



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

ANURAG



UHID No:107019495

(DEPT. OF EMERGENCY MEDICINE)

आपातकालीन नं.(Emergency No): 2023/030/0104549

दिनांक DATE: 01/11/2023

समय TIME: 03:54:31 PM

NON-MLC

नाम NAME: MASTER. ANURAG .

आयु AGE : 3 years 1 months 12 days

लिंग/SEX : M

S/O : RAJESH CHAUDAHRY

पता ADDRESS: मकान संख्या H.NO: VILL KESHAVPUR BAHARA गली / मुहल्ला STREET/MOH:  
 शहर/प्रखंड CITY/BLOCK: DIST ARA BHOJPUR पिन PIN:  
 राज्य STATE: BIHAR दूरभाष सं. PHONE NO:  
 मोबाइल MOBILE NO: स्थान Location: Paediatrics Emergency

द्वारा BROUGHT BY: Relative : FATHER

Criticality: Red / Yellow / Green

↓ Peds Enc

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

Shifted to Paeds/ Main/ New Emergency (L) FORB c skeletal Metz

Presenting Complaints Now, came c clo fever 3 days  
 Cough x 3 days (coryza ⊕)  
 No h/o lithaegy | ↓ used oral acceptance

Primary Assessment (ABCDE) : Assessment Pentagon

Airway	Circulation	Disability
Open & stable; Yes/No If No.....	HR...124/min	GCS.....15/15
Breathing: RR .29./min Efforts: Normal/Poor/increased	CFT. 26.secs.	Pupil size...N/min
Auscultation: Air entry: Normal/poor/Differential	BP.....mmHg	Pupillary Reactions...N.
Added sounds: None/Stridor/Wheeze/Crackles	Peripheral pulse: Poor/Good	Motor activity: Normal & Symmetrical/Asymmetrical/ Posturing/Flacidity/Seizure
SpO2 on Room air...98% LRA	Central pulse:Poor/Good	Blood Sugar.....mg/dl
	Skin temp: Warm/cool	Exposure: Temp.....
	Others	Colour:Normal/pallor/cyanosis/mottled Any other skin lesions.....

Diagnosis 30/10° 7.2 3320 400 1.1 lacs

- CBC

- CX Ray

- VBG

- BDCS

Plan  
 - RIV Reports

Do

01/11/23

7.2)  $\frac{3380}{400}$  ( $110 \times 10^3$ )

LCR/KCR-2

Adv

• Pediatric emergency → CSC  
L Start IV PIPAS + Amikacin  
L CXR

• SP CRAIN (5/120) 5ml for

• SP Cetorunc 3ml qd x 7 days

• HC septans

• next visit → 6/11/23, 2:00pm

crain

4/11/23

- Septran
- IV antibiotics
- albunex + 24hr
- photocoag - HPE

7.3  $\frac{17570}{12770}$  60,000

Blood culture (5)

Agebule : 24hr.  
Dose for 3<sup>rd</sup> HDCEV  
Cough (+)

Adv

(Stop) 9CSF  
Lay' liptaz / Amikacin

• Syg Cefirime (100mg/5ml) 2.5ml bid x 3 days

• Septran as advised.

④ CORB + skeletal metastases

2nd cycle received on 22/10/23

q8 Ferret x 3 days

Cough (+)

Chest - clear

febrile (+)

• febrile neutropenia



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 ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI -110029

(REVISIT)

आपातकालीन विभाग

(DEPT. OF EMERGENCY MEDICINE)



UHID No:107019495

आपातकालीन नं. (Emergency No): 2023/030/0103584

दिनांक DATE: 29/10/2023

समय TIME: 08:50:11 PM

NON-MLC

नाम NAME: MASTER. ANURAG .

