

Department of Pediatrics CM1D  
Division of Pediatric Oncology 92718  
All India Institute of Medical Sciences, New Delhi

2nd copy.



विद्यया ऽ खलु धर्मसाधनम्

Patient Note Book

Shraddha Gupta

10799 6190

B-ALL HR

SIS:

917125

Shraddha

B A/W / HR / EOU MAD - ngl due for  
dsix 3rd month

• Post 1st course

1 month - g2 ③ hemat toxicity

→ ~ no delayed mtr clearance  
Post  
and

• clinically well

counts 9.5 / 1540 / 112100  
717 570  
Ref 1477 - ②

LH15872580295 187996190



LC1587258034 187996190



SHRADDHAGUPTA

Advice ① keep septum on hold

② chemotherapy to arrange  
↓

4mg. methotrexate ~ ⑤ vials  
[500mg/vial]

4mg. leucovorin ~ ① vial  
[50mg/vial]

4mg. Biotin (15mg/10ml) ~ ① vial  
with 47VH 5000 ~ ① vial

Cunkid's  
Xinay  
assist

17/1/25 @ DAYCARE

F4 review

child was started on  
2 tabs at time  
2/10 ~~stop~~ impending for

F4 - Day 2

on Pptar/Amikacin Day 2

no fever spikes, Non neutropenic  
ANC rising

14/1 2360 2.77 value  
1520

15/1 2860 8.05 value  
2420

Adv

- Sympetone (5mg/sml) 5ml HS

- ~~stop~~ 3w antibiotics

stop

[ANC - non neutropenic]  
[will adjust]

- (D/S) explained

- Betadine gargles 15Hz bottle

- (S) Septran

20/1/25 - valKPC/CFI

Dis for chemo  
today

(N/V) in 2PB on

- Zyg. Vincristine 1mg 2w slow  
push

- Zyg. Daunorubicin 17mg/100ml  
over 1 hour

Review



10/3/25

oral antibiotic  
2 finished  
110 oral ulcer  
00 Septan  
21 becadur  
922 hain

6-AM / HR Consolidated - D 20

Had 6:30 ref - now ending

8/3/25

88) 2590  
600 (454L

1. Lipid: 114 (6 from Moro - 24%)  
2. Angiot: 43 (6 from Moro - 24%)

No fever  
No abd pain  
or vomiting

Dr. Britten review - diet plan given

From  
14/3/25

Dij. Emet 3mg + Dera 3mg iv

IVF D18 + 1:100 KCl iv @ 95 ml/hr x 6 hrs  
(2 hrs Postop)

Dij. Cyclophosphamide 750 mg / 100 ml NS iv over 1 hr - D

Dij. Meq 250 mg / 100 ml NS iv @ 0, 2, 4 hrs - D,

[Intrathecal Methotrexate 12mg]  
ITM (12mg MT<sub>2</sub>) - D,

T. BMP (50mg) 1 tab OD x 6 days ← flb → Tot  
flb 1/2 tabs OD on D7 → Tot 140

Dij. Arec 56 mg iv/s.c. OD  
D2 ~~flb~~  
D3 ~~flb~~  
D4 ~~flb~~  
D5 ~~flb~~

Part C1 → T. Emet (4mg) 1 tab TDS x 3 days.

Cont Septan / Sitz bath

F/U 19/3/25 = CBC RFT/UFY

Signature

31/1/25  
Seen in Daycase

ER visit yesterday.

fever. No focus.

ANC  $\rightarrow$  680.

Started on oral Abx.

Afebrile since  
evening

Plan:

1. w/h chemo today.
2. R/w in OPD tomorrow.

*[Signature]*  
Dr. S. K. Singh  
DM, Pediatric Oncology  
AIIMS, New Delhi  
DMC-109686

1/2/25

Due for Consolidation  
D3 of Oral Augmentation  
on Sept 20

API - CB

B-ALL / HR / Completed Induction

EDIMRD - Nagal

Due for consolidation

No fresh complaints.

Afebrile x 48hr

Cough  $\rightarrow$  Not improved

22/1/25

- BP - 112/72  
- Pulse - 140/min

T<sub>2</sub> - 55

T<sub>4</sub> - 4.2

Dated for EOS - 23/1/25  
29% Betadine gargles  
5-12 B cox.

