



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

अस्पताल में धूम्रपान करना प्रतिhibited / SMOKING IS PROHIBITED IN HOSPITAL PREMISES



Follow up Patient

Dept Reg. 2022/001/0005120

General/O D

OPR-6

Pediatrics/Paediatric
Unit-111

Room/Room: 14

Days:

Wed, Sat (W, SB)

Name Master: SUSHANTHU

Queue No: 144

iv to 120 pm

S/O A.O.R. YADAV

Ph. 9510736175



UNIT : 101013200

Date: 01/04/2022

बहिरंग रोगी सं. / O.P.D. Regn. No.

वय
Age

व्य./Address

रिपोर्ट/Diagnosis

वजन/Date

12.1 Kg
(20)

Fluclo RMS (Metastatic)

- Weight loss over 20 days (1 Kg)
- Increased bowel frequency (loose stool).
Cpaster stool

last chemo on
27/4/20
TCR
Act-D
cyclo.

- No h/o fever.
- No h/o blood in stool | foul smelling stool

- PET-CT done

- Complete metabolic resolution of previous noted disease.
- Small residual disease in vertebral bone marrow.

HR - 83/min

RR - 21/min.

Palp - Warm

No PICC.

*Spindles
in ga
Pulsi
M. S. P. Pant*



- Child is on non-metastatic RMS protocol (IRVIV)

- FlU in radiation oncology.

- FlU in pediatric surgery for reconsultation of surgery. (kindly give opt in paed

st on 2/6/22)

- FlU in paed-ortho OPD
(saturday) 5/6/22

Paediatric
CL No 20220030005120
UHID 105813280
SUDHANSHU 3Y3M12D

Queue No F25
Room 14
JHID 105813280 04-06-2022

27

12.8kg

paed-5/22

Department of Nuclear Medicine and PET
All India Institute of Medical Sciences, New Delhi, India.

¹⁸F-FDG WHOLE BODY PET-CT STUDY

Patient Name: SUDILANSHU		Age/Sex: 3Y/M
Study ID: FDG/20034/22	UHID: 105813280	Date: 26.05.2022

Indication: Embryonal rhabdomyosarcoma, post CT. PET/CT for response assessment

Procedure: PET-CT acquisition was done 60 minutes after injection of 10 mCi ¹⁸F-FDG by intravenous route, from the level of orbits to mid-thigh. CT was done for attenuation correction and anatomical localization.

PET-CT Findings:

Head and Neck: Increased tracer uptake noted in bilateral palatine tonsils with few subcentimetric bilateral cervical level II and III lymph nodes. Visualized paranasal sinuses, skull base, pharynx, larynx and thyroid do not show any abnormality on CT.

Thorax: Few subcentimetric bilateral axillary level I & II lymph nodes noted with preserved fatty hilum. Physiological FDG uptake is seen in the myocardium. No abnormal FDG uptake noted in the lungs, mediastinum and thoracic wall. Lungs, large airways, pleura, heart, great vessels and other mediastinal structures appear normal on CT.

Abdomen-Pelvis: Normal FDG distribution is noted in the liver, spleen, kidneys, gastrointestinal tract and urinary bladder. Liver, biliary ducts, gall bladder, spleen, kidneys, stomach, adrenals, pancreas, retroperitoneum, bowel and urinary bladder appear normal on CT. No ascites is noted.

Musculo-Skeletal System: Physiological FDG distribution is seen in the visualized axial and appendicular skeleton.

IMPRESSION:

- No definite scan evidence of metabolically active disease in the present study.
- As compared to previous scan FDG/19208/22 (dated 09.03.22), there is complete metabolic resolution of previous noted disease - complete metabolic response.



DEPARTMENT OF RADIO-DIAGNOSIS
ALL INDIA INSTITUTE OF MEDICAL SCIENCES (AIIMS)
New Delhi

Patient Name: Sudhanshu

Sex: M

Age: 003Y

UHID: 105813280

Report State: Provisional

OPD / Ward:

EXAMINATION
DESCRIPTION:

PERFORMED
ON: 2022-09-01

CR
No:

Report:-

CECT CHEST and ABDOMEN

CT scan of the chest and abdomen was performed with I.V. contrast using 24 x 0.6mm collimation.

Chest

Bilateral lung fields are normal.

Heart and mediastinal vascular structures are normal.

No significant mediastinal or axillary adenopathy noted.

No pleural /pericardial effusion noted.

Tracheobronchial tree is normal.

Abdomen

Liver is normal in size and attenuation. No focal lesion / IHBPD seen.

Gall Bladder is normal. Portal vein and CBD is normal.

