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EK KRIPA FOUNDATION TRUST	NGO DARPAN UNIQUE ID	: UP/2026/110870
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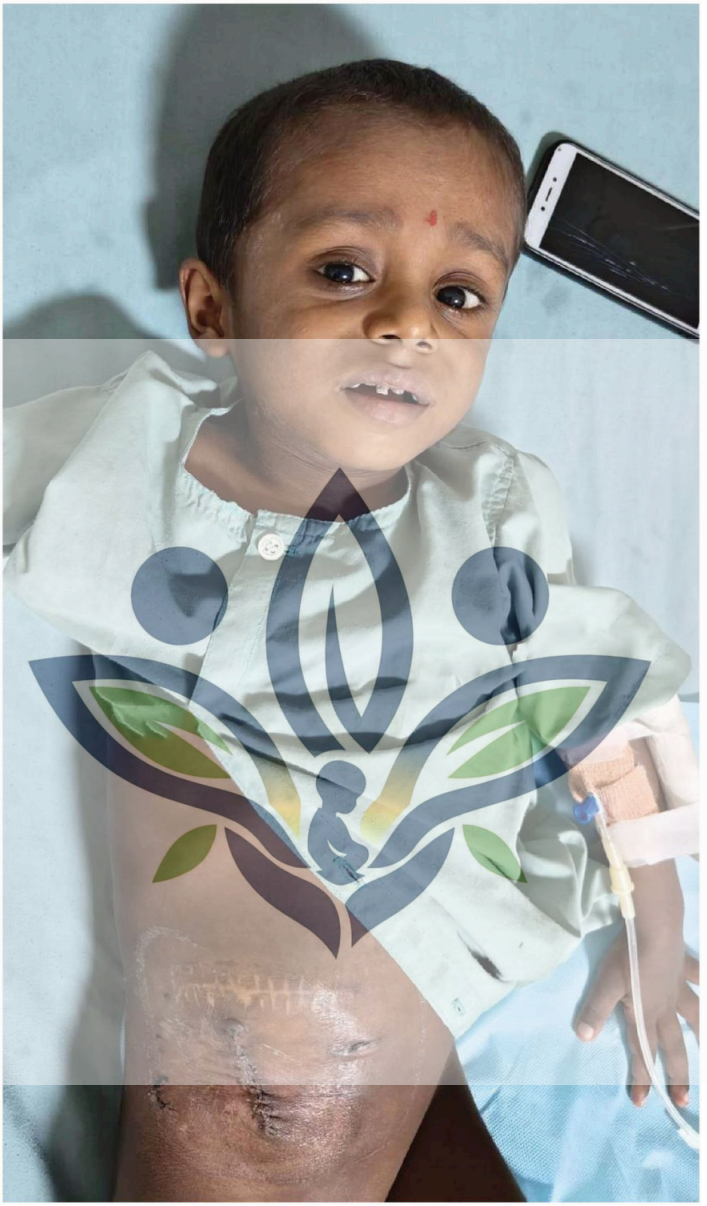
EK KRIPA FOUNDATION TRUST	WEBSITE	: WWW.Ekkripa.ORG
EK KRIPA FOUNDATION TRUST	EMAIL ID	: INFO@Ekkripa.ORG :
EK KRIPA FOUNDATION TRUST	CONTACT NUMBER	+91 9711470005

PATEINT DETAILS

PATIENT NAME	MASTER ABHINAV
PATIENT FATHER NAME	MR CHIRAG SINGH
DOB AND GENDER	MALE/ 4YRS
DIEASE	BLOOD CANCER B-ALL WITH COLOSTOMY
TREATMENT HOSPITAL	PGICH HOSPITAL NOIDA UP
UHID NO/ DEPARTMENT NAME/TREATMENT COST	44616/ (HDU PAEDIATRIC SURGERY)/ 2.50L TO 3L Rs.
PATIENT FATHER OCCUPTION/ ADDRESS	LABOUR/ MUZAFFAR NAGR UP



Date & Time	Progress Notes	Orders
30/8/24 @ 9:58am	B-ALL colostomy insitu on Maintenance fever ~ Shock (Resolved) no issues planned for colostomy closure on 06/1/2024 I - 1250ml O - 100ml + ST colostomy bag - 7T.	- Tab GMP - T. Voriconazole - I. levofloxacin - T. Cefixime - clotrimazole for LA Stop Syp Ambroxol
31.8.24 9:40 AM	B-ALL ~ Maintenance ~ colostomy in situ planned for colostomy closure on 06/09	
I - 970 O - 6times Act - 8times No fresh complaints BP - 92/58 mmHg		T. GMP T. VORICONAZOLE T. levofloxacin T. Cefixime Clotrimazole LA
Surgery (colostomy closure planned on 06/09/24).		