Leishman's

% Cough x a day

No % fever / fast breathing.

% - Afebrile.

Rallor(+)

Chest - clear, NVBS

% - soft, nontender

liver spleen - not palpable.

HR - 98/min

RR - 24/min

CFI - 21

Child was sent to  
Pediatric casualty.

on 18/01/25

1/4% Pallor & tachycardia.

9.4 1340 2.53  
ANC - 1136

ECG - Sinus tachycardia.

AD Echo - Normal.

Electrolyte - Normal

Chest X-ray - No consolidation.

ARV

→ Continue tapering dose steroids & D/C  
tomorrow.

→ EOS assessment (BMA + MRD)

from MCB Safar. (with NPO status)

→ F13, F14 (Smear for Reproductive lab)

→ N<sub>1</sub> → 27/01/25 Monday ROC @ 2pm with reports.

Final impression:

Sinus tachycardia



13/10/2005

5116 B-AU/HR/DE/D35

NO NEW POUCHES

9 2450  
1930 1.088

4avg.

- F GMP (50mg) 1 tab OD - 5/2  
1/2 tab OD - 2/2  
till 20/10

• Jy Arac 52 mg Slow IV fluids

15/10

16/10

17/10

18/10

19/10/2005

Date shipped

• Contd. 11 September | SB/BG

• N/V in OPD on 27/10/2005

CBQ/HR/44

Shirane  
SR

27/10/2005

B A U / HR / DE / D35  
Completed

mp:



• plt count recovery 2w after

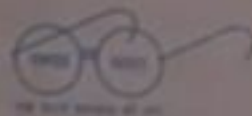
2-7 2210 / 61K  
1260

[27/10]



अ० भा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL  
बहिरंग रोगी विभाग / Out Patient Department

अस्पताल में अन्दर धूम्रपान मना है। / SMOKING IS PROHIBITED IN HOSPITAL PREMISES



रोगी विभाग / Regn. No.

UHD 107996190



Dept No. 30340030335118

Clinic No. 2024/POC430

SHRADHA GUPTA

कक्षा / Room

C-210

Queue /  
संख्या

F33

Unit / POC

OPR-6

/O.P.D. Regn. No.

पता / Address

D/O SHANKAR DEVI GUPTA

TY-MSC, FARIDkot

303 GAN. NO 2 JALPAKASHI

NAGAR GAZIABAD, GZB, UTTAR

PH. 0621-60474 General Rx. 5

Follow Up Patients



Reporting: 21:54:44

27/01/2025

POC 430/24

रोग / Diagnosis

दिनांक / Date

उपचार / Treatment

N/V 29/1/25

CBC/UA/UT

EOI BMA, MRD refd

*[Signature]*

16-4/25

29

AND GREEN AIIMS / एन आर ग्रीन आइम्स, स्वास्थ्य से काया कल्प

जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE

Helpline - 1060 (24 hrs service)

मेरा  
अस्पताल  
My Hospital

22/2/25

- 21- Betadine gargle
- Sip bath
- On Septan Sent 15m
- C/o - low hb - 55 g/dl
- low platelet 29,000

BP - 114/63 mmHg  
HR - 112 bpm

- CCF cytopenia awaited

$$55 > \frac{6430}{5160} < 20000$$

Urg - Bil - 437 (not likely chylous)

Add → Refs to VLB-DC for PABC infusion.

Definit Ury

average ad infus 250ml over 4 hours  
with IV clots 20mg ordinary

Urgt → Continue Septan/Betadine gargle  
c/o Rachelle Ury.

- Next clinic - 27/2/25

- If VLB 1:1 mg also IV push

- Risk of FN/bleeding exposed

HR - 6 ALL/Consolidation Day 18

No complaints of fever/leg  
pain @ leg L-hip etc  
↑ frequency of stool - normal  
consistently

O/E Pellar @ P

HR - 120 bpm

RE - 20/min

RS - Basal P

Cox 5/11/0



## Possibilities

- o Arrhythmia (~~Q~~ — antiarrhythmic related)
- o Anemia  $\rightarrow$  CHF. (aw)
- o Sinus tachycardia
- o Compensated shock.

