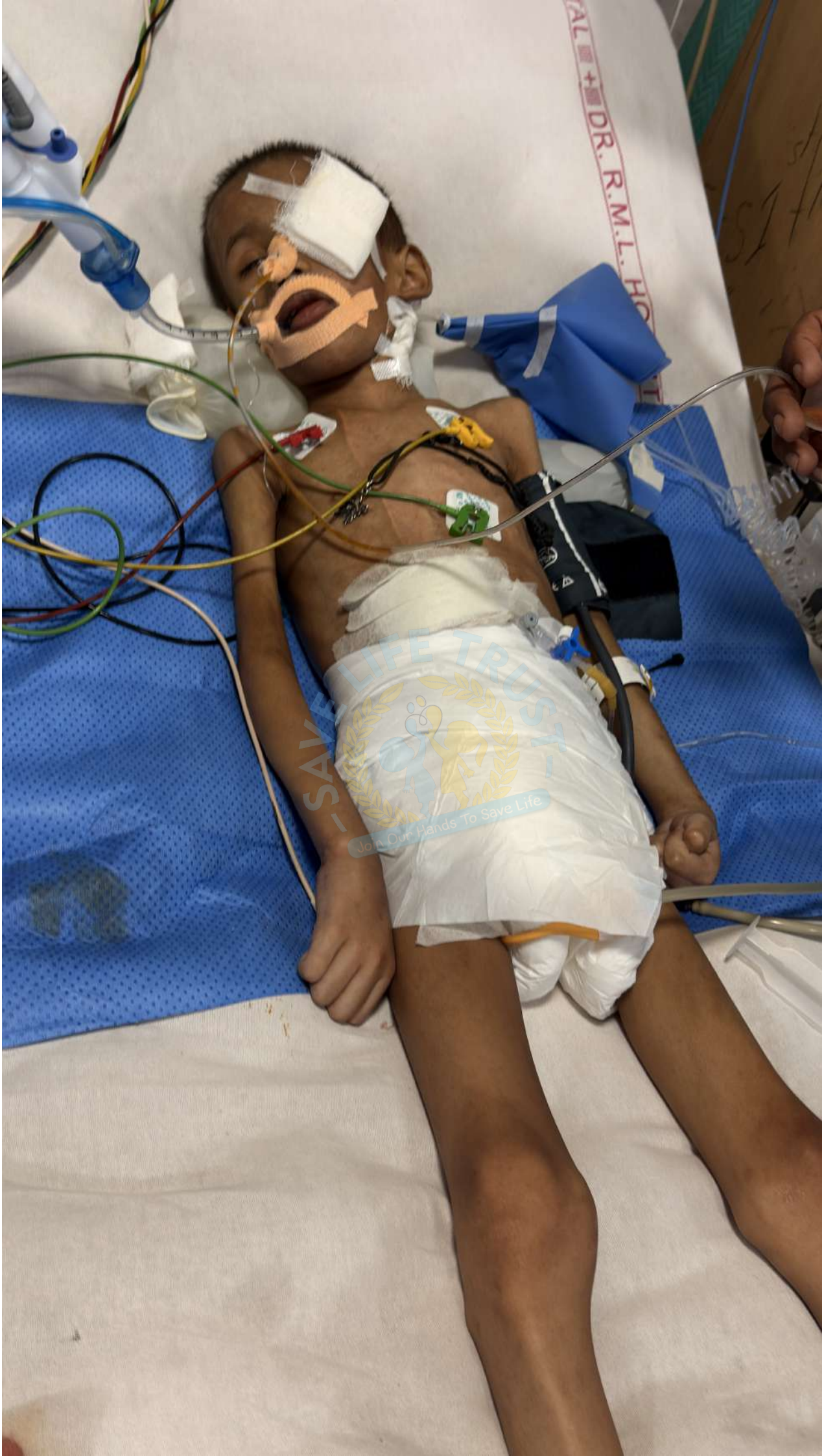
DR. R.M.L. HO
SAVE A LIFE TRUST
Join Our Hands To Save Life