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SECTOR-30, NOIDA-201303 (U.P.)
(An Autonomous Institute under Government of Uttar Pradesh)

Continuation Sheet

Name______________ Age_____ C.R.No./UHID______________

18/8/24 — 4/8/B — SR rnd ↓ Dr. Silky M'am

C/o BALL on maintenance Chemo.

Afebrile ~48 hrs.

Oral intake better

Maintain BP >50th centile.

BP – 94/67 mmHg
↓
109/76 mmHg. (95th centile)

HR – 92/min

SpO_2 – 100% c̄ nasal prong @ 2L/m

Chest – crepts ⊕.

I/O – 2000/700 | 550/1650

Blood c/s – sterile

Pyr neomycin D4
Meropenem D5
Amikacin D5
Teicoplanin D4
Voriconazole D3
Melion D2.

IVF DNS/KCl 1500/24 hrs

Norad @ 3ml/hr (0.3μg/kg/min)
↓
2ml/hr

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(An Autonomous Institute under Government of Uttar Pradesh)

Continuation Sheet

Name______ Age______ C.R.No./UHID______

19.8.24 — B-ALL on maintenance

9 AM

Afebrile x 72h.

BP – ~~BP~~ – 110/67

Na^+ – 134 / 4.6 K^+

I – 2030 + 800

O – 260 + 650 (bag)

KFT – 17/8 – 9.0/8.5/2.5

BP – 90/48 (9 AM)

– Azithromycin D 5/5
– Inj Meropenem D6.
– Inj Amikacin D6
– Inj Teicoplanin D5
– T. VORICONAZOLE D4
– Inj ~~Cut~~ Metronidazole D3
↓ – IVF DNS ...
... ml/24h.
– Inj NORAD @ 2ml/hour (~~0.~~ 0.2 µg/kg/min)
– 3% NACL nebulisation.

↓ Inj NORAD @ 1ml/hr for 1 hour
↓
STOP.

Stop Azithro after today's dose

Seidi[?] 6:00
19.8.24

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SECTOR-30, NOIDA-201303 (U.P.)

(An Autonomous Institute under Government of Uttar Pradesh)

Continuation Sheet

Name Abhinav Age C.R.No./UHID

21.8.24 10:25 AM — B-ALL / Maintenance / AGE ē shock

Ped Surgery –
- Posted for colostomy closure
- F/U in OPD
- Afebrile
- BP- 98/62
- I- 1199 + 700
- O - 400

Inj Meropenem D8
Inj Amikacin D8
Inj Teicoplanin D7
T. VORI D6
Sup Metronidazole 2.5 ml PO TDS D5
STOP IVF DNS (1:100) KCl 500 ml/ 24h
c/o c-stu
Shift to 4th floor Kudipoo when bed is available

22.8.24 10:25 AM — B-ALL / Maintenance / AGE ē shock

CBC - 11.0/5100/N37/L6K
- Afebrile
- BP- 98/54
- I - 400 + 1600
- O - 650
- Bag - 1100

Inj Meropenem D9
Inj Amikacin D9
Inj Teicoplanin D8
T. VORI D7
Sup Metrogyl.

Proposed date of D/c - 9 Sep

2218 hrs — 6:30pm ; T. 6MP 1/4 OD

Abhinav

Sudipto

23/8/24

- Afebrile
- BP-98/58
- I-250+1050
  O-450
  Bag-1500

B-ALL/Maintenance

- Inj° Meropenem D10/10
- Inj. AMIKACIN D10/10
- Inj. Teicoplanin D9
- T. VORI D8
- Sup Metrogyl D2/5

24.8.24

8:45 AM

- Afebrile
- BP-98/62
- I-200+950
  O-300
  Bag-1450

B-ALL/Maintenance

- Sup Levofloxacin (125mg/5ml) 4ml PO OD.
- T. VORI D8
- Sup Metrogyl D3/5
- T. 6MP 1/4 OD.