Spleen is normal in size, shape and outlines. No focal lesion. Splenic vein is of normal caliber.

Pancreas is normal in size and attenuation. SMA and SMV are normal.

Both kidneys are normal in size, shape, outline and attenuation. No hydronephrosis or calculus.

Adrenals are normal in size, shape and outline. No mass seen.

Both lungs are normal.

Urinary bladder is normal.

No RP nodes or mass noted. No ascites noted.

Diffuse lytic-sclerotic areas are seen in multiple thoracic vertebral bodies.

Diagnosis:-

In a known perineal RMS, current scan shows lytic-sclerotic areas in multiple thoracic vertebral bodies - Thealed disease

Compared to previous scan (pre chemo) dated 26/2/22, primary mass and metastatic lesions seen in previous scan are not seen in current scan s/o complete response.

...META: TATIC I MS Protocol (ARST 0431)

Division of Pediatric Oncology
Dept of Pediatrics, AIIMS-New Delhi

Name: SUDHANWU.

Age, Sex: 2yr 5m / M

POC Number:

UHID: 105813280.

Weight: 14 Kg

Height: 96cm

BSA: 0.61

Details of Primary disease:		metastatic RMS.
Site	perianal	
Pathology report	→ RMS.	
Histology	Desmin, myogenin, myoD1; diffuse ALK	
Fusion status		
Operated upfront	Yes/No <input checked="" type="checkbox"/>	
Baseline MRI/CT scan report		
Baseline CT Chest		
Baseline PET CT		
Baseline Node status Imaging	Yes/No: Yes: Sites involved:	
Biopsy	Yes/No: done: Sites involved:	
SLNB	Yes/No: done, result:	
RPLND(Extremity/Truncal)	Yes/No: done, result:	
Base line bone marrow:	Involved	
Baseline CSF If required If yes report:	Yes/No <input checked="" type="checkbox"/>	
Metastasis	Yes/No <input checked="" type="checkbox"/> Sites: pleural, Bone, BM, LN, Liver.	
Risk group final	HR.	
ECHO		
CBC/SERFT/LFT/PT/INR/Urine	Yes/No	
Counselling	Yes/No	
Date for RT		
Date for Surgery		

METASTATIC RMS Protocol (ARST 0431)
Division of Pediatric Oncology
Dept of Pediatrics, AIIMS-New Delhi

Drug	Doses	Instructions for use
Vincristine Max 2mg	≥ 3 years: $1.5\text{mg}/\text{m}^2$ 1-3 years: $0.05\text{mg}/\text{kg}$ ≤ 1 year: $0.025\text{mg}/\text{kg}$	Slow IV Push
Actinomycin D Max 2.5mg	≥ 1 year: $0.045\text{mg}/\text{kg}$ < 1 year: $0.025\text{mg}/\text{kg}$	Slow IV push
Irinotecan : Max 100 mg/day	$50\text{mg}/\text{m}^2/\text{day}$	In 100ml NS IV over 1 hr
Ifosfamide	≥ 1 year: $1.8\text{gram}/\text{m}^2/\text{day}$ < 1 yr : 50% of dose in m^2	In 500 ml NS over 4 hrs
Etoposide	≥ 1 year: $100\text{mg}/\text{m}^2/\text{day}$ < 1 year : 50% of dose in m^2	In 100ml NS over 1 hr
Doxorubicin	$37.5\text{mg}/\text{m}^2/\text{day}$	In 100ml NS over 2 hrs
Cyclophosphamide	≥ 3 years: $1.2\text{g}/\text{m}^2$ < 3 years: $40\text{mg}/\text{kg}$	In 200ml NS over 2 hrs
Mesna	$500\text{mg}/\text{m}^2$ per dose with Cyclophosphamide $550\text{mg}/\text{m}^2$ per dose with Ifosfamide	At 0,2,4 and 8 hrs after start of Cyclophosphamide/Ifosfamide
Hydration	IV Fluid: DNS with (1:100)KCl at $125\text{ml}/\text{m}^2/\text{hr}$	Start 2 hours before start of cyclophosphamide.
Ing GCSF	$5\text{mcg}/\text{kg}$	SC over 5 days or till ANC > 750 .
Antiemetics InjEmset InjDexa	$0.15\text{mg}/\text{kg}$ stat $6\text{mg}/\text{m}^2$ stat	Before every cycle of VAC
Tab Emset (4mg) SypEmset(5ml/2mg)	$0.15\text{mg}/\text{kg}$	PO TDS x 3 days
Septran	$5\text{mg}/\text{kg}$	PO BD on alternate days Or on Sat and Sunday Only

