



Jan Sanjeevni Trust

Soch Hamari Suraksha Aapki

Jan Sanjeevni Trust Registration No: 1061/2017

Jan Sanjeevni Trust PAN No: AADTJO816E

Jan Sanjeevni Trust Website : www.jansanjeevnitrust.org

Jan Sanjeevni Trust E-mail : contact@jansanjeevnitrust.org
SUPPORT@JANSANJEEVNITRUST.ORG

PATIENT NAME	<u>MASTER HIMANSHU KUMAR</u>
PATIENT FATHER NAME	<u>GAURAV KUMAR</u>
D.O.B. AND SEX	<u>26-06-2019</u>
DISEASE NAME	JMML BLOOD CANCER
TREATMENT HOSPITAL	<u>ALL INDIA INSTITUTE OF MEDICAL SCIENCES</u>
UHID NO	<u>106655822</u>
DEPARTMENT NAME	<u>HEMATOLOGY</u>
TREATMENT COST	1500000/-
PATIENT FATHER OCCUPATION	Labour
PATIENT ADDRESS	PURNIA BIHAR



DEPARTMENT OF HEMATOLOGY

हिमेटोलोजी विभाग

ALL INDIA INSTITUTE OF MEDICAL SCIENCES

अखिल भारतीय आयुर्विज्ञान संस्थान

ANSARI NAGAR, NEW DELHI - 110029

अंसारी नगर, नई दिल्ली 110029

TELEPHONE : 011-26594670

Date: 23/5/2023

दिनांक: 23/5/2023

TO WHOM IT MAY CONCERN

This is to certify that

Patient Name Himanshu Kumar

Age: 3 Gender: Male

S/o/D/o/W/o Kumar Gaurav

UHID No. 106655822

is suffering from Diagnosis Juvenile myelomonocytic leukemia. frq/bp

and is under treatment from Department of Hematology, AIIMS. Bone marrow transplantation

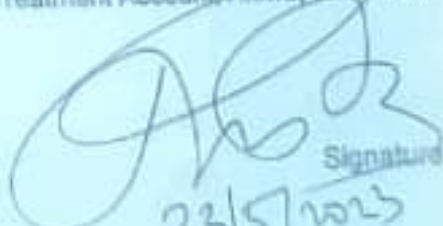
It is proposed to treat the patient with Chemotherapy/immunomodulation/Bone marrow transplantation/Other therapy. This treatment is potentially life saving for a serious hematological illness. The family is poor and cannot afford the treatment. (INR Fifteen lacs)

The approximate cost of the total treatment amount to Rs. 15,00,000/- An approximate breakdown is given under the subheadings listed below. The cost under one subheading may exceed the projected estimate and the excess would then be used from the other subheading.

1. Chemotherapy	<u>1,00,000/-</u>
2. Antithyroid drug	<u>3,00,000/-</u>
3. Antibiotics	<u>2,00,000/-</u>
4. Blood component kits and tests	<u>5,00,000/-</u>
5. Growth factors	<u>400,000/-</u>
6. Room charges for isolation	<u>15,00,000/-</u>
7. Post Transplant Immunosuppression	<u>15,00,000/-</u>
8. Miscellaneous charges	<u>15,00,000/-</u>
9. Total	<u>15,00,000/-</u> <u>fifteen lacs</u>

This certificate is being issued to avail financial assistance only. Financial assistance may be given on humanitarian grounds. The cheque is to be issued in favour of Patient Treatment Account, AIIMS, New Delhi

Date: 23/5/2023


Signature
23/5/2023



पैरामे नाम: MR HIMANSHU KUMAR
 आयु AGE: 4 years 2 months 14 days लिंग/SEX: M
 S/O: KUMAR GAURAV
 पते ADDRESS: मकान संख्या H.NO. AT-DHARHAR JAMUNIA गली / मुहल्ला STREET/MOH.
 PURNIA पिन PIN: 854205
 शहर/प्रखण्ड CITY/BLOCK: दूरभाष सं. PHONE NO: 7294029382
 राज्य STATE: BIHAR स्थान Location: Paediatrics Emergency
 मोबाइल MOBILE NO: 7294029382 Criticality: Red / Yellow / Green
 द्वारा BROUGHT BY: Relative

Triage: Responsive/ Unresponsive
 HR /min BP mmHg RR /min SpO2 %
 Shifted to Paeds/ Main/ New Emergency PULS JMMML (↓ Hematology flu)
 Presenting Complaints: 90 fever: today ~101°F
 Primary Assessment (ABCDE): Assessment Pentagon
CBC (9/9/23) 2720 / 25,000
4.4 / N21L45
ANC - 590

Airway	Circulation	Disability
Open & stable <u>Yes</u> /No If No.....	HR <u>130</u> /min <u>ESM</u> <u>metmet</u> ⊕	GCS..... <u>15/15</u>
Breathing: RR <u>25</u> /min Efforts: <u>Normal</u> /Poor/increased	CFT..... <u>2</u> secs	Pupil size..... <u>BPRLL</u> /min
Auscultation: Air entry: <u>Normal</u> /poor/Differential	BP.....mmHg	Pupillary Reactions.....
Added sounds: None/Stridor/Wheeze/Crackles	Peripheral pulse: <u>Poor</u> /Good	Motor activity: <u>Normal &</u> <u>Symmetrical</u> /Asymmetrical/ Posturing/Flacidity/Seizure
SpO2 on Room air: <u>90</u> %	Central pulse: <u>Poor</u> /Good	Blood Sugar.....mg/dl
<u>wt = 13kg</u>	Skin temp: <u>Warm</u> /cool	Exposure: Temp..... Colour: <u>Normal</u> /pallor/cyanosis /mottled
	Others	Any other skin lesions.....

Diagnosis: JMMML / ?FN

Adv. R/w reports.
 - Arrange & transfuse 200 130ml PRBC (Now
 one 6hrs & inj. Kabis 13mg
 in midway of BT.
 - A

CBC, VBG
Blood c/s
IV cannula
Cross match sample



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

अस्पताल के अन्दर धूम्रपान करना है; SMOKING IS PROHIBITED IN HOSPITAL PREMISES

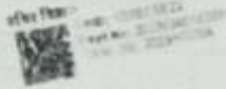


OPR-6

HT 704 / 2023

एकक/Unit

विभाग



C-511

HT CLINIC
DISEASE No. 73
23090323

वि. नवीकृत नं. O.P.D. Regn. No.

