





POST GRADUATE INSTITUTE OF CHILD HEALTH

बाल चिकित्सा एवं स्नातकोत्तर शैक्षणिक संस्थान

Sector-30, Noida, G.B. Nagar (U.P.) सैक्टर-३०, नोएडा, गौतमबुद्ध नगर (उ.प्र.) Website: www.sspgptinoida.ac.in

An Autonomous Institute under Government of U.P. / उत्तर प्रदेश सरकार का स्वायत्तशासी संस्थान

Dr. Leelavati Age/Sex Regn. No.

02/07/25
7:00pm

DOB - 02/07/25 TOB - 11:00AM

born at - District Hospital, Sector-30, Noida

Single / Term / VD / CIAB /
Respiratory Distress

HRs = 88mg/dl

O/E

HR = 140 ~~mg~~ /min

Pulst - (N)

CRT < 3 sec

RR = 72/min

SpO2 = 98% L O2

clut = B/L AEE;

CNS = (N) S/E

P/A = Soft, non-distended

CNS = Afat tenf

गोपनीय फीडबैक फॉर्म
रकने करे और भरे।



24x7 Emergency Contact No. 0120-2458000

1st 1000 placed
closure in layer.

Adv.

NPO ckt/A
($\frac{1}{2}$ w PL)
IVA @ 100%.
DN/3 @ 6.5ml/L.

by neoprene 40mg IV tabs
by nitro 20mg IV tabs
by PCM 30mg IV tabs
by Panty 2mg IV O.A

No, Vitals

ET, NG care
RBS QID

Sharma

RECHNUNG

cl/s/s on duty

$DOL \rightarrow 48 \text{ MOL}$

 $RRS \rightarrow 98 \text{ g/dl}$

 $wt \rightarrow 1.920 \text{ g}$

 $AD \rightarrow 72/40 (92)$
 $TRR \rightarrow 80 \text{ ml/g}$

$\frac{0}{E}$
 RR: 200
 RR: 140/M
 RR: 600
 RR: good vol.
 preig swen
 RR RR
 $800 = 90$

tdv.

- ① RR 250 f @ 6.3 ml/h
- ② RR: 200 mg/l genten
- ③ RR 210 RR 50.

noten sind nach NK

1
note
K.

Date & Time	Progress Notes	Orders
	<p><u>ADV</u></p> <ul style="list-style-type: none"> → Manual pleural tap → USG KUB pleural → Change dressing → Plan for anal RET C/M. → EBM 2.5 mL एमिली अमिली → Collect Blood c/s <u>Spirillum</u> → Pleuritis. → PCM <u>सुप्रॉबॉयलस</u> BD → Pl. <u>मिली</u> <u>मिली</u> <u>मिली</u> 	
	<p><u>Prognosis comment</u></p> <p>हम एंटी-सुरीज कि मॉरीर एंजल के बारे में बता दिया गया है। सुरीज को TEF कि बीमारी है जिसके बिना आपरेशन किया गया है। सुरीज को ने में दिक्कत के कारण सुरीज को सांस लेने वाली सुरीज पर की जाना गया है। खुब कि चीजे जकनत पढ़ने पूर जा रह्य है। <u>Impaction</u> से लड़ने कि देखा चल रही है।</p> <p>जकनत पढ़ने पर पीना और लाल खुबु सी चढ़ाया जा सकता है। इन सभी बातों को साबत समझने हुए में मेरे सुरीज का इलाज उचार कराना चाहता हूँ।</p>	
		राकेश



POST GRADUATE INSTITUTE OF CHILD HEALTH
Sector-30, Noida, G.B. Nagar (U.P.)
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PROGRESS NOTES AND ORDERS

Name..... Ward No.....
Sex..... Age..... C.R.No..... Bed No.....

