
RIDE

1932 से स्वास्थ्य सेवा में

IN HEALTH CARE SERVICES SINCE 1932

भारत सरकार

Government of India

ए.बी.वी.आई.एम.एस. एवं डा. राम मनोहर लोहिया अस्पताल, नई दिल्ली

ABVIMS & Dr. Ram Manohar Lohia Hospital, New Delhi

जिन्दगी चुनें : तम्बाकू नहीं

CHOOSE LIFE : Not Tobacco

20250722107

केस शीट / CASE SHEET

AADHAR No. .....

(क) भर्ती संबंधी आँकड़े/Admission Data

के.पं. संख्या/CR No.	202553072 p3-B sat	वार्ड/Ward		ECS 3rd Floor Paed Department	
यूनिट सं./Unit No.		क्या चिकित्सा विधिक मामला है/If MLC		(नहीं)/(No)	हाँ/नहीं Yes/No
यूनिट अध्यक्ष/के तहत भर्ती Unit Head/Admitted under	Dr. Alok Hemal - Doctor	भेजने वाले का नाम Referred from			
भर्ती की तारीख एवं समय/ Date & Time of Admission	2025-08-20 4:36 pm	स्थानान्तरण/ Transfer to			

(ख) रोगी के संबंध में आँकड़े/Patient Data:

नाम/Name	Master. SATYAM	आयु एवं लिंग/Age & Sex	8 Years /Male
माता/पिता/पति का नाम Mother/Father/ Husband's Name	RAMANAND	दूरभाष/Phone Nos.	
पता/Address	VILL BHARTHIYA KADIPUR,LILARI BHRAULI,UTTAR PRADESH,Mau,INDIA,	ब.रो.वि./आपातकालीन विभाग संख्या/OPD/ Emergency No.	
		के.स.स्वा.यो. टोकन सं. CGHS Token No.	

(ग) नैदानिक आँकड़े/Clinical Data :

अंतिम निदान/ Final Diagnosis		आईसीडी कोड/ ICD Code	
अपनाई गई शल्यक्रिया/ Operative Procedure		ऑपरेशन की तारीख/ Date of Operation	

(घ) छुट्टी/मृत्यु संबंधी आँकड़े/Discharge/Death Details:

छुट्टी की योजना की तिथि/ Date of Plan of Discharge		छुट्टी की योजना का समय/ Time of Plan of Discharge	
छुट्टी/भेजे जाने/लामा/फरार मृत्यु होने की तारीख एवं समय Date & Time of Discharge/ Referral/LAMA/Abse/Death		अस्पताल में भर्ती रहने की अवधि/ Hospital Stay	
		मृत्यु का कारण/ Cause of Death	

	कनिष्ठ रेजिडेन्ट Junior Resident	वरिष्ठ रेजिडेन्ट Senior Resident	चि. अधिकारी/संकाय/यूनिट अध्यक्ष Med. Officer/Faculty/Unit Head
नाम/Name			
हस्ताक्षर/Signature			

ABVIMS & DR. RAM MANOHAR LOHIA HOSPITAL
NEW DELHI-110001
लगातार चार्ट / CONTINUATION CHART

नाम/Name Satyam | 8y | M | 53072 कमरा/शय्या सं/Room/Bed No.

दिनांक/Date	प्रतिदिन विवरण और चिकित्सा/Daily Notes and Treatment	आहार/Diet
27.8.25	Adv: f/u/c/o APML completed T/T in Dec 2024 Pml RARA gene (-ve) A/I: 1) fever spikes - afebrile for two days 2) Cough ↓d. 3) Hemodynamically stable (wt=22.5kg) Adv: 1) Syr Pcm 250/5 7.5ml PO SOS 2) Inj meropenem 1.1 gm IV BD 3) V/M 4) Tab ATRA 10mg 1tab PO BD	

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NEW DELHI-110001

लगातार चार्ट / CONTINUATION CHART

नाम/Name Satyam | 8y | M | 52072 कमरा/शय्या सं/Room/Bed No.

