



| | | | | | |
|---------|----|---------------------|----|----------|----|
| BSA | | 0.52 m ² | | | |
| Pallor | no | Cyanosis | no | Clubbing | no |
| Icterus | no | Lymphadenopathy | no | Edema | 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

Med: Pantop 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 RN^o 216/ 210/207

1/11/25 with cbc rft lft

JUNIOR RESIDENT



Dr. SHIVANI

Junior Resident
Department of Paediatrics
AIIMS, New Delhi

SENIOR RESIDENT

Dr Shivani /Dr Rema

Dr. Shivangi

→ Post chemo Tbs Dose 2 mg 1-0-1
Type Ermet Ethol BD | 3 days.

→ If Co-CSF 55 IU S.C QD x 5 day - Day 3 + 6

- centre Septin / Behcet's gulf / sita bck

ANC reading
→ 12/10/25 4.5 gm/dl
13/10/25 4.5 gm/dl
14/10/25 4.5 gm/dl
15/10/25 4.5 gm/dl

Dr. Nitish
Posturing Oncology
FMC - 52673
ANM - New Delhi

11/10/25

Augmentin 500 mg E → ① eye - cellulitis
EBRS
(common answers)

planned for augmentin chemo
Cyclo - 8/10/25

7/10/25

Date for CSF

Mutantekis working

B/L { BMA -
+
Bx -

10,230
12.7 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
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असो भाऊ आसो रासो अस्पताल/A.I.I.M.S. HOSPITAL
बहिरंग रोगी विभाग /Out Patient Department

बहिरंगा रोगी विभाग /Out Patient Department

OBGYN I
F76
Unit-III: Paediatric

ENT DEPARTMENT
HIBITED IN HOSPITAL PREMISES

◎ 伊凡·A

1447 GAURAV ANURAG

SIO SHIDH BORAL
3Y 8M 4D / MGRD
BILBA, MAHOBAL, TAH. MAHOBAL, UTTAR
PRADESH, PIN 210427, INDIA
PH: [REDACTED] General Re: 0

09/11/2023

Pretri/Diagnosis

Print/Date

प्रथमार्थ / Treatment

N/V in OPD on 15/11/2005
in CBD NPL UPL)
Shivani
SK

एम्स का यही संकल्प, स्वच्छता से काया कल्प / CLEAN AND GREEN AIIMS
आंगदान जीवन का बहुमूल्य उपहार/ORGAN DONATION - A GIFT OF LIFE



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LC31102501701 107455256



G LC3110252474 107455256

1/11/05

size: Group B / post mechO fragmented
 EORB

3940 / 2-49L
-2 1220

RH/UF: WNL

week 3
Adv:

- Lij. Ensat 1.5mg +
Lij. Dexa 1.5mg slow. IV push
- Lij. Vincristine 0.5mg slow IV
push - D1
- Lij. Carboplatin 190mg |
100 ml IV over 2hr.
D1, D2
- Lij. Etoposide 33mg |
100 ml NS IV over 2hrs
D1, D2, D3
- Lij. GCSF 50ug SC
q SC 24hrly. D4 till
ANC recovery.
- Date for chemo.
- Cont. Septan / SB / BG.
- N/V in OPD on. 15/11/05
- Cb4N9/UF

Shivani
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 perumbilical 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 discolouration 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