Date & Time	Progress Notes	Orders
	→ send CBC, VBG and RFT on next prick	
	↓ if not done today, then send by tomorrow morning	
	U/P CR	
<u>3:00 pm</u>	Imj Daria 0.5 mg IV stat Jommonix Hoxiling @bam	
	continue chest physiotherapy	
	continue nasal suctioning	
	Jommonix maxillary plan for extubation (Plan) after 4 hours.	
	ET suctioning	
	Abdominal + chest Xray	



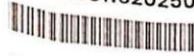
POST GRADUATE INSTITUTE OF CHILD HEALTH (PGICH)
SECTOR 30 NOIDA, NOIDA-201303, UTTAR PRADESH,
PHONE :911202000000



ADMISSION CARD

IPD NO : 981162025000065

CR NO : 981162500002161



NAME : BABY OF LILAWATI
FATHER NAME : RAKESH MOTHER NAME :
AGE/GENDER : 1 DAYS/F HOSP DIET :
D/O : RAKESH MARITAL STATUS :
CATEGORY : GENERAL IS MLC :
ADM CHARGES : ₹ 100.00
ADV CHARG :
DPT/UNIT :
WARD/BED : NEONICU B
STATUS AT ADM : NORMAL
REFERRED FROM : -- REMARKS/REF NO :
PROV DIAG. : --
ADM. DR. : DR RUCHI RAI
ADDRESS : SEC 39, NOIDA, GAUTAM BUDDHA NAGAR, UTTAR PRADESH, INDIA, PH
NO:9691408896

ConbiLine II+

Name : *BLO Lilawati*

0728060125 -B
Date 07:28 06.01.25
Sample BLOOD

BP 762 mmHg
TEMP 37.0 C
Hb+Std 15.0 g/dl
F102 20.9 %
RN 0.85

rCO2 11.5 ? mmHg
PH 7.672 mmHg
K 2.78 ? mmol/l
NA 113 mmol/l
CA 0.47 mmol/l
CL 94 mmol/l
LAC 1.64 mmol/l

HCO3A 12.9 mmol/
HCO3S 30.3 mmol/
BE -3.1 mmol/
BE ECF -7.5 mmol/
TCO2 13.2 mmol/
BB 44.9 mmol/
HCT 45.0 %
O2SAT 99.4 %
O2-CT 20.5 %
P50 13.9 mmHg
AR002 -16.6 mmHg
SHUNT 4.4 %
A GAP 8.2 mmol
H+ 21.3 mmol
CA 7.4 0.54 mmol

Acid / Base Status

PARTLY COMP. RES
ALKALOSIS

EMG CONTACT : RAKESH 9691408896
ADM DATE : 02-JAN-2025/21:27:31 WRD-RCV. DATE :

FOR MEDICO LEGAL PURPOSE

DETAILS OF : -- POLICE :
POLICE STATION : -- INFORMATION :
NAME OF : -- IDENTIFICATION :
INFORMANT : -- MARKS :
MLC REMARKS : --

DISCHARGE DETAILS

DISCHARGE : DISCHARGE DATE/TIME :
WARD :
PROV DIAGNOSIS :
DIFF DIAGNOSIS :
FINAL DIAGNOSIS :
CONSENT OF INVASIVE/NO-INVASIVE ANAESTHETIC & OPERATIVE PROCEDURES AND TREATMENT : YES

NAME & SIGNATURE OF MO
DATE & TIME

NAME & SIGNATURE OF CONSULTANT
DATE & TIME

EMG BILL ADT 8
REGISTRATION BY:
AUTHORIZED SIGNATORY
PRINT DATE : 02-JAN-2025



1:30 pm

Baby had 2 d. only

2/1/25

@ 10:00pm

cls/b on duty

6/1/25 9:59

Baby received in NICU @ 10:00pm

(b) O₂ by NP @ 11/10/25

SAS score → 0

No Retraction

No grunt

2/1/25 10:00pm

ECG: my

clean

MR: 145/100

CVS = S1S2 (+)

no

RR: 1.2 by NP @ 56/min

PP: good vol.