METASTATIC RMS Protocol (ARST 0431)
 Division of Pediatric Oncology
 Dept of Pediatrics, AIIMS-New Delhi

Week	Date	Chemo	Week	Date	Chemo
Week 1		VI	Week 28		VDC → to give 1/2 dose of cycloph
Week 2		V	Week 29		V
Week 3		VI	Week 30		IE
Week 4	Reviewed IR chemo	VI	Week 31		-
Week 5		VI	Week 32		VDC
Week 6	3 cycles of	-	Week 33		V
Week 7	VAC + V	VDC	Week 34		-
Week 8	24g/m ²	VI	Week 35		VDC → VDC (Actinomycin D omitted)
Week 9	7/6 II	IE	Week 36		-
Week 10		-	Week 37		-
Week 11	22/6/22	VDC	Week 38		VAC → to give 1/2 dose of cycloph
Week 12	29/6/22	VI	Week 39		-
Week 13	29/7 - 3/8/22	IE	Week 40		-
Week 14	X	-	Week 41		VAC → to give 1/2 dose of cycloph
Week 15	22/8 - 23/8	VDC	Week 42		V
Week 16	29/8	V	Week 43		V
Week 17	21/9 - 25/9	IE	Week 44		VAC → Actinomycin D omitted
Week 18		-	Week 45		-
Week 19		-	Week 46		-
Week 20		VI	Week 47		VI
Week 21		V	Week 48		V
Week 22		V	Week 49		-
Week 23		VI	Week 50		VI
Week 24		V	Week 51		V
Week 25		-	Week 52		-
Week 26		IE	Week 53		-
Week 27		-	Week 54		-

←
 (MABMS - imaging)

Actinomycin D omitted
 to give 1/2 dose of cycloph
 to give 1/2 dose of cycloph
 Actinomycin D omitted



ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI
DEPARTMENT OF PEDIATRICS
UNIT III DISCHARGE SUMMARY

NAME: SUDHANSHU	AGE: 3 years 2 months	Sex: Male	Bed No: AB6/33
UHID: 105813280	Date Of Admission: 05/05/2022	Date of discharge: 07/05/2022	
DIAGNOSIS: Metastatic Pyrineal Rhabdomyosarcoma/ Febrile Neutropenia / AGE with some dehydration (corrected)			
Consultants In charge: Prof. SK Kabra, Prof. Rachna Seth, Dr. Karan Ram Jat, Dr. Jagdeesh P Meena, Dr. Aditya Kumar Gupta			
ADDRESS: Village Tigri Gol Chakkar Thesil Ghaziabad Post Ghaziabad District Ghaziabad		Mob No: 9910736575	

Presenting complaints:

1. Loose stools x 5 days
2. Vomiting x 1 day

History of Present Illness:

The child is a known case of metastatic Rhabdomyosarcoma (last Chemo – VCR on 04/05/22), presented with complaint of loose stools for 5 days. Initially the episodes were 1-2 per day but for the last 2 days the frequency increased to 10-12 episodes per day, watery in consistency, foul smelling, non mucoid and non blood stained.

That was associated with 1 episode of non-projectile vomiting, the vomitus contained food particles but was non-bilious and not blood stained.

On the day of presentation to the Pediatrics Emergency at AIIMS, the child had episodes of increased crying, irritability, increased demand for water intake followed by lethargy and weakness. There is history of poor oral intake of food and decreased urine output.

No h/o ear discharge

No h/o cyanosis or chest retractions

No h/o seizures/posturing/abnormal movement.

No crying during micturition

No h/o swelling of body and limbs

No h/o recent contact with COVID-19

Past history:

There is a history of fall from height 1 year back. No h/o loss of consciousness or major injuries sustained. During evaluation he was found to have perianal mass which was later diagnosed to be Metastatic Rhabdomyosarcoma with pleural, hepatic and bone marrow metastasis. Last chemotherapy was received on 27/4/22 (VAC).

Birth history: *Date of Birth* 05/03/2019

Single/ Term/ Male/ AGA (3 kgs)/ born via NVD/ cried immediately after birth, no history of NICU admission

Developmental history:

Normal development in all domains of development as per age

Family history:

The child is 1st born to a non-consanguineously married couple.

There is history of cervical incompetence in mother.

There is history of recurrent sinusitis and seasonal cough in father since childhood.

No history of tuberculosis in any family members.

Immunization history: Received all vaccines for age as per national immunization schedule. BCG scar seen.

