







CHACHA NEHRU BAL CHIKITSALAYA
(An Autonomous Institute under Govt. of NCT of Delhi)
Geeta Colony, Delhi-110031

Treatment Sheet

Name Saad Age/Sex 7y 1M
CR No. 9631 Ward 5th floor Diagnosis _____

Date	Time	Rx	Dr. Name & Sign	Note
<u>30/7/22</u>		<u>Week 1 Chem</u>		
	0-2 hr	IVF $\frac{N}{2}$ DS \pm 1:100KCl \pm 0.05:100Mg (a) 125 ml/hr		
	2-8 hr	Tri. Cisplatin 45 mg in 500ml $\frac{N}{2}$ DS \pm 0.5:100KCl (a) 85 ml/hr		
	8-24 hr	IVF $\frac{N}{2}$ DS \pm 1:100KCl (a) 65 ml/hr - Tri. Pantop 15 mg iv stat - Tri. Emetet 2mg iv TDS		
<u>31/7/22</u>		Sym. Lechelexe 10ml prs <i>[Signature]</i>	<i>[Signature]</i> Sh. A.S.	

Treatment Sheet

CR.No. _____

Time	Rx	Doctor's Name & Sign.	Noted by Sister Name & Sign.
	orally allowed		
21/7	① Moxifloxacin ^{Shams} 20/7 eye drop ② CMC 1% eye drop ③ Lacrigel Qd eye drop [Signature]	0-0-0-0 0-0-0 0-0-0-0	④ [Signature] 18/7 [Signature]
22/7	<u>Revised r/t</u> DNF DNS $\bar{c}(1:100)$ kel 2mg AMOKYCLAV 200 mg IV Q8H moxifloxacin eye drop CMC 1% eye drop lacrigel eye drop	360 ml Q8H 0-0-0-0 0-0-0-0 0-0-0-0	Q8H 4 times/day [Signature] 22/7



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रोगी सम्बन्धी टिप्पणी / CLINICAL NOTES

नाम Name	आयु Age	लिंग Sex	कौ एं० सं० C. R. No.
वार्ड Ward	बिस्तर Bed No.	इकाई Unit	आयुगनोसिस Diagnosis

Δ:- ~~drooping~~ paraparesis &
 facial palsy (L. 4/5) &
 (TVI 4 given) of the proptosis.

G.C. field

of proptosis (+).

⊙ eye conjunctivitis ⊙.

MRI brain &
 orbit 4/0
 metastatic
 aetiology / ? lymphomatous
 aetiology.

CVS: conscious,
 irritable
 accepting orally
 power $\frac{5/5}{4/5} \mid \frac{5/5}{2/5}$

reflex $\frac{2+}{1+} \mid \frac{2+}{1+}$

CVS: S2 (+)

P/A, soft, NT

chest. Sh 00 (+)

Plan

⊙ eye evaluation, neurology
 - chest consultation

Sharma



Form No. 000117798

स्त्री के अंतर्गत प्रवेश
ADMISSION CARD

डी एम एस
ADMINISTRATION 202000001

पेशे का नाम	एडमिशन	जन्म तिथि	वर्ष	माह	दिनांक	लिंग	वर्ण	शिक्षण	राष्ट्र	वर्ग	प्रवेश स्थिति
Master SAAD	1	2	2	11	Male	Single	Indian	Emergency			Treating Lab (PHYSICIAN MEDICINE)

पेशे का नाम: ANAESTHETICIST
पता: Kullu District, Himachal Pradesh

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अधिकारण / सामान्य सहमति
AUTHORIZATION / GENERAL CONSENT

I authorize the physician in charge of the care of my patient - MASTER SAAD - to admit, examine and do general investigation for my ward for number

Signature

(Signature of Patient)

Relation to patient

स्त्री के अंतर्गत प्रवेश का अधिकार
AUTHORIZATION FOR DAMA/LAXLA - DISCHARGE AGAINST MEDICAL ADVICE

I authorize the physician in charge of the care of my patient - MASTER SAAD - to admit, examine and do general investigation for my ward for number