P/A = 35 (+)

perp = warm

CVS = C/T/A (+)

cap = 30%

RR @ 100

SpO₂ = 98%

DEPARTMENT OF PATHOLOGY

(Mother Viral marker)
240 BEDS, DISTRICT COMBINE HOSPITAL
GAUTAM BUDDHA NAGAR SEC-39, NOIDA
"AN ISO 9001:2015 CERTIFIED LABORATORY"

Date : 19-Dec-2024 Reg/Ref: dch-21325 / 597823 Collected At : ANC
Name : MRS. NELA ANC 46 Age/Gender : 24 Yrs./Female
Ref By : Dr. NA Phone : Ward : OPD
Receipt : NA
Call Time : 19-Dec-2024 11:41 Validate : 20-Dec-2024 11:52 Prn. Time : 20-Dec-2024 11:53

Investigation Observed Values Units

BIOCHEMISTRY

GLUCOSE - RBS

Plasma Glucose Random 70.6 mg/dL

SEROLOGY

BLOOD GROUP AND RH FACTOR

Slide Method

ABO Typing

Positive

VDRL TEST

NON REACTIVE

HIV - I

NON REACTIVE

HIV II

NON REACTIVE

HBsAg

Non- Reactive

HCV

NON REACTIVE



Printed By: User: RRAJ(POCT) Provisional
Printed: 20-Dec-2024 11:53:07 AM

हम आपके बीच स्वास्थ्य होने की कामना करते हैं



POST GRADUATE INSTITUTE OF CHILD HEALTH

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Vital Chart

Patient's Name... R/o - Lilawati C.R.No. 4.8.1162.50000216 Ward... N.I.C.U.

Date	Time	T	P	R	BP	Level of Consciousness/ Glasgow Coma Scale	Remarks
	10pm	36.6°C	146h	50h		SpO ₂ - 91% E _{O₂} by NP	RBS - 67mg/dl
	12MH	36.4°C	150h	54h		SpO ₂ - 90% Z _{O₂}	
	3Am	36.5°C	154h	50h		SpO ₂ - 96% ZCPAP (30/5)	
	5Am	36.4°C	150h	52h		SpO ₂ - 94% ZCPAP	
	7Am	36.8°C	144h	48h		SpO ₂ - 90% ZCPAP	
	12pm	36.6°C	150h	56h		SpO ₂ - 96% ZCPAP (30/5)	RBS - 170mg/dl
	3pm	36.6°C	138h	50h		SpO ₂ - 95% E _{vent} (50/5/40/10)	
	5pm	36.7°C	146h	48h		SpO ₂ - 94% E _{vent} (40/5/40/10)	
	7pm	36.6°C	130h	40h		SpO ₂ - 93% E _{vent} (40/5/40/10)	@ 6pm RBS = 127mg/dl
	9pm	36.4°C	154h	52h		SpO ₂ - 95% Z _{vent}	BP = 70/43 (50)
	11pm	36.3°C	148h	44h		SpO ₂ - 94% Z _{vent}	
(15mg/dl)	1Am	36.3°C	140h	48h		SpO ₂ - 96% Z _{vent} (45/5/40/10)	
	3Am	36.6°C	142h	50h		SpO ₂ - 96% E _{vent} 45/5/40/10	
	5Am	36.6°C	138h	52h		SpO ₂ - 93% E _{vent} (45/5/40/10)	
	7Am	36.6°C	154h	56h		SpO ₂ - 96% Z _{vent} (45/5/40/10)	

3:00 pm

Baby had 2 of only



①

W/H

feed

②

Abnt

ref

Dr @ 5 ml/h

③

ext

CST



high

3:00 am

if/No not maintaining abnt



Baby shifted to CST support

high

3/1/85
@ 9:30 AM

C/S/B on duty

O/E
GC: side
NR: 158/AM
NR: 6 MV
PP: good vol.
periph = van
CSR CSR
DQ = 95

Adler

- ① lateral dentition position. / 1 mm / 0.9 in si
- ② regular subling
- ③ at CSR
- ④ base & reference

|
ref
to.

