





# ABVIMS and Dr RML Hospital

New Delhi - 110001

ECS PICU / HDU DAYCARE SHEET

DEPARTMENT OF PEDIATRICS

9:50 PM

Name	Rabbis	Date / Time-	27/04/24	DOA-	23/04/24
Age/Gender	11m / m	CR. No. -	28576	DO PICU / HDU	
Weight	7kg	Bed number	④	DOMV-	
Diagnosis	GDD (predominantly motor delay > other domain) with recurrent pneumonia & sepsis & pectus. <del>excystitis</del> . cavitum & scoliotic & BL knee + hip flexion contractures & transmittis & RD				

## Current issues

Issue	Intervention	Current status
① Suspected congenital myopathia of neurodegenerative disease	plan → whole exome sequencing	
② pneumonia + Rt UL collapse - ⊕ 4	On H3FNC.	
③ Transmittis → Improving.		
④ Increase frequency of stool → on ORS.		
⑤ vomiting, 1 episode → abd. pain. (Bowel sound - ⊕ 4)	plan → X-ray ab.	

## Respiratory system

Support	SIMV/PSV/CPAP (HFNC)		ABG/VBG	Time-		ET size
	Morning	Evening		Morning	Evening	
Delta P/PS	flow -	10 lit/min	PH			Fixed at
PEEP	fra -	30%	PCO2			Changed on
MAP			HCO3			
RR (T/Vent)			BE			VAP---
VT <sub>E</sub> /VT <sub>I</sub>			PO2			ICDT----
Min Vent			OI			(drain volume)
FiO2 / SPO2			ICa			other drains
C/R			P/F ratio			
CXR/USG			Anion Gap			
Examination + Other issues with Mx	BL AE ⊕ 4, BL crept ⊕ 4, set on ⊕ 4 infra-clavicular.					



# ABVIMS and Dr RML Hospital

New Delhi - 110001

ECS PICU / HDU DAYCARE SHEET

DEPARTMENT OF PEDIATRICS

JP2A

Name	Tabbis	Date / Time-	27/4/21	DOA-	23/4/21
Age/Gender	11 mo / male	CR. No. -	28576	DOICU / HDU	
Weight	7kg	Bed number	(4)	DOMV-	
Diagnosis	GDD (Predominant motor delay > other domains) = Recurrent Pneumonia, flexion contractures = Pectus carinatum = scoliosis = B/L knee hip. = sepsis = Transaminitis = RD. (↓ genetic evaluation)				

Current issues	Intervention	Current status
① ? suspected ? neurodegenerative disease.	congenital myopathies	Plan - whole exome sequencing.
② Pneumonia + Rt UT culture = (+) nt. on NG PCR.		
③ Haemodynamically stable.		
④ Transaminitis → improve ③.		
⑤ ↑ frequency of stools. → loose		
⑥ leproving P/A → guarding (+) → Plan x-ray abd bed w/ n NG feed		

Respiratory system			Time		ET size
Support	SIMV/PSV/CPAP/HFNC	ABG/VBG	Morning	Evening	
	Morning	Evening			Changed on
Delta P/PS		PH	7.491		VAP---
PEEP	Flow - 1.2L	PCO2	48.6		ICDT---- (drain volume)
MAP	FIO2 - 30%	HCO3	37.5		other drains
RR (T/Vent)		BE	+13.5		
VT <sub>E</sub> /VT <sub>I</sub>		PO2	63.4		
Min Vent	↓	OI			
FIO2 / SPO2	SpO2 - 98%	ICa			
C/R		P/F ratio			
CXR/USG		Anion Gap			
Examination + Other issues with Mx					

B/L A/P (+) loose cough (+).  
SUA (+)



- AN- ① O<sub>2</sub> by NIPPAC  $\left\{ \begin{array}{l} Flow - 10 \text{ L/min} \\ FiO_2 - 30\% \end{array} \right.$
- ② 1y. Meropenem 2800mg + 10ml NS 10 x TDS
- ③ 1y Vancomycin 100mg + 20ml NS 10 x QID
- ④ 1y Rifampin 70mg + 10ml NS 10 x OD
- ⑤ 1y Pantop 7mg IV x OD
- ⑥ IVF DNS C 1:10000 IU @ 24ml/h.
- ⑦ vit D<sub>3</sub> drops (4000 IU/ml) 1ml x PO x OD
- ⑧ Drop Domstal 1.4ml through NG x TDS
- ⑨ Nuroclear drops 2° Bl. each nostril 1 x 4 times
- ⑩ Syp PCM (120mg/5ml) 4ml x through x QD
- ⑪ Syp Panipen 2ml x through NG x BD
- ⑫ Syp Zn-C (20mg/5ml) 5ml x OD x 14 days
- ⑬ Riflac sachet 1 sachet x TDS
- ⑭ Neb. C Asthalin 1.5y + 3ml NS x 7 times  
 C Ipratrop 125mg + 3ml NS x QID  
 C Budecort 0.5mg + 3ml NS x BD
- ⑮ vitet chart / monitor & w/f R/D

