







डा. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल
Dr. B.R. Ambedkar Institute Rotary Cancer Hospital
अ. १११ अ. सं. अस्पताल / A.I.I.M.S. HOSPITAL

OPR-6

DR. B.R.A. IRCIAIIMS, NEW DELHI

Reg. Date-07/03/2026

PREMISES

IRCH No. 364946

Clinic No. 82927/2026

अस्पता

Clinic PAC & Palliative Care Clinic

Deptt. ONCO-ANAESTHESIA AND PALLIATIVE MEDICINE(OAPM)

General



UHID-107374798

Regn. No.

जन्म तिथि / Date of Birth

एकक / Unit

विभाग / Dept.

नाम / Name

Name GEETIKA

Sex/Age F/2Y

D/O: KAMALKANT

Room 60 (Shift Morning)

Address VPO DHAREU BHIWANI, HARYANA, INDIA

निदान / Diagnosis

दिनांक / Date

Retinoblastoma P/G # SDCEV

उपचार / Treatment

P/G # DDCEV LP 19/8/20

1/1 # augmented chemo

7/3/26

efo Headache
Occipital region /
① parietal Region.
continuous, aching.

↓ defaulted x 5 months
with progressive dis
Intraocular extension
presented to ① eye proplis
↑ ICP in ED.

wt 10.9 kg

MRS - 46/10.
as per attendant -
madequate relief to syp PCM 5ml/TDS

poor prognosis explain
opted for Palliative Care
understanding is good

Registered for Symptom Management
& Supportive Care.

efo constipation

efo watering from eyes

C/D/w Dr. Brajesh Kumar b's

adu

1. Tab morphine 10 mg (P) 1/4 TDS
1/4 — 1/4 — 1/4

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 धर्मशाला की सुविधा उपलब्ध है/Dharamshala facility is available for outstation patients

q/w Prof. R. Setu

- Palliative intent - OADM
- RT consult - Palliative RT
- Genetic test of Parents.
- ~~SD~~ SD CEV - Dapne tem - keep alert with.

↓
8/5/26 - 9/5/26

↓

Dr. Amitabh
DM Resident
Pediatric Oncology
DMC - 52671
AIIMS - New Delhi

8.5.26

Palliative

Wt 11kg

SOCEV cycle (i)

II Remedical 2 Emset 1.5mg
Dtra 1.5mg

~~(d1)~~
8/5/26

inj. VCA 0.5 mg iv

now push

~~(d1)~~
8/5/26

inj. CARBOPLATIN 200mg/100ml

iv over 1hr

~~(d1)~~ ~~(d2)~~
8/5/26 . 9/5/26

inj. ETOPOSID 55mg/200ml

iv over 2hr

- AIJ 10S

61

e/nikita
SA

(D1) - Inj MESNA 250mg / 100ml NS IV
over 30 min
at 0, 4, 8 hrs

- Inj ~~EXELOT~~ GCSF 54µg SC OD
(D3) (D4) (D5) (D6) (D7)

(D1) - Inj DOXORUBICIN 15mg in 100ml
NS IV over 1 hour

(D1)
15/3

Syp EMSET 5ml PO TDS x 3 days
Fa (5ml = 2mg)

- RPC opinion for further plan for exenteration after 1 cycle of augmented chemotherapy & MRI Brain + Orbit
- MRI Brain + Orbit to be done after 2 weeks of Chemotherapy
- Take date for chemo from monika suks → 15/3/26
- N/V on 18.03.26 Wednesday
OPD 58 c CBC/CFE/144

Anjali
DR
DR ANJALI BAPETA
DM Senior
Dept of

14/3/26 - RC Discussion of CECT Head-

- Rt IORB
 - Lt - EORB, Intraorbital ON Enhancement
- Progressive disease
No Intracranial disease

augmented
↓
MK after 2wks
↓
consult family
for
ARET/RT/Exenteratⁿ

case of B/L multifocal group
B disease RB gene
(Refractory) (+ve)
Lt EORB
C/O/W Prof Dr Rachna Seth
Miam

- Plan to given 1 more cycle
of augmented chemotherapy

Before that - 2D ECHO to be done ^{Dr Anj} _{MC}
- CBC/UR/UA to be done

wt - 10.9kg

ht - 89cm Achr.