आयु
Age

पता / Address

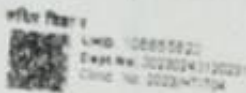
रिजिस्ट्रार
NIMANSHU KUMAR
47 24 80 - 1079
SOKHIMAT GATEWAY
आर. ए. टी. - अनास जालुसा पुराना
झारखण्ड - 831001, INDIA
मोब: 724-12832 Follow Up



निदान / Diag

दिनांक / Date

उपचार / Treatment



नम/Regn

C-511
HT CLINIC
DISEASE No. 73
05090323

रिजिस्ट्रार
NIMANSHU KUMAR
47 24 80 - 1079
SOKHIMAT GATEWAY
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झारखण्ड - 831001, INDIA
मोब: 724-12832 Follow Up



JMML

HCA match s/o Sister

Adv

↑ M6-12 OD

Sister

KRAS / Neg
E2412 / Neg

(1)

(2)

by Azithromycin 750mg/ml
(23/9/23) x 7d (18d)

(4) USG

(1)

Submandibular

(3)

Blood transfusion to maintain
Hb > 8

CLEAN AND GREEN AIIMS / एम्स का वहीं संकल्प, स्वच्छता से काय कल्प

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)


R/A ~~days~~ 14 days.



FAL reproductive film, 2023/24

can be done later for BMT for the future still

Signature
21/8/23

 डॉ. काना राम जाट
Dr. Kana Ram Jat
अतिरिक्त प्रोफेसर
संश्लेषण विभाग/Department of Paediatrics
आर.आर. नई दिल्ली-29/AIIMS, New Delhi-29

www/Room
UHD: 106655622
Dept No: 2023030010010

हीमंशु कुमार
HIMANSHU KUMAR
4Y 1M 27D / मध्य
SIO KUMAR GAURAV
Add: AT DHARHAR JAMUNA PURNA
BHAR Pin 854205 INDIA

C 218
Unit
Paediatric
Census No: 718
23/08/2023

बुध, २३ अगस्त
२०२३
Reporting @ 00
AM-9:02 AM

27

3:12

now do smelly @ checking today
no fever/cough

Abnormal (Fistula - GI/GU)
Smelly or @ perforation
Eto discharge → no
oxygen response
to antibiotics

Udr @ checked (11/8/23) - Multiple vesicles
disruptive in subcutaneous & sub
mucosa origin
Smelly @ ? Tubercular

के @ के @ स्मेली ? इंफेक्शन

अध
① Aspects for @ smelly check → Lab sent for

- ① Sm @/C
- ② @/Fistula
- ③ @/Tubercular

Dr. Neelam

To check

- smell in TRC

for TR/Smelly/Infected


② By Ausmann for TR & 10 days

③ TR following Hemorrhage

④ Mh TR 206

⑤ ~~TR/Smelly/Infected~~ TR @ TR report

Reading on
24/8/23 @ 10:00

 डॉ. काना राम जाट
Dr. Kana Ram Jat
अतिरिक्त प्रोफेसर
संश्लेषण विभाग/Department of Paediatrics
आर.आर. नई दिल्ली-29/AIIMS, New Delhi-29

Office No: 11855522
Dept No: 222024012021
Cont. No: 252341704

Unit/Room

C-511
UNSI
HTCUNG
Queue No: F12
22/08/2023

શ્રી યોગેશ્વરજી
HIMANSHU HUMANI
47/12/2001 - MUMBAI
SOCIETY: DAFAR
Add: AT-01/12/2001 - ANILKUMAR BASTIA
ROAD, P.O. KADOLI, INDIA



Follow Up: ... Date: ... Reporting @ 10 AM

25

JmML

Transf. prospect

5.3 / 2000 / 40,000
N79

B3A-0.12m²

Adr

- Transf to keep Hb > 8g.

HDCL ← Inj. Azacytidine 15mg/m²
x 7 days (54mg)