Weight	7
TF	
R (%)	
Drugs	
Fluids	
Feed	
Na	meq
K	meq



G/JR Signature &  
 Name in Capital / Stamp

  
 SR Signa  
 & Name in Capital / S

PLAN-

① O<sub>2</sub> via HFNC - Flow 10lt  
FiO<sub>2</sub> - 30%

30

Weight	7kg
TF	
R (%)	100%
Drugs	
Fluids	
Feed	
Na	meq/kg/day
K	meq/kg/day

② Inj Meropenem 280mg + 10ml NS  
IV TDS

③ Inj Vancomycin 100mg IV QID.  
+ 20ml NS → 80

④ Inj Azithromycin 70mg IV OD.  
+ 10ml NS → 10

⑤ Inj Pantop 7mg IV OD  
Inj Pantop 7mg IV OD  
Tab Kanzerab

⑥ Neb c Asthalin 1.5mg + 3ml NS TDS q 3hly  
Ipratent 125 up. + 3ml NS QID.  
Budecort 0.25mg + 3ml NS BD.

⑦ NG feed. 50ml q 3hly } w/4 4pm

⑧ Symp Pam (5/125mg) 4ml NG SOS

⑨ Symp zinc (5/125mg) 5ml OD x 14 days

⑩ Symp Tamiflu (1/12mg) 2ml BD } stop → received for 5 days  
D5/5

⑪ Domstal (1ml/1mg) 1.4ml TDS → NG.

⑫ Vit D<sub>3</sub> (1/400IU) 1ml PO OD.

⑬ Nasoclear drops 2 B/L nostrils QID

⑭ Inj DNS + 1.1% KCl e 7.5ml/hour → 4pm  
24ml/hour

⑮ Sachet Bifilac 1 sachet BD

PG/JR Signature &  
Name in Capital / Stamp

SR Signature  
& Name in Capital / Stamp

with feeds  
Ag monitoring



ए.बी.वी.आई.एम.एस. एवं डा. राम मनोहर लोहिया अस्पताल, नई दिल्ली  
A.B.V.I.M.S. & DR. RAM MANOHAR LOHIA HOSPITAL, NEW DELHI

सूक्ष्म जीव विज्ञान विभाग  
DEPARTMENT OF MICROBIOLOGY

लिंग  
SEX

युनिट  
UNIT

विस्तर सं०  
BED No

HANHI MUSKAN FOUNDATION  
WE CARE LIKE A MOTHER

नमूने लेने की तारीख और समय  
DATE & TIME OF COLLECTION

22/09/24

नाम  
NAME Tabbis.

रजिस्ट्रेशन सं०  
REGN. No.

28596

बहिरंग रोगी विभाग/वार्ड  
OPD/WARD

NOU/RES III B.

आयु  
AGE 11 mo / M

नमूने का प्रकार  
NATURE OF SPECIMEN

VBG

अपेक्षित जांच  
INVESTIGATION REQUIRED

CLINICAL NOTES:-

1. Presenting symptoms with duration
2. Previous reports on similar material with date & Lab. No.
3. Antibiotic therapy
4. Prov. diagnosis

*[Signature]*  
SIGNATURE & DESIGNATION

INCOMPLETE FORMS WILL NOT BE ACCEPTED

*Iron (milk) - 1 imppt.*  
*Loose & watery stool - Jentid - No blood/muc (stool)*  
*moderate*

Support	Respiratory system		ABG/VBG	Time		ET size
	SIMV/PSV/CPAP/HFNC			Morning	Evening	
Delta P/PS			PH			Fixed at
PEEP	<i>10</i>	<i>10</i>	PCO2			Changed on
MAP	<i>10</i>	<i>3.5</i>	HCO3			VAP---
RR (T/Vent)			BE			ICDT---- (drain volume)
VT <sub>E</sub> /VT <sub>I</sub>			PO2			other drains
Min Vent	<i>3.5</i>	<i>3.5</i>	OI			
FiO2 / SPO2	<i>0.21</i>	<i>0.21</i>	ICa			
C/R			P/F ratio			
CXR/USG			Anion Gap			
Examination + Other issues with Mx	<i>ALL A&amp;P, Lab &amp; P</i>					<i>5.1</i>