GOVERNMENT OF INDIA
DR. RAM MANOHAR LOHIA HOSPITAL, NEW DELHI
BIOCHEMISTRY - LAB REPORT

Name : Darshit	Age/Sex : 54/M	Date : 29/12/22
CR/REGD. No. : 69208	CGHS No. :	OPD/Wd : HDU
Clinical Diagnosis :		
Unit Incharge : ABG	Signature :	

1. Blood Sugar :

F : ..... mg/dl(70-110)

PP : ..... mg/dl(90-160)

R : ..... mg/dl(70-140)

2. Kidney Function Test :

Urea : ..... mg/dl(15-45)

Creatinine : ..... mg/dl(0.6-1.2)

Uric Acid : ..... mg/dl(2.5-6.0)

3. Liver Function Test :

Total Bil : ..... mg/dl(0.2-1.2)

Direct Bil : ..... 0.1-0.3)

In. D. Bil : ..... 0.2-1.1)

SGOT : ..... U/L (15-50)

SGPT : ..... U/L (15-50)

Alk. Phos : ..... /L (50-130)

GGT : ..... /L (8-61M; 5-36F)

4. S. Proteins :

T Prot : ..... /dl (6.0-8.0)

Albumin : ..... (3.5-5.5)

Globulin : ..... /dl (1.5-3.5)

Lipid Profile :

Cholesterol : ..... mg/dl(130-230)

DL Chol. : ..... mg/dl(30-65)

L Chol. : ..... mg/dl(50-150)

DL Chol. : ..... mg/dl(upto 40)

lyceride : ..... mg/dl(50-200)

6. S. Electrolytes :

Sodium : ..... mmol/L (130-150)

Potassium : ..... mmol/L (3.5-5.5)

Chloride : ..... mol/L (95-110)

Calcium : .....mg/dl (8.5-10.5)

Phosphorus : .....mg/dl (2.5-5.5)

7. Cardiac Profile :

CPK : ..... U/L (50-200)

CK- MB : ..... U/L (upto 25)

LDH : ..... U/L (110-240)

SGOT : ..... U/L (15-50)

8. Iron Profile :

T. Iron : .....

TIBC : ..... µg/dl

UIBC : ..... µg/dl (150-2

Saturation : ..... % (20-35)

9. Others :

S. Amylase : ..... U/L (30-110)

S. Lipase : ..... U/L (23-300)

S. Magnesium : ..... mg/dl (1.6-2.3)

Ammonia (NH_3) : ..... µmol/L (9-30)

Lactate : .....mmol/L (0.7-2.1)

BIOCHEMIST

HFE @ 30°
V/M
I/O charting
eye/skin care
Follow VAP Bundle

PLAN-

Weight	12kg
TF R (%)	100% 1100ml
Drugs	62B
Fluids	4BO
Feed	
Na	meq/kg/day
K	meq/kg/day

Inj. Colistin 6L IU + 20 mL NS IV q 8 H (60)
Inj. Cefoperazone sulbactam 160mg + 20mL NS IV q 8 H
Tab Septran (160/800) 1/2 - 1/4 tab
ATT (2P+2E)
Inj. Levetiracetam 180mg + 20mL NS IV q 12 H
Inj Pantop 15mg IV OD
Inj. PCM 120mg IV SOS
Inj. 3% NaCl @ 18mL/hour CI (430)
Inj. Midaz 10mg + Fenta 870mg @ 1.6mL/hour CI (38)
Inj. Mannitol - SNP
Tab Haloperidol 0.25mg 1 tab BD
Tab Lorazepam 2mg - 1.5 tab TDS
Syp glycerol 10mL TDS
Syp MVI 5mL OD
Tab Pyridoxine 10mg OD
Tab Fludrocort 100mg 1 tab BD
Tab calcium 500mg 1 tab OD
Tab Pacitane 1mg BD
Tab Baclogen 2.5mg HS
Vit B3 (1/400) 1.5mL OD
Syp Lactulose 15mL BD
CSF drain 30mL q 6H
3% NaCl feeds 10mL q 8 H
Dg feeds 60 mL q 3 H

