



SMILE CARE TRUST

"A Trust For Every Smile"

REG.NO. 2026/19/IV/12

PAN NO. ABNTS8121J

UNIQUE ID: ABNTS8121JF20261

E-MAIL. info@smilecaretrust.org

PATIENT DETAILS

NAME	MONIKA
FATHER'S NAME	SACHIN KUMAR
DATE OF BIRTH/ AGE	1YEAR 6MONTHS OLD
SEX	FEMALE
DISEASE	LIVER DISORDER
HOSPITAL	CHACHA NEHRU BAL CHIKITSALAYA
C.R NO.	0444
EST. TREATMENT COST	3,77,000/-

"Every child deserves the gift of life, health, and happiness – but not every family can afford to protect it. Smile Care Trust is currently supporting a child in urgent medical need, racing against time to arrange the resources required for their treatment. Your support today is not just a donation – it is a prayer answered, a life saved, and a family given hope when they needed it the most. Join hands with Smile Care Trust and help us bring this little one back to health, because together, we can make miracles happen."







CHACHA NEHRU BAL CHIKITSALAYA

(An Autonomous Institute under Govt. of NCT of Delhi)
Affiliated to Delhi University
An Associate Hospital of Maulana Azad Medical College
Geeta Colony, Delhi-110031



ADMISSION SHEET

AGE: 10 & months
SEX: M
DISEASE: [Handwritten]
DOB: 28/1/26

UNIT HEAD: Dr. [Handwritten]

UNIT: [Handwritten]

D.O. Discharge: [Handwritten]

Provisional Diagnosis: [Handwritten]		ICD-10
Final Diagnosis: [Handwritten]		
Primary Diagnosis: [Handwritten]		
Associated Diagnosis: [Handwritten]		
Complications: [Handwritten]		

Surgical / Medical Procedures Done		Blood Components Therapy	
Date	Name of Surgery / Procedure	Date	Name of Blood components transfused
28/1/26	[Handwritten]	28/1/26	[Handwritten]
	[Handwritten]		
	[Handwritten]		

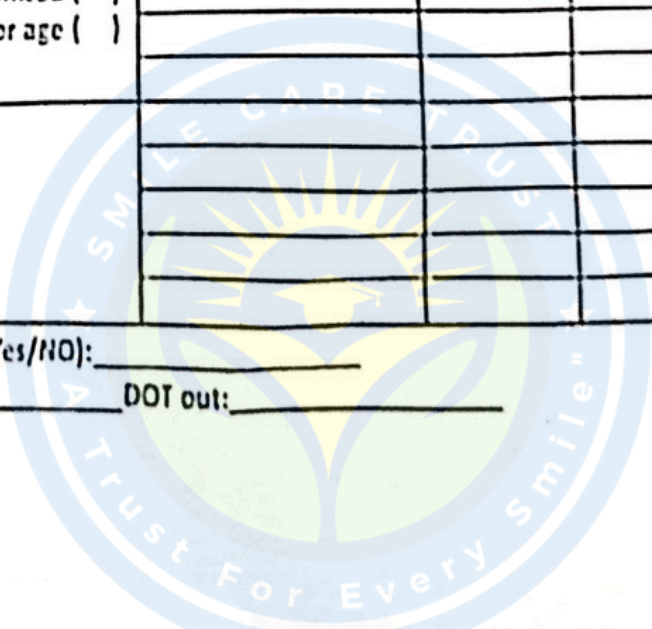
Weight Chart	[Handwritten]			
Age				
Weight				

Anthropometry				Antibiotics Therapy			
	Observed	Expected	%	Other Anthro	Name	Started on	Stopped on
(Kg)	10.5	10.2	100%	Pro-actin	[Handwritten]		
(cm)	70	75	93%	Pro-actin	[Handwritten]		
(cm)					[Handwritten]		

Immunization (tick ✓): Unimmunized ()
Partially Immunized ()
Immunized for age ()

Discharge Plan

Admission within 48 Hrs. of discharge from CNBC (Yes/NO): _____
Transfer (Yes/No): _____ DOT In: _____ DOT out: _____



INITIAL ASSESSMENT FORM

Date:

Time:

Chief complaints & Duration: Pt was born FT- LSCS. at a ho
in Myzafamapur

↓
was examined by clinician at
and was diagnosed as Tracheo
fistula

↓
Pt. was kept on i.v. feed
and referred to CNRC.