Signature

Investigation Sheet

CSF / Pus / Pleural / Ascitic Fluid

		20/7	28/7	04/8
Hb	9.5	10.1	8.2	7.1
(P/L/E/M)	15.7	16.4	23.6	17.0
Platelets	150	149	131	120
Indices				
WBC count				
CRMA				
Urea	18	15		
Creatinine	0.24	0.19		
Acid		6.9		
ELECTROLYTES				
		19.2		
		4.02		
		0.6		
Sum				
Sed				
(Total)				
Phosphate				
Sugar				
Bil Total		0.68		
Net Bil		0.10		
10PT		36		
PT		14		
		1.24		
Al Protein				
Albumin		3.81		
		1.07		
Cholesterol		14		
LDL				
LDL				
Pool M/E				
Urine R/M				

Date			
Fluid (Name)			
Gross			
M/E			
Glucose			
Protein			

Culture Sensitivity

Date	Specimen	Organism & Sensitivity
20/7/22	CSF	Thyroid profile = ?
22/7/22	ANU	5.1
24/7/22	PT	14.00
		INR - 1.02
25/7/22	S. faecalis	Sensitive
28/08/22	ANU	0.28

Serological Investigations

04/08/22	ANU	20.14
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Mantoux Test

Date	Read after (24/48/72 Hrs.)

INTAKE OUTPUT CHART

34/11 9631

Name: _____ Age/Sex: _____ C.R.No.: _____ Diagnosis: _____ Ward/Unit: _____ Date of Admission: _____

Date	Intake				Output				Orders/BT Notes		
	Time	IV Fluid	Amount	Oral/NGT	Amount	Time	Urine	Aspiration/Drainage		Vomitus	Stool
2017 8am		N/207ex	90+90			1	2 times				N/2 In 5% Dextrose N/4 @ 45ml/h
7pm		4 Cyclophos 80mg	90			2pm			1 time		
		N/O	90/90			8pm	3hr			1h	
			90+1			8pm					
	Total I/VO/Oral/NGT Intake										
	Blood/Blood Components										
	Whole blood/Packed Cells/FFP		Amount								
		90+90									
		+90									
		90+90									
		+90									
	Grand Total Intake		1080								
					Total Output						

1080

5000

50 04 times

Signature of Doctor

Signature of Staff Nurses

INTAKE OUTPUT CHART

Date		Age/Sex		C.R.No.:- 9631		Diagnosis:- Metastatic Neuroblastoma		Ward/Unit:- 107		Date of Admission:	
Time	Intake			Output			Vomitus	Stool	Orders/BT Notes		
	IV Fluid	Amount	Oral/NGT	Amount	Time	Urine					Aspiration /Drainage
1P	H/2 Dst	250ml			1 gm	2hr		1 hr		0-24 - IVF - N/2 Dst. + Iy Kel (1:100) + 0.05: 100 Iy MgSO4 @ 125 ml/4 2-24 - Iy Cisplatin 45mg in 500 ml N/2 Dst. + Iy Kel (0.5:100) @ 85ml/4 8-24 IVF - N/2 Dst + Kel (1:100) @ 65 ml/4 - Iy Pantop 15 mg 10 stat - Iy Enset 2mg 10 @	
3P	In Compartment	500-			2 hr		8pm	12			
8P											
Total IV/Oral/NGT Intake											
Blood/Wound Components		Amount		Amount		Amount		Amount			
White Blood Packed Cells/FFP		Amount		Amount		Amount		Amount			
Grand Total Intake		1530ml			2 times			2 times			

Signature of Doctor

Signature of Staff Nurses



INTAKE OUTPUT CHART

24/M 9631

Date of Admission:

Intake				Output			Orders/IBT Notes		
Date	IV Fluid	Amount	Oral/NGT	Amount	Time	Urine	Aspiration/Drainage	Vomitus	Stool
8	N/2	1300			12th			0	NP
		1300						1	
		1300						2	
	D/2	130+130			same				ND
		1300			8am				
	Total IV/Oral/NGT Intake								
	Blood/Blood Components								
	White Blood/Placat Cells/FFP		Amount						
9	D/2	130+130			Time				NP
		130+130							
		130+150							
	Grand Total Intake								
	1560ml								
				Total Output					

→ N/2 S.T.D + kcal (1.100)
 @ 65ml/hr.