POST GRADUATE INSTITUTE OF CHILD HEALTH

SECTOR-30, NOIDA-201303 (U.P.)

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Continuation Sheet

Name Abhinav Age C.R.No./UHID

25/8/24 B-ALL | Maintenance

8:55am. Afebrile

BP - 98/58mm Hg

I - 50+1100 ml

O - 250 ml (urine)

colostomy bag - 145Dg

- Inj Teicoplanin (D10)
- Syp Metronidazole (D4/5)
- Syp levofloxacin (D3)
- T. voriconazole (D10)
- T. CMP
- Syp zinc

(WE CROSS THIS DOCUMENT TO PREVENT FROM MISSUSE)

26.8.24 B-ALL | maintenance

T: 20

- Afebrile
- BP - 98/60
- I - 900
  O - 100
  St - 950

Inj Teicoplanin D11

Syp metrogyl D5/5

Syp Levofloxacin D3

T. VORICONAZOLE

T. CMP

Syp zinc.

Sudipto.

26.8.24

POST GRADUATE INSTITUTE OF CHILD HEALTH

Sector-30, Noida, G.B. Nagar (U.P.)
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PATIENT INFORMED CONSENT FORM

Department: Pediatric surgery Consultant In Charge: Dr Neel
CR No. / OPD No.: 98116230004616 Date of Admission: 02/09/24
Patient Name: Abhinav Patient Age/Sex: 4yr/M
Patient's Guardian Name: Chirag Singh
Address: Budhana, Mirzapur nagar, U.P. Relationship with the patient: Father
Phone No. [ ]
Scheduled Date for the Proposed Intervention / Procedure / Surgery:
Name's of the Proposed Treatment Intervention / Procedure / Surgery: Ileostomy closure
Possible Commonn Complication: Bleeding, Infection, pain, SSI Injury to nearby organ, Anastomotic leaks.

I, the Undersigned, do hereby state and confirm as follows:

1. I have been explained the following in terms and Language that I understand and understood by me.

following in: hindi (Name of the Language)

2. I have been explained with the requisite information, I have understood, and authorize and direct the above named Doctor-In-charge / Principal Surgeon/Principal interventionist and his / her team with associates or assistants of his / her choice to perform the proposed treatment / intervention procedure / surgery mentioned herein above.

3. I have been explained and understood that due to unforeseen circumstances during the course of the proposed treatment / intervention / procedure / surgery something more or different than what has been originally planned and for which I am giving this consent may have to be performed or attempted. In all such eventualities, I authorised and give my consent to the medical / surgical team to perform such other and further acts that they may deem fit and proper using their professional judgement.

understanding all the consequences of the surgery & anesthesia. I give consent both in sound mind for the doctor to perform the surgery on my patient.

SUPER SPECIALITY PAEDIATRIC HOSPITAL & POST GRADUATE TEACHING INSTITUTE
SECTOR-30, NOIDA (U.P.)

REQUISITION FORM FOR CONSULTATION

Name: Abhinav

Age/Sex: 4yr | M

CR No.: 98116230004461G

Ward No. 4th floor PVT & General ward

Bed No. Bed no 1

Department PHO (4th floor PVT & General ward)

Consultation required from : Pediatrics Surgery

Urgent

Routine ✓

Diagnosis/Specific problem

child has colostomy insitu, advised for surgery on 06/09/2024
kindly tell the date of PAC & transfer to peds surg.
pre op. formalities

Consultation/Opinion required in respect of :

Request Opinion only ☐ Follow up ☐ Transfer ☐

Date 02/09/2024 Time ... Signature ... Designation SR

Name INDIA TV AGT

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Report/Opinion of tha consultant *

Date..... Time..... Signature..... Designation.....

Name.....

Use reverse side if required

2

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Sector-30, Noida, G.B. Nagar (U.P.)
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PROGRESS NOTES AND ORDERS

Name..... Ward No.....

Sex..... Age..... C.R.No..... Bed No.....