SR Signi

Capital / S

LANT

*with it*



# ABVIMS and Dr RML Hospital

New Delhi - 110001

ECS PICU / HDU DAYCARE SHEET

DEPARTMENT OF PEDIATRICS

Name	Aditya	Date / Time-	24/7/20	DOA-	23/7
Age/Gender	7 months / m	CR. No. -	2057	BOPIGU / HDU	2057
Weight	7kg	Bed number	5	DOMV-	
Diagnosis	Speech-difficult - Ct. & recurrent paroxysmal & cluster epilepsy & seizures & transmission & severe psychomotor to No. Myo. delay & motor delay & delay				

### Current issues

Issue	Intervention	Current status
① NIB -	→ 100% → 100%	
② Myo. delay		
③ Transmission	→ 100%	
④ Loose & frequency of stool -	severe - No stool / Mm (stool) moderate	

### Respiratory system

Support	SIMV/PSV/CPAP/HENC		ABG/VBG	Time-		ET size
	Morning	Evening		Morning	Evening	
Delta P/PS			PH			Fixed at
PEEP	100% = 100%		PCO2			Changed on
MAP	100% = 35%		HCO3			VAP---
RR (T/Vent)			BE			ICDT----
VT <sub>E</sub> /VT <sub>I</sub>			PO2			(drain volume)
Min Vent	35% / 99%		OI			other drains
FI <sub>O2</sub> / SPO <sub>2</sub>	43% / 98%		ICa			
C/R			P/F ratio			
CXR/USG			Anion Gap			
Examination + Other issues with Mx	No LACE, No acid base in pt. s. value No Mx					

SpO2 = 97% / 98% / No



**Sepsis**

Fever	<i>Intermittent (1200-400)</i>	Date	<i>23/7</i>	<i>23/7</i>	Trend
Focus		Hb (g/dL)	<i>9.2</i>	<i>9.2</i>	<i>↑</i>
		TLC/N	<i>8000</i>	<i>9440</i>	<i>↑</i>
		Platelets	<i>1.7 lac</i>	<i>1.2 lac</i>	
	Blood C/s		CRP		
	Urine C/s		PCT		
	Urine Fungal		PT/INR		
ET C/s		D-Dimer			
Other C/s		Fibrinogen			
HCAI (specify)		OT/PT	<i>266/339</i>	<i>12/11.1 = 0.39</i>	<i>2-0.2</i>
★ Antimicrobials-	1. <i>Moxifloxacin</i> Day <i>2</i>	TSP/Albumin			
	2. <i>Vancomycin</i> Day <i>2</i>	CSF (Date)	Sugar/Protein	Culture	Other Investigation
	3. <i>Azithromycin</i> Day <i>-</i>	EEG	<i>USG Neurology to look for infection - done for 28/7/24</i>		
	4. <i>Zosyn</i> Day <i>04/5</i>	MRI	<i>M3/level = 23/1/15</i>	CT	
	5. _____ Day _____				
	6. _____ Day _____				



★ Assess if they are required further	INVESTIGATION SENT TODAY	CONSULTANT DECISION
Central line days	<ul style="list-style-type: none"> <li><i>V.B.C, CRP, etc.</i></li> <li><i>Vit. D (PTH)</i></li> <li><i>UAC, UA, etc.</i></li> <li><i>USG w/ A EUB done</i></li> <li><i>2D</i></li> <li><i>CE-MRI Brain</i></li> <li><i>Genetic reference 1/4-</i></li> </ul>	<p><i>Preventive measures initiated + Dr. Amit Sir</i></p>
Urinary Catheter days		
Thrombophlebitis		
Bed sores		
Other drains		

*2D ECG, UA, U/A  
 EPS for 2-A, Resp. Consult  
 Iron Profile.*



# ABVIMS and Dr RML Hospital

New Delhi - 110001

ECS PICU / HDU DAYCARE SHEET

DEPARTMENT OF PEDIATRICS

Name	Tabbis	Date / Time -	26/04/2024	DOA -
Age / Gender	23/04/2024	CR. No. -	28576	DO PICU / HDU
Weight	7 kg	Bed number	(4)	DOMV -
Diagnosis	GDD $\bar{c}$ spastic Diplegia $\bar{c}$ (7,2 to 11/2 $\bar{c}$ acute) $\bar{c}$ Resistant Pneumonia $\bar{c}$ + UL collapse with Spesis $\bar{c}$ Pectus Carinatum $\bar{c}$ scoliosis $\bar{c}$ $\bar{c}$ B/L knee flexion contractures $\bar{c}$ R.D. $\bar{c}$ Transaminitis + HHT.			