new DNR  
 $\downarrow$   
decompensate  
see to DNR  
+ anorexia

## Plan

- Child being sent to pediatric casualty for monitoring & evaluation
- CBC, VBG, LFT, RFT, Blood CR, Troponin, BNP, ECG, chest X-ray  
Arrange PRBC.
- If features of CHF  $\rightarrow$  Prescribe 1FR to 80%.
- If hemodynamic worsening / features of shock  $\rightarrow$  IV fluid bolus
- If significant / severe anemia / CHF — consider PRBC transfusion in aliquots
- ECG monitoring

  
Dr. Lukman  
SR

28/12/24

21 Betadine gargles.

Sitz Bath.

Dg - UF & PS (27/12/24)

Report awaited.

TLCI - 6650.

No. fresh complaint.

④ Neurocognitive evaluation

done on WISC-V. Child came  
mother. rapport could be  
established, child was able to  
understand instructions properly.

Findings as per WISC-V:-

1. Verbal Comprehension: 104
2. Working Memory : 98
3. Perceptual Reasoning : 96
4. Processing Speed : 89

DA: 28/12/24

Periyalil  
28/12/24

FSIQ: 96

"Average Intelligence"



Day 8 w/o awaited

27/12 → 102 < 6650 < 85000

LT/MT

D9 of Induction

No fresh issues

Adv

C/L Day 8 PS & CSF

Cont. wycalone

Pantop

Septan

Sitz bath/Betadine  
gargles.

F/O

1/1/25 = CBC  
RF/UF

Department of Pediatrics CK 10  
 Division of Pediatric Oncology 977-18  
 All India Institute of Medical Sciences, New Delhi

उत्तर प्रदेश संस्थान  
 UHID: 107996190

Ward / Room  
 C 218

Queue /  
 F110

Unit: Paediatric

Dept No: 20240203030118

SHRADHA GUPTA

D/O SHANKAR DAYAL GUPTA  
 BY 10M 7D / F (KIDNEY)

UTTAR PRADESH, INDIA

Ph: 8929179447  
 Follow Up Patient

General Rx 0



Reporting Date: 18/11/2024  
 08/11/2024

NAME

Shradha

UHID No.

O.P.D./Ward

Rx.

107996190

① T-6MP 50mg 1 Tab OD  
 X 3 months

② T. Methotrexate  
 10mg — ①  
 5mg — ① } X 3 months  
 once a week

③ betadine gargle

④ Icdiasure

⑤ Dettol

⑥ betadine solution

⑦ coconut oil

Shruti

19 April 25

S/B Situation

Intake - 1002 / 1505 kcal

Pro - 31 / 37.5 gm

- cont with same diet
- small jug meals adv.
- same fruits & tuna day
- Take milk at least 1/2 lt

Transition

23/4/25

Consolidation completed

23/4/25

S/B Situation

Intake - 91%

1376 / 1505 kcal

- 61 gm / 37 gm

- cont with same diet
- milk x time / day
- 500 ml / day adv.
- Take whole fruits instead of juices

Transition

$$2.2 \times \frac{1640}{150} < 1.55 \text{ kcal}$$

40.5 ml @

14/14/25

no active complaints

Adv

① - to start 6ml milk count remains

② - to add to water for 10 ml

③ - 30/11/25

14/14/25

18/11/16  
 C.P. 110/70  
 Pulse 100  
 Temp 37.5

B-ALL / High risk / Induction / Day 30

No fresh complaints  
 (cough x 3 days)

Ontapening does  
 sternal.

No % fever / vomiting / loose stool

16 by 5  
 89 95 80 30 SL  
 ANC 9420

Oral Intake - good

9/2

Pallor (+)

last chemo -

Tachycardia - 136/min

RR - 24/min

17/0/25  
 (VCR, Daunomycin)

CFI - 3s

Peripheries - warm

BP - 110/70 mmHg

CP/PP ++  
 ++

Chest - clear, NVBS

CVS - S1, S2 heard, No S3/gallop

9/A - soft, non-tender, over  
 (lean) Not palpable

30 भा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL  
बहिरंग रोगी विभाग / Out Patient Department  
SMOKING IS PROHIBITED IN HOSPITAL PREMISES