BSA - 0.51m² - Premedicate with

inj EMSET 2mg IV STAT

15/3 ~~(DI)~~ - inj VCR 0.5mg IV slow push

15/3 ~~(DI)~~ - inj CYCLOPHOSPHAMIDE 700mg in
100ml NS IV over 1hr

after 2hrs
of Rehydration IVF DNS + 1:100 KCl @ 64ml/h
(Rehydration) ⁵⁷ X 6hrs

EVA 1 unit + (but bhains / or Deep shalya
or Anest / or zaku)

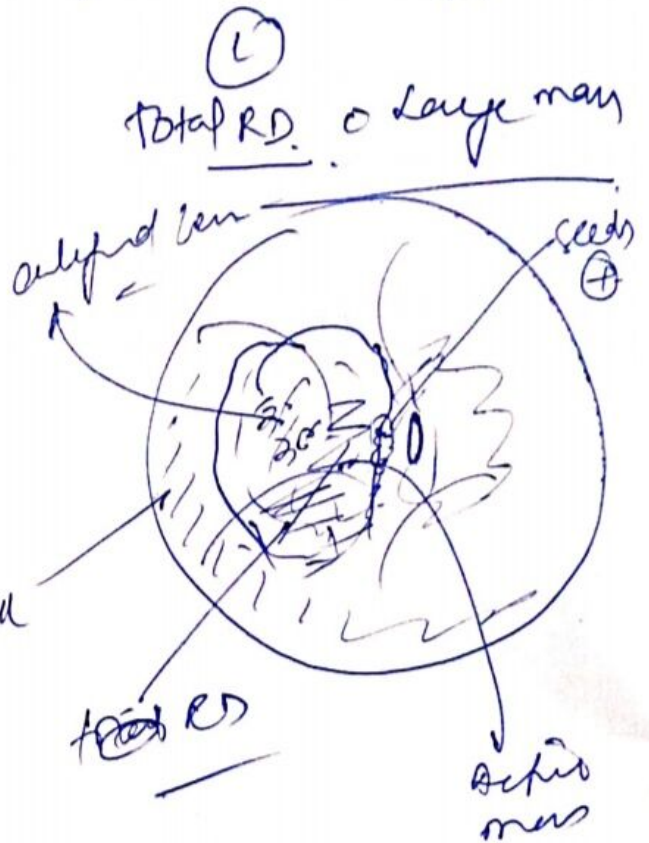
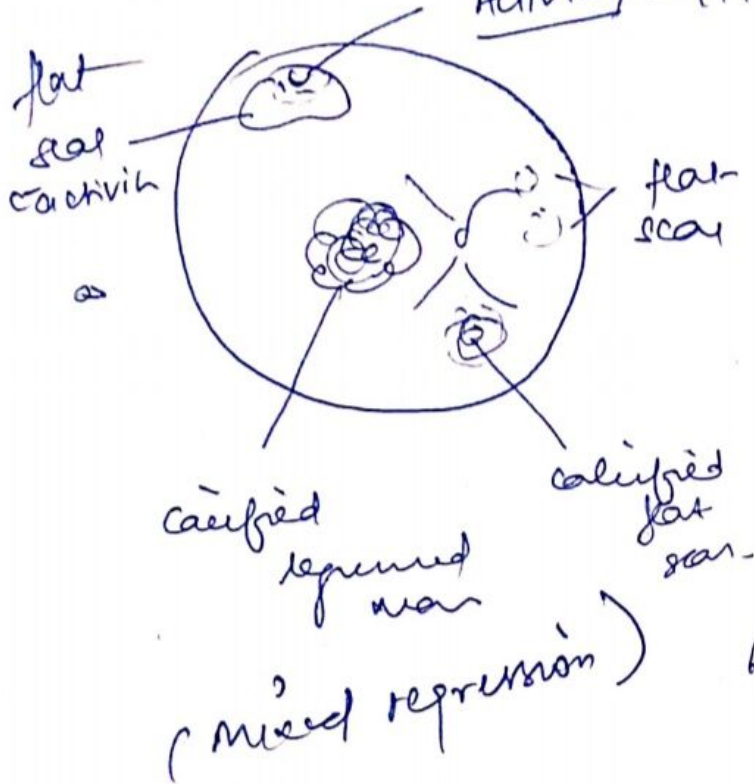
1st 11/25

(B) multifocal regressed GP C RB.

60) SDCEN
(27/7/24
-bst)

(L) Reactivation of GP B RB ACS 70) IDCEN
but
- 12/10/25

Activity - TTT dno. 210/6000/50 / 8
pau dnat intens spot



4e UEG - ~~no~~ layer lens
occupying
30% of globe
above temporal side
extending from disc to
temporal side
with do calcification

M Downing
open

can be found for
(D) bone

Flu do (B) multifocal
repressed glf CRB 140 chemistry

(C) fugacity mass
orbitat RB

4/5/26.