दिनांक/Date	प्रतिदिन विवरण और चिकित्सा/Daily Notes and Treatment	आहार/Diet
26.8.25	flu/c/o AML completed treatment in Dec 2024 PML RARA gene (+).	
	A/I i) fever spikes - no fever since 24 hours	
	ii) cough - ↓d.	
	iii) Hemodynamically stable	
	Adv i) Syp Pcm 250/5 7.5 ml SOS	
	ii) Inj monocef 1.1gm IV BD	
	iii) V/M	
	iv) Tab ATRA 10mg 1 tab PO	

25/8
8.6 / 8940 / 10/38/0/0 / 22000

atypical cells = 52%.

ABVIMS & DR. RAM MANOHAR LOHIA HOSPITAL
NEW DELHI-110001

लगातार चार्ट / CONTINUATION CHART

नाम/Name Aahyam (84Y/male) (722107) (↓P3B) (↓ mol. Dr Alok cu). कमरा/शय्या सं/Room/Bed No.

दिनांक/Date	प्रतिदिन विवरण और चिकित्सा/Daily Notes and Treatment	आहार/Diet
23/08/25	H/O APML completed ~~treated~~ treatment in DEC 2024. PML RARA gene (+) A/1. (1) Fever spikes. (2) cough (+). (3) Hemodynamically stable. 22/08 6.9 > 3210 < 20,000. (N_9 L_{38} M_1 E_0) (52% atypical cells) urea/creat - 23/0.4 TB/DB - 0.53/0.11 AST/ALT/ALP - 23/19/132 Na/K - 130/3.9 Ca/PO4 - 8.8/4.8 CRP < 0.5 21/08 PT/INR/aplt - 13.4/1.16/30.2 Fibrinogen/d-dimer - (↓) 178/1086(↑) 21/08 Blood c/s - sterile. 21/08 widal - Negative. CBC (22/08). 6.9 > 2660 (8/60/1/1) < <10,000 [Atypical cells = 30%.]	1

Plan
BMA & BMBx
↓ Sedation
Inj Keta 40mg IV
Inj MIDAZ 0.3mg IV stat

Atal Bihari Vajpayee Institute of Medical Sciences &
Dr. Ram Manohar Lohia Hospital, New Delhi - 110001

BLOOD TRANSFUSION NOTES & MONITORING FORM

Name: Satyam Age/Sex: 84/M Ward: ECS - 3 Bed No.:

UHID/CR No.: 53072 Date of Admission: 20/8/25 Date of Transfusion: 21/8/25 MLC No:

Unit & Consultant: Dr. Alok Hemal Diagnosis: APML

BLOOD COMPONENT TRANSFUSED

☐ Whole Blood ☐ Packed Cells ☐ FFP ☐ Cryoprecipitate ☐ Platelet Conc ☐ Other

Blood Unit ____ Collection Date ____ Expiry Date ____ ABO/Rh Group: ____

BT Start Time: 8:30 Time of completion/discontinuation: ____

BLOOD TRANSFUSION NOTES

After taking consent, 3 RDP transfused to pt. If any adverse reaction occurs inform DOD. Adv - Inj. Avil 0.5mg IV stat Inj. Hydrocort 100mg IV

VITAL SIGNS

Date	B.P.(mmHg)	Temp

Licence No. 768/82
DR. RAM MANOHAR LOHIA HOSPITAL
New Delhi-110001
Name of Patient: Satyam
Ward & Bed No.: ECS/III
C.R. No.: 53072
Blood Bag No.: 12630 - 'O' PLt
Unit Incharge: Dr. Alok Hemal
Cross matching done & Found Compatible with sample.
Signature of Lab Technician issuing the blood
Date & time of issue: 21/08/25 8:30pm

Licence No. 768/82
DR. RAM MANOHAR LOHIA HOSPITAL
New Delhi-110001
Name of Patient: Satyam
Ward & Bed No.: ECS/III
C.R. No.: 53072
Blood Bag No.: 12581 - 'O' PLt
Unit Incharge: Dr. Alok Hemal
Cross matching done & Found Compatible with sample.
Signature of Lab Technician issuing the blood
Date & time of issue: 21/8/25 8:30pm