CKID-97718

नमस्ते विभाग



UHD-107996180

Dept No: 20140030035118

SHRADDHA GUPTA

GIO SHANKAR DAWL GUPTA  
TY 2M 230 / FATHI BATTI

309 GALLINO 2 JAPRAKASH  
NAGAR BHATIA MORE GZS UTTAR  
Ph: 9806455474 General Rx 5  
New Patient

Queue / Room  
C-207  
N20  
Lithium Peds/Phy

OPR-6

Sign NO

Cell / Address

SAT 11/10/24



Reporting: 08/10/24  
14/10/2024

Diagnosis / Treatment

Acute Leukemia

UHD-107996180

UHD-107996180



SHRADDHA GUPTA

Adv  
→ Refused to Paed Emergency  
→ Request review by Paed Onco please

*[Signature]*

N/V - 20/10/24 OPR 210

CBC, LFT, RFT  
[20/10/24]  
Smart Lab

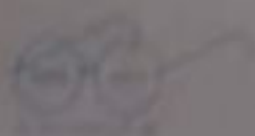
CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से ज्ञान बनने  
अंगदान जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE  
O.R.B.O., AIIMS, 26588360, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)

अस्पताल  
All India Institute of Medical Sciences  
New Delhi

શ્રી રામ અસ્પતાલ / A.I.M.S. HOSPITAL

Client Department

Department of Chemical Pathology



Ward / Room

C-207

F15

0-25

Unit: Pediatric

OPR-6



Reporting to

11/01/2025

Age

11/01/2025

Specimen/Treatment

N/V 08/01/25 CBd/AT/KFT

Shaw  
in pvc

Ward / Room

C-207

F19

0-25

Unit: Pediatric



Reporting to

11/01/2025

N/V 11/01/25 CBd/AT/KFT

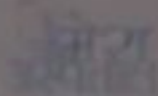


CLEAN AND GREEN KINE - ONE IN THE HAND, WASH & WASH

WASH YOUR HANDS WITH SOAP & WATER - A LOT OF LIFE

O.R.G. ADMS - JESHERU BULLALA

24 Hrs. Service



16/7/25

21/6/25 - me/na/2m

Oral Intake - 960 kcal/33g

no active complaints

- Add 4 scoops of supplement in milk

- Add ghee

- Add dry fruits

Adv.

$$100 \times \frac{1250}{480} = 1.70 \text{ days}$$

due for 2nd mtn

1

Adv.

repeat CBC/FT/UT

0

- N/V 21/7/25  
at 4pm & 10pm

Adv.  
9 am

21/7/25

CIO

B-ALL/HR - steroid pretreatment

post #2 HD MTX  $\therefore$  21/6/25

Due for #3

$$11.1 \times \frac{2660}{1120} = 1.70$$

Arranged drugs

In wallet 1st

$\rightarrow \frac{1}{2} \& \frac{1}{4} \text{ tab}$

Adv. - Restart Teds GMP Sdy

- Sr Tincy pz note in HD MTX 1st

- TO take on priority.

- FIV E50 CBC, UT/RF on 30/7/2025

6/10/25

C10, 8-ALL/HR/DI phase

→ no fever/cough

→ HR → 100

RR → 26

PT ↑↑↑ / ↑↑

RS / CVS / PA / CNS mp

dua for cy clophost + GMP + ARAC

dated 7/10/25

CBC → 10.1 →  $\frac{2440}{1060}$  → 1.760

RPT / LFT → (R)

Adv

→ cyclophosphamide tomorrow  
1gm 2

→ ARAC from daycare from 8/10

→ GMP from 7/10

→ from 13/10/25

POC Curing

CBC / RPT

chemo started 27. 24/1/23

→ for 5/2/23 same to begin

→ for 10/2/23 at apt 2 (cancer/ur)

  
A. Rama

10/2/23

- Due for Dabao  
on 6th Sep  
Sept 2023

→ ~~for~~ 10/2/23

B- ALL/HR/consolidation Day 6

had one episode of vomiting yesterday

No complaints & present

CBC report awaited

Act

o/e PP@ CPT C3m

HR-120/min

RA-20/min

RS-0/40  
clear

CVI- flat vomit

→ CBC/HPT/UTP-  
awaited

→ Continue

○ Tbx 6 MP 144 OD

- Conf. defect/bilateral  
angle  
site be

- R. i CBC on 12/2/23

- Dwyer sig- explained - R. i CA

- stop Ennet 5d w/  
(for vomiting)