(C) fugacity mass
progressive disease

Ad.

- Myxoid Pseudo Epithelioid appearance
 - for further management
 - MRI
 - metastatic nodules
 - Review Mon / Thursday # 43
- Chem.

2. Symp PCM (5ml/125mg) 5ml TDS ✓ - ✓ - ✓
3. Tab Lanzol junior 20mg 1 tab OD 1 - 0 - 0
4. To continue Dexamethosone Diamox, emsib
as advised by Peds oncol

Explained side effects of Opioids

Close follow up

R/u after 1 week 14/3/2026 as SOS

Apply
Dr/ps.

no 6
2
Register
J. Pr. A. B. S. S. S.
on 2/6/2025
90m; 4
SRI/10

60
14 MAR 2026

60
14 MAY 2026

11/5/2026

C/S/B JR Palliative Medicine

40 R/u multifocal group B disease (RB gene free)
'Retinoblastoma' P/ 6# SDCEV
P/ 6# DDCEV LD 19/5/25
P/ 2# Augmented chemotherapy
LD = 14/3/26.

Currently having 40 Pain @ periorbital region

Planned for MRI Brain + Orbit
LTFU.

Headache; left occipital region

Taking T. Morphine 10mg (P) 1/4 tab TDS. Reports adequate relief
+ adjuvants for 5-6 hours.

Fike NA

CD/W Dr Bhanu Pratap Manjyasir

1. Tab Morphine 10 mg (P) 1/4 tab TDS (1/4 - 1/4 - 1/4)
2. Symp PCM (5ml/125mg) 5ml TDS ✓ - ✓ - ✓
3. Tab Lanzol junior 20mg 1 tab OD 1 - 0 - 0
4. Symp Cremaffin 5ml HS 0 - 0 - 5ml (2m) (4m)

To R/u in Pediatric oncology as advised.

To R/u after 2 weeks / SOS

18-
28.5.26

Apply
Dr/ps.

12/5/26
RT R/u
as advised
by Dr. Bhanu
Manjyasir
(Faculty
Peds)

q/w Prof. R. Saha

- Palliative intent - OADM
- RT consult - Palliative RT
- Genetic test of Parents.
- ~~SD~~ SD CEV - Dapsone ten - keep adjust with.

↓
8/5/26 - 9/5/26

↓

Dr. Amitabh
DM Resident
Pediatric Oncology
F.M.C - 52071
AIIMS - New Delhi

8.5.26

Palliative

Wt 11kg

SOCEV cycle (1)

II Remedication 2 Emset 1.5mg
Doxo 1.5mg

~~(d1)~~ - 8/5/26 inj. VCA 0.5 mg iv flow push

~~(d1)~~ - 8/5/26 inj. CARBOPLATIN 200mg/100ml
NS
iv over 1hr

~~(d1)~~ / ~~(d2)~~ - 8/5/26 . 9/5/26 inj. ETOPOSID 55mg/200ml
NS
iv over 2hr

4/5/26

B/L RB $\left\{ \begin{array}{l} \textcircled{R} \text{ multifocal gr B} \\ \textcircled{L} \text{ EORB.} \end{array} \right.$

Progressive disease.

sent class 15/3.

advised excubation - family didn't flU
= repeat MRI

now presented = progression of proptosis.

\textcircled{L} proptosis man.

no features of \uparrow ICA. - Ophth - \textcircled{L} multifocal spread
gr C.

Plan: Urgent MRI Brain + orbit - Centric
(RB Protocol). Please help.

- R/L \bar{c} MRI films - on 6/5/26.

Amitabh
Dr. Amitabh
DM Resident
Paediatric Oncology
IC-5
New Delhi

6/5/2026

▷ BLC multifocal group. B disease
(refractory)

↓
Progressive disease

↳ COBR

CGD.

G 7 SD-CCV
G 7 HD-CCV
Q 7 Augmented chemo

last chemo 15/03/2026

current MRI (5/5/2026) → BLC RB - COBR

Clinical exam → fungating mass ⊕
eye

POB prognosis explained to the family

intent → palliation

GH

- TAB DEXAMETHASONE 4mg — $\frac{1}{2}$ — $\frac{1}{2}$ × 2 weeks
- TAB DIAMOX 250 mg 1 — 1 × 2 weeks

REN → OAPM

RC discussed →

W 7/5/26 2:00 PM

7/5/2026

डॉ० जगदीश प्रसाद मंडल
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