~~Inj Azacyti~~

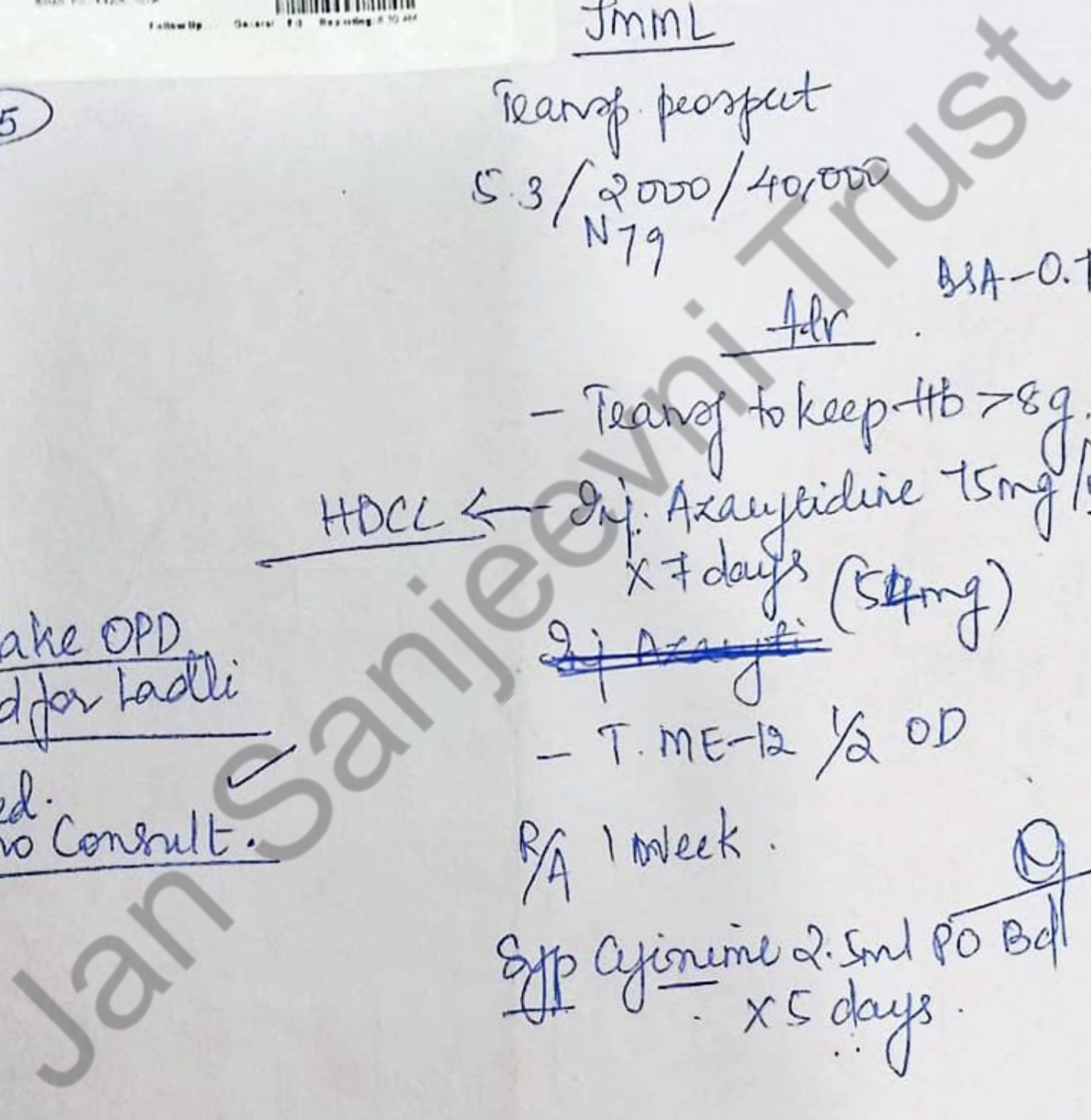
- T. ME-12 1/2 OD

R/A 1 week.

Syp Cyromine 2.5ml PO Bid
x 5 days.

Make OPD
Card for Kadli

Ped.
Pulmo Consult.





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

अस्पताल के अन्दर धूम्रपान नगना है। SMOKING IS PROHIBITED IN HOSPITAL PREMISES



OPR-6



रोगी क्रमांक

4-135

रोगी पंजीकृत सं./O.P.D. Regn. No. _____

रोगी का नाम

अशोक कुमार

21/11/2021

21/11/2021

21/11/2021

21/11/2021

19/11/2021

19/11/2021

19/11/2021

19/11/2021

19/11/2021

19/11/2021

19/11/2021

वयु
Age

पता/Address

निदान/Diagnosis

दिनांक/Date

उपचार/Treatment

BMT.

Adv: 1/W/O (101) Thursday

24/8/2021

12/11

Jan Sanjeevani Trust

शरीरमाद्यं खलु धर्मसाधनम्



CLEAN AND GREEN AIIMS / एम्स का घरी संकल्प, स्वच्छता से कार्य चल

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)



मेरा अस्पताल
My Hospital
meraxspatal.nhp.gov

हृदय वक्ष एवं तंत्रिका विज्ञान केन्द्र

ब० रो० वि०

अ० मा० आ० सं०, नई दिल्ली - 110029

Cardiothoracic & Neurosciences Centre O.P.D.

DATE

दिनांक Date	CV 2023/11/0020909 UHD-10855822	19	Cardiology Cardiology Clearance Clinic
विभाग Deptt.	Date: 15/02/2023 Name: HIMANSHU KUMAR	T1U	4Y 1M 14D M
य०रो०वि०सं० O.P.D. No.	SIU KUMAR GAURAV Consultant Room 1010 SIU Room निदान Diagnosis	Dr. Zia	

INTERDEPARTMENTAL CONSULTATION

Kyo TUNE - for the BMT of workup
 No cardiac complaints
 Had resumed activities routinely also
 ECG - Normal - QRS axis
 No chamber ^{3D} / ST-T changes.
 QRS - QR-60%
 (N) Qp.
 Saw - P/V c ECG

6

Handwritten signature

HT No _____

C-509
Unit 1
Hematology OPD
Jeeva No. 78
28/07/2023
Date Recd.

Dr. Himanshi Kulkarni
47, 1st Floor, 1st Phase,
SOMNATH COLONY,
4th & D-Block, Anna Nagar,
Chennai - 600 024, India
Mob: 7261 10381, FollowUp: 044-2619 8700



Jmml

Transplant Prospect

7.2 / 3000 / 23,000
N26%

123

To do

- ① HIV
- ② HBsAg
- ③ HBV DNA quantitative
- ④ Anti HCV IgM
- ⑤ Anti HCV Total
- ⑥ Lmr IgG / IgM
- ⑦ Anti HBe
- ⑧ HCV RNA quantitative

Adv

To get clearance from

- (i) ENT
- (ii) Dental
- (iii) Psychiatry
- (iv) PFT and ped pulmonology clearance
- (v) 2D Echo and cardiology clearance
- (vi) GFR

Make OPD card for donor - Ladli

NGS for same gene mutations to look in donor ladli (KRAS, EZH2) from Medgenome

Continue T. 6mpf 25mg PO daily
R/A 2 weeks c reports

(Signature)

20/6/2023

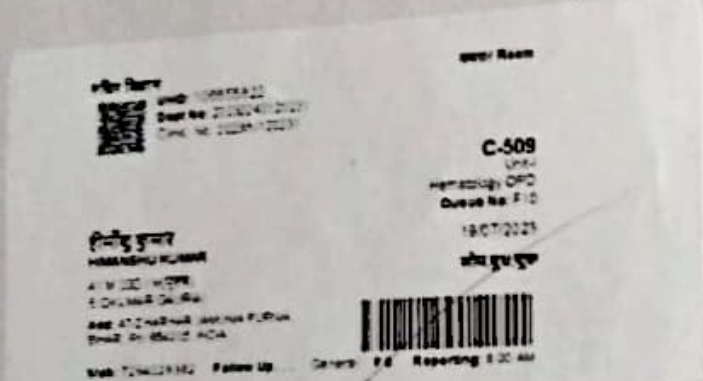
Railway

Concern

A

Shri. ... Senior Resident
Department of Hematology
All India Institute of Medical Sciences - New Delhi