2/25

seen by dept of Audiology and speech therapists

OAE screening test done

Bilateral refer

follow up after 15 days for repeat OAE test

Amuln

3/1/25

S/B Dr. Richi Mat

CST

h
dms

3/1/25

S: 00PM

1/40 warning of respiratory distress baby was intubated and mechanically ventilated

SpO2 29.6% SIMV 15/5/40/40

HR 2140 bpm

02/02/2025

5/11 1.9kg | UD | CI AB | PD

21 Nov

Paral (A₁)

Buccal

OR

AP₂ 50/m

SpO₂ > 98%

↓ CPAP: 30% | 5 PEEP

CI AB | A₁ |

clean

CVS 1/2 @

Ads

→ Start feeds 10ml shy

OG

→ WPR on

ls
Drunk

4/1/04

C/S/Ls - Fed Sp team

1/2 of life.
 term. / mvd.
 Release / up reproduction
 up feeding (+)
 currently ventilated
 11 (+) good wt, CF-C3 sec
 AF flat.
 07. 11

- OG ascent at 10-11 cm.
- Back of eye @
- leaves (+)
- dual opening (+)
- ectopy of

patient connected,
 & programmed for
 5x

Adm

arrange PRBC -
 latent pneumonia
 frequent oral sterility
 supportive care
 will care to shifts to
 07.

Shupis

POOR PROGNOSIS CONSENT

DATE: 4/1/25

NAME: Bloxalaxhi

AGE/SEX: 2 Days 1F

WARD: MICU

DIAGNOSIS: 1 Tracheoepigeal fistula

MANAGEMENT: TEF Repair

I HAVE BEEN EXPLAINED BY MY DOCTOR IN MY NATIVE LANGUAGE (HINDI) REGARDING THE DIAGNOSIS AND PROPOSED/ONGOING MANAGEMENT FOR THE SAME. I HAVE BEEN INFORMED THAT MY PATIENT'S CONDITION IS CRITICAL, AND CHANCES OF FURTHER DETERIORATION AND EVEN MORTALITY IS HIGH.

THE FOLLOWING ARE THE MAJOR FACTORS CONTRIBUTING TO MY PATIENT'S CURRENT CONDITION:

- Post op ventilatory support
- SSI
- Reoccurance
- Bleeding
- Infection
- Pain

I UNDERSTAND THE POOR PROGNOSIS OF MY PATIENT, AND GIVE MY FULL CONSENT WITH SOUND MIND TO MY DOCTORS TO CONTINUE WITH THE TREATMENT.

शकेरा



Super Speciality Paediatric Hospital & Post Graduate Teaching Institute
Sector-30, Noida-201303

PEDIATRIC SURGERY OF NOTES

Name B/o Kulkarni Age/Sex : 2 days 1F Cr No. : 002181.

Ward : MICU → NSICU

DOS : 4/1/24

Surgeon : Dr. Sheetal
Assistant : 1. Dr. Pragya
2.

Anaesthesia Team :
Dr. Anam /
Staff Nurse : Dr. Shumita /
Dr. Midha

Shiv Kumar

-Pre-operative Diagnosis : Trachea-esophageal fistula

-Operation Proposed : Rt PLT + fistula lig + primary repair

-Post-Operative diagnosis :

-Surgery Performed :

-Operative Findings

-Procedure notes :

- Rt PLT -
- 4th ICG
- ~~2x~~ pleural breach (+) → fistula - open above carina
- upper pouch well dev
- lower pouch less dev - to abdominal (+)
- gap 2cm
- anastomosis under mild tension

Adv

- 1) put on or support - by nasal prongs
- 2) Parents counselled about - the clinical condition of the child and need for NICU and CPAP requirements.

Get MV

8:45pm
wt → 1.95

DOB → 2/12/25
12:00pm

CPU → 2hrs.
No medical consent etc.
in case

NOD / Term / CTAB / Swt → SGA
77w

P1+1

CO → Respiratory distress at birth.