... securely

Licence No. 768/82
DR. RAM MANOHAR LOHIA HOSPITAL
New Delhi-110001
Name of Patient: Satyam
Ward & Bed No.: ECS/III
C.R. No.: 53072
Blood Bag No.: 12615 - 'O' PLt
Unit Incharge: Dr. Alok Hemal
Cross matching done & Found Compatible with sample.
Signature of Lab Technician issuing the blood
Date & time of issue: 21/08/25 8:30pm

☐ Yes ☐ No

If No, reasons for discontinuing transfusion:

☐ Patients reacted to transfusion

(If blood transfusion is discontinued because of blood reaction, kindly fill the TRANSFUSION REACTION REPORTING FROM (TRRF) and send to blood bank

Doctor's Name: Dr. Attilli Ha...a, PG Resident, Paediatrics, ABVIMS & Dr. R.M.L. Hospital, New Delhi

Signature & Stamp:

Date & Time:

Nsg.

Sign

Date & Time:

Atal Bihari Vajpayee Institute of Medical Sciences &
Dr. Ram Manohar Lohia Hospital, New Delhi - 110001

BLOOD TRANSFUSION NOTES & MONITORING FORM

Name: Satyam Age/Sex: 8y/M Ward: ECS 3rd Bed No.:

UHID/CR No.: 53072 Date of Admission: Date of Transfusion: 24/8/25 MLC No:

Unit & Consultant: 3B Diagnosis: APML

BLOOD COMPONENT TRANSFUSED

☐ Whole Blood ☑ Packed Cells ☐ FFP ☐ Cryoprecipitate ☑ Platelet Conc ☐ Other

Blood Unit: 20 RDP 250 ml PRBC Collection Date: Expiry Date: ABO/Rh Group:

BT Start Time: 3:45pm Time of completion/discontinuation:

BLOOD TRANSFUSION NOTES

VITAL SIGNS

	Pulse per min.	Resp Rate per min.	B.P.(mmHg)	Temp (°F)
PRE-BT				
After 15 mins				
After 30 mins				
After 1 hours				
After 2 hours				
After 3 hours				
After 4 hours				
POST-BT				

Licence No. 768/82
DR. RAM MANOHAR LOHIA HOSPITAL
New Delhi-110001

Name of Patient: Satyam
Ward & Bed No.: ECS 3rd Flr
C.R. No.: 53072
Blood Bag No.: 12650 OPH
Unit Incharge: Dr. Alok
Cross matching done & Found Compatible with sample.
Signature of Lab Technician issuing the Blood
Date & time of issue: 24/8/25 at 3:30

Was blood transfusion completed successfully?

☐ Yes ☐ No

If No, reasons for discontinuing transfusion:

☐ Patients reacted to transfusion

(If blood transfusion is discontinued because of blood reaction, kindly fill the TRANSFUSION REACTION REPORTING FROM (TRRF) and send to blood bank

Licence No. 768/82
DR. RAM MANOHAR LOHIA HOSPITAL
New Delhi-110001

Name of Patient: Satyam
Ward & Bed No.: ECS 3rd Flr
C.R. No.: 53072
Blood Bag No.: 11266 O+ POS PC
Unit Incharge: Dr. Alok
Cross matching done & Found Compatible with sample.
Signature of Lab Technician issuing the blood
Date & time of issue: 24/8/25 at 3:30

Doctor's Name: Nsg

Signature & Stamp: Sign

Date & Time: Date

TIBC

Atal Bihari Vajpayee Institute of Medical Sciences and Dr Ram Manohar Lohia Hospital
Baba Kharak Singh Marg, New Delhi-110001

CONSENT FORM FOR BLOOD TRANSFUSION

Name: Satyam Age: 8y Sex: M

CR No./UHID No. 53072 MLC No.: Date: 24/8/25 Time 3:45pm

S/o, D/o, W/o: Ramanand

Authorization for Blood Transfusion

(Whole blood, Packed RBCs, Fresh Frozen Plasma, Platelets, Cryoprecipitate, Factor VII, Factor VIII and others)