(1 - trendic evaluation)

Current issues

Issue	Intervention	Current status
① R+UL collapse + B/L hip arthroplasty + (R) pneumonia	RR = 60/min SCR + ILA (1) R/S - B/L wheeze NFA (1) + cepha (1)	on N2 PwC c (1) L/min pneb <sup>m</sup> m ab mero apisho
② Haemodynamically stable		- vml qamiflu
③ Fever $\rightarrow$ Penicillin		Plan • Resp. viral Panel - EDUHO. • MRI Brain. 1 SUTD <sub>3</sub> / PRU. • trendic evaluation.
④ Lethargic		ALP Phy

Respiratory system

Support	SIMV/PSV/CPAP/HFNC		ABG/VBG	Time		ET size	Fixed at	Changed on	VAP---	ICDT---- (drain volume)	other drains
	Morning	Evening		Morning	Evening						
Delta P/PS	flow -	7 lit/min	PH								
PEEP	fiO <sub>2</sub> -	35%	PCO <sub>2</sub>								
MAP			HCO <sub>3</sub>								
RR (T/Vent)		alt/m	BE								
VT <sub>E</sub> /VT <sub>I</sub>			PO <sub>2</sub>								
Min Vent			OI								
FiO <sub>2</sub> / SPO <sub>2</sub>			ICa								
C/R			P/F ratio								
CXR/USG			Anion Gap								
Examination + Other issues with Mx	B/L Ate (1) SCR (1) RR wheeze + CRP +										



1/24  
 1/27/1  
 1/28/1  
 285th Inspection → Mother

Uo. Grav X 7-8 der, not documented upto 1034/  
 (conclusion) revised so  
 - port breast X 7-8 der  
 - leg



→ No. h/o feared stature, bluish tint of skin  
vanity, A

- port history → Uo decrease weight (revised) E port breast  
since 3 months of age, 1 month of delayed by poly emia.

- Uo Tit to Uo of both lower limb since age of 3 months  
Uo stagnant movement of B-tu top upper limb since  
birth to 3 months of age (bone Uo no document available)  
 → not able to use port in poor condition from 1 year

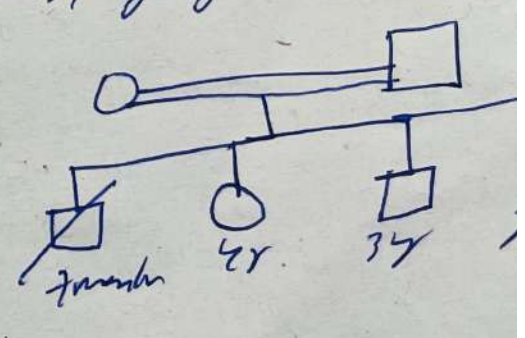
- BSTN & S/T (M.V.O) (C.W.A.B) (last 7 months 19e) B wt. → 2 8 kg  
No NIU stay.

- feeding history → on EBF till the 3 months of age +  
to feed (milk feed)

- Developmental history → Uo period near language development  
Uo Unidirectional speech since 1 year

- Communication history → impaired at 3 months of age.

- Family history - No h/o Alzheimer, skin Allego  
 → No h/o Diabetes, 7 children in family  
 → No h/o TB cases.











NANHI MUSKAN FOUNDATION  
WE CARE LIKE A MOTHER

# NANHI MUSKAN FOUNDATION

S.no : 05

Date: 30/04/24

सैबा मै,  
नन्ही मुस्कान फाउंडेशन  
58/13 चिरगा दिल्ली  
मैन रोड नई दिल्ली - 110017,

महोदया,

सिबिनेथ निवेदन यह है कि मेरा बेटा तबिश  
जो कि आरएमएल अस्पताल में भर्ती है, जिसकी  
Spastic Diplegia नाम की बिमारी है, जिसकी वजह से  
उसकी अनेक तरह कि परेशानिया भी हो गई है, उसके इलाज  
में बहुत खर्चा जाताया है, मैं पूरी तरह से असमर्थ हूँ,  
मेरी आप सब्जी से दाय जोड़ कर गुजारिश है,  
मेरे बेटे को मदद करे, और मेरे बेटे की एक नया जिवन  
दान करे !!!



आपकी धार्मी  
बच्चों की माँ  
रेशमा