Date & Time	Progress Notes	Orders
01.09.24 6:25 AM	B-A1L / Maintenance / Colostomy in situ Colostomy closure - 06/09	
- No fever - BP- 96/57 mm Hg		Cont. oral medications.
		Sr. dips
02/9/2024	B-A1L / Maintenance / colostomy insitu colostomy closure - 06/09/2024	
	BP - 94/66 mmHg No issues	T. 6 MP T. Voltamorole T. Levofloxacin T. Ondansetron Ondansetron for LIV
SW - 8T by I - 1450ml O - 67.		
2/9/24 10am.	B A1L for colostomy closure.	BT / PT CBC C/M
	CST.	
	NO fever Can be shifted	↓ Ped surgery

-5

G-2

Inj Nor Adr 1.5ml + 22.5ml NS @ 1ml/hr → w/H
(@0.1μg/kg/min)

BP centiles : 5th - 76/38 P
50th 91/46
90th 105/61.
95th 109/65 mmHg

pulses better after fluid bolus.

4:45PM
14/08/2024

@5:30PM pulse- normovolemia
Tachycardia +nt
HR - 156 bpm
RR - 80/min
BP - 91/55 mmHg

passed urine 1h ago in emergency

Adv: 1) IVF DNS + 1:1 wkly @ 1000 ml over 24 hours
2) cont. inj Cefoperazone & Amikacin
3) hourly vital monitoring BP/U.O

POST GRADUATE INSTITUTE OF CHILD HEALTH

SECTOR-30, NOIDA-201303 (U.P.)

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Continuation Sheet

Name_____ Age_____ C.R.No./UHID_____

15/8/24
10:05 am

K/c/o BALL
on maintainance chemotherapy
Colostomy in situ

c/o fever, last spike at 8am today.
Afebrile at present (96°F)

Temp - 96°F Poor oral intake
BP - 94/50 mmHg
SPO2 - 98%.
RR - 24 b/m

Adv - ① IVF DNS + 1:100 KCl @ 1000 ml over 24.
② Continue Inj Cefoperazone & Amikacin
③ 2hrly vital monitoring BP | UO
Monitor ostomy output.

Recurrent Infection

① → CT If Mero / Amikacin

② → T-Azee (100mg) (½) Tab OD
Syp Ambrosol 5ml TDS

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Child at present afebrile, SpO2 Tachypnea ①

CT same Rx

Start I/O Chart

POST GRADUATE INSTITUTE OF CHILD HEALTH

SECTOR-30, NOIDA-201303 (U.P.)

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Continuation Sheet

Name_____ Age_____ C.R.No./UHID_____

15/8/24
11:00 pm
- Add ~~second~~ Inj teicoplanin 120 mg at 0, 12, 24 hr followed by 120 mg OD
- Add Tab voriconazole (200 mg) ½ tab BD

16/8/24 c/o BALL on maintenance

Persistent low grade fever present

>99°F

Vitals - stable

BP - 89/63 mmHg

I/O - 250/250/500 ml

IVICV on 15/8/24

Blood c/s - sterile

Azithromycin D2

Inj Meropenem D3

Inj Amikacin D3

Inj Teicoplanin D2

Tab Voriconazole D3

DNS + KCl 1000 ml/24 hrs

Advice

Super Specialty Paediatric Hospital
and Post Graduate Teaching Institute, Sec-30 Noida.

Department of Paediatric Surgery

Pro-O.T. Check list

06/9/24.

1.	Informed written consent	✓
2.	NPO	~~[illegible]~~ for Liquid - 6am
3.	PAC Orders followed	✓
4.	Parts Prepared	Unit PRBCT Unit FFP arranged
5.	Blood Components	
6.	Sensitivity (Antibiotics)	Inj cefotaxime AST NR
7.	O.T. Medicines / Sutures Arranged	✓
8.	Metallic Objects and Clothes	✓
9.	Surgery / Anesthesia Fee Payment	done
10.	Any Special Instructions	—
11.	Shift with All documents (Dress+ Documents)	✓
12	VM	HBSAg (+ve)
13.		
14.		
15.		

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Name : Abhiraw
Age/Sex : 4y/m
IPD No. : 981162300044616

Neha
Shifting Staff nurse
Name & Signature

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NURSE RECORD FOR INDOOR PATIENTS

Name: Abhinav Age: 4yr Sex: M C.R No. 4616

Date of Admission: 14/8/24 Date of Operation: 06/9/24 Date of Transfer: .... Room No. .... Bed No. ....