Examination at admission: Child is conscious, active and alert

VITALS:

PR- 86/min, well palpable pulses, normal volume

RR- 28/min

CFT <3 secs

Spo2 - 99% on room air

Periphery- warm

CP/PP - ++/++

No features s/o dehydration.

No Pallor, Icterus, cyanosis, clubbing, lymphadenopathy

SYSTEMIC EXAMINATION:

RS:

Inspection: Chest normal in shape and bilaterally symmetrical. Both sides moving equally with respiration. Trachea observed to be in midline.

Palpation: Trachea confirmed to be in midline. Chest expansion bilaterally symmetrical and normal.

Percussion: Chest normally resonant on both sides

Auscultation: Bilateral equal air entry. Normal vesicular breath sounds heard over all the lung fields.

CVS: S1 S2 normal, No murmur

P/A: Non-distended, umbilicus central inverted. Soft, non-tender, no organomegaly, BS present.

CNS:

Child conscious, alert and active

GCS E4V5M6

Normal higher mental function, cranial nerve, motor and sensory examination

No signs of meningeal irritation

HOSPITAL COURSE:

Case of metastatic RMS admitted with loose stools. Patient was found to be neutropenic but was afebrile, no with no pain abdomen or tenderness. USG abdomen was not suggestive of NEC. Child was started on Zosyn and Metronidazole, following admission. Loose stools became passive and oral intake improved. Child is stable at the time of discharge

Birth history: Date of Birth: 05/03/2019

Single/ Term/ Male/ AGA (3 kgs)/ born via NV/D/ cried immediately after birth, no history of NICU admission

Developmental history:

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CFT <3 secs

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Periphery- warm

CP/PP - +/+

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Plan at discharge:

1. Next chemotherapy, Week 8, i.e. Vincristine due on 11/05/2022
2. PET CT dated for 26/05/2022
3. To decide upon further line of chemotherapy after reviewing interim assessment reports

Advice on Discharge:

1. Syp. Cefixime (100mg/mL) 3 mL QD for 3 days (10mg/kg/day)
2. Syp. Metronidazole (100mg/5mL) 6 mL PO TDS for 3 days (30mg/kg/day)
3. Syp. Zinc (20mg/5mL) 5mL PO QD for 10 more days
4. ORS 120 mL after each loose stool
5. Syp. Septran (40mg/5mL) 7.5 mL PO Q alternate day.
6. Tab. Lanzol JR 15mg PO QD for 10 days
7. Betadine gargle TDS
8. Sitz Bath QID
9. Follow up in C5 daycare under FN SR at 4 pm with CBC report on 09/05/2022
10. FU in Pediatrics III OPD on 11/05/2022 at 9 am (Wednesday) Room No. 7/10/14
11. Danger signs explained, repeat in Pediatrics Casualty sos or contact Pediatric Oncology helpline 9810590067

Junior Resident
Dr. Niraj

Senior Resident
Dr. Himani



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



QR Code
UID: 10581328
Dept No: 2022003008420

एक/Unit _____
विभाग/Dept. _____
नाम/Name _____

OPR-6

14
Unit
Patient
Queue No: F-18
1009-2022

P.D. Regn. No. _____
पता/Address _____

SUDHANSHU ...
B1 BR 210 / W/O,
SITA CH W/O,
888 VILLAGE TIGRI SO, CHANAK
THRS, GHAZIABAD POST GHAZIABAD
DISTRICT GHAZIABAD UTTAR PRADESH
Mob: 9912128778 Patient up: ... Genral: 20 Reporting: 2022
AMRODIA



रिपोर्ट/Diagnosis

Fusion - Negative

Metastatic RMS (Oberlin zone-2)

उपचार/Treatment on ART-0431

दिनांक/Date

13/5/22

Adv

- see notebook for details

- Next opd - 14/09/2022

43

Ht - 98cm
BSP - 0.6ml

CBC
LFT
LFT

13/05

Rashu
Sethi



SUDHANSHU ...





Dr. B.R. Ambedkar Sansthan Rotari Kanser Aspitah
 Dr. B.R. Ar...
 अ.भा.
 अस्पताल के

DR. B.R.A. ITC/IAIIMS, NEW DELHI

ISES

IRCH No. 27494

Reg Date: 27.05.2022

Clinic: Radiotherapy Evaluation

Clinic No. 2022/15/212

Dept. RADIATION ONCOLOGY
 General



नाम

UID-105811280

Name: SUDHANSHU

SO: ALOK YADAV

Sex: Age: 37

Phone No. 9910736575

Room: 11 (Shift Morning)

Address: VILLAGE TIGRI GOR, CHAKKAR, THESI, GHAZIABAD DISTRICT, GHAZIABAD DISTRICT, GHAZIABAD DISTRICT

एकक/Unit DR. A.B

विभाग/Dept. _____

नाम/Name

to. 21-1182

जन्म तिथि/Date of Birth

निदान/Diagnosis

Perineal Embryonal anaplastic RMS

दिनांक/Date

उपचार/Treatment

77 MAY 2022

Metastatic to Bone Marrow. Pleuro
 Given capsules, multiple LN.
 post induction VAC chemo.
 Response assessment PET done
 report awaited.