History of Present Illness:

History obtained from: Mother

Father

Grand Parents

Other

evaluated and arrived as a case of C

Pt. under-taken for (R) Thoracotomy & 1^o repair of

↓
Anastomotic leak on PDD-2

↓
Reopered for Redo Thorac

↓
Division as esophagostomy & fistula lig

↓
Pt. started & full gastric feed

↓
Now Pt has come for followup and further

↓
Pt is planned for gastric pull

H/O Previous Hospitalization:

Same as above

PAST HISTORY:

Pt. on regular followup for Anemia

FAMILY HISTORY:

No such similar complaint.

BIRTH HISTORY:

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मेलन रिपोर्ट फार्म MATCHING REPORT FORM

रोगी के केस शीट के साथ रखे जाने के लिए
TO BE RETAINED WITH CASE SHEET OF PATIENT

3709

सारा रक्त/पैकड सेल
Whole blood/packed cells/FFP/Platelets

AB आरएचो Rh Pos

मात्रा Qty. 150 ml

प्रयोग में लाने की अंतिम तिथि
Expiry date

दनीय
for Transfusion

नाम Name BLO MONIKA

केस पंजीयन सं.
C.R. No. 0444

64 लिंग Sex F

वार्ड Ward H/F

ग्रुप Group AB

आरएचो Rh. Pos

प्रभारी का नाम
the Unit Head Dr. Manita

by [Signature]

जारी करता
Issued by [Signature]

FILTER MUST BE USED IN THE SET WHILE TRANSFUSION BLOOD

filled in Patient care unit immediately at the time of receiving of Blood bag from Blood Storage center:

DETAILS :

Age : Sex : C.R. No. :

Donor Bag Details	Receiving Nursing Staff Name <u>Rand</u>	Transfusion Doctor Name <u>Dr. Srishti Nigam</u>
Donor Bag Group	AB +ve	AB +ve
Donor Bag No.	P R A G	P R B C
Donor Component	C. 3709	C 3709
Quantity	150ml	150 ml.
Date of Expiry		
Signature :	<u>[Signature]</u>	<u>Srishti</u>

DR MONIKA

ANAESTHESIA RECORD

GASTRIC PULL UP

CRNO 444 DATE

ANESTHESIOLOGIST DR BHUMIKA, DR Rohit, Dr Parag

OPERATION SURGEON DR CHHAVI; DR PRAVEEN.

TIME 09:40 AM

General GA Both $O_2 + N_2O + Isoflurane$

- INJ. Fentanyl 20mcg iv + INJ Morphine 1.5mg
- INJ. Propofol 20mg + 20mg iv

CIRCUIT Closed

VENTILATOR: PCV

RATE 25 IV 7ml

EIT Size 4.0mm ID (microcuff)

Oral: Yes/No

Nasal: Direct/Blind

Tracheostomy: Yes/No

Endotracheal: Yes/No

Cuff: Yes/No

Local Spray: Yes/No

Ph. Pack: Yes/No

Tourniquet: Yes/No

Tourniquet Time:

• INJ. Atracurium 5mg iv

ETT # 4.0mm ID microcuff fixed @ 12.5cm

- $O_2 + N_2O + Isoflurane$
- INJ Atracurium 1mg iv SOS
- INJ PCM 70mg
- INJ Diclofenac 15mg

- INJ Dexamethasone 1mg
- INJ Hydrocortisone 20mg

RL @ 100ml/hour.

Blood Loss:

POST-ANAESTHETIC

- * Consciousness:
- * Pulse:
- * B P:
- * Respiration:
- * Reflexes:

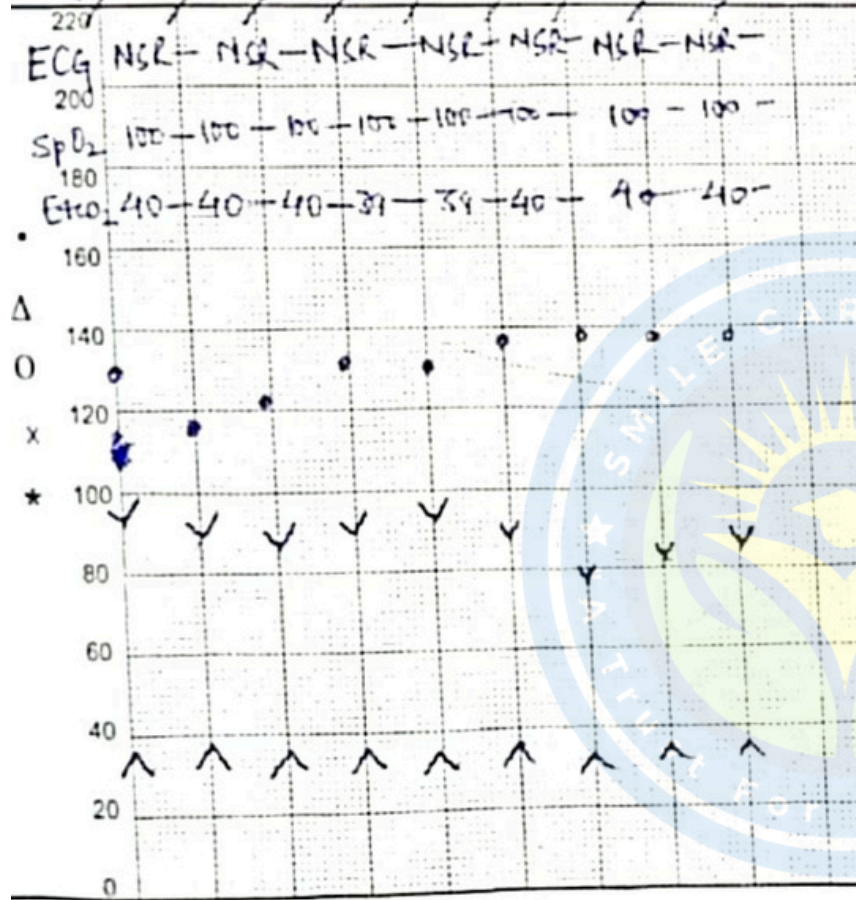
TOTAL FLUIDS

Blood: 100, 100

Other:

ANY OTHER

09:40 AM 10:00 AM 10:30 AM 11:00 AM 12:00 PM 1:00 PM 2:00 PM 3:00 PM 3:15 AM



CVP	TEMP
28	38
26	37
24	36
22	35
20	34
18	33
16	32
14	31
12	30
10	29
8	28
6	27
4	26
2	26
0	26
-2	26
-4	26
-6	26

ml.

Important event during Anesthesia & Surgery, Continue mechanical ventilation

Anesthetic advice:

Attention to:

- IV fluids @ 20ml/hr
- IV PCM 70mg SOS
- ETT care.
- S/O AND VITALS MONITORING

Rohit

SIGNATURE

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संवेदनाहारी प्रक्रिया के हेतु सहमति (स्थानीय/एम०ए०सी०/सामान्य/रिजनल निश्चेतन)

B/O MONIKA आयु/लिंग 1.6y/M आईपीडी क्रमांक 444 वार्ड नं०

संज्ञाहरण विज्ञानी डॉ. है. DR. Bhumika

सक(ओं) / सर्जन(ओं) ने निम्न आपरेशन या प्रक्रिया के लिए सिफारिश की है

GASTRIC PULL UP

किसी भी प्रकार के तहत (स्थानीय /एम०ए०सी० / सामान्य / रिजनल निश्चेतन) संज्ञाहरण के उपयोग के समय पर उचित और स्वहित में पाया जाता है

न के दौरान या संज्ञाहरण के बाद आने वाली जटिलताओं का सामना करना, इसमें सांस की नली में द्रव्य डालने में कठिनाईयें, दांतों और मुंह को कोमल ऊतकों का घायल होना, रीढ़ की हड्डी संज्ञाहरण के पश्चात् शिर दर्द, एलजी और तीव्रगाहिता संबंधी तंत्रिका तंत्रिका और एपीड्यूरल कैथेटर प्रविष्टि के बाद पीठ में दर्द, शल्य चिकित्सा या उसके दौरान विभिन्न शल्य चिकित्सा की जगह से जाल चोट एवं शिरापरक पंघर करने के दौरान मरीज में रक्तगुल्य गठन।

प्रक्रिया या तो पर्यवेक्षण निश्चेतना विशेषज्ञ द्वारा (इनके द्वारा न कर पाने की दशा में किसी और निश्चेतना विशेषज्ञ द्वारा) अथवा जीडेन्ट द्वारा जिसको यह जिम्मेदारी दी गई है/को जा सकती है।

आपके हस्ताक्षर दर्शाता है कि:

इस फॉर्म पर दी हुई सूचनाएँ पढ़ एवं समझ ली है

हमारी भाषा में समझा दिया गया है कि बच्चे का बड़ा ऑपरेशन है। इस ऑपरेशन में सूं लह सकता है। ऑपरेशन के बाद