Medication Injections	POD 5 11/9/24				Special Points
IVF DNS @ 20ml/hr + MVI + KCl (1:100)	✓ (DG)				
Inj - Piptaz 1.2 gm IV x TDS	2am 10am 6PM				
Inj. Amikacin 180mg IV x OD	(DG) 5PM				
Inj. metrogyl 120mg IV x TDS	(DG) 6-2-10				
Oral					
Inj. Pc[illegible] mg IV SOS					
Inj. Pantop 10mg IV x OD	6am				
Stat Orders					
Inj. Levera 100mg IV x BD	7am 7PM				
Syp - Promethezine 2.5ml P/O x TDS	6-2-10				
Nebulation: Syp Levo salbutamol 4ml P/O	6-2-10				
Physiotherapy wt.	11.6kg (Jhan)				

G-10

P.T.O.

Neb. Asthalin TDS 5pm - 10pm / 8-2-10pm / 6-2-10 / ...

2 4/9/24 HOD 2 Q8/B Dr NAFUBS/80.

GC: fair + active + alert.

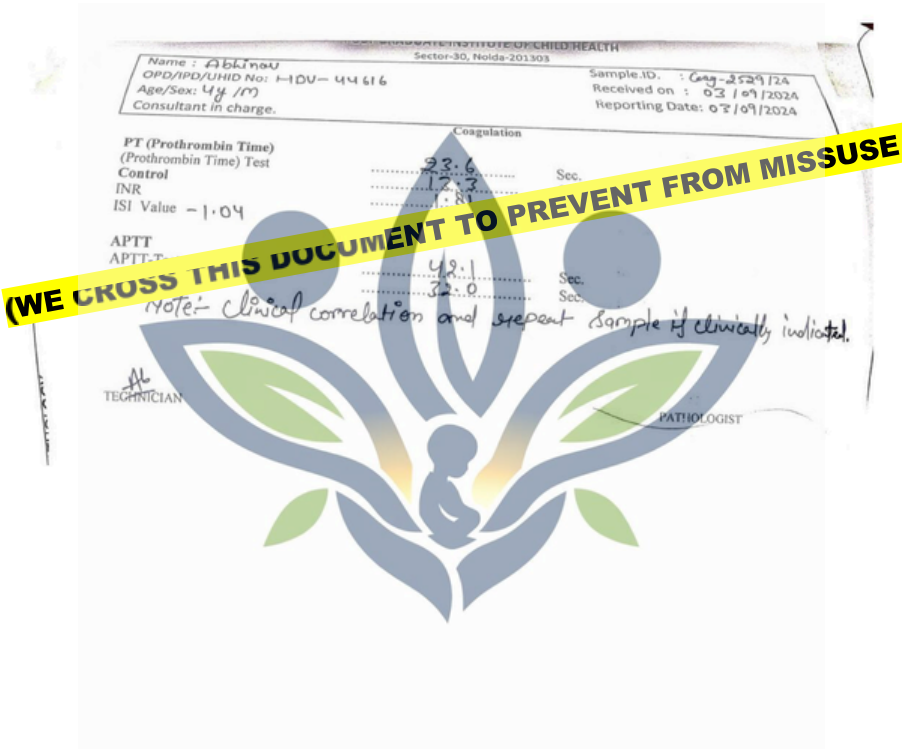
T - 98°F
HR - 112 b/min
RR - 22 b/min
BP - 102/70
SpO2 - 90%

UO: 3.2ml/kg/hr.

→ APTT Repeat
→ maintenance fluids from tomorrow
→ Arrange FFP
→ Plan for friday surgery
→ From morning clear liquids allowed.

IR.

5/9/24 - Send PT/INR afternoon
- Syp Amoxicil 5ml BD
- Clear fluid allowed
- Milk don't give
- Paeds Reference for URI.
1 Share OT notes of previous admission



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Sector-30, Noida-201303

Name : Abhinav
OPD/IPD/UHID No: H-IDV- 44616
Age/Sex: 4y /M
Consultant in charge.

Sample.ID. : Coag-2529/24
Received on : 03/09/2024
Reporting Date: 03/09/2024

Coagulation

PT (Prothrombin Time)
(Prothrombin Time) Test ..... 23.6 ..... Sec.
Control ..... 12.3 .....
INR ..... 1.81 .....
ISI Value - 1.04

APTT
APTT-T ..... 48.1 ..... Sec.
..... 32.0 ..... Sec.

Note:- Clinical correlation and repeat sample if clinically indicated.

TECHNICIAN

PATHOLOGIST

Thankyou for Reference

1:30 Pm
3/9/21.