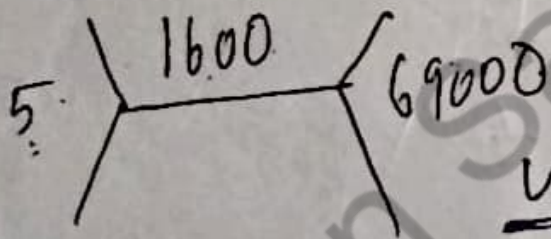
File Not available



Jan Sanjeevni Trust

124

JMML on 6 mp



unds → 6 lakh + self financing
ULN- 5/10 match c sister

Can do dental procedure and ASA rch. review in

Ad 25 mg PO daily 6 mp. ~~50/25 alternate~~

HT Clinic

PRBC transfusion from HOC

for the transplant work

Dental opinion for 6 pati.

Senior Resident
Department of Hematology
All India Institute of Medical Sciences - New Delhi



BIOSTAR DIAGNOSTIC CENTER

AN ISO 9001:2015 CERTIFIED LABORATORY
M. 8307172759, 9467759328, 7827312203
E-mail : biostardiagnostic.786@gmail.com

FACILITIES AVAILABLE
Pathology C.T. Scan EEG & ECG
Ultrasound Digital X-ray EMG, NCV
M.R.I. Echocardiography
Colour Doppler

LABORATORY REPORTS

PATIENT NAME : MAST. HIMANSHU KUMAR AGE: 04 YRS SEX: M
REF. BY. : SELF S.NO:-31574 Date: 18.07.2023

Complete blood count Test(CBC):-

Test Name	Value	Unit	Normal Value
HEMOGLOBIN (Hb)	5.0	gm/%	13.0-17.0(M) 11.5-13.5(F)
TOTAL LEUCOCYTE COUNT (TLC)	1,600	/cumm	4000-11000

DIFFERENTIAL LEUCOCYTE COUNT (DLC)

NEUTROPHIL	28	%	40-75
LYMPHOCYTES	64	%	25-40
EOSINOPHIL	08	%	01-05
MONOCYTE	06	%	02-10
BASOPHIL	00	%	0-0
R B C COUNT	1.75	Milions/cmm	3.5-5.5
P.C.V / HAMATOCRIT	16.8	%	40-54(M) 37-47(F) 37-45(C)
M C V	96.0	fl.	80-100
M C H	28.4	Picogram	25.0-34.0
M C H C	29.6	gm/dl	31.0-37.0
PLATELET COUNT	0.69	Lakh/cmm	1.50-4.50

*** End of the Reports***

DR POONAM K GEDAM
MBBS,DPB PGDMCH
CONSULTANT PATHOLOGIST

▲ This report is persual of Doctor's only, not for medico legal cases ▲ This only a professional opinion. It may Kindly be correlated clinically
▲ If the result (s) of the investigation (s) is are unexpected, the patient/consultant is advised to contact immediately for a recheck.

Shop No. 3, 25/4, Mandir Wali Gali Yusuf Sarai, New Delhi-110016

Shop No. 7, Safdarjung Hospital Gate No. 2 Near Metro Station, Opp. AIIMS Hospital, New Delhi-20



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

अस्पताल के अंदर धूम्रपान मना है / SMOKING IS PROHIBITED IN HOSPITAL PREMISES
Monday / Wednesday / Friday /
3rd Floor, OPD Block, AIIMS
OPR-6

रोगी विभाग

UWB: 10865822
Dept No: 2023040120231
Cmc No: 2023M/120231

रूम / Room

C-508

Unit
Ward No: OPD
Block No: F10

12/08/2023

रोगी का नाम

हेमन्धु कुमार

HEMANTHU KUMAR

31 11M 160 / 145 (55)

SOULAM SALBAU

888, 47 CHARAN JALANA PURVA

SHAK P.O. 110025 INDIA

Mob: 9394028192 Follow Up

DATE: 12/08/2023 Reporting: 12/08/2023

बहिरंग रोगी विभाग सं./O.P.D. Regn. No.

H-120231/23

पता / Address

रिपोर्ट / Diagnosis

JMNL with Monosomy 7

दिनांक / Date

उपचार / Treatment

25
7/26/2023

Haplo identical donor match with sister badi kumari

1 Funda for allogeneic BMT awaited - will need Haplo BMT for survival
2 6.7 / 52w / 79w / VL

Admission

(1) PRBC transfusion at day care

(2) T. 6MP 50mg (1) OD & (1/2) OD on alternate day

(3) T. ME-12 (1) OD

(4) P/A 31/July/2023

2 CBC

CLEAN AND GREEN AIIMS / एम्स का पत्ती संकल्प, स्वच्छता का जय जय

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)



मेरा अस्पताल
My Hospital

mahaapatal.nho.gov.in

12/8/23



माननीय मुख्यमंत्री जी

कृपया जी दीर्गाशु कुमार भादव (अ 3 वर्ष)

जन्मदिना, पोल्ट. लंडावाघाट, थाना - वासवाहा, जिला - पुरी

राज. विहार, पिनकोड - (854305) फ़ोन नं 9431050856, मो

7294039382 के लक्षण प्रायोजन - पत्र का आवेदन

करने का कष्ट करे प्रायोजन के लक्षण को लक्षण की गंभीरता की गंभीरता से पीड़ित हैं।

जिलाका इलाज अखिल भारतीय

आयुर्विज्ञान संस्थान नई दिल्ली में चल रहा है। संस्था के

चिकित्सकों द्वारा इलाज (Bone Marrow transplant) हेतु धन

राशि 2-15,00,000 (पंद्रह लाख रुपये) का धन मांग लिया जा रहा

उपचार के कारण। इनकी आर्थिक स्थिति अत्यंत कमजोर है

जली है। ऐसी स्थिति में उनके द्वारा आर्थिक लक्ष्यता किसे

पान हेतु अनुभव किना जाना है। एमिल लक्षण है।

आत! आपके अनुभव है कि कृप

प्रायोजन पत्र में कति परेशानियां

है। जली दीर्गाशु कुमार भादव

इलाज हेतु विवेकाधीन कोष से प्रवर्धित

पिनकोड
आयु.
म. वि. नं.