आयु AGE : 3 years 1 months 10 days

लिंग /SEX : M

S/O : RAJESH CHAUDAHRY

पता ADDRESS: मकान संख्या H.NO: VILL KESHAVPUR BAHARA

गली / मुहल्ला STREET/MOH:

शहर/प्रखंड CITY/BLOCK: DIST ARA BHOJPUR

पिन PIN:

राज्य STATE: BIHAR

दूरभाष सं. PHONE NO:

मोबाइल MOBILE NO:

स्थान Location:

Paediatrics Emergency

द्वारा BROUGHT BY: Relative : FATHER

Criticality: Red (Yellow / Green)

Triage: Responsive/  
Unresponsive

HR

/min

BP

mmHg RR

/min

spO2

% ↓

Shifted to Paeds/ Main/ New Emergency

Noted 6 pm

came to casualty @ 8:45 pm

Presenting Complaints

c/o RB - stage IV B (Skeletal Metastasis)  
 on HD-CEV (2<sup>nd</sup> cycle) - on 22/10/23

c/o fever & cough } x 1 day.

Primary Assessment (ABCDE) : Assessment Pentagon

Not

afw hem shock / abd pain / chest pain / ↓ urine output  
 resp distress / cardiac dysrhythmias

Airway	Circulation	Disability
Open & stable: Yes/No If No.....	HR...../min 110	GCS.....15
Breathing: RR...../min 28	CFT.....secs. 2	Pupil size...../min 3w
Efforts: Normal/Poor/increased	BP.....mmHg 94/66	Pupillary Reactions.....RTL
Auscultation: Air entry: Normal/poor/Differential	Peripheral pulse: Poor/Good	Motor activity: Normal & Symmetrical/Asymmetrical/ Posturing/Flaccidity/Seizure
Added sounds: None/Stridor/Wheeze/Crackles	Central pulse: Poor/Good	Blood Sugar.....mg/dl
SpO2 on Room air.....97%	Skin temp: Warm/cool	Exposure: Temp.....101.1°F
	Others	Colour: Normal/pallor/cyanosis /mottled
		Any other skin lesions.....

WT: -10kg

Diagnosis

Diagnosis RB - stage IV B (Skeletal Metastasis)  
 c/o fever (103/104F)

- CBC
- V/S
- chest X-ray
- Blood c/s

Adv

1) R/w reports for starting antibiotic

2) Bedr Qus informed.  
 29/10/23  
 Try PCM 150 mg IV stat

ब० रो० वि० कार्ड  
O.P.D. Card



अनुभाग व दिन  
Section and Day VI  
बुधवार व शनिवार  
Wednesday & Saturday

कमरा नंबर  
Cabin No.

डा० राजेन्द्र प्रसाद नेत्र विज्ञान केन्द्र  
अ० भा० आयु० सं०, नई दिल्ली - 110029

Dr. Rajendra Prasad Centre for Ophthalmic Sciences  
A.I.I.M.S., New Delhi-110029

यू०एच०आई०डी० संख्या

UHID No. 107005343

आचार्य राधिका टंडन का एकक

Prof. Radhika Tandon's Unit

रोगी का नाम Name of the Patient	पुत्र/पुत्री/पत्नी S/D/W	लिंग Sex	आयु Age	पता Address
Anurag		M	5y.	

दिनांक DATE	निदान DIAGNOSIS
14/1/23	उपचार Treatment cls6 SR-VI (Dr. Anurag) H/O (L) leucocoria at 1 month of age. cataract prophosis & discharge noted over past 2 weeks. OE (R) AS WNL (L) Pupk bilious pole ? P. EORB & exposure keratopathy (R) orbital band involvement & enlarged preauricular LN's

14/1/23  
VAC at last 3/60  
No R

कृपया इस कार्ड को सुरक्षित रखें तथा अस्पताल में दिखाने के समय हर वक़्त साथ लायें।

Kindly keep this Card safely and bring it on your follow-up visits.

1. धूम्रपान निषेध
  2. कूड़ा कर्कट केवल कूड़ेदान में ही डालें
  3. थूकिये नहीं
1. No Smoking                      2. Use Dustbin                      3. No Spitting

अखिल भारतीय आयुर्विज्ञान संस्थान  
ALL INDIA INSTITUTE OF MEDICAL SCIENCES  
अंसारी नगर, नई दिल्ली-110029  
ANSARI NAGAR, NEW DELHI-110029  
नाभिकीय चिकित्सा विभाग  
DEPARTMENT OF NUCLEAR MEDICINE  
CLINICAL PET FACILITY  
(CHALLAN FORM)



