

Department of Pediatrics  
 Division of Pediatrics  
 All India Institute of Medical Sciences

D/O SATYA NAND TIVARI  
 37 3M 80 / F/10000  
 448 LIG FLATS, DUGRI PHASE-1, DIST  
 LUDHIANA, PUNJAB, INDIA  
 Ph: 9601412818 General Fax 0  
 Follow Up Patient



CKID-104477



शरीरमाद्यं खलु धर्मसाधनम्

Patient Note Book

डॉ. श्रेया तिवारी  
 LHID: 108334206  
 QR Code  
 Dept No: 20030001014143  
 SHREYA TIVARI

D/O SATYA NAND TIVARI  
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 LUDHIANA, PUNJAB, INDIA  
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 Follow Up Patient

Name : ..... SHREYA

HID : ..... 108334206 | ~~108334206~~ | 108334206

Diagnosis: ..... B-A11



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 Follow Up Patient

18/6/25

snr 42

asis: @ AHW

1 covid pneumonia

↓  
"AR"

2 (A) lower lobe consolidation / collapse and effusion (non-tuberc)

baseline  
- TnC 750k

- fish panel: neg  
karyotype - (2)

Clinical picture most like bacterial



- completed intriv abx x 4wk

(2)

A/E improved ✓

Rpt cXR - improvement @ (1716) from baseline

USA chest report await

- viral exanthem (see)

(6)

- > 3wk elapsed from onset

- anti measles IgM = neg

(C) blood c/s - sterile  
1616

7.2 / 2400 } 1.23100

3) to do reassessment CECT PNS and orbit after 14 days

Advice at discharge: weight - 12 kg, BSA 0.54

1) Pre medication

- a) Inj PCM 120 mg IV push
- b) Inj Avil 1ml iv push
- c) Inj hydrocort 48 mg iv slow push

2) Pre hydration

IVF DNS (2:100 KCl) with (0.5: 100 MgSO<sub>4</sub>) @ 60 ml/ hr for 2 hrs

- 3) To do VBG prior to LAMB - *60mg in 200ml NS over 2 hrs*
- 4) Tab Posaconazole 100 mg/ tab one tablet once a day after 20 mins of feeds
- 5) To continue syp septran (40mg/5ml) 7.5ml on saturday sunday
- 6) To continue 6MP (50mg/tab) to dissolve in 10 ml and give 2.5 ml once a day do not feed on hr prior and post medication.

7) Sitz bath/ Betadine gargles

8) To follow up in POC clinic on 13/12/25 at 9 am with cbc rft lft

*To follow up in ENT unit II*

Junior Resident

Dr. Aaenshi/ Dr. lokesh

*Krishna*

Senior Resident

Dr. Saurav/ Dr. Vishakha

*Saurav*

Dr. VISHAKHA VARSHNEY  
SR, Paediatric O  
Dept. of Pae  
AIIMS, New

Tympanic on percussion, Bowel sounds present

**RS:** Central trachea, B/L equal chest expansion, symmetrical chest shape, no signs of nasal flaring, no intercostal retractions and supraclavicular retractions, scars, dilated veins, sinuses.

Normal vesicular breath sounds were heard, Bilateral conducted sounds

**CVS:** Normal precordial activity, S1 S2 normal, no added sounds or murmurs

**CNS:** Normal higher mental functions, conscious, No cranial nerve deficit

Motor examination: Bulk – bilaterally symmetrical, Tone- normal in all 4 limbs, Power- 5/5 in all limbs, DTRs 2+ in upper and lower limbs, Plantar response – B/L flexor, Sensory system – Normal, No meningeal signs, no cerebellar signs

### HOSPITAL COURSE:

Sherya, case of BALL / IR/ Post 1st HDMTX/ with left eyelid swelling and conjunctival redness, on examination she was afebrile, neutropenic with not able to open left eye, possibility of left eye cellulitis / sinusitis was kept. CECT PNS and orbit was done which was suggestive of left sided maxillary and ethmoidal sinusitis with pre septal cellulitis, left inferior turbinate hypodense. No intra cranial extension. Possibilities of fungal invasive disease and bacterial infection were kept and further ENT consult was sought on examination the mucosa was healthy. Hence no intervention was done and empirical antibiotics piperacillin and tazobactam, teicoplanin for 14 days clindamycin and lipoamphoB were continued. Posaconazole was started and lipoampho-B was continued for an overlap period of 5 days.

She received 14 days of piperacillin and tazobactam and teicoplanin. Plan to give 14 days of clindamycin till 16/12/25. Posaconazole was started on 6/12/25. LAMP was started on 29/11/25

Primary disease - as a child was afebrile and became nonneutropenic 6-MP was restarted.

### INVESTIGATIONS

#### Hemogram:

Date	Hb	TLC	ANC	Platelets ( $\times 10^3$ )
29/11/25	9.8	1520	320	83
5/12/25	10.5	6870	88 %	144

Biochemistry

भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

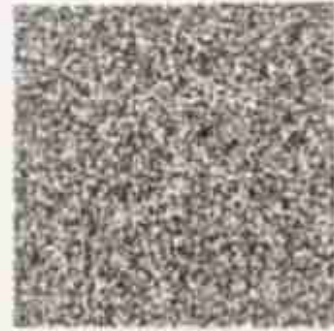
Enrollment No.: 2309/18318/59453

To  
Shreya Tiwari  
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आपका **आधार** क्रमांक / Your **Aadhaar** No. :

**3496 9902 9768**

मेरा **आधार**, मेरी पहचान



भारत सरकार

Government of India



Shreya Tiwari  
DOB : 10/01/2022  
Female

एह आधार 5 वर्ष की उमर तक ही वैध है

**3496 9902 9768**

मेरा **आधार**, मेरी पहचान