C101U SR RW

Advice - Review to PET scan
 films & report
 - collect Foxos report
 - Review on - Fri-3/6

⇒ PAC - 60 - Sat - 4/6
 ⇒ RN 40 for entry into register

R77
 3/10-9304
 4/10-9304
 7/10-9304
 10/10-9304
 13/11/22
 3
 11/10-92
 14/10-92
 17/10-92
 18/10-92
 19/10-92
 20/10-92
 21/10-92

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)

बाहर से आने वाले रोगियों के लिए धरमशाला की सुविधा उपलब्ध है / Dharamshala facility is available for outstation patients

8/5/22

PAC done

- NPO ← 2 hrs - clear fluids
- 1 hrs - solids
- 4 hrs - Breast milk

- 2 Parental Consent
 - can be taken up for procedure if URI is resolved

Ref 5/2

16/22

C/O/W or A Biopsy.

Plan ⇒ Radical RT 50.4 Gy/28 #/55w
 to perineal primary & amenable
 metastatic site of perineal
 soft tissue

Advice room - (40)

8/9/22: To, SR OAPM (60)
 Patient is planned for admission
 for RT planning ↓ G.A. kindly review
 (MRO Ward) PAC
 (DAS)
 SR/AT

- Pediatric Surgery
 review for excision of
 previous tumor bed
 ⇒ Thursday - ~~6:00~~
~~Room~~ - Room No - (6)
 2:00 pm

11/8/22

Pt. reviewed @ R (40)
 with chemo - 29.7.22
 one for Resp. Assessment. scan
 on 25/8/22 → Review same
 L Peds. Sp opinion on (40)
 10 am

9/6/22

Solanki Dr K

28.09.22

- Admission for Simulab
 ↓ G.A (2D)

↓ RT initiation
 (29.09.22)

11/8/22

Repair assessment - 1/0 CMR scan

Pt's mother instructed to bring all
 films tomorrow & submit in R-40
 14.09.22

Shulky Fry

Anty Sw



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

स्वीटवॉटर का प्रयोग न करें

OPR-6

एकक/Unit _____

विभाग/Dept. _____

कार्डिनो संदीकृत सं० / O.P.D. Regn. No. _____

नाम/Name	पिता/पुत्र/पत्नी/पुत्री F/S/W/D of	लिंग Sex	वयु Age	पता/Address
SUDANCHO				
1058132 RD				

रिपोर्ट/Diagnosis

1/0 Penitral mass - ? RMS.

दिनांक/Date	उपचार/Treatment
	<p>- clo pain - perfect.</p> <p>- 90 hard swelling over (A) chest wall (B) - painful</p> <p>- clo bony pain (A)</p> <p>- no fever.</p> <p><u>GPE.</u> pallor (A)</p> <p><u>YE.</u> Penitral mass (A)</p> <p>(A) chest wall - Hard nodules swelling - 2 tender.</p> <p><u>Other system:</u> nil</p>

Wt
Stable

CLEAN AND GREEN AIIMS / एम्स का गरी 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)



CBC: Hb: 9.9
R402 Ht: 498 x 10³
TLC: 7290
AFC: 2700

β -hCG - < 1.20

AFP: 2.0

Na/K: 135/4.5

U/C: 41/0.4

TDS: 0.46

AST/ALT: 86/18

Ca/PO₄: 10.1/5.8

Alp: 127

UA: 3.5

USG Guided Biopsy -

dated on 25/02/22

Ref: C/D/W Dr. JAGDISH Sir.

- Refer to Pat. Emergency

to do IT/INR/APTT
CXR
USG - Abdomen

Inj. TRAMADOL 20mg iv stat.

f. Cap. IBUGESIC PLUS (100mg) 5ml TDS.

Tab. TRAMADOL (50mg) 1/2 tab SOC.

Cap. LACTULOSE 5ml TDS.

- TO procure Biopsy gun.