Dr. Anurag  
MDA Registrar  
Radiation Oncology  
DMC - 52671  
AIMS - New Delhi





डा. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल  
Dr. B.R. Ambedkar Institute Rotary Cancer Hospital

HOSPITAL

OPR-6

ient  
TAL PREMISES

DR. B.R.A. INCHLAHMS, NEW DELHI

IRCH No. 334568

Reg. Date-17/12/2024

Deptt. ONCO-ANAESTHESIA AND PALLIATIVE  
MEDICINE (OAPM)

General

D. Regn. No.

Date of Birth

नाम/Name

Clinic PAC & Palliative Care Clinic Clinic No. 2024/76296

नाम UHID-107996190

Name SHRADDHA GUPTA

D/O- SHANKAR DAYAL GUPTA

Sex/Age 1 / 7Y

Phone No. 086406174

Home Ad. (Child's Address)

107996190  
IRCH

Diagnosis

D - ALL

Date

उपचार/Treatment

Case discussed  $\Sigma$  Prof Dr Brajesh Kumar Ratre.

40 Episodic fever ( $102^{\circ}\text{F}$ )  $\times 40\text{d}$ .

Sweating  $\oplus$

Chills and rigor  $\ominus$

40 pain in joints asso  $\Sigma$  swelling  $\times 20\text{d}$ .

Sharp Aching pain.

Localized.

NRS - 8/10

Advice

Tab Morphine 10mg  $\oplus$   $\frac{1}{4}$  tab QID  $\frac{1}{4}$   $\frac{1}{4}$   $-\frac{1}{4}$   $-\frac{1}{4}$

Syp Paracetamol (120mg/5ml)  $\rightarrow$  10ml TDS 1-1-1

Syp Kansol kid 15ml ODAC 1-X-X

Cap Gabap 100mg 1 tab ODHS X-X-1

Syp trametin 1 tab HS X-X-1  $\Sigma$  P.

Review under pediatric oncology.

Riv after 2 weeks.

Date - 31/12/24

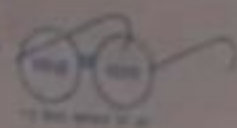
Time - 10:00 AM.

R. NO - 60.

17/12/24

maharini  
17/12/24





OPR-5

अनुमति संख्या / O.P.D. Regn. No.

| नाम  | पिता/पुत्र/पत्नी/पुत्री<br>F/S/W/D of | लिंग<br>Sex | उम्र<br>Age | पता/Address |
|------|---------------------------------------|-------------|-------------|-------------|
| सुभा | 74/F                                  |             |             | 107996190   |

Suspected acute Leukemia

- उपचार/Treatment
- Fever (unrelf) - high grade up to 103° F (6-8 spikes/day)
  - Joint pain & swelling
  - Rash/Blackish discoloration over Apr

No h/o alternative medicine

H/o RBC transfusion (25ml)

No h/o yellowish discoloration/Haemoglobin manifestation/abnormal movements.

Genital sterility x 7 days

% → Pallor, Blackish Brown (rusty) Apr

Chest - non-tender  
X-ray 1000  
S.G. 10/15

% - 30% non-tender  
knees - 2m BL

Mouth - NR

GA → NR  
CBNA4

Possibilities

Acute Leukemia  
(B-ALL > T-ALL > AML)