To consult- oral levera → into injectable.
is ov levera cl

Adv

- inj levera 100 mg iv BD. (@ 16 mg/kg/d)
in Maintenance do

- Re- ecg

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3/9/24 Paeds surgery

HOD

C/S/B Paedsurgery consultant
Dr NA / UBS / SO

U/L = fair Anemic + Anicteric

Temp 98.2F
PR 94
RR 24
BP 93/64
SPO2 99% @RA

U/O = 3.3ml/kg/hr

Adv

→ Prepare for preop.
→ Medicine / PHO reference to continue medication in the injectable
→ CST

(WE CROSS THIS DOCUMENT TO PREVENT FROM MISSUSE)

MR

→ PHO reference (Dressing. PT/INR). — CASE SEEN BY PHO TEAM Sachin 3.9.24
→ Arrange kits.
→ Inj Lasix 100mg IV — BD.
→ Ask about Pru deposits

MR

POST GRADUATE INSTITUTE OF CHILD HEALTH

SECTOR-30, NOIDA-201303 (U.P.)

DEPARTMENT OF ANAESTHESIOLOGY

PRE-ANAESTHETIC CHECK UP

Abhinav
3.5yrs
2/9/24
CR No - 98116230004616

Ward & Bed: Pediatric Surgery

Height:

Weight: 12kg.

Clinical Diagnosis: K/C/O BALL with colostomy.

BSA:

Proposed Operation: Colostomy closure

Significant History (Present/Past) FTNVD/2.75kg/♂/CAB⊕/⊕ Development/Immunization complete
- NoNICU admission/jaundice/BA/Thyroid/
- H/O seizures ++ and on meds started @ 7month age. ✓ last seizure 7-8m.
- No URTI/No cardiac history/fever.

Medication Tab levofloxacin 2episodes of febrile seizures, has been on Inj Syp- Lebra Levera 10mg
T. Septran
T. Voriconazole.

General Examination P I C C L E

Systemic Examination

RS - B/L clear chest

CVS - S1S2 +++

ASA Grading, Anaesthetic Problems, Advice & Plan:
M.P.G. II
No loose teeth

Pre op ... after..... a.m/p.m.....
...gional block/sab/ep. Block
...night before operation

Parts to be prepared:

Premedication

A1

INVESTIGATIONS Reports awaited.

HAEMATOLOGICAL 2/9

Hb% 12.9
Haematocrit
TLC/DLC 6500
PT/PC
BT/CT
Blood
...ting
Pp

Blood Urea/S.Creat
S. Proteins & A/G
S. Electrolytes
LIVER FUNCTION TESTS

URINALYSIS
Alb.
Sugar

CXR

Signature & Name

U/O - 7.3 ml/kg/hr

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Intake Output Chart

Name: Abhinav
C.R. No. 4616 POD:
Ward: S-HDU
Date: 1/9/24

Input: IV 680ml; Oral 925ml — Total 1605ml
Output: Urine 2035ml; RT [illegible]; Drain I; Drain II; Drain III — Total 2035ml

Time	IV Fluid	Amount	Oral Tube	Amount	Output Urine	Output RT	Drain I	Drain II	Drain III
9 A.M.	[illegible]	20ml	H2O	50ml					
10 A.M.		20ml	Juice	50ml	105ml				
11 A.M.		"	H2O	60ml	50ml	STP			
12 Mid Day		"	Juice	50ml	50ml				
1.P.M.		"	H2O	20ml	50ml, 60ml				
2 P.M.		"	H2O	30ml	80ml				
3 P.M.		"	[illegible]	50ml	60ml				
4 P.M.		"	C. water	100ml		S. Prat			
5 P.M.	STP		H2O	100ml	80ml				
6 P.M.			coconut	100ml	60ml				
7 P.M.			H2O	100ml					
8 P.M.			milk	200ml	100ml	S. Prat			
9 P.M.									
10 P.M.									
11 P.M.									
12 Mid Night									
1 A.M.									
2 A.M.									
3 A.M.									
4 A.M.									
5 A.M.									
6 A.M.									
7 A.M.									
8 A.M.									
TOTAL									

POST GRADUATE INSTITUTE OF CHILD HEALTH

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PROGRESS NOTES AND ORDERS

Name.. Ward No.....................

Sex.................... Age.................... C.R.No.................... Bed No....................