डॉ. रचना सेठ  
Dr. RACHNA SETH  
आचार्य / Professor

बालरोग चिकित्सा विभाग / Department of Pediatrics  
अक्षय आर्य, नई दिल्ली / A.I.I.M.S., New Delhi-110029

AIIMS UHID No. 107019495

Date 25/10/23

Asstt. Cashier Central Admission Office may please receive a sum of  
Rs. 5000 / 7500 / 4000/- (Rupees) Five Thousand / Seven Thousand Five hundred / Four Thousand  
Vide D.D. No. cash from Shri/Dr./Mrs./Ms. Aneeraj  
UHID No. \_\_\_\_\_ Clinical Dept. / Unit nmia Ward/Bed No. \_\_\_\_\_ OPD/CR/  
No. \_\_\_\_\_ on account of charges for PET/Scan, Creditable to Sub-head "PET Charges".

Officer Incharge Dept.

R. No. \_\_\_\_\_ Dt. \_\_\_\_\_ for \_\_\_\_\_  
Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_)

Cashier

Past history  DM  HT  TB  Renal failur  Previous Malignancies

Investigations :

Bld. Sugar Fasting PP Random Date :

Ultrasound/ECHO/CT/MRI/Plain/Contrast :

Previous Nuclear Medicine/PET : No. & Date

Indication of PET/CT : Initial Dx / Staging / Treatment Resp. Monitoring / Restaging / Prognostication

Desired Study :  Whole Body PET (Eyes to thighs)  Brain only  Cardiac only

P.T.O.

Sample for PET  
DM 0  
CT → 21/10/23  
RT → 0  
ST → 0  
25/10/23

30

ब० रो० वि० कार्ड  
O.P.D. Card

डा० राजेन्द्र प्रसाद नेत्र विज्ञान केन्द्र  
अ० भा० आयु० सं०, नई दिल्ली - 110029

Dr. Rajendra Prasad Centre for Ophthalmic Sciences  
A.I.I.M.S., New Delhi-110029



अनुभाग व दिन  
Section and Day VI  
बुधवार व शनिवार  
Wednesday & Saturday

कमरा नंबर  
Cabin No.

यू०एच०आई०डी० संख्या  
UHID No. 107005343

आचार्य राधिका टंडन का एकक  
Prof. Radhika Tandon's Unit

रोगी का नाम Name of the Patient	पुत्र/पुत्री/पत्नी S/D/W	लिंग Sex	आयु Age	पता Address
Anurag	Zyru			

दिनांक DATE	निदान DIAGNOSIS
18/9/23	

उपचार Treatment

NRC done by SR - Neuroradio

OD

OS

? Metastasis  
(Subtural Mets)  
from Neuroblastoma

Rhabdomyosarcoma unlikely  
Physical eye, Staphylococci (post)  
Hing @

- VSA whole also.

- Biopsy

No brain edema; extradural,

कृपया इस कार्ड को सुरक्षित रखें तथा अस्पताल में दिखाने के समय हर वक्त साथ लायें। <sup>Intraocular</sup>

Kindly keep this Card safely and bring it on your follow-up visits.

- धूम्रपान निषेध
  - कूड़ा कर्कट केवल कूड़ेदान में ही डालें
  - थूकिये नहीं
1. No Smoking      2. Use Dustbin      3. No Spitting



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ALL INDIA INSTITUTE OF MEDICAL SCIENCES (AIIMS)  
अंसारी, नसरन नगर, दिल्ली-110029 / Ansan Nagar, New Delhi-110029  
New Delhi,

दूरभाष {26588500  
Phones {26588700

रसीद संख्या / Receipt No.:

APPOINTMENT SLIP

दिनांक / Dated:



जमाकर्ता / Received From:

General ₹ 0.0

रोगी प्रकार / Patient Type:

Done By: Mr. MOHIT DEO SWSC (New)

ओ.पी.डी. / यू.एच.आई.डी. सं / OPD / UHID No.:

Reporting Time: 1.30 PM

कक्षा संख्या / Appointment Date: 23/10/2023

के नाम / Department Name: Paediatrics/POC

Doctor Name

Dr. RACHNA SETHI

Appointment Request date

17/10/2023

Name of Patient

MASTER. ANURAG .