- laboia

TPA → 60

OLE → Achne
Palm ⊕
CMC3sev
M → 46mc

MBG NE

- Summary -
- Keep on OL support
 - shift to NICU
 - admit in NICU.
 - out feeds 10ml 7/1hrly
 - Cbc, s1s, ICF7 to send
 - PCV*
 - chest x2 PA view

Augu



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PROGRESS NOTES AND ORDERS

Name..... Ward No.....
Sex..... Age..... C.R.No..... Bed No.....

Date & Time	Progress Notes	Orders
<u>4/1/25</u>	Polo C/SIB/DHSD	
	UL = critical.	
Temp	36.7	
HR	166	
RR	56	
BP		
SpO ₂	98% on 4L [40/5/40/107]	
pull nails	14050	
	<u>Adv</u> → fallais part of axilla → NPO/F/O → Ball bandage → X Ray abdomen + chest → Keep M/L/O dependent don't aspirate. → arrange pillow → 5mg Midaz 0.5mg IV sos can be given for sedation → No handling → vital monitoring	

2/1/25

- CBC, SE, KFT, Blood c1s, CRP, ~~PCR~~ Send ~~PCR~~ ^{PCR} done,
- chest X-Ray done.

3/1/25

→ HCT ~~PCR~~ GAW ~~PCR~~ ^{PCR} done ^C

CX-Ray with O₂ to be done

CX-Ray done. - film ~~done~~ collect

Pre-OP Notes

04/1/25

- Pt. received in Pre OP at 11:50am
- V/S checked and recorded
- NPO - continue wt 1.9kg
- V/M - NIR consent - ~~done~~
- HB - $\Delta B:3$
- Int -

Date & Time	Progress Notes	Status
<p>5/11/25 12:00</p>	<p><u>Progression comment</u></p> <p>हमें हमारे मरीज किंगफिर दालत के बारे में बताया गया है। मरीज को TEF कि डीमिनी है जिसके लिए मरीज का अपरेशन किया गया है। और मरीज को विकल के कारण मरीज को मशीन पर भी डाला गया है।</p> <p>मरीज कि दालत गंभीर है। जकनत पुडों पर मरीज को पीना जोर लागू खुब भी चढ़ाया जा सकता है। मरीज कि दालत गंभीर है।</p> <p>Impaction और Suppuration से लड़ने के लिए वोटिखों की चर्चा रही है। इन सूखी बातों को जानने समझने दुम में मरीज मरीज का इलाज आगे करना चाहता है।</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> <p>3/1/21</p> </div>	
<p>15:00 start.</p>	<p> $\begin{aligned} & \text{Imy Calcium } 50,000 \times 114 \quad \quad 3 \quad \text{T.V } \textcircled{\text{BD}} \\ & \downarrow \\ & \frac{50,000 \times 1.92}{3} \Rightarrow 32,000 \text{ IU} \end{aligned}$ </p> <p> $\rightarrow \text{Imy Calcium } 32,000 \text{ IU IV } \textcircled{\text{BD}}$ </p>	

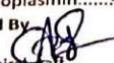


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DEPARTMENT OF BIOCHEMISTRY

BLOOD BIOCHEMISTRY EXAMINATION REPORT

UH.ID. / C.R. 02161 OPD/IPD HDU DATE 05 JAN 2025
NAME/ B/o. Bio Lilawati AGE 4 D/Wk/M/Y, GEN -
REF. BY.....