Date & Time	Progress Notes	Orders
10/10/24	POD 4 C/S/B Dr NA/ VBS/SU	
	Gl = fair Active + alert.	U/O = 4.5 ml/kg/hr.
Temp 98.?F HR 106 RR 22 BP 100/67 SPO2 98%@RA	Adv → Medicine Consult → Nebulization as advised	
8:30 Temp = 98.2F HR = 108 RR = 24 BP = 100/68 SPO2 = 98% @RA	Adv CST	U/O = 3.1 ml/kg/hr.

Date & Time	Progress Notes	Orders
9/9/24	POD3 (1S1B DrMA1UBS/SD	
	4C=fair Afebrile alert +	
Temp 98.2F	Inj Piplaz D4	
HR 22	" amika D4	U/O = 2.4 ml/h
RR @1/22 22	" metrogyl D4	
BP 94/52(63)		
SPO2 98 / ORA		
	→ Inj PCM SOS	
	↑ Oral sips	
	– CST	

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Sector-30, Noida, G.B. Nagar (U.P.)
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PROGRESS NOTES AND ORDERS

Name Abhinav Ward No. C. HDU

Sex ..... Age ..... C.R.No. ..... Bed No. .....

Date & Time	Progress Notes	Orders
	HISTORY ~~for Discharge~~ (Summary) → Pt admitted on 16/May/2023 → K/C/O B-ALL ~~c~~ Ileal perforation. → C/o vomiting, abdominal pain, loose stool.	
8/9/24	POD2	
	RR 22 BP 106/68 SPO2 98% @RA	Inj Pipta 2 D3 Inj Amikacin D3 Inj Meinagyl D3
	Adv CST Head pack Na/Kt	

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Ulaiz..

7/9/24 POD1 GC=fair Aeuue+ alert+

C/S/B OnNA/UBS/ SU

Temp 98.6F
HR 116
RR 24
BP 113/73
SPO2 99%@RA

Inj Piptaz D2
" AmikacinD2
" Metrogyl D2

U/O=25

Adv

→ Na, K on next prick - send

→ CST

- Nebulization

- Chest physiotherapy

→ IBC Next prick

Dr

5:00

GC=fair Aeuue+ alert+

Temp = 98.4F
HR = 114
RR = 24
BP = 100/68
SPO2 99%@RA

U/O=

Adv

→ CST

TR.

Operative Procedure-

Findings-

(WE ...ENT TO PREVENT FROM MISSUSE)

Course at hospital:

Post op Orders Wt - 12 kg

- NPO T/F/D 1VF ANS 45 ml/hr
- Inj Piptaz 1.2 gm IV TDS
- Inj Amika 180 mg IV OD
- Inj PCM 180 mg IV OD
- Inj Metro 120 mg IV TDS
- Inj Pantop 10 mg IV OD
- NG aspiration 6 hrly & Replace it
- I/O charting

Advice on discharge :

TO GET DISCHARGE CARD LAMINATED

TO FOLLOW UP IN PSOPD, R.NO 8, SPL OPD on- Pragya SR or SOS

Senior Resident

Department of Pediatric Surgery

Consultant

Department of Pediatric Surgery

c/o BALL

On maintenance chemotherapy

Colostomy Pt site.

c/o fever x 1 day

poor oral Pntake. 11kg

↓

child presented in PHD daycare in shock.

HR-140/min

SpO_2 - 70%

Periphery - cold

CRT > 3sec.

Pulses - feeble

Chest - Cuplo-Gr

Tab

- O_2 @ nasal prong
- IVF Fluid DNS 100 ml iv stat
- Inj Magnex 500 mg BD
- Inj Amikacin 150 mg iv OD.
- Inj PCM 100 mg iv stat

Ip

CBC

S/E-Na/K

Blood c/s

↓

HR - 144/min

SpO_2 - 100%

BP - 99/68mmHg

Peripheral - cold

Pre OP orders

Wt:- 12kg

- [illegible] 1/4 NS, clear fluids upto 6am
- DNS @ 44ml/hr IVF
- Inj. cefotaxime 600mg i.v. AST
- Written and informed consent
- Surgery and anesthesia billing
- Shift to OT @ 8:30am

POST OPERATIVE PROGRESS

GENERAL INSTRUCTIONS:-

POSITION : Propped up
AIRWAY :
SUCTION EVERY..... Oropharyngeal / Endotracheal
VITAL CHARTING EVERY..... 8Hrs For.....
INTAKE OUT PUT CHARTING EVERY..... For.....
ORALLY ALLOWED AFTER:

INVESTIGATIONS REQUIRED:- NPO till further orders.