- TO review in co-care on Monday -

10:00am for POC registration

L. Pruthi
Dr. Praveen &

Urinary Vinyl Mandelic Acid
(VMA) - MSBC,
PET-CT
BHAS B/L on 20/2/22



अखिल भारतीय आयुर्विज्ञान संस्थान / ALL INDIA INST
 अंसारी नगर, नई दिल्ली 110029 / ANSARI NAG
 फेसशीट (भर्ती एवं छुट्टी रिकॉर्ड) / FACESHEET (ADMIS:

अ.भा.आ.संस्थान अस्पताल
 A.I.I.M.S. HOSPITAL

प्रवेश-पत्र / Entry Pass

(केवल एक व्यक्ति के लिए / For One Person only)

Exempted By MSSO/Consultant

क.प.सं.
C.R.No.

NON-MLC

वार्ड/विस्तर सं.
WARD / BED NO.

11-365318-22

CS DAY CAR

रोगी का नाम / NAME: MASTER, SUDHANSHU ---
 पिता/पति का नाम / FATHER / HUSBAND NAME: S/O ALOK YADAV

माता का नाम / MOTHER NAME:
 व्यवसाय / OCCUPATION: Service

स्थानीय पता अथवा नजदीकी रिश्तेदार एवं उसका पता
 LOCAL ADDRESS OR NEXT OF KIN WITH ADDRESS :

स्थायी पता / PERMANENT ADDRESS :

VILLAGE TIGRI GOL CHAKKAR TILSIL GHAZAIBA
 POST GHAZAIBA DISTRICT GHAZIABAD U.P. STATE: INDIA

Cancel the admission

रोगी का नाम

Name of the Patient *Sudhanshu*

वार्ड/शेड्य सं.

Ward/Bed No. *C 0112*

अवधि दिनांक

Period from तक *19/09/22*

PASS ISSUED

रोगी चिकित्सा अधीक्षक
 For Medical Superintendent

विभाग का विवरण / DEPARTMENT DETAILS

विभाग / DEPARTMENT: Paediatrics

यूनिट / UNIT: Unit-III

यूनिट का मुखिया / UNIT HEAD: Dr. SR Paediatrics

भर्ती की तिथि / DATE OF ADMISSION: 19/09/2022

समय / TIME: 09:14 am

परामर्शदाता / CONSULTANT:

छुट्टी की तिथि / DATE OF DISCHARGE:

समय / TIME:

डॉ. सी.ई./कास सं. / OPD CASUALTY NO.: UHID No. 105813280



छुट्टी के समय डॉ. सी.ई. का नाम / NAME OF CAO STAFF ON DUTY:

छुट्टी के समय डॉ. सी.ई. का नाम / NAME OF CAO STAFF ON DUTY:
 SIGN. OF CAO STAFF ON DUTY:

निदान एवं अन्य / DIAGNOSIS & OTHERS

अस्थायी निदान / PROVISIONAL DIAGNOSIS:

पिछले सं. सं. / PREV. C.R. NO.:

टिप्पणी / REMARKS:

संवेदनशून्यता / ANAESTHESIA:

दिनांक / DATE:

समय / TIME:

अंतिम निदान / FINAL DIAGNOSIS:

आपरेटिव प्रक्रियाएं / OPERATIVE PROCEDURES:

द्वितीयक निदान एवं जटिलताएं
 SECONDARY DIAGNOSIS & COMPLICATIONS :

कोड सं. / CODE NO.:

मृत्यु का कारण / CAUSE OF DEATH:

स्वयं परीक्षा: हां/नहीं
 AUTOPSY: YES/NO

परिणाम: उपचार से ठीक हुए/स्वस्थ में सुधार/कोई परिवर्तन नहीं/अनुरोध करने पर छुट्टी की गई/तामा/फरार/गंभीर/मृत्यु होना।
 RESULT: CURED/IMPROVED/UNCHANGED/DISCHARGED ON REQUEST/LAMA/ABSCONDED/WORSE EXPIRED

परिचरित रोजीडेंट का नाम एवं हस्ताक्षर
 NAME & SIGN. OF SR. RESIDENT:

परामर्शदाता के हस्ताक्षर
 SIGN. OF CONSULTANT

ISSUED

7/9/22 FN mount
D5 Mevo
D6 Teico

Afebrile p 2 days, anal ulcer subsided
Perianal ulcer + nt - persisting
Pain with defecation (+)

No tenderness or induration

Stools = no
firm
(not hard)

Latest CBC
(5/9/22) $\left(\begin{array}{l} 950 \\ 90 \\ 30 \end{array} \right) 1.3L$
PRBC given today

PCT = 0.03 ug/mL

Blood c/s (1/9) = sterile

Clinically well

- Plan
- Cont. Zosyn Teico
 - Get CBC tomorrow if ANC rising food, to stop iv antibiotics
 - Zyltec q/a & Betadine gargles q/a to continue
 - Siloderm ointment q/a perianal region TDS
 - Cont. Sitz. bath
 - Plenty of cool liquids