जिला
वासवाहा
पुरी



ALL INDIA INSTITUTE OF MEDICAL SCIENCES
Ansari Nagar, New Delhi - 110029

SCREENING FORM FOR RAN/HMDG

Dated: 24/05/23

✓ आयुष्मान भारत केंद्र, पुराने राजकुमारी अमृत कौर ओपीडी के सामने, एम्स गेट नंबर 1 के पास

Ayushman Bharat Kendra, Opposite Old Rajkumari Amrit Kaur OPD, Nearby AIIMS Gate No. 1

Pradhan Mantri Arogya Mitra (PMAM) on duty to please check the eligibility under the Rashtriya Arogya Nidhi (RAN)/ Health Minister's Discretionary Grant (HMDG) for the patient:

Name of the patient Mr./Mrs Himanshu kr Age 03 Gender Male

S/o, D/o, W/o _____ is getting treatment under Department of

Hematology vide UHID No. 106655822 patient's domicile

State Bihar

Forwarded from the concerned MSSO

Name & Signature of MSSO's: Anil Mali

On the basis of Ration Card No./PMJAY-ID 100900500020040202020

Eligible/Not Eligible: Eligible RAN HMDG

Advised to bring the following documents:

1. RAN/HMDG Application Form
2. Aadhar Card
3. Ration Card
4. Physical presence of Applicant for Bio-metric

Processed for the Card Date: 29.05.2023 Time: 10:32

Any Remarks: Card has been applied

Card No. _____

State _____

Name & Signature of PMAM: _____

[Signature]
24.05.2023

Please contact to the concerned MSSO's for the further action.



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

अस्पताल में शराब पीना मना है / SMOKING IS PROHIBITED IN HOSPITAL PREMISES

Secretary / Vice-Chairman / Director
3rd Floor, O.P.D. Block, AIIMS

OPR 6

रोगी नाम / Patient Name: **सोनी सुनील**
 लैब नंबर / Lab No: **106655822**
 रोगी आयु / Patient Age: **35**
C-608
 रोगी पंजीकरण नं. / O.P.D. Regn. No: **1-1/20231/2023**

रोगी का पता / Patient's Address: **H-Enda 6, 106655822**

रोगी का नाम / Patient's Name: **सोनी सुनील**
 पता / Address: **H-Enda 6, 106655822**

रोगी का नाम / Patient's Name: **सोनी सुनील**
 पता / Address: **H-Enda 6, 106655822**

रोग / Diagnosis

दिनांक / Date

उपचार / Treatment

137

15/2023

Refer + Emphy

Urgent Admission
& management

inlet -



CLEAN AND GREEN AIIMS / एन सी ग्रीन, स्वच्छ है सब का

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

O.R.B.O. AIIMS, 26588360, 26583444, www.orbo.org, Helpline - 1660 (24 hrs service)



अखिल भारतीय आयुर्विज्ञान संस्थान
 ALL INDIA INSTITUTE OF MEDICAL SCIENCES
 अंसारी नगर, नई दिल्ली-११००२९
 ANSARI NAGAR, NEW DELHI-110029

TRANSFUSION CHART

नाम : _____ आयु _____ लिंग _____ यू.एच.आई.डी.सं. _____
 NAME : Himanshu Kumar AGE : 2yrs SEX : M UHID No : 10665582
 WARD : PCOPD BED NO. : _____ DIAGNOSIS : _____
 PATIENT'S BLOOD GROUP : _____ UNIT CHIEF : _____

Date	Starting time	Bag No.	COMPONENTS							Bag Group	Rh	Checked by	Started by	Given by	Stop time	REACTION
			WB	RBC	PLT	FFP	PLAS	CRYO	QTY							
17/5	9:30am	C04387	✓	✓	✓				A+		Dr Rainam		N ^o Kumkum			
given 13mg (50+50+30)																

- WB = WHOLE BLOOD
- R.B.C. = RED BLOOD CELL
- PLT. = PLATELET
- PLAS = PLASMA
- CRYO = CRYOPRECIPRATE
- QTY. = QUANTITY
- FFP = FRESH FROZEN PLASMA

DATE

DETAILS OF BLOOD REACTION, IF ANY	
ACTION TAKEN	
CAUSE OF BLOOD REACTION	
OUTCOME	



PAEDIATRIC EMERGENCY
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
ANSARI NAGAR, NEW DELHI-110029

PATIENT'S NAME : Himanshu AGE/SEX : 3yr 10month/M UHID : 106655122
 BLOOD GROUP : WEIGHT : 12.2kg UNIT :
 BED NO. DIAGNOSIS :

TREATMENT CHART

S. NO.	DOCTOR'S NAME TIME	MEDICATIONS (DOSE, ROUTE AND FREQUENCY)	DOSE (mg/kg/l)	DATE: 12/5/23		DATE: 12/5/23	
				TIME	NURSING OFFICER'S NAME	TIME	NURSING OFFICER'S NAME
		- Inj magnesium 650mg IV TDS - Inj Teicoplanin 130mg IV 212hly at 8, 12, 20 hrs. Flb IV op		2:15 Dr. [Signature]	[Signature]	2:15 Dr. [Signature]	[Signature]
		- Tab calpolurinol (100mg) 1/2 tab BD - Tab acivir 200mg BD - Tab folcon 200mg OP		6/11 Tame			
		- Inj pnc 130ml w over 4hrs. 2 mid transfusion 130mg Latix Inj PAM - 120g w str		2:11 A [Signature]			

Please Inform to Nursing Officers after writing each new medication.