		(Normal Value)
Plasma Glucose Fasting	.....mg/dl	(70-100 mg/dl)
Plasma Post Prandial Glucose (2hrs)	.....mg/dl	(<140 mg/dl)
Plasma Random Glucose	.....mg/dl	(70-140 mg/dl)
Plasma HbA1C	.....%	(4-5.6%)
KFT PROFILE		
Blood Urea	<u>43</u> mg/dl	(10-45 mg/dl)
S. Creatinine	<u>0.9</u> mg/dl	(0.5-1.5 mg/dl)
S. Uric Acid	<u>4.4</u> mg/dl	(2-8 mg/dl)
ELECTROLYTE PROFILE		
S. Sodium (Na ⁺)	<u>127</u> mmol/L	(135-145mmol/L)
S. Potassium (K ⁺)	<u>4.5</u> mmol/L	(3.5-5.5 mmol/L)
S. Calcium Total	.....mg/dl	(9.0-11.0 mg/dl)
S. Chloride (Cl ⁻)mmol/L	(96-106 mmol/L)
S. Calcium, i... ed (	.....mg/dl	(4.6-5.3 mg/dl)
LFT PROFILE		
Serum Bilirubin Total	.....mg/dl	(0.2-1.0 mg/dl)
Conjugated (Direct)	.....mg/dl	(0.1-0.4 mg/dl)
Unconjugated (Indirect)	.....mg/dl	
SGOT(AST)	.....U/L	(0-40 U/L)
SGPT(ALT)	.....U/L	(0-45 U/L)
Serum Alkaline Phosphatase	.....IU/L	(Depending on age)
S. Total Protein	.....gm/dl	(6.0-8.0 gm/dl)
S. Albumin	.....gm/dl	(4.0-5.5 gm/dl)
Globulin	.....gm/dl	
A.G. Ratio	.....gm/dl	
Others		
S. CRP (Quantitative)	.....mg/L	(0 - 6 mg/L)
S. Phosphorus	.....mg/dl	(2.3-7.0 mg/dl)
S. LDH	.....U/L	(0-248 U/L)
S. Amylase	.....U/L	(25-125 U/L)
S. Lipase	.....U/L	(0-160 U/L)
S. Lactate	.....mg/dl	(5-12 mg/dl)
S. Magnesium	.....mg/dl	(1.6-2.6 mg/dl)
S. GGT	.....U/L	(0- 40 U/L)
S. IgA	.....mg/dl	(70-400 mg/dl)
S. IgG	.....mg/dl	(700-1600 mg/dl)
S. IgM	.....mg/dl	(40-230 mg/dl)
S. CPK	.....U/L	(<250 U/L)
S. CK-MB	.....U/L	(5-25 U/L)
S. Ceruloplasminmg/dl	(20-35 mg/dl)

Verified By 
Technical Staff

Consultant

PTO



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PROGRESS NOTES AND ORDERS

Name..... Ward No.....
Sex..... Age..... C.R.No..... Bed No.....

Date & Time	Progress Notes	Orders
5/1/25	POD, C/S/B/D/S/D	
	U/L = Sick	U/O = 2.6 ml/min
Temp 36	9mg Mikofurimol	
HR 158	9mg Mikofurimol D2	
RR 48		
BP 78/44 (52)		
SPO ₂ 98-100% VENTH		
	U/L VENTH	
	<u>Plan</u>	
	→ E.Tube care / suchaning shikhi 5-6hrly	
	→ monitor vitals condition / shikhi 9hrly	
	→ use ambu bag (of small size).	
	→ Plan to start feeds CIM [all Matrix].	
	→ P and start mobilization / bolus.	
	↓ followed by	
	suchaning #.	
	↓	
	mobilization with oxygen.	
	→ blood (B/L / V/B/L / blood culture / RFT / MATKT	
	→ change such / oral intakes as advised.	

25
10:00 PM
मुझे

counselling

मेरी भाषा में लिखा गया
गया है कि मेरा क्या condition
है वैसे जो यह है। इसके
लिए operation के जरूरत है।
इसके जो जान जा श्री स्वामी जी

शुभे



POST GRADUATE INSTITUTE OF CHILD HEALTH

SECTOR-30, NOIDA-201303 (U.P.)
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NURSE RECORD FOR INDOOR PATIENTS

Name B/o Lilawati Age 2 days Sex F C.R No 002181

Date of Admission 4/1/24 Date of Operation 4/1/24 Date of Transfer Room No Bed No

