (200mg) 1/2 tab PO QD
- Shift to 4th floor
- CBC on SATURDAY - 27.7.24

26th Sept 2024

C/S/B SR

HR = 100/min

SpO₂ = 98%

BP = 88/60 mmHg

pulse - normal

no signs of dehydration

40 loose stools

† - Continue Maintenance IVF

- WHO ORS

→ BP (M)

- CRT

~~4/2~~

27/9/24

9:25 AM

C/O BAK

HDM cycle 1 D3

15 episodes of loose stool in last 24 hours
pain abdomen intermittent

No dehydration

Afebrile

HR - 109/min

BP - 92/59 mmHg

SpO₂ - 94%

Leucoscin 1/6

DOTF / tinidazole

Nitazoxanide

Meloxyl

ORS

Jab S/P

Clostrimazole

VO - 2500 / 3000 / 2500 / 15





POST GRADUATE INSTITUTE OF CHILD HEALTH

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

Name..... Preshmi Age..... Sex..... C.R No.....

Date of Admission..... Date of Operation..... Date of Transfer..... Room No.....

Admission..... Operation..... Transfer..... Bed No.....

Medication Injections 28/9/24 29/9/24 30/9/24 Special Points

Dr Buscopan
5mg SOS
KES SOS

T. Domstal 5mg
TDS

8pm
6-8-10
6, 2, 10

Cham

Dr Mercapene.
1200mg IV TDS

12pm
8pm
7Am-12pm
8pm
7Am, 12pm
8pm

Oral

Dr PCM 300mg
IV Stat

11Am

Dr Pantop 20mg PO

1:30Am

Dr Drothin 5ml

Stat Orders

SOS
Syr Antacid 10ml TDS

10Am
12pm

Syr. Drothin
Sml Stat

11Am

Diet NFDNS + KCL
270ml/hrs

3pm
Chye

Ambulation

RBS

11Am
16mg/dl

Physiotherapy

G-10 Dr Leucovorin 13mg
in 50ml NS X 8 doses
IV over 30min

6pm
12Am
Completed.

ORS

30/9/24

B-ALL
HDMtx cycle 1 D6

GC - moderate -
HR - 130/min
RR - 20/min
SpO₂ - 100%
BP - 100/72 mmHg
Chest - B/c clear
P/A - Soft non-tender

Current issue - 6th episode of vomiting mixed w blood.
↳ yawned.

→ Pain abdomen is better

→ cough ⊕

1/0 - 1360 1700	200ml + 12kms	18 times small quantity	6 times
--------------------	------------------	-------------------------------	---------

29/9 - CBC - 7.4 | 600 | 100 | 233k

Infectious history
vitals

→ Stool OP

① PRBC transfusion 1 unit.

② IVF DNS (1:100) KCl 1000ms/24 hr

③ Meperidone D3

Meloxicam D6

Nitazoxanide DS/5

④ Ondansetron

Dompriidone 5mg QHS

⑤ Leucovorin

Clostrimazol

⑥ Tramadol 25mg BD





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Vital Chart

Patient's Name: Rakul C.R.No. _____ Ward _____ P.Ho. _____

Date	Time	T	P	R	BP	Level of Consciousness/ Glasgow Coma Scale	
27/9/24	10pm	97.8f	99/6	26/2	88/61	99%	
	2Am	98.1f	102/6	26/2	93/62	99%	
	6Am	97.7f	109/6	26/2	92/59	98%	
	9Am	98.6f	108/6	26/2	(98/60)	99%	
	11pm	98.4f	106/6	24/2	—	98%	
	3pm	98.4f	112/6	22/2	100/62	98%	
	6pm	97.6f	108/6	24/2	98/50	97%	
	10pm	98.7f	106/6	24/2	109/54	98% RA	
	28/9/24	6Am	97.6f	102/6	24/2	98/52	99% RA
		10pm	98.4f	112/6	26/2	102/72	99%
1pm		97.6f	108/6	24/2	97/68	99%	
4pm		98.9f	106/6	24/2	102/62	99%	
10pm		99.9f	112/6	26/2	102/60	98%	
29/9/24	12mn	98.4f	116/6	26/2	98/62	98% in per abdomen	
	4Am	98.7f	118/6	26/2	104/60	98%	
	6Am	98.7f	120/6	26/2	100/58	98%	
	9Am	98.6f	122/6	26/2	—	98%	

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DEPARTMENT OF PATHOLOGY

POST GRADUATE INSTITUTE OF CHILD HEALTH SECTOR 30 NOIDA UP

Name : RASHMI 11Y

Birth Date :

Gender : F

Patient ID : PHO-51520

Doctor : DR NITA

Sample ID : AUTO_11358

Comments : CBC

Mode : DIF WB

Group : DEFAULT

EDITED

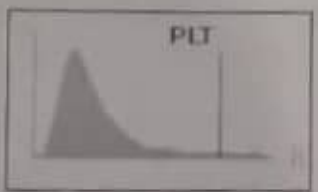
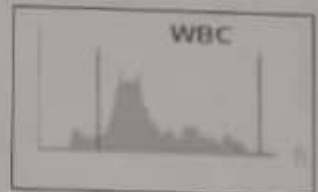
Operator ID : MH

Date : 28/09/2024 16:01

Rack/Pos. : 010203

Seq# : 12206

	Results	Flags	Units	Normal Limits
WBC	0.6	L	$\times 10^3/\mu\text{L}$	4.0 / 12.0
LYM%	64.6	H	%	25.0 / 50.0
MON%	13.2	H	%	2.0 / 10.0
NEU%	13.8	L	%	50.0 / 80.0
EOS%	7.2	H	%	0.0 / 5.0
BAS%	1.2		%	0.0 / 2.0
ALY%	0.9		%	0.0 / 100.0
IMM%	9.6		%	0.0 / 100.0
LYM#	0.4	L	$\times 10^3/\mu\text{L}$	1.0 / 5.0
MON#	0.1		$\times 10^3/\mu\text{L}$	0.1 / 1.0
EU#	0.1	L	$\times 10^3/\mu\text{L}$	2.0 / 8.0
EOS#	0.0		$\times 10^3/\mu\text{L}$	0.0 / 0.4
BAS#	0.0		$\times 10^3/\mu\text{L}$	0.0 / 0.2
ALY#	0.0		$\times 10^3/\mu\text{L}$	0.0 / 150.0
IMM#	0.1		$\times 10^3/\mu\text{L}$	0.0 / 150.0
RBC	2.91	L	$\times 10^6/\mu\text{L}$	4.00 / 6.20
HGB	7.4	L	g/dL	11.0 / 17.0
HCT	21.8	L	%	35.0 / 55.0
MCV	86.9		fL	80.0 / 100.0
MCH	29.5		pg	26.0 / 34.0
MCHC	33.9		g/dL	31.0 / 35.5
RDW-CV	13.9		%	10.0 / 16.0
RDW-SD	59.0	H	fL	37.0 / 47.8
PLT	233		$\times 10^3/\mu\text{L}$	150 / 400
MPV	5.9	L	fL	7.0 / 11.0
PCT	0.137	L	%	0.200 / 0.500
PDW	25.2	H	%	10.0 / 18.0
PCR	18.5		%	12.0 / 42.0
PLCC	43		$\times 10^3/\mu\text{L}$	13 / 129



Pathology Information :