1. I consent to the administration of blood and blood products as may be deemed necessary or desirable.
2. I hereby authorize the above hospital and its staff to transfuse
3. I have been explained all the known risks of transfusion reactions.
4. I have also been explained that the donor blood has been screened for HIV antibodies, Hepatitis B surface antigen, Hepatitis C, Malaria and VDRL.
5. I have also been explained that transfusion transmitted infections can very rarely occur even with screened blood, especially if it is in the "Window period" and also due to various other infections which have not been screened for.
6. I know, I must tell the doctors if I have had any other health problem or taking any medicines; also I must tell the doctor if I have had any alcohol since midnight.
7. I have been given an opportunity to ask all/any questions and I have also been given option to ask for second opinon.

I CERTIFY THAT THE STATEMENT MADE IN THE ABOVE CONSENT FORM HAS BEEN READ OVER AND EXPLAINED TO ME IN MY MOTHER TONGUE AND I HAVE FULLY UNDERSTOOD THE IMPLICATIONS OF THE ABOVE CONSENT.

Signature of the Patient / Parent / Guardian or Thumb impression:

Name Ramanand

Relationship with patient: father

I CONFIRM THAT I HAVE EXPLAINED THE NATURE AND EFFECTS OF THE PROCEDURE / TREATMENT TO THE PERSON WHO HAS SIGNED THE ABOVE CONSENT FORM.

Signature of the Nursing Staff / Technician

Name .....

Date

Time

Signature of the Doctor

Name .....

Date 24/8/25

Time 3:45pm

Iron

TIBC

Licence No. 768/82

DR. RAM MANOHAR LOHIA HOSPITAL

New Delhi-110001

Name of Patient Satyam

Ward & Bed No. BCS 3d

C.R. No. 53072

Blood Bag No. 12630 O PCT

Unit Incharge

Cross matching done & Found Compatible with sample.

Signature of Lab Technician issuing the blood

Date & time of issue 23/8/22 9:45a

Licence No. 768/82

DR. RAM MANOHAR LOHIA HOSPITAL

New Delhi-110001

Name of Patient Satyam

Ward & Bed No. BCS 3d

C.R. No. 53072

Blood Bag No. 12654 O PCT

Unit Incharge

Cross matching done & Found Compatible with sample.

Signature of Lab Technician issuing the blood 9:45a

Date & time of issue 23/8/22

Licence No. 768/82

DR. RAM MANOHAR LOHIA HOSPITAL

New Delhi-110001

Name of Patient Satyam

Ward & Bed No. BCS 3d

C.R. No. 53072

Blood Bag No. 12638 O PCT

Unit Incharge

Cross matching done & Found Compatible with sample.

Signature of Lab Technician issuing the blood 9:40a.

Date & time of issue 23/8/22

Licence No. 768/82

DR. RAM MANOHAR LOHIA HOSPITAL

New Delhi-110001

Name of Patient Satyam

Ward & Bed No. BCS 3d

C.R. No. 53072

Blood Bag No. 12639 O PCT

Unit Incharge

Cross matching done & Found Compatible with sample.

Signature of Lab Technician issuing the blood

Date & time of issue 23/8/22

KILKARI TRUST
Regd. No.464

KILKARI TRUST

You Think, You Care, You give.

Mob.: 8588981217

Ref. No.: .....

Date : .....

दिनांक-29/8/25

सेवा में -
संस्थापक महोदया
कीलकारी ट्रस्ट

आपके संस्था से मैं विनती करती हूँ। कि मेरे बच्चे के लिए मेरी बच्ची को ब्लड कैंसर है। हमारा बच्चा बहुत तकलीफ में है। इस बिमारी के कारण। इसका इलाज का खर्चा बहुत ज्यादा है। हमारा परिवार बहुत कोशिश कर रहा है। कि हमारे बच्चे की जान बच जाए। मैं आपसे विनती करती हूँ की मेरे बच्चे को बचाया जाए। कृपया करके हमारी आर्थिक रूप से सहायता प्रदान करे। हमारा परिवार सदा आपका आभारी रहेगा।

प्रार्थी
रामआनंद

KILKARI TRUST * DELHI *

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