ISSUE / COMPATIBILITY LABEL

Sample ID : 2022-R45181	
Patient : Master. SUDHANSHU	
Patient's Blood Group : AB Pos	L.HID: 105813280
Transp Dr : ATN'S Hospital / Dr S. K. KABRA	
Pt Hosp Req No.: H-357722-22	
W/d-Bed No.: CS DAY CARE / Paediatrics / 42	
Product : FRBC	Issue No.: 76162
Blood Group : AB Pos	Issue Dt : 07/Sep/2022 10:17 PM
Bag ID : 2022-B23112	Colln. Dt : 13/Aug/2021
X-Matching Report : Compatible	Exp. Dt : 24/Sep/2022
X-matched By : Mukesh	Issued By : Ajit
BLOOD CENTRE, MAIN HOSPITAL, DEPARTMENT OF TRANSFUSION MEDICINE AIIMS, New Delhi Anzari Nagar, New Delhi-110029 Lic.No. 646/81	

8/9/22 CBC 9:7 } $\frac{2200}{310}$ } 4.64L.

Adv Stop iv antibiotics

N/V Peds III OPD - 10/9/22 *[Signature]*

10/9/22
 3m Septson A/P
 2-1- Betadine gargle
 Sitz bath
 4p perineal ulcer

15/9/2022
 Diet Note
 wt: 13kg.
 ht:- 100cm.
 MUAC: 15.5cm.
 (Moderate wasting)

Current Intake - 1200kcal / 395
 Recommended Intake - 1350kcal / 3
 4p loose stool episodes 3-4 days.

Pedergold Plus 3times in
 100ml water
Ulcrop

Low lactose diet
 Diet Plan given
 Casually done

[Signature]
 10/9/22

10/09

Post Wk #18 Chemo (on 29/8)

child had FN + Grade 1b mucositis → receive
 antibiotics from 01/9 - 08/09 → stopped
 40 - Pain in perianal region while
 stool

0/0
 - Oral mucositis - resolved
 - Afebrile
 - Healed perianal lesions
 - Rest system - Wm

Lab

CBC → 9.7 $\frac{2200}{ANC-310}$ < 4.64 WBC

Adv

→ RT OPD on - 16/09
 → Next OPD - 14/10
 - Review CBC (WBC)
 - Plan for chemo 14/09/10

⊗ No bx → NO bx required
 as no detectable
 mass in CT (as on 01/09)

⊗ Repeat BMA → - Wm

Trash
 Subd.

14/09/22

- On Septrom AD
- Sitz baths
- 2x Betadine gargle
- c/o perineal ulcers.

14/09/22 Child well

perianal ulcers have resolved
 no constipation

10.0 $\frac{41070}{21390}$ < 7.94
 WBC, WBC 50
 19/10.3 RT/PT 30/63

To continue IG

D1 - D5

19 - 23/07/22
=

Cap Apresentat 125/80/80

Tri dena 3mg + emul 3mg

~~HP 21/5~~ ~~Tri 3 fosfamide 1g in 100ml NS in over 1 hour.~~

~~W 21/5~~
~~W 21/5~~

~~Tri fosporide 60mg in 200ml NS in over 1 hour~~

~~HP 21/5~~
~~W 21/5~~

~~100ml NS @ 60ml/hour x 2 hours~~

~~Tri Metre 300mg 0, 4, 8 hrs.~~



Tab dena 4mg 1/2 tab BD
Syrup emul 5ml PO TMS
Tab Parliop 20mg 1 tab PO OD } 3 days

9/22
xmillingaleu.
Befo-line gargle
its bath
personal hygiene

Parl - Tri GUSF.

28/07/22



[Handwritten signature]