अ० भा० आ० सं० अस्पताल/
बहिरंग रोगी विभाग / Out P

अस्पताल के अन्दर धूम्रपान मना है। / SMOKING

रमाद्यं खलु धर्मसाधनम्

रुधिर विज्ञान



UHID: 106655822
Dept No. 20220240120231
Clinic No. 2023/125025

कक्षा / Room

C-509

Unit-I
Hematology OPD
Queue No: F12

हीमंशु कुमार
HIMANSHU KUMAR

3Y 10M 12D / (मृतपुत्र)
SIOKUMAR GAURAV

Add: AT-DHARHAR, JAMUNA PUNJAB
BHAR, Pin 654205, INDIA

08/05/2023

रोग, बुध, शुक्र



Follow Up: General EO Reporting 9:30 AM

रोग/ Diagnosis

दिनांक / Date

137

2023

Refer to Emergency

Admission

LMD: 1881822
 Date of: 20/05/2023
 C-808
 20/05/2023


Present issues:

- Fever
- Cough
- Rt cheek cellulitis

wt = 12.5 Kg

Advice :-

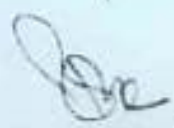
• Ref to Emergency in v/o above mentioned
Complaints & require IV antibiotics

• Transfusion to keep Hb \geq 8.0 gm/dl
Plt \geq 20,000/cmm

Continue

- Inj Augment 30mg IVI BD
- Inj Teicoplanin 120mg IVI BD q16h OD
- T. Atopivital 200mg OD
- IV fluids @ 50ml/hr
- T. Acivir 200 mg BD
- T. forum 200 mg OD

12/05/23 (Free)
~~Target is antibiotic~~


 12/05/23

संविद विभाग

Ward / Room



UHD: 106635822
Dept No: 202024012023
Clinic No: 2023/RV120231

C-509

UHD
Hematology/OPD
Queue No: F9

हिमांशु कुमार
HIMANSHU KUMAR

31 10M 160 / M (पुरुष)
SOKUMAR GAURAV

Age: AT-DHARHAR, JAMUNA PURNA,
BHAR, Pin 854205, INDIA

12/05/2023

सोम, बुध, शुक्र



Follow Up... Genera F0 Reporting 8:30 AM

96

Advice:-

• Ref to Emergency
Complaints & require

• Transfusion to K

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

नाम Name	वय Age	सर्विस Service	दिनांक Date	यू.एच.आई.डी. नं. UHID No.
Mihanshu	3y/m			
प्रोफेसर इंचार्ज Professor I/C				

Notes written by _____

CLINICAL NOTES

Ado

2/5/23
+ Anopurinol 100y $\frac{1}{2}$ OD
+ Acini 100y BD
+ forcan 200y BD

IVF NS & RL at @ 50ml/hr

Admit to Hematology

Regret no bed vacant in C2 to Hemat

Refer to emergency and for admission to emergency bed

BT support to keep hb ~ 8g/dl.

lp

रूग्धिर विज्ञान विभाग / DEPARTMENT OF HAEMATOLOGY
 HAEMOLYTIC ANEMIA LABORATORY

कमरा नं. 209, इंदीरा गेट

आ. सं. नई दिल्ली-110029
 IMS, New Delhi-110029

Name _____ Date _____

Hospital UHIC _____

Department _____

Brief Clinical Story _____

Previous Investigation (with date) _____

Hb 8.5 TLC 13,530 Platelet Count 64000 Retic Count _____

Peripheral Smear M.W. = 85 Conjugated _____ Unconjugated _____

Serum bilirubin _____

Blood Urea/Creatinine _____

S. Proteins _____

No. of blood transfusions _____

History of drug intake (esp. iron medication) date and duration: _____

Family History _____

Provisional Clinical Diagnosis _____

Tests asked for _____

1. HPLC HbCZE
2. Coomb's test by Gel (direct/indirect)
3. G. PD Screening
4. Hams' test
5. Sucrose lysis test
6. Serum iron studies
7. Cryoglobulins
8. PNH by Gel Card CD55 / CD59
9. Plasma Hb
10. Sickling test
11. Incubated Osmotic fragility
12. Heinz bodies/Hb H Inclusion
13. Urine hemosiderin
14. Serum Ferritin
15. LAP / NAP

Signature _____
 Name of Doctor _____
 Contact Tel. No. _____

Note: Samples accompanying incomplete forms will not be accepted and should reach the lab by 11.00 A.M. on all days and 10.30 A.M. on Saturdays. These tests are done by appointment.



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



SMOKING IS PROHIBITED IN HOSPITAL PREMISES

QR Code

OPR-6

Sanjeevani
1000 TOMORROW
8881 No. 2023/0000000

37
10/04/2023



वैद्यकीय इतिहास नं./O.P.D. Regn. No.

उम्र / Age

पता / Address

रिपोर्ट / Diagnosis

दिनांक / Date

6

उपचार / Treatment

fever
Abundant / 715 days

Asymptomatic - Legionella pneumophila

RT-PCR

Legionella pneumophila

Urea - Just before

Home (04/12)

Age - 44

TCO - 18700

ESR - 42 mm

HLA - B27

1) Hemodysplasia malignancy

2) Aditya Gupta, Pleas

15/4/23

PS - Legionella pneumophila
cellular

U/S abd. - Hypertension

Asymptomatic

Legionella

P.T.O.







DEPARTMENT OF HAEMATOLOGY

2nd Floor, (NEW PVT WARD)

A.I.I.M.S., New Delhi-110029

अ. भा. आ. सं., नई दिल्ली-110029 A.I.I.M.S., New Delhi-110029

अ. भा. आ. सं., नई दिल्ली-110029

Reg No :	106655822	Reg Date :	15/04/2023 08:33 AM
Patient Name :	Mr HIMANSHU KUMAR	Age :	3 years 9 months 29 days
Sex :	Male	Unit Name :	Unit-1
Department :	Hematology	Sample Collection Date :	25/04/2023 02:41 PM
Physician Charge :	Dr. Manoranjan Mahapatra	Lab Sub Centre :	HEMATOLOGY 204
Referral Name :	Hematology	Report Generated Date :	15/05/2023 08:12 AM
Received Date :	25/04/2023 03:21 PM	Recommended By :	Ms. RINKU HEMAT204
Lab Ref No :	20230240120231		
Reference No :	23950		
Referral Name :	Hematology Day Care		

Specimen Details : DHM-250423004 (Bone Marrow)