PC → 40/blast

LDH → 1371



भारत सरकार  
Government of India



श्रद्धा गुप्ता  
Shraddha Gupta  
जन्म तिथि/DOB: 22/09/2017  
महिला/ FEMALE

Issue Date: 04/02/2020

श्रद्धा गुप्ता

Download Date: 24/02/2020

यह आधार 5 वर्ष की उम्र तक ही वैध है

**7652 4153 4451**

VID : 9139 5867 4035 2260

मेरा **आधार**, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

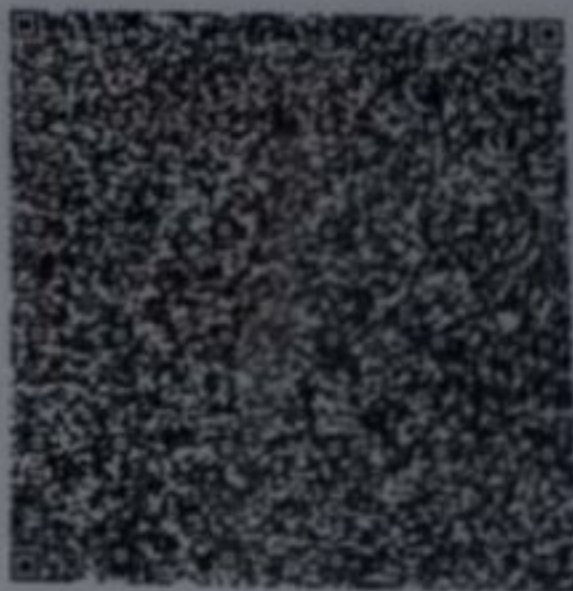


पता:

द्वारा: शंकर दयाल गुप्ता, 309, गली न 2 जयप्रकाश नगर,  
भाटिया मोड़, गाजियाबाद, गाजियाबाद,  
उत्तर प्रदेश - 201001

**Address:**

C/O: Shankar Dayal Gupta, 309, Gali no 2  
Jaiprakash nagar, Bhatia more, Ghaziabad,  
Ghaziabad,  
Uttar Pradesh - 201001



**7652 4153 4451**

**VID : 9139 5867 4035 2260**



[www](http://www.aadhaar.gov.in)



भारत सरकार  
Government of India



Aadhaar no. issued: 24/06/2014



शंकर दयाल गुप्ता

Shankar Dayal Gupta

जन्म तिथि/DOB: 01/01/1980

पुरुष/ MALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।  
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/  
ऑफलाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए।

Aadhaar is proof of identity, not of citizenship  
or date of birth. It should be used with verification (online  
authentication, or scanning of QR code / offline XML).

3396 5306 9294

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

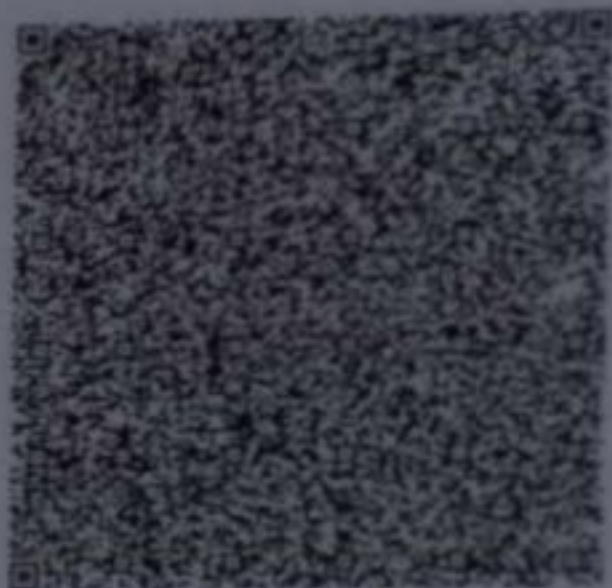


पता:

संबोधित: रामसजीवन गुप्ता, 309, 2, जय प्रकाश नगर, भाटिया  
मोड, गाजियाबाद, गाजियाबाद, गाजियाबाद,  
उत्तर प्रदेश - 201001

Address:

S/O: Ramsajivan Gupata, 309, 2, jai prakash nagar,  
bhuniya mod, Ghaziabad, PO: Ghaziabad, DIST:  
Ghaziabad,  
Uttar Pradesh - 201001



3396 5306 9294

VID : 9149 2734 6738 1570



1947



help@uidai.gov.in



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भारत सरकार

Government of India



अर्चना गुप्ता

Archana Gupta

जन्म तिथि/DOB: 14/05/1986

पहिल FEMALE

भारत सरकार 23/06/2020

8012 2247 3475

VID : 9173 2657 5618 7687

भारत सरकार



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India



पता:

C/O शंकर दयाल गुप्ता, 309, भाटिया मोड, गाजियाबाद,  
गाजियाबाद,  
उत्तर प्रदेश - 201001

