







शरीरमाद्यं खलु धर्मसाधनम्

Patient Note Book

5ylm

Name : Vivian

UHID : 108871281

Diagnosis : ~~BM~~ MDS

Room / Room
C-207
F19
Paediatric,

Reporting: 09:31:32
29/04/2026

SY 11000000000000000000
Etab Uttar Pradesh, UTTAR PRADESH
Pin-0, INDIA
Ph: 8178951431
General Rs. 0
Follow Up Patient

libbi

Room / Room
C-207
F19
Paediatric,

108871281

LH12062601911 108871281
LC1206262624 108871281
VIVIANVIVAN

Multiple blood transfusion
referred to AIIMS in Jan 2026



संस्कृत विभाग

एकक/Unit
विभाग/Dept.

बाल चिकित्सा विभाग
UHID: 108871281

Dept No: 20260030000975

विभाग/विभाग / VIVAN VIVAN

S/O AMIT KUMAR
8Y 1M 5D / M (पुरुष)
Etah Uttar Pradesh, UTTAR PRADESH,
Pin-0. INDIA

Follow Up Patient

General २s. 0

कमरा / Room
C-207
Queue / संख्या
F33
Unit-III, Paediatric,

दुध, दानि, Wed, Sat (दुध, दानि)



Reporting: 10:39:57
29/07/2026

OPR-6

प्रीकृत सं०/O.P.D. Regn. No.

पता/Address

निदान/Diagnosis

दिनांक/Date

50

AML MDS/Monobony 7-
On cycle 1 Deutabul Idarubicin/ARA-c from 31/7
clo fever x 3 days
clo difficulty in swallow
clo weakness x 3 days
clo wear in mouth x 3 days
no h/o bleeding manifestation

21/07/26

S.60 > 910 < 22000
3/91

ANL - 30.

PS - Pancytopenia & severe
Neutropenia

01E - HR - 110 bpm
RR - 20 bpm
SpO2 - 98% JKA

PEETLE

SE - Chest Clear.



CLEAN AND GREEN AIIMS / एम्स का यही 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)



meraaspatal.nhp.gov.in



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



रोगी का नाम

बसि विमलेश विमान

UHID: 108871281

एकता /

विभाग /

Dept No: 20260030000975

विमान विमान / VIVAN VIVAN

S/O AMIT KUMAR
5Y 11M 18D / M (पुरुष)
Etah Uttar Pradesh, UTTAR PRADESH,
Pin. O. INDIA

Follow Up Patient

General Rs. 0

Queue /

संख्या

F16

Unit-III, Paediatric.

रुग्. रोगी, Wed. Sat. (रुग्. रोगी)



Reporting: 08:48:11
21/07/2021

गैर पंजी

आयु

Age

LC2502262723 108871281

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निदान/Diagnosis

दिनांक / Date

25

IC-2

25/2

CBC

UP

UP

उपचार/Treatment

M/v om 25/7/26

9 AM

1

IC-2

IC-2

CBC

IC-2

flv - OL 28/07/26

h



Pradhan Mantri Jan Arogya Yojana
Ayushman Bharat
PM-JAY
उपकारी जन स्वास्थ्य योजना
(pmjay.gov.in)

CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प
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मेरा अस्पताल
My Hospital
meraaspatal.nhp.gov.in

विकिरण नैदानिक विभाग
अ०भा०आ०सं०, नई दिल्ली-110029
DEPARTMENT OF RADIODIAGNOSIS
A.I.I.M.S., NEW DELHI - 110029

USG-80

ULTRASOUND/COMPUTED TOMOGRAPHY REQUISITION FORM

VIVAN

Age / Sex :

6y 3m

Ref. Deptt. / Unit :

Rel

Date :

10/4/2016

Bed No.) / Outdoor/ Casualty

OPD No. / UHID No. :

108871281

LMP :

Indication Required :

and

Doppler (Arterial / Venous)

Interventional Procedure

HRCT

Dual Phase CT

CT Angiography

History and Examination :

Mass Scen and guided
date for US-guided PICC line insertion

Thank you

40 MDS → AMU

Working Diagnosis :

Previous Studies (Please provide No. if available) :
Urea / Serum Creatinine (for CT patients only) :
Allergy or asthma :

Name of Referring Physician / Date :

Signature :

I have given consent for the performance of any diagnostic or therapeutic radiological procedure with or without the use of contrast injection and / or sedation. The associated complications and risks have been explained to me.