BONE MARROW BIOPSY

Bone marrow aspirate:	B-955/23
Bone marrow biopsy number:	23Bx-950
Diagnosis details:	7 Hemolytic disorder with splenomegaly 7 CDA 7 storage disorder
Hb:	7.2g/dL;
WBC:	18.32X10 ⁹ /L;
Platelet count:	14 X10 ⁹ /L;
Blasts-09, My-13, MM-05, N-25, E-01, Mono-15, L-30, Baso-01;	
nRBCs-42/100 WBCs;	
Smear:	Smear shows leucocerythroblastic blood picture with left shift, 09% blasts and 15% monocytes (ANC-2748/uL). Neutrophils show dyspoiesis in 74% in the form of vacuolation. Red cells are normocytic normochromic with macrocytes. Platelets are reduced.
Aspirate:	Aparticulate
Cellularity:	Cellular
Lineage:	
Erythropoiesis:	Normoblastic to megaloblastic erythroid hyperplasia with dyserythropoiesis in ~10% in the form of nuclear budding and binucleation
Megakaryopoiesis:	Occasional seen, dyspoietic with widely separated nuclei
Granulopoiesis:	Adequate with all stages of maturation and dysgranulopoiesis in <10% in the form of abnormal lobation
Myelogram (%)	
Blasts	09
Promyelocytes	-
Myelocytes	20
Metamyelocytes	08
Neutrophils	01
Lymphocytes	06
Monocytes	05
Eosinophils	04
Erythroid	46
Plasma cells	-
Others	-



UHID No: 106655822

(DEPT. OF EMERGENCY MEDICINE)

आपतकालीन नं. (Emergency No): 202303090042770

दिनांक DATE: 12/05/2023

समय TIME: 01:50:51 PM

NON-MEC

नाम NAME: MR KEHANSHU KUMAR

आयु AGE: 3 years 10 months 16 days

लिंग/SEX: M

S/O: KUMAR GAURAV

पता ADDRESS: गौरी संत नंद

AT-DHARHAR JAMUNIA PURNIA

गाँव / मुहल्ला STREET/MOH

शहर/ब्लॉक CITY/BLOCK

पिन PIN: 854205

राज्य STATE: BIHAR

दूरभाष नं. PHONE NO: 7294029782

स्थान Location:

Paediatric Emergency

द्वारा BROUGHT BY: Relative: FATHER

Criticality: Red / Yellow / Green

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

Shifted to Paeds/ Main/ New Emergency

Hsp & Hematology → sent from OPD

CCCT face

Presenting Complaints
 clo - fever x 1mth
 - cough
 - lft cheek swelling x 1mth

Likely
 infective
 cellulitis

Primary Assessment (ABCDE): Assessment Pentagon - Hsm = lymphadenopathy

<p>Airway Open & stable (Yes/No) If No..... Breathing: RR <u>30</u>/min Efforts: Normal/Poor/increased Auscultation: Air entry: Normal/poor/Differential Added sounds: None/Stridor/Wheeze/Crackles SpO2 on Room air: <u>95</u>% wt - <u>12.2</u>kg</p>	<p>Circulation HR <u>110</u>/min CRT <u>2</u> sec BP <u>100/80</u> Peripheral pulse: Poor/Good Central pulse: Poor/Good Skin temp: Warm/cool Others <u>PIA - massive abd. distention</u> <u>Hsm</u></p>	<p>Disability malnourished GCS <u>alert/active</u> Pupil size <u>3mm</u>/min Pupillary Reactions <u>BL/PR</u> Motor activity: Normal & Symmetrical/Asymmetrical/Poikuring/Flaccidity/Seizure Blood Sugar.....mg/dl Exposure: Temp <u>afebr</u> Colour: Normal/pallor/cyanosis/mottled Any other skin lesions.....</p>
--	---	---

Diagnosis: Imp: Hsm / lymphadenopathy / cellulitis

Received on lft antibiotics

canula
 Blood clts
 ematris
 PRB canage

Rx
 - Rx as charted
 - To be sent after initial antibiotics to daycare for antibiotics

Last CBC
 12/5/23
 15700
 N 48
 L 40
 5.5
 Dr. Shrivastava

11/04/2023

Go recurrent cough / fever 2d

H/o PRBC transfusion (1y ago)

2nd dx (11/4/22)

dxes - Scur
Spleen - near
infiltrates

CBC (20/3/23)

5.5/14.4/8.9
WBC
LSS

RK39 - Neg.

Hb electrophoresis - WNL

CBC 5/4/23

4.4/18.7/10.26

BMA (AIIMS
Patna)

Cellular marrow
intraosseous hematopoiesis

Unlikely leukemia: but to -/o

Red Casualty

1) CBC - check for platelet & PRBC
neg

2) PB flow + PC

3) G. Red Gm. opinion
to -/o PR

4) Hematology opinion

Aditya Gupta

Rno32

Dr. Rohan

flex help.



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

नाम Name	उम्र Age	सर्विस Service	दिनांक Date	यू.एच.आई.सी. नं. UHID No.
Miranshu	3y/m			
प्रोफेसर वृत्तांत Professor /C				

Notes written by _____

CLINICAL NOTES

3
3/5 Hemat CR

? 3mmL ? acute leukemia.

cf. fever on & off
cf. (L) mandibular swelling }
cf. any cough }
no cf. bleeding symptoms } mt
cf. wet legs }

cf. RR - critical
pulse 110/min
BP 100/60

4/E - (L) cheek swelling (+)
Pain (+)

cf. AEBE
NO added sound

PHYSICAL EXAMINATION

Temp.	Pulse	Resp.	B.P.	Weight
-------	-------	-------	------	--------

PA - distended
Hepato splenomegaly (+)

aus. S/S (+)

CNS - No neurodeficit

CECT neck & face - 7x4 cm heterogeneous lesion in (L) buccolingual sulcus extending upto hemimandible & upto post aspect of mandible multiple (L) CLN (+)

IMP - ? Imm ? Acute leukemia
febrile neutropenia

Ado

• CBC, UFT, RFT, ID remain
Magnez 650y iv TD
Teico 130y iv BD x 3 doses
flu 130y iv OD

PTV



Appointment ID: 2828642811548



Scheduling Barcode No: 110681001

ALL INDIA INSTITUTE OF MEDICAL SCIENCES (AIIMS)