249 July: 4CSF - 65 mg SC OD x 5 days

25/9 -

26/9 -

28/9 -

28/9 -

29/9 -

July: peg-CSF - 1.3 mg SC → 10/25/9

CBC - 26/9/22

28/9/22

30/9/22

33



UHID No:10581328

IP: 2022/03/09/0069766

दिनांक DATE: 01/09/2022

समय TIME: 12:43:51 PM

NON-MLC

NU

आयु AGE : 3 years 6 months 12 days

लिंग/SEX : M

H NO: VILLAGE TIGRI GOL CHAKKAR गली / मुहल्ला STREET/MOHL: THE SIL GHAZABAD POST

ITY/BLOCK: DISTRICT GHAZIABAD पिन PIN: GHAZIABA

UTTAR PRADESH दूरभाष सं. PHONE NO: 201009

BLE NO: 9910736575 स्थान Location: Paediatrics Emergency

R Criticality: Red / Yellow / Green

Specialist
Specialist Type
Specialist
Specialist
Specialist
Specialist Name

Other Flags
Ward Department
Comments

HR	125
BP	90/60
RR	20
SpO2	98
Temp	102.8
WBC	12000
Hb	10
Hct	21
PLT	400
Urea	10
Creat	0.8
Glucose	100
LFT	Normal
RFT	Normal
ECG	Normal
X-ray	Normal
USG	Normal
CT	Normal
MRI	Normal
Pathology	Normal
Microbiology	Normal
Immunology	Normal
Genetics	Normal
Cytogenetics	Normal
Clinical Chemistry	Normal
Immunology	Normal
Microbiology	Normal
Immunology	Normal
Cytogenetics	Normal
Clinical Chemistry	Normal

BP Metastable
90/60 RMS

RR /min

SpO2 %

Temp /min

Emergency

Last chemo on 29/8. VCR

40 fever - 1 day (103°F)

oral ulcer - 1 day

Assessment Pentagon

240 cough/vomiting/loose stool.

Circulation	Disability
HR 140/min (fibrile)	GCS 15/15
CFT.....secs	Pupil size...../min
BP 102/60	Pupillary Reactions B/L PTL
Peripheral pulse: Poor/Good	Motor activity:
Central pulse: Poor/Good	Normal & Symmetrical/Asymmetrical
Skin temp: Warm/cool	Posturing Flaccidity/Seizure
Others	Blood Sugar.....mg/dl
	Exposure:
	Temp 102.8°F
	Colour: Normal/pallor/cyanosis
	/mottled
	Any other skin lesions.....

Diagnosis
IV cannula
CBC/VBG
Blood cts

31/8/22
6.9 } 40 } 1.3 labu.
HCT = 21 }
0

C/S/B peds onco SR.

yo

Metastatic perineal RMS.

Post. wk is chemo (VDC), on 22/21

now c' ① Fever, documented, 100-102°F, not
also chills or rigor, red. x. 2 days

② Oral ulcer & pain x 1 day.

- ~~good~~ - NO H/O cough, coryza, feist breath.
- NO H/O loose stool/vomiting.
- NO H/O lethargy or poor oral accept.

O/E

GI stable

PR - 98/m

HR - 26/m

CFT 23, PPP

SpO₂ - 98%

B/E

- Gr II oral ulcers

- Mild perineal redness
no fluctuation or
fissure.

- No rash.

S/E

PIA - soft

NO H

BS ⊕

R/S

C/S

ENS / unmi

Dep 7.1 / 300 / 70000 / 30

pH = 7.4

HCO₃ = 24

Lae = 1.5

PO₂ = 36

Imp - FN c Gr II ulcers

I/O

CBC

CXR

Blood C/S

PCR - CS Daya
tumor



→ Ty. piperazo 1.3g N. shly.

- Ty. Telcapant 130 mg @ 9/12
his hb ir. od.

- stop Anka.

- Day er. Sr explen.

- TO F/U c FN SR tumor

CS Daya

□

Report Printout

Validated

Collection Date 09/01/2022 14:20:01	Sample ID AUTO_S063	Collection Date
Department	Department	Physician
Patient ID 105812280	Patient Name SUDHANSHU	First Name
Date of Birth	Age 3Y	Gender Male
Operator	Technician	

				Flags and Alarms	
RBC	2.41	L	$10^9/mm^3$	Morphology Flags	
HGB	7.1	L	g/dL	RM, MIC, SCH	
HCT	16.2	L	%	Remarks	
MCV	67	L	μm^3	RBC of the Run 09/01/2022 14:19:59	
MCH	29.6		pg	WBC of the Run 09/01/2022 14:19:59	
MCHC	44.2	H	g/dL	PLT of the Run 09/01/2022 14:19:59	
RDWcv	18.5	H	%	DIFF of the Run 09/01/2022 14:19:59	
RDWsd	44		μm^3		
PLT	70	L	$10^3/mm^3$		
MPV	7.3		μm^3		
PCT	0.051	L	%		
PDW	14.5		%		

WBC	0.3	L	$10^3/mm^3$		
	%				
NEU	11.2	I	0.03	L	
LYM	76.6		0.21	L	
MON	3.4	I	0.01	I	
EOS	7.4		0.02		
BAS	1.4		0.00		
ALY	1.3		0.00		
LIC	2.2	I	0.01	I	