प्रति निर्धारित संवेदनाहारी प्रक्रिया पर्याप्त रूप से अपने एनेस्थेटिस्ट द्वारा आपको समझाया गया है

सवाल पूछने का मौका मिला था

ऑपरेशन या संवेदनाहारी प्रक्रिया के विषय में आपकी इच्छानुसार पूरी जानकारी मिली है

बताए संवेदनाहारी प्रक्रिया द्वारा आप ऑपरेशन या संवेदनाहारी प्रक्रिया के लिए सहमति प्रदान करते हैं

गणित करता हूँ कि मुझे मेरी समझने लायक भाषा में पढ़ाया और समझाया गया है

सहमति-पत्र एवं इसमें लिखे विषय को समझ गया हूँ

Maniipa

एनेस्थेटिस्ट के हस्ताक्षर

Rohit

गवाह के हस्ताक्षर

Maniipa

एनेस्थेटिस्ट का नाम

DR. Rohit

गवाह का नाम

पिता/सम्बन्धी/अभिभावक)

दिनांक 1-1-2024

समय 10:30 AM

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PRE ANAESTHETIC EXAMINATION

PAC No. 278/2328/10

DATE _____

Monika AGE 7y SEX M WEIGHT 8.7 kg CR NO 1119508

SURGEON _____

10/10 ENT + IEF

OPN. PROPOSED

Gastric Pullup

1+0
I, II, III, IV
Good Av. Poor

Pain Chest +/-
Palpitation +/-
Cyanosis +/-
Oedema +/-
Hypertension +/-
Allergy +/-
Neck/Back problem +/-

Vomiting +/- IT USSS, CIAB
Dantooa +/- Tonnaricationa manage
Convulsion
Fainting +/-
Diabetes +/-
Bleeding disorder +/-
Family H/O bl. dis. +/-

rapy:
esses:
aesth. & Surg +

Part G₁ - Rt - Haraare long + Phapoo 4 11/2/22
- Beda the rathalony + dervision -> 11/7/22

EXAMINATION

AGI on 28/06/23 -> 11: 10:00 AM Ekophyokony - 11 G.

Oral Hygiene
Loose teeth +
Absent teeth + Peds. Anisod
Artificial Denture +
Jaw Movement
Neck
Thyromental Distance
Mallampati class

Intubation Diff. +/-
Airway
Malnutrition/Obesity Normal
Psych. status - Calm/Apprehensive/Unsettled
Veins
Any other finding

C EXAMINATION

Bl. - AEB, clear
250
work 0.41 +
- FG
1.250

2023 009 5380

8.3	Urine R/M - < <u>Abnorm</u>	S. Elect 139/5.50	Blood Gas
11.86	Bl. Sugar	LFT <u>KLNB</u>	-
609	Bl. Urea 42	Pr. time	APTT-
	S. Creat. 0.17	PFT	TFT -
Chest		ECG	ECHO -

RKS: Including special investigation. Fitness status & problems etc.

ed in ASA Cr I, II, III, IV, V.

F

INSTRUCTIONS

Build Hb > 10
Repeat CBC after the
PAC is above
- BB -> back & bed rest consent
Kidney get 2000 done

PRE-ANAESTHETIC ADVICE

1. Nil orally after AM/PM on
2. Blood required Yes/No. Units
3. Premedication

(NAME & SIGNATURE OF THE ANAESTHESIOLOGIST)

(Signature)

5:30

Temp - 100°F
HR - 155/min
RR - 24/min
RS / N/A
Cul

Info

Ref to ER

- Fracture of radius considered to be close to infection related

Given priority > 29h

Tetanus? ?

BP -

Info: Ref to ER. In ER, blood $\frac{1}{2}$ 1st time note.

will consider early stoppage! ? ?

- Fed me 52 in ER

to start Pipiza/antibiotic

Info: WT / Stage II / HR / week 31

Info
24, 24
105
2, 20
105

m Zalyal - D2
Kantika - 1 note of fever in morning

e/e: vitals: stable.

Chart: B/L A/C equal
No additional sounds

Wt: 21, 22 heard
no murmur

C/S: WNL

- cont. inj. Zalyal inj. antibiotic

- 4u = for RR

- 4h blood $\frac{1}{2}$, 1 CT

- 21 -

Blood $\frac{1}{2}$. P/L.

200
21/21



भारत सरकार

Government of India



Issue Date: 16/01/2015



सचिन कुमार

Sachin Kumar

जन्म तिथि / DOB : 11/07/1998

पुरुष / MALE



8307 1008 8900

मेरा आधार, मेरी पहचान