New Delhi

Radiology Observation Scheduling Receipt #R 197179/2023

ACKNOWLEDGMENT

UHID No: 196654822

Name: JUDANSHU KUMAR

Age: 1 years 10 months 2 days

Address: AT BHAKHAR JAMUNSA PURNIA PIN 854205

Sex: Male

Observation Type:	CTSCAN	Observation Name:	CTCT NECK
Patient Name:		Scheduling Date:	21/6/2023 12:00:00
Room No:	CT & GE OPD RAK BLOCK	Queue No:	31
Recommended by:	DR. SR. 2 ENT	Department:	ENT
Observation Type:	CTSCAN	Observation Name:	CTCT FACE
Patient Name:		Scheduling Date:	21/6/2023 12:00:00
Room No:	CT & GE OPD RAK BLOCK	Queue No:	32
Recommended by:	DR. SR. 2 ENT	Department:	ENT

Note:-

PATIENT TO BRING THE FOLLOWING/रोगी को निम्नलिखित लाना।

1. NON IONIC CONTRAST 50ML (OMERON) (400/10PAMIR) (300) (OMNIPAQUE) (300) (ULTRAVIST) (300) (XENETIX)	1. नॉनआयनिक कॉन्ट्रास्ट 50मी ली (इओमरोन) 400/10/पामिरी (300) /ओमिपाक्यू (300) /उल्ट्राविस्ट (300) /जेनेटिक्स
2. FASTING FOR 6 HOURS BEFORE INVESTIGATION	2. खाने से 6 घंटे पहले तक कुछ न खाओ
3. BLOOD UREA, SERUM CREATININE REPORT	3. रक्त यूरिक/क्रिएटिनिन की रिपोर्ट
4. PLEASE PAY RS 200/-	4. कांटाक भुगतान करके आएं
5. BRING ALL OLD X RAYS AND OTHER INVESTIGATIONS ON THE DAY OF INVESTIGATION	5. सबे पहले सभी पुराने खंडों को साथ में लेना है
6. PLEASE BRING ONE ATTENDANT WITH YOU	6. साथ में एक परिचालक के साथ आएं

व्यापक भाग ले कर आनी है 2 पक्षी को साथ

CONSENT: I HAVE BEEN EXPLAINED THE COMPLICATIONS AND RISKS ASSOCIATED WITH IONIC/NON IONIC CONTRAST MEDIUM INJECTION HERE BY GIVING MY CONSENT FOR INJECTION OF IONIC/NON IONIC CONTRAST MEDIA BY ANY ROUTE.

सहमति: मुझे आयनिक और नॉनआयनिक कॉन्ट्रास्ट मीडिया इंजेक्शन से सम्बंधित जटिलताओं/खतरों के बारे में समझाया गया है। मैं यहां पर किसी भी मार्ग द्वारा आयनिक/नॉनआयनिक कॉन्ट्रास्ट मीडिया का इंजेक्शन के लिए अपनी स्वीकृति देता/देती हूँ।

SIGNATURE OF PATIENT OR ATTENDANT

NAME AND DATE

MOBILE NUMBER

NB: We recommend you to buy the contrast from Anrit Pharmacy which is situated within AIIMS campus.

हम आपको अमृत फार्मसी से कंट्रास्ट खरीदने की सलाह देते हैं जो हमारे परिसर के भीतर स्थित है।

Kindly go to investigation room only after screening in PRC. Show your wrist band for entering the room

कृपया प्रवेश के बाद ही जाय कक्ष में जाएं। कमरे में प्रवेश करने के लिए अपनी कलाई बैंड दिखाएं



अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली
All India Institute Of Medical Sciences, New Delhi

PHO: 011-26588111
Patient Name: Mr. HIMANSHU KUMAR Sex: Male
Age: 39 Yrs Sample Received Date: 24-Apr-2023 16:06 PM
Lab Name: Dept. of Laboratory Medicine Department: Hematology
Reg. Date: 24-Apr-2023 15:29 PM Lab Sub Centre: Smart Lab New OPD Block
Recommeneded By: Dr. Manoj Kumar Malhotra Sample Collection Date: 24-Apr-2023 15:35 PM
Lab Reference No: 2312320649

Sample Details: CI 2494232256

Sample Type: Serum

Report

BIOCHEMISTRY

Test Name	Result	UOM	Reference
Urea	14	mg/dL	17 - 49
Creatinine	0.2	mg/dL	0.3 - 0.5
Uric Acid	2.9	mg/dL	3.4 - 7.0
Calcium	7.9	mg/dL	8.8 - 10.8
Phosphorus	2.3	mg/dL	2.5-4.5
Sodium	130	mmol/L	135 - 145
Potassium	5.4	mmol/L	3.5-5.1
Chloride	98	mmol/L	98-107
Bilirubin (T)	0.50	mg/dL	0 - 1
Bilirubin (D)	0.15	mg/dL	0 - 0.2
Bilirubin (I)	0.71	mg/dL	0 - 0.9
ALT	13	U/L	0 - 26
AST	62	U/L	<=40
ALP	50	U/L	142 - 335
Total protein	6.9	g/dL	6.0 - 8.0
Albumin	3.6	g/dL	3.8 - 5.4
Globulin	3.2	g/dL	3.0 - 3.7
A/G ratio	1.1		0.8-2.0
LDH	887	U/L	120 - 300
Iron	21	µg/dL	25-115
Transferrin	112	mg/dL	200-360
Ferritin	455.0	ng/mL	4-67
TIBC	179	µg/dL	250-450
Serum Folate	> 20	ng/mL	0.5 - 13

Dr. Sudip Kumar Datta
(Biochemistry & Immunology)

Dr. Tushar Sehgal
(Hematology & Coagulation)

Dr. Suseeta Meena
(Serology)

Dr. Kamini Kumar MD (Lab
Medicine)
24-Apr-2023 21:22

Attention: Please collect blood samples by puncturing the rubber cap of the vacutainers. Manual opening of caps and filling it must be avoided strictly. Lab reports are subjected to pre-analytical errors due to inappropriate patient preparation, phlebotomy practices, storage and transport. Please inform SMART Lab in case of any discrepancies with the expected results on the same day on Ext.no. 2526