TREATMENT:-

I.V. FLUIDS:- inf @ 50ml/hr till NPO.

ANALGESICS:- Inj PCM 1Gm/IV TDS/SOS.

OXYGEN THERAPY:- O_2 @ 2-3 L/min, titrate gradually, Maintain $SpO_2 \geq 9$

SPECIAL MEASURES:- Monitor vitals

PROGRESS CHART:-

DATE/TIME	HR	B.P.	RESP.	INTAKE		OUTPUT		TREATMENT
				ORAL	I.V.	URINE	DRAINS	

4/9/24

Date & Time	Progress Notes	Orders
11/9/24.	POD5 GSB Dr NA/ UP8/80.	
	GC- fair +active + alert	
T - 98.6°F	o Inj. Piptaz D6	4/0
HR - 106 b/m	(Amino Inj. Amikacin D6	
RR - 24b/min	o Inj. Metrogyl D6.	1.3ml/kg/hr
BP - 110/64	Adv	
SpO2 - 99%.	Increase oral Intake.	
	DV	

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Vital Chart

Patient's Name..... C.R.No..... Ward.....

Date	Time	T	P	R	BP	Level of Consciousness/ Glasgow Coma Scale	Re
	3pm	98.6F	102L	22L	112/68 (78)	SpO2-98% RA	
	5pm	98.4F	110/min	24/min	100/54 (69)	SpO2 99% RA	
	7pm	98.4F	106/min	24/min	106/58	SpO2 98% RA	
	9PM	98.2F	110L	24/min	110/62 (74)	SPO2-99 RA	
	11PM	98.4F	106L	24/min	106/64 (78)	SpO2 99% RA	
					11/9/2024		
	1AM	98°F	106mL	24mL	110/64 (76)	mtg SpO2 98	
	3 AM	98.6F	102mL	24mL	109/70 (80)	mtg SpO2 99	
	5AM	98.4F	108L	22L	104/66	SpO2-99% RA	
	7AM	98.6F	112L	24mL	106/66 (72)	SpO2-99% RA	
	9AM	98°F	110/min	24/min	102/62 (82)	SPO2-99% RA.	
	Noon	98.4F	102/min	22/min	102/60	SPO2 99% RA	
	1PM	98°F	110L	24/min	100/66	SPO2-99% RA	
	3PM	98.4F	102L	22L	98/62	SPO2 98% RA	

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Department of Paediatric Surgery
Super Specialty Paediatric Hospital & Post Graduate
Teaching Institute, Sector-30 Noida. U.P.

OPERATION NOTES

Name- Abhinav
C.r. No. 98116230004616
Surgeon-1. Dr Sheetal (AP)
2. Dr Pragya (SR)
3.

Age/Sex- 4yr/M Wt.- 12kg
Ward- Paed surgery DOS-
Anaesthetist-1. C.H.D
2. Dr Sonakshi
Dr Shambhavi
3.

Scrub Nurse-1. Karanpal
2.

Floor Nurse-
O.T. Technician-

Pre-operative Diagnosis-

Operative Diagnosis- K/C/O BALL i Gall perforation status Ileostomy

Operation Performed- Ileostomy closure L GA + RA

Operative Findings-

- Stoma mobilised
- Stoma 40 cm proximal to ICJ
- end to end anastomosis done after margin freshened

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PROGRESS NOTES AND ORDERS

Name..........
Sex..........Age..........C.R.No..........Ward No..........Bed No..........

Date & Time	Progress Notes	Orders
Paedsurgery 28/8/24	C/S/B Dr Hall. K/C/o BAU with colostomy in situ. → Planned for colostomy closure. Adv. → * Child already dated for admission Paediatric Surgery on 6th/Sept/2024. for surgery. → Kindly Review the pt on 6/Sept/2024.	
	(WE CROSS THIS DOCUMENT TO PREVENT FROM MISSUSE)	
29/8/24 10:30am	B ALL (colostomy insitu) on Maintenance fever c shock (Resolved) no issues. BP - 94/60 mmHg I - 1250 ml O - 300 ml 9T. colostomy bag	- Tab 6MP 50mg ½ o.d - T. Voriconazole - T. Levofloxacin - T. Ondansetron - clotrimazole