Appointment No

2023101706190

Sex

Male

Age

3 years 28 days

Contact Details

Mobile: XXXXXXX766

Request Mode

counter

Queue No.:

N1

## Remarks:

Your UHID Is : 107019495.

Book Online appointment from :<https://ors.gov.in> Developed by NIC

भुगतान का प्रकार / Payment Mode :

रुपये / INR (Rs.) :

रुपये शब्दों में / Rs. in Words

यह कम्प्यूटर द्वारा जारी की गई रसीद है और इसमें हस्ताक्षर और मोहर अपेक्षित नहीं है।

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Cwiny  
GPF



अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली  
All India Institute Of Medical Sciences, New Delhi

UHID: 107019495 Sex : Male  
Patient Name : Master. ANURAG . Sample Received Date : 18-Oct-2023 21:52 PM  
Age : 3Y Department : Paediatrics  
Lab Name: Dept of Laboratory Medicine Lab Sub Centre: Smart Lab New OPD Block  
Reg Date : 18-Oct-2023 15:52 PM Sample Collection Date: 18-Oct-2023 09:10 AM  
Recommended By: Dr. S. K. KABRA Lab Reference No: 2313075558

Sample Details : LC1810230620

Sample Type : Serum

Report

BIOCHEMISTRY

Test Name (Methodology)	Result	UOM	Reference
Urea (Urease/GLDH)	22	mg/dL	17 - 49
Creatinine (Jaffe compensated)	0.3	mg/dL	0.3 - 0.5
Uric Acid (enzymatic colorimetric)	4.2	mg/dL	3.4 - 7.0
Calcium (5-Nitro-5'-methyl-BAPTA)	9.5	mg/dL	8.8 - 10.8
Phosphorus (molybdate UV)	6.6	mg/dL	2.5-4.5
Sodium (Ion Selective Electrodes)	136	mmol/L	135 - 145
Potassium (Ion Selective Electrodes)	5.5	mmol/L	3.5-5.1
Chloride (Ion Selective Electrodes)	99	mmol/L	98-107
Bilirubin (T) (Colorimetric diazo)	0.12	mg/dL	0 - 1
Bilirubin (D) (Diazo Gen.2 Jendrassik-Grof)	0.06	mg/dL	0 - 0.2
Bilirubin (I) (Calculated)	0.06	mg/dL	0 - 0.9
ALT (IFCC without pyridoxal phosphate)	14	U/L	0 - 26
AST (IFCC without pyridoxal phosphate)	33	U/L	<=40
ALP (IFCC)	184	U/L	142 - 335
Total protein (Biuret)	7.5	g/dL	6.0 - 8.0
Albumin (BCG)	3.9	g/dL	3.8 - 5.4
Globulin (Calculated)	3.6	g/dL	3.0 - 3.7
A/G ratio (Calculated)	1.1		0.8-2.0

-----End of Report-----

Dr. Sudip Kumar Datta  
(Biochemistry & Immunoassay)

Dr. Tushar Sehgal  
(Hematology & Coagulation)

Dr. Sunceta Meena  
(Serology)

Dr Sudip Kumar Datta MD  
(Biochemistry)  
18-Oct-2023 22:05



नाभिकीय चिकित्सा विभाग  
**DEPARTMENT OF NUCLEAR MEDICINE**

अखिल भारतीय आयुर्विज्ञान संस्थान  
**ALL INDIA INSTITUTE OF MEDICAL SCIENCES**

नई दिल्ली-110029 / New Delhi-110029

TELEPHONE : (Direct Line 26593210)

plz extend

नाम

Name :

Anurag -

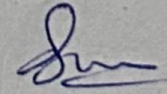
OPD/Indoor :

आयु/लिंग  
Age/Sex: डॉ० जगदीश प्रसाद मीना  
Dr. Jagdish Prasad Meena  
अपर आचार्य / Additional Professor  
बालरोग चिकित्सा विभाग / Dept. of Pediatrics  
अ.भा.आ.सं., नई दिल्ली-29/A.I.I.M.S., New Delhi-29

Investigation

Bone Scan

1. Deposit Rs..... 350/- .....at the Central Admission & Enquiry Office
2. Report at Room No..... 52 .....on..... 18/10/23 .....at 9.00 A.M.
3. For DRCG do not pass Urine from 8.00 A.M.
4. For Gall Bladder imaging No food after 10.00 P.M.
5. For Renal dynamic study take plenty of water before study (at least 2 glasses)
6. The study may take entire day



Signature

Please collect your report from Room No. 54 on any working day between 10.00 A.M. to 12.00 P.M. except Saturday.