NP

Signature of Doctor

Signature of Staff Nurses



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INTAKE OUTPUT CHART

Name:- <i>Jan</i>		Age/Sex:- <i>34/M</i>		C.R.No.:- <i>9651</i>		Diagnosis:-		Ward/Unit:- <i>L4</i>		Date of Admission:-	
Date <i>5/12</i>		Intake				Output					
Time	IV Fluid	Amount	Oral/NGT	Amount	Time	Urine	Aspiration/Drainage	Vomitus	Stool	Orders/ST Notes	
<i>8</i>	<i>M20</i>				<i>8:10</i>	<i>4cc</i>	<i>2 cc (8:10)</i>	<i>NO</i>	<i>NO</i>	<i>at to</i> <i>at to</i> <i>0.50ml/hr drip</i> <i>only allowed</i> <i>glycerine suppository</i> <i>at Geeta Colony</i>	
Total IV/Oral/NGT Intake											
Blood/Blood Components											
Whole blood/Packed Cells/FFP			Amount								
Grand Total Intake						Total Output					

Signature of Doctor

Signature of Staff Nurses



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INTAKE OUTPUT CHART

ad 3y/m 9631

Age/Sex:- C.R.No.:- Diagnosis:- Ward/Unit:- Date of Admission:-

Intake				Output					Orders/BT Notes	
IV Fluid	Amount	Oral/NGT	Amount	Time	Urine	Aspiration / Drainage	Vomitus	Stool		
2pm N/2	100/100			2pm	st			NP	NPO N/2 DS + KeC (1.1.15) @ 50 ml/hr	
	100				st			NP		
Total IV/Oral/NGT Intake										
Blood/Blood Components										
Whole Blood/Packed Cells/FFP		Amount								
	100 ml	100								
	100 ml	100								
	100	100								
Grand Total Intake				Total Output						
				1200 ml						

U = urine
 S = st time

Signature of Doctor

Signature

CHC-28 Version 1

CHIKITSALAYA
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Govt. of NCT of Delhi
ACHA NEHRU BAL CHIKITSALAYA
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Geeta Colony, Delhi-110031



318

INTAKE OUTPUT CHART

Name: MA Age/Sex: 34y C.R.No.: 903 Diagnosis: _____ Ward/Unit: 52 Date of Admission: _____

Date	Intake				Output					Orders/NT Notes
	IV Fluid	Amount	Oral/NGT	Amount	Time	Urine	Aspiration/Drainage	Vomitus	Stool	
10/11/20	M2	100 ml			3pm	4h		3ml	MP	- M2 in 57. CRU (1/1) @ 65M / hr
11/11/20	M2	100 + 100 + 100			8pm	(3)		8pm	MP - NPO	- IFN 2 + D5 + 1:100 KCl @ 50ml/hr
12/11/20	8pm	100 + 100 + 100			8pm	3pm		1 urine		1 hr
13/11/20	8pm	100 + 100 + 200			8pm			8pm		
Grand Total Intake				1100 ml	Total Output					

U 10ml
S - 10ml
B/D

Signature of Doctor

Signature of Staff Nurses

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 CHIKITSALAYA
 Govt. of NCT of Delhi

Govt. of NCT of Delhi
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INTAKE OUTPUT CHART

Age/Sex: <i>9/11 M</i>		C.R.No: <i>9681</i>		Diagnosis:-		Ward/Unit:-		Date of Admission:	
Intake				Output				Orders/BT Notes	
IV Fluid	Amount	Oral/NGT	Amount	Time	Urine	Aspiration /Drainage	Vomitus	Stool	
<i>Nil</i>	<i>130 + 130</i>	<i>130</i>		<i>8pm</i>	<i>4hr</i>		<i>1hr</i>	<i>1hr</i>	<i>N/2 M 57-plate (1:10) kcal @ 65ml/hr till 1pm</i>
Total IV/Oral/NGT Intake					<i>8pm</i>		<i>3pm</i>		
Blood/Blood Components									
Whole Blood/Packed Cells/FFP		Amount							
	<i>130 + 130</i>						<i>NP</i>		
Grand Total Intake		<i>1170 ml</i>		Total Output	<i>7 time</i>		<i>1 time</i>		