Dr. DEEPSHIKHA SINGH
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Senior Resident
Department of Pediatrics
ABVIMS & RML Hospital
New Delhi-110001

PG/JR Signature &
Name in Capital / Stamp

SR Signature
& Name in Capital / Stamp

ABVIMS and Dr RML Hospital

New Delhi - 110001

ECS PICU / HDU DAYCARE SHEET

DEPARTMENT OF PEDIATRICS

Name	Daunit	**Date / Time-** 28/12/25	**DOA-** 30/11/25
Age/Gender	5y/M	**CR. No. -**	**DOPICU / HDU** 19
Weight	12 kg	**Bed number** O 2	**DOMV-** 19
Diagnosis A11-2/11/25	Disseminated koch's (pulmot CNS+ Abelo) τ communicating HCP τ VP shunt in situ τ shunt Meningitis (Acinetobacter) τ Loose end externalised τ ↑ICP τ DLCI (R)		

Current issues

Issue	Intervention	Current status
- Neuros surg opinion → ?		
- ↑ Posturing -	M-6, F-3	
→ ↑ICP despite	Medical Management → Neurosurg opinion.	
→ ~~Pallor~~	Mannitol stopped	
DLCI (R)	Full A11	
VP shunt failure →	30ml/kg.	

Respiratory system

Support	SIMV/PSV/CPAP/HFNC Morning	Evening	ABG/VBG	Time- Morning	Evening
Delta P/PS			PH		
PEEP			PCO2		
MAP			HCO3		
RR (T/Vent)			BE		
VTE/VTi			PO2		
Min Vent			OI		
FiO2 / SPO2			ICa		
C/R			P/F ratio		
CXR/USG			Anion Gap		
Examination + Other issues with Mx					

ET size	
Fixed at	
Changed on	

VAP---

ICDT----
(drain volume)

other drains

ABVIMS and Dr RML Hospital

New Delhi - 110001

ECS PICU / HDU DAYCARE SHEET

DEPARTMENT OF PEDIATRICS

Name	Darshit	**Date / Time-** 27/11/24	**DOA-** 30/11/24
Age/Gender	5yr/M	**CR. No. -**	**DOPICU / HDU**
Weight	12kg	**Bed number** (2)	**DOMV-** 19
Diagnosis ATT- 2/11/24	Disseminated Koch (Pulmo + CNS + Abdo) ± Comm. HCP ± VP shunt in situ ± shunt meningitis (Acinetobacter) ± Loculated end ventriculitis ± HLH ± DILI (R)		

Current issues

Issue	Intervention	Current status
Posturing + ↑ICP	On 3% NS	
	Mannitol	
VP shunt meningitis	± Acinetobacter ↓ Colistin, Cefoselbactam, Septran	
	Neuro Sx Coll Sent → for EVD placement	
DILI (R) →	↓ Conventional ATT.	

Respiratory system

Support	SIMV/PSV/CPAP/HFNC Morning	Evening	ABG/VBG	Time- Morning	Evening
Delta P/PS	10/8		PH	7.308	
PEEP	5		PCO2	48	
MAP			HCO3	25.5	
RR (T/Vent)	18		BE	-2.0	
VTE/VTi	116mL		PO2	101.9	
Min Vent			OI		
FiO2 / SPO2	40%		ICa		
C/R			P/F ratio		
CXR/USG			Anion Gap	1aL=1.0	
Examination + Other issues with Mx	B/L chest clear.				

ET size	6 cuffed
Fixed at	16
Changed on	19/12/24

VAP---

ICDT----
(drain volume)

other drains

SpO2-100%.