Name of Patient / Date :

Number :

No. of Films used :

Name of Radiographer / Date :

Dr. SHARAN SHANUBHOOLE
Senior Resident-Diagnostic Radiology
Department of Radiology
AIIMS, New Delhi

blood transfusion
to AIIMS in Jan 2016

AIIMS, 2016

4/40 RB (R) emulsified gp DRB
(L) Reachieved gp DRB

Received 17 cycles of chemo, last chemo 25/12/25.

no cough x 2 days
cold x 2 days
fever x 1 day (undocumented)

o/c

visibly stable PR, 110/min RR, 28/min SpO₂ 98% - LRA

Chest - B/L A/C ⊕, ecc. conducted sound ⊕

CNS - S/S ⊕

P/A - Cgt, NT, NOCM

CNS - 15/15

wt 13 kg

am

BC

red/y

T

R

Adm

- temp chugging
- Syb PCM (125mg/5ml) 6 mL TDS if temp > 100.1°F
- Syb Mucilan 1 (8mg/5ml) 2.5 mL NS x 5 days
- Syb Augmentin (228mg/5ml) 4 mL TDS x 5 days
- R/V & Reports urgently

WGP

25/6/2026

④ Eye FORB / Post Emulation

Post EBRT / Post 10# HDCEV
(10/5/26 - 3/6/26) | Post EBRT → Watery discharge
on EID morning

40 Vomiting x 5 days - (4-5 times / day)
no 40 Headache

CID in irritability x 2-3 days

early morning vomiting & vomiting after feeds

O/E - child sleepy

HR = 111/min

awake

RR = 24/min

↳ Sensation

BP = 131/89 mmHg

CF 743 sec

pulses = up

? CIN V

? post RT

? ENS disease

? Infection

② eye discharge & swelling

Plan

- ① fluids to do
- ② Vital monitoring (P+O)
- ③ Inf Enset 2mg iv TDS
- ④ Inf Pantop 15mg iv OD
- ⑤ Inf Dexam 1.5mg iv BD
- ⑥ @. Once SR will review

~~Dr. Anurag~~
17.5mg iv TDS

Dr. VISHAKHA VARSHNEY
SR, Pediatric Oncology
Department of Pediatrics
AllMS, New Delhi

Dr. Anurag
Senior Resident

HR DNS @ 43 ml/hr to continue

मैं प्रमाणित करता हूँ कि उपर्युक्त सहमति पत्र में विवरण देने में पूरी तरह पढ़ लिया है या मुझे मातृभाषा में बताया गया है तथा मैं उपर्युक्त सहमति के लाभ और हानि से भलीभांति परिचित हूँ और पुनः निवेदन है कि उपर्युक्त मुझे हस्ताक्षर करने/अंगूठे का निशान देने से पूर्ण काट दिया गया था।

दिनांक : _____
गवाह के हस्ताक्षर, नाम और पता:

1. _____

रोगी के हस्ताक्षर/

अंगूठे का निशान

नाम _____

2. _____

यदि रोगी नाबालिक और मानसिक तथा शारीरिक विकलांगता के कारण हस्ताक्षर करने में असमर्थ हो।

हस्ताक्षर

नाम

गवाह का पता

1. _____

2. _____

मैं पुष्टि करता हूँ कि मैंने उपर्युक्त सहमति पत्र में हस्ताक्षरित रोगी को इस आपरेशन/उपचार की प्रकृति तथा प्रभाव के बारे में पूर्ण जानकारी दी है।

तिथि: 14/4/26.

प्रमारी चिकित्सक के हस्ताक्षर

नाम

पदनाम

Dr. Anura Gupta
JR.

DR. B.R.A. INSTITUTE R
ALL INDIA INSTITUT
NEW D
DEPARTMENT O

Shanthak

OSIS (STAGE) Supraclavicular space
AL HISTORY (BRIEF)
Breathlessness/Palpitation/Chest Pain
ough/Hemoptysis
Seizure/Headache/TIA/CVA/Neurological
en - Distension/Vomiting/Hepatitis/Ren
rine - DM/Thyroid Disease/Parathyroid
llergy
ther significant History

RENT / PAST MEDICATION

Anti HT
Anti Diabetic
Anti Thyroid
Bronchodilators
Steroids
Chemotherapy Drugs
Radiotherapy Received
Any Other Drugs Syphilis

Weight 44 kg

Height

ulse 110

R. 18

HT

way Assessment:

th Opening Normal

se Teeth/Buck Teeth/Den

lampati Score

k Examination: Moven

iation Induced Change

FICULT AIRWAY AN

ne:

Adv

- R/W in RO-OPD after 1 week in Room 13
- Refresh eye drops.
- Avoid shampoo, oil, soap ~~over~~ over irradiated area for 1 more week.

~~John~~
John

00/6/20 - cont of phototherapy R/W
& med onw (load onw) R/W
- ~~low~~ for ~~low~~ few after sunrise.
/