Name

Investigation

Scan No. :

Date :

Note : Please Bring all your Medical Records alongwith you.

Signature



नकदी रसीद / CASH RECEIPT  
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 असारी नगर, नई दिल्ली 110029 / Ansari Nagar, New Delhi-110029

दूरभाष / 26588500  
 Phones / 26588700

रसीद संख्या / Receipt No.:  
 जमा किया / Received From:  
 ओ.पी.डी./यू.एच.आई.डी. सं / OPD / UHID No.:  
 के नाम / Done By: **MR. ANKIT KUMAR DEO SWSC**      General ₹ 0.0

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली  
**APPOINTMENT SLIP नियुक्ति पर्ची**      Follow-up Patient  
 Advance

दिनांक / Date:  
 रोगी प्रकार / Patient Type:  
 कक्ष संख्या / Room No.: **Print Appointment Slip**

Department Name: Paediatrics/Paediatric

Appointment Date: 04/10/2023

Reporting Time: 8:00 AM-9:00 AM

Appointment Request date	30/09/2023		
Name of Patient	MASTER. ANURAG .	Appointment No	2023093010613
Sex	Male	Age	3 years 11 days
Contact Details	Mobile: XXXXXXXX766	Request Mode	counter

**Remarks:**

Your UHID Is : 107019495.

**Book Online appointment from : <https://ors.gov.in> Developed by NIC**

भुगतान का प्रकार / Payment Mode :

रुपये / INR (Rs.) :

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**THIS IS COMPUTER GENERATED SLIP AND DOES NOT REQUIRE SIGNATURE AND STAMP**

- USG. (R) Grossly anechoic  
 (L) large mass occupying the entire VE & high spots of calcification sb RB.

Abr ✓ CEMRI Brain & Orbit & fat suppression in axial, sagittal, coronal sections & 2mm cuts going through optic nerves and high parotid gland  
 Review & films in Ward 4A, Monday, 10am  
 for NRC

Protect eye = Castella shield

- (L) old Mycin (3) हर दो घंटे  
 old Refusa lignigel 2 hourly  
 old Gentical gel 3+45  
 - मोत

*Handwritten signature/initials*

नेत्र ईश्वरीय सर्वश्रेष्ठ उपहार है जिनका मनुष्य जीवन में दान करना परमश्रेष्ठ है।

इनकी पूर्ण रक्षा कीजिए ताकि ये आपकी रक्षा कर सकें।

Eyes are God's most precious gift to man kind and eye donation is the most noble deed.

Take full care of them so that they can take care of you.

(51)

Senior Resident  
 A.L.M.S. New Delhi



भारत सरकार

Government of India



राजेश चौधरी

Rajesh Chaudhari

जन्म तिथि / DOB : 01/01/1996

पुरुष / Male



8665 8844 8939

आधार - आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

पता:

आत्मज: नंकिश्वर चौधरी, सेमरिया  
पररिया, भोजपुर, बडहरा, बिहार,  
802311

Address:

S/O: Nankishwar Chaudhari,  
Semaria Pararia, Bhojpur,  
Barahara, Bihar, 802311

**8665 8844 8939**



1947

1800 300 1947



help@uidai.gov.in

WWW

www.uidai.gov.in



KARUNA DEVI FOUNDATION  
GIVE MORE, BE KIND



Registrar

# KARUNA DEVI FOUNDATION

Registered Office:  
16/1309-E Padam Singh Road,  
Bagh, New Delhi-110005

Website: [www.karunadevifoundation.org](http://www.karunadevifoundation.org)  
Email: [info@karunadevifoundation.org](mailto:info@karunadevifoundation.org)