Medication Injections	POD-00	Special Points
IVF DN/3 @ 6.5ml/h	4/1/24	
Ij Metoprolol 5mg IV TDS	(DI) 5PM	
Ij Metrogyl 20mg IV TDS	(DI) 7PM	
Ij PCM 30mg IV Oral TDS	6PM	
Ij Pantop 20mg TDS	6PM	
Stat		
RBS QID	6PM	
Diet		
Ambulation		
Physiotherapy	wt	

SIT 11.510g | vol 5/8 SR on duty 2 TGF

24.50pm

ac-muc

↓ med's vent support

(SIMV-PC mode 10/15/5/40)

PR = 138 / min

SpO₂ = 96%

Euthromic

CRT 2ml

Preoperative Surgery

reference: Sent

CXR - cath of or tube (sent)

R

1) Kup WPO

2) IVP - 6ml

med's ventilator support

4) regular suctioning to 2nd level

5) Lateral Decubitus

6) arrange PRBC 10 @ 40ml

7) Pcom = 2D-echo

8) eye wit k lung set

Finny

SUPER SPECIALITY PAEDIATRIC HOSPITAL & POST GRADUATE TEACHING INS
SECTOR-30, NOIDA-201303 (U.P.)



DEPARTMENT OF RADIOLOGY

(Bed)

ULTRASONOGRAPHY REPORT

Patient Name..... B/o Lilawati Age/Sex..... 5D/F CR No./ UHID..... 98116250600
OPD/IPD..... IPD Department/Unit..... Ped. Surgery Referring Doctor..... Dr
Clinical Diagnosis.....
USG..... USG KUB USG No. 061 Date..... 06/01/25

USG KUB

Kidneys: Right Kidney- 4 cm
Lefy Kidney- 3.2 cm mini

Both Kidneys are normal in size, shape and echotexture. Corticomedullary differentiation is normal. B
pelvicalyceal systems appear normal. No evidence of ealculus or hydronephrosis seen.

Urinary bladder is well distended and shows echofree lumen with normal wall thickness. No w
PVRU measures- echos, no ureteric dilatation post. to

No free fluid seen in pelvis. minimal ascites.

Impression: Normal study.

F M DA De
Consultant Rad

Consent for TEF Repair

I have been explained by my doctor in my native language (Hindi) regarding diagnosis & proposed ongoing management of my pt. My pt is planned for TEF repair and will be proceeded accordingly. The following complications associated with surgical procedure:

bleeding
respiratory injury
need of ventilatory support
dysphagia
esophageal stricture
anastomotic leakage
Tension pneumothorax
Sepsis

Need of Blood Transfusion
SST.

Understanding all consequences of the surgery, I give my consent with sound mind to proceed with the treatment.

ऊपर लिखी गईं मारी बातें हमें हमारी भाषा में समझा दिखायी दें। हम अपने बच्चे का आपरेशन खोलना चाहते हैं।

रमेश

Consent for surgery

Name :- B/o Kulawati

- Age/Ger :- 20yrs IF

- CRNO :- 00 2161

→ Mangment = FI → procd.

I have been explained by my doctor in my native language (hindi) regarding diagnosis & ongoing proposed mangmt of my pt. My pt is planned for exploratory laprotomy & will be procded accordingly.

The surgery will be done IGA by open approach.

The following complications associated to surgical procds

Blinding

Neurovascular injury

Injury to bowel & bladder

Injury to adjacent organ

Need of Blood Transfusion

Need of Anastomy/colostomy

Need of mechanical ventilation support

SST

Reurrence

Need of Revision of surgery

Understanding all consequences, I give my full consent & sound mind to procd to the treatment

21/11/21

CPTZ 55

Adx

D with feed

2) 1ve ~~1000~~ 10 @ 6mef h
LTPR 2 800

3) 2' Ampicillin 135mg iv TDS
Gentamicin 14mg iv QD

4) Chloramphenicol 0.4 in situ

5) Clinical condition explain

Explain

5.000
लक्ष्मीदीन

वर्षों की दलित जंगीर है वही कारण
पर प्रलय की आवश्यकता पड़ी है