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ECS PICU / HDU DAYCARE SHEET

DEPARTMENT OF PEDIATRICS

Name	Darshit -	**Date / Time-** 27/12/25	**DOA-** 30/11/25
Age/Gender	5 yr/ Male-	**CR. No. -**	**DOPICU / HDU -**
Weight	12kg	**Bed number** 2	**DOMV-** -
Diagnosis	CNS Disseminated Koch's (Pulmo + CNS + Abdo) c Comm. HCP c VP shunt in situ c Shunt meningitis Acinetobacter meningitis c Raised ICP c DILI (R)		

Current issues

Issue	Intervention	Current status
①	posturing + raised ICP TT → no improvement of mannitol → 3% NS @ 1.5 ml/kg/hr	↳ Target Na⁺ not achieved
② VP shunt	meningitis - Acinetobacter ↓ Colistin, Cefoperazone + Sulbactam + Septran	
	- Neurosurgery side informed for EVD placement for. Antibiotic administration	
③ DILI - (R)	- ↓ conventional ATT	

Respiratory system

Support	SIMV/PSV/CPAP/HFNC Morning	Evening	ABG/VBG	Time- Morning	Evening
Delta P/PS	8/6		PH	7.42	
PEEP	5		PCO2	33.6	
MAP			HCO3	22.0	
RR (T/Vent)	15		BE		
VTe/VTi			PO2		
Min Vent			OI		
FiO2 / SPO2	30% / 100%		ICa		
C/R			P/F ratio		
CXR/USG			Anion Gap		
Examination + Other issues with Mx			dar 0.6		

ET size	6 cuffed
Fixed at	16
Changed on	19/12/25

VAP---

ICDT----
(drain volume)

other drains

DATE / TIME	DAILY NOTES AND TREATMENT	DOCTOR'S SIGN.
	C/S/B SR-SE-12.	
	Darshit 8yrs/M. HDU ~~ECS 3rd floor~~ Scan date :- 23/12/25.	
	F/U/C of NS-2.	
	C/O :- Disseminated Koch's c non communicating HCP c Right VPMP shunt lower end exteriorised (18/12/25)	
	Active issue :- ~~Posturing~~ x 5 days Fever (on/off) x 5 days.	
	Past history :- H/O (R) frontal EVD on 07/11/25. H/O (RT) VPMP shunt done on 18/11/25 H/O (R) VPMP shunt lower end exteriorised on 18/12/25. currently on ATT since 04/11/25 N/H/O any other comorbidity.	
	O/E :- HR 112/min CRT < 3 sec GCS - E_1VTM_2 (on Midaz + Fenta sedation) @ 1.5ml/hr & Vecoronium @ 0.5 ml/hr. B/L pupils sluggishly reactive.	
	Adv :- . case to be discussed c seniors and further advice will be given after that. R/v after discussion	Dr. Rahul SR1 (Neuro Sx)

CSF (26/12)
S/P - 26/505.5
Cyto - 50 cell
All Polymorphs.

Neurosurgery Reference

28/12/2

Darshit
Sy/M
69208
J, HDU
1. ECs 3rd
floor

To
The SR/DOD
Dept of Neurosurgery
Dr RML Hospital
New Delhi

Respected Sir/Ma'am.

The above mentioned patient is a c/o Disseminated KOCh (Pulmo + CNS + Abdo) ~~TBM~~ comm. HCP ~ vp shunt in situ ~ shunt meningitis (Acinetobacter) ~ lower end exteriorised ~ ↓ LCP ~ DILR)

Kindly evaluate the patient and give opinion for EVD/ommaya (for intraventricular antibiotics)

Thank You

Dr. SUSHMITA SINGH
Junior Resident
Department of Paediatrics
ABVIMS and Dr. RML Hospital
New Delhi-110001

noted 8:15 pm
28/12/25