**Address:**

C/O Shankar Dayal Gupta, 309, bhatiya  
more, Ghaziabad, Ghaziabad,  
Uttar Pradesh - 201001



**8012 2247 3475**

**VID : 9173 2657 5618 7687**



1947



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14

20/4/11

7/3

19/9/26

On 14/1/56

• Mild UAU symptoms @ ~ 5 days  
cough  
no chest signs

ANC - 6060 lute

Advice

- continue cetirizine as  
advised on  
TC flu

- RLV @ TC on 19/9/26

R Nikia  
SR  
POC

सर्वोपयोगी सेवा  
UHD: 107898190  
ASHA  
shradha\_g@son  
Dept No: 20240230000118  
Clinic No: 2024POD400  
SHRADHA GUPTA

बैठक / Room  
C-210  
Queue /  
संख्या  
F18  
Unit, POC

DR. SHANKAR DAYAL GUPTA  
PY (MD) (FRCGS)  
305 GALI NO 2, JAI PRAKASH NAGAR,  
BHATA MORE GHAZIABAD, UTTAR  
PIN: 2020175447 General Rx O  
Follow Up Patient



Reporting: 02/07/25  
07/06/2025

14-204/L  
TC on 19/9/26

Amita

SR

CIDW not Rochna Mohan

BSA 0.78m<sup>2</sup>

Advise and Plan

① Plan HACP (form given) @ 7PM+1  
NJO+15  
testing  
(meet Pijaji)  
if no yield new panel + 10  
suitable causes

② in the interim to mitigate GL  
toxicity of GMP  
to add all opsinob

Tab GMP  
(50mg)

dose  
reduced  
@ 50%

① 2 tab on daily

AMV

DATE

TIME

DATE

13/4/26/12

④ Tab Allopurinol  
[100mg]  
50 mg/day

dissolved in 10ml water  
2ml 100 BQ  
□ □

⑤ RIV @ 11 on 22.4.26 Wed 9AM  
21 unit ③ 2 CUC/LF+2P  
Nikita  
PSC SK

13.4.26

B AIL on M2 d77



H/O recurrent

→ acute pancreatitis

clino-radio  
"uncomplicated"

temporal  
association — Kawasaki  
648

(1)

→ Recent  
3rd episode

off antimetabolites  
∴ 24.3.26

(2)

amylase/lipase (1) (2) 324/764  
9.4.26

Etiologic

(?) Anatomical w/ drug induced

USG

abdomen

[Radio] ~ Liver (no)  
[fully] CBD not dilated

pancreas ~ mildly altered

curves 2

dilated MPD 2.3mm

8/8/26

110

B-ALL / Maintenance

M<sub>1</sub> Day 26

NO fresh counts.

12.1)  $\begin{array}{r} 2130 \\ 1340 \end{array}$  2.02 @

LEFT/RIGHT - OK

Adv.

~~Tcell GMP 25g by 10/10/26~~

- Tcell GMP 50g  $\frac{1}{2}$  tcell OD 6/1/26  
1 tcell OD 12/1/26

- Tcell MTX 15mg once / OK.

- ITM due on 10/2 11/3/26

- Tcell Allopurinol 100g  $\frac{1}{4}$  BD.

- Tcell count in 2 wk  
E CBF cyto & CBC.

- physical exam on 3/10/26

E CBC, LEFT/RIGHT.

TC on 27/8/26  
CBC on 27/8/26

Rel  
MD

❀❀❀❀ Jai Shree Ram ❀❀❀❀  
 RAJASTHAN FLOUR MILLS  
 73/4, YUSUF SARAI N.D. 110016  
 TEL. 9999796796, 41073702, 9891676880, 9811997761  
 GST NO. 07AAKPG3297M1Z7  
 RETAIL INVOICE

