



BSA		0.52 m <sup>2</sup>		Clubbing	no
Pallor	no	Cyanosis	no	Edema	no
Icterus	no	Lymphadenopathy	no		

#### Head to toe:

- No sign of micronutrient deficiency
- No neurocutaneous marker

#### Systemic examination

##### Respiratory system:

Trachea appears central; chest bilateral symmetrical no scars sinuses and veins, no retractions.  
 Palpation - Trachea central  
 Percussion - Resonant sound  
 Auscultation - NVBS heard, B/L equal air entry,

##### CVS:

Inspection- Chest normal in size and shape. Apical impulse seen at left 4th ICS, lateral to mid-clavicular line.  
 Palpation- No palpable thrill or murmur.  
 Auscultation- S1 S2 normal.

##### PA:

Inspection: non distended, all quadrants move equally with respiration  
 Palpation: soft, non tender, no organomegaly, guarding absent, bowel sounds heard  
 Percussion: Tympanic note, no fluid thrill, no free fluid, no organomegaly  
 Auscultation: Bowel sounds heard

##### CNS:

Cranial nerve examination- Normal.  
 Motor- normal tone, power >4/5 in all limbs  
 DTRs 2+  
 No meningeal/cerebellar signs.  
 No neck rigidity

#### Investigations

##### Hemogram

Inj. Lantop 10 mg IV OD  
Inj. Emset 2mg IV TDS

**Examination at discharge**

**Vitals**

PR- 92/min; Spo2- 100% on room air; RR-28 /min; BP- 90/60 mmHg; CP/PP- Well Palpable

**Plan**

To continue chemotherapy as per protocol.

**Advice at discharge**

1. Tab Junior Lanzol 15 mg 1 tab once a day for 3 days
2. Syp septran 40mg/5 ml 6ml once a day alternate day
3. Follow up in Pediatric OPD NEW RAK 2nd FLOOR C-WING RNo 216/ 210/207  
1/11/25 with cbc rft lft

**JUNIOR RESIDENT**

**SENIOR RESIDENT**



Dr. SHIVANGI

Junior Resident  
Department of Pediatrics  
AIIMS, New Delhi

Dr. Shivangi

Dr Shivani /Dr Rema



→ Post chemo

Tub Descr 2ry 1-0-1 | ③ days.  
Tub Emet 2ry BD

→ If a-CSF 55 io s.c OD ⑤ day - Day 3 + 4

- Contn Septen / Behide gagra / site bek

ANC history  
12/10/25  
13/10/25  
14/10/25  
15/10/25  
Dr. G. Tabh  
Hematology  
FAC - 52671  
AIIMS - New Delhi

11/10/2025

Progenitor @ gpe → ① eye - cellulitis  
→ ECRB  
(as per the document)

planned for augmented chemo.  
L start - 8/10/2025.

7/10/25

Date for CSF -

metastatic  
working

B/L { BMA +  
Bx

12.7 < 10,230 < 2.92  
ANC =

3590



few days Following which child was started on enteral feeds, which he has been tolerating well. Serum lipase is on the decreasing trend. ANC remained normal. Child is afebrile and pain in abdomen has also subsided. child is afebrile and hemodynamically stable and hence being discharged.

#### Treatment

Inj. Piperacillin-Tazobactam 1gm IV TDS  
Inj. Teicoplanin 100 mg IV OD  
Inj. Metrogyl 100 mg IV TDS  
Inj. PCM 100 mg IV SOS  
Inj. Pantop 10 mg IV OD  
Inj. Emset 2mg IV TDS

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Dr. SHIVANI SINHA  
Junior Resident  
Department of Paediatrics  
AIIMS, New Delhi

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



बहिरंग रोगी विभाग  
UHID: 107485298

कमरा / Room  
C 218  
Queue /  
संख्या F76  
Unit-III, Paediatric

HOSTED IN HOSPITAL PREMISES

OPR-6

Debit No: 20240030012351

रोगी का नाम  
GAURAV ANURAG

रोगी का पता / Visit At

रोगी का कक्षिक सं./O.P.D. Regn. No.

वयस  
Age

पता / Address

S/O SHODH GOPAL  
3Y 8M 4D / Males  
BILBAI, MAHOBBA, TEH.-MAHOWA, UTTAR  
PRADESH, PIN-210427, INDIA  
Ph: [REDACTED]  
General Re D



Reporting: 09:40:49  
01/11/2025

निदान / Diagnosis

दिनांक / Date

उपचार / Treatment

N/V in OPD on 15/11/2025  
CBC/RF/UA

Shivani  
SK

शरीरमाद्यं खलु धर्मसाधनम्

एम्स का यही संकल्प, स्वच्छता से काया कल्प / CLEAN AND GREEN AIIMS  
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Junior Resident  
Department of Paediatrics  
AIIMS, New Delhi

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LH31102501701 107455256



LC3110252474

107455256

G





1/11/2015

site: ② Group B / post week 0 augmented.  
① EORB

3940 / 2-498  
1220

RH / LF: WNL

Adv: week 3

- Inj. kersat 1.5mg +  
Inj. Dexa 1.5mg slow. r/fund?
- Inj. Vincristine 0.5mg slow IV  
funds - D1
- Inj. Carboplatin 190mg /  
100ml IV over 2hrs.  
D1, D2
- Inj. Etoposide 33mg /  
100ml NS IV over 2hrs  
D1, D2, D3.
- Inj. GCSF 500ug SC  
q SC 24hrly. D4 till  
ANC recovery.
- Date for chemo.
- Cont. Septtran / SB / BG.
- N/V in OPD on 15/11/2015  
C CB4 NF / LF

Shivan  
R.



Department of Pediatrics  
All India Institute Of Medical Sciences, New Delhi  
Ped casualty (011-26594225)

Name	Gaurav Anurag	Age/Sex	3 Y 8 months /M	UHID	107455256
Father's name	Shiddh Gopal	Date of Admission	23/10/2025	Date of Discharge	29/10/25
Address	Bilbal Mahoba, Moh, Mahowa, Uttar Pradesh			Phone No	[REDACTED]
Faculty	Prof Rachna Seth/ Dr. Kana Ram Jat/ Dr. Aditya Kumar Gupta/Dr. Jagadish Prasad Meena				
Diagnosis	Known case of B/L RB (right eye group B multifocal regressing, left eye group E, regressed, LTFU x 9 months) /Left EORB/ Acute Pancreatitis			Bed No	C5/32

#### Chief complaints

Known case of B/L RB, Left EORB came with the chief complaints of:  
Pain in abdomen for 7 days  
Constipation for 3 days  
Loose stools for 2 days

#### History of presenting illness

The child, a known case of B/L RB, Left EORB, post 1 cycle augmented chemotherapy, came with the chief complaints of pain in abdomen for 7 days, which was diffuse, more in the epigastrium and periumbilical regions, dull aching, relieved on bending forward, of moderate severity, not radiated or referred to any site, not associated with vomiting. However, the pain was associated with constipation. For the above-mentioned complaints, the child was brought to casualty on 17/10/25, was managed conservatively. He was prescribed lactulose syrup. 1 day following lactulose use, the child developed loose stools, of semi solid consistency, not associated with blood or mucus. Child again visited casualty on 21/10/25 with complaints of pain in abdomen. However, there is no h/o fever, vomiting  
No h/o cold, coryza, fast breathing  
No h/o oral ulcers  
No h/o chest pain, palpitations, syncope  
No h/o headache, seizures, altered sensorium.  
No h/o yellowish discoloration of body, or vomiting  
No h/o crying while micturition  
No h/o bleeding from any site  
No h/o swelling anywhere in the body