Signature of Doctor

Signature of Staff Nurses



CHACHA NEHRU BAL CHIKITSALAYA

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Shift to 5th floor C-20/21

Shift to 11th floor

ADMISSION SHEET

NAME: Saad

UNIT HEAD:

AGE/SEX: 3y/M

DEPT: Em-200

UNIT: IInd

CR. NO: 9621

UHD: 9117360

DDA: 20/7/22

DD Discharge:

Provisional Diagnosis:

? Metastatic Neuroblastoma

Final Diagnosis		ICD-10
Primary Diagnosis:	? Metastatic Neuroblastoma	
Associated Diagnosis:		
Complications:		
Surgical / Medical Procedures Done		Blood Components Therapy
Date	Name of Surgery / Procedure	Date Name of Blood components transfused

Weight Chart

Date							
Weight							

Aerotropometry					Antibiotic Therapy		
	Observed	Expected	%	Other	Name	Started on	Stopped on
Wt (Kg)	12 Kg	14.5 Kg	83%	Arthro			
Ht/L (cm)	87 cm	96 cm	90%				
HC (cm)							

Discharge Plan																															

Readmission within 48 Hrs. of discharge from CNBC (Yes/No): _____

PICU transfer (Yes/No): _____ DOT in: _____ DOT out: _____

HIS Y:

from family rec

IMMUNIZATION STATUS: Immunized for Age / Partially Immunized / Unimmunized
tick ✓ cells of doses given)

BCG / Hepatitis B (Birthdose)		
PV1	Pv2	Pv3
IPV1	IPV2	IPV3
RVV1	RVV2	RVV3
MR1 / MMR-1		

MMR/MR-2
DPT B-1
OPV B
Typhoid

DPT-2
OPV
Tdap/dT

Other vaccine: HEPATITIS A, PCV, PPSV-23, VARICELLA, INFLUENZA, MENINGOCOCCAL

DEVELOPMENT:

- A. GROSS MOTOR
- B. FINE MOTOR
- C. LANGUAGE
- D. SOCIAL

app for age

DRUG ALLERGY (write drug name):

MININATION:

General Physical Examination:

General Condition:

Temp: afeb SPO2 = 99% on R/A
HR: 120/min Pulse: w/f B P =
RR: 20/min Icterus: (-) Cyanosis: (-) Clubbing: (-)
Pallor: (-) Edema: (-)
Lymphadenopathy (Y/N), if Yes which nodes (-)
S/o Dehydration: (-)

Others:



BACHPAN CARE ORGANIZATION

YOUR CONTRIBUTION, MANY SOLUTION

B-360, Jaitpur, Extension, Badarpur, New Delhi - 110044

E-mail: into@bachpancareorganization.org | Web: bachpancareorganization.org

Ref. No.

Date

दिनांक: 24.08.2022

बचपन केयर आर्गनाइजेशन

बदरपुर दिल्ली,

फाउंडर महोदय,

सर

मैं मनीषा नाज आपके संस्था से सितती करती हूँ की

हमारे बेटे को बचाने का कृपा करें। मेरा बच्चा पांचा

नौका बाल चिकित्सालय में भरी है। उसका CR NO 9631

ward 5 floor में है। हमारे बच्चे को पैर का कैंसर है

गया है। हमारा बच्चा बहुत कष्ट में है। कृपा करें हमारे

बच्चे को उपरा दवा और हमारा परिवार अब असमर्थ है।

इलाज करवाने में। इसके इलाज में हम अपना सौ कुछ खो

चुके हैं।

आपके संस्था के बारे में डॉक्टर्स में सुनी हूँ की

आप प्रायः सही का महान करते हैं। कृपया कलक हमारे

इपर भी अपना कृपा प्रदान करें।

आपका आभारी निम्नीषाती

मनीषा नाज

बच्चे का नाम - शाह

आयु - 2 वर्ष