Counter No.1

No.: RFM26RIV023666

Time: 12.40

Party : MR. SAVE THE HOPE TRUST

Date: 17/08/2026

| SNo | Description       | Qty   | MFP    | Rate   | Value   |
|-----|-------------------|-------|--------|--------|---------|
| 1   | RFM MIX SEED 250G | 1.000 | 250.00 | 200.00 | 200.00  |
| 2   | PTS. SALTED 250G  | 1.000 | 600.00 | 450.00 | 450.00  |
| 3   | BAD. AMERI. 500G  | 1.000 | 600.00 | 540.00 | 540.00  |
| 4   | KA. NO. 320. 500G | 1.000 | 700.00 | 600.00 | 600.00  |
| 5   | RFM MAKHANE 250G  | 1.000 | 600.00 | 425.00 | 425.00  |
| 6   | BAD. AMERI. 250G  | 1.000 | 270.00 | 270.00 | 270.00  |
| 7   | RFM MAKHANE 100G  | 1.000 | 240.00 | 170.00 | 170.00  |
| 8   | KA. NO. 320. 250G | 1.000 | 350.00 | 300.00 | 300.00  |
| 9   | DETTOL 110ML      | 1.000 | 83.00  | 78.00  | 78.00   |
| 9   | TOTAL             | 9     |        |        | 3033.00 |

INR Three Thousand Thirty Three Only

CASH - 3033.00

CGST 2.5% on 2031.42 = 50.79

SGST 2.5% on 2031.42 = 50.79

YOUR SAVING IS Rs. 660.00

FIRST & LAST TUESDAY OPEN.

1. Check the Goods, No Responsibility Thereafter.

2. NO RETURN, NO EXCHANGE, WITHOUT BILL

3. ATM CARD ACCEPTED.

PLEASE BRING YOUR



अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029  
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI -110029

आपातकालीन विभाग

(REVISIT)



UHID No:107996190

(DEPT. OF EMERGENCY MEDICINE)

आपातकालीन नं. (Emergency No): 2026/030/0010434

दिनांक DATE: 31/01/2026

समय TIME: 06:14:22 AM

NON-MLC

NAME: MISS. SHRADDHA GUPTA

आयु AGE: 9 years 30 days

लिंग /SEX: F

DO : SHANKAR DAYAL GUPTA

ADDRESS: भवन संख्या H.NO: 309 GALI NO 2 गली / मुहल्ला STREET/MOH: JAIPRAKASH NAGAR  
शहर/ब्लॉक CITY/BLOCK: BHATIA MORE GHAZIABAD पिन PIN: 201001  
राज्य STATE: UTTAR PRADESH दूरभाष नं. PHONE NO:  
मोबाइल MOBILE NO: 8929179447 स्थान Location: Paediatrics Emergency  
BROUGHT BY: Relative: MOTHER Criticality: Red / Yellow / Green

Triage: Responsive/ Unresponsive HR /min BP mmHg RR /min SpO2 %

Shifted to Paeds/ Main/ New Emergency

Paeds one  
Presenting Complaints

klcho 3-4u/m

Abdominal pain since today morning

no 1 episode of vomiting non bilious,  
no constipation, loose stools

Primary Assessment (ABCDE): Assessment Pentagon

|                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Airway</b><br>Open & stable: Yes/No<br>If No:.....<br><b>Breathing:</b> RR <u>20</u> /min<br><b>Efforts:</b> Normal/Poor/increased<br><b>Auscultation:</b><br>Air entry:<br>Normal/poor/Differential<br>Added sounds:<br><u>None</u> /Stridor/Wheeze/Crackles<br>SpO2 on Room air: <u>97</u> %<br><br>18kg<br>plm: soft<br>Tenderness Epigastric region | <b>Circulation</b><br>HR <u>130</u> /min<br>CFT <u>&lt;3sec</u><br>BP <u>127/83</u> mmHg<br>Peripheral pulse: Poor/Good<br>Central pulse: Poor/Good<br>Skin temp: Warm/cool<br>Others | <b>Disability</b><br>GCS <u>15</u><br>Pupil size <u>3</u> mm<br>Pupillary Reactions:.....<br><b>Motor activity:</b><br>Normal & Symmetrical/<br>Asymmetrical/<br>Posturing/Flaccidity/Seizure<br>Blood Sugar:.....mg/dl<br><b>Exposure:</b><br>Temp:.....<br>Colour: Normal/pallor/cyanosis/<br>mottled<br>Any other skin lesions:..... |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Diagnosis

TX X-ray Abdomen  
CBC S. Amylase  
USG S. Lipase  
CFI USG Abdomen  
RFT 2 KUB

Advice

Any. ONGOING EPISODE

3mg slow IV stat