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IN HEALTH CARE SERVICES SINCE 1932

भारत सरकार

Government of India



ए.बी.वी.आई.एम.एस. एवं डा. राम मनोहर लोहिया अस्पताल, नई दिल्ली
ABVIMS & Dr. Ram Manohar Lohia Hospital, New Delhi

जिन्दगी चुनें : तम्बाकू नहीं
CHOOSE LIFE : Not Tobacco

केस शीट / CASE SHEET

(क) भर्ती संबंधी आँकड़े/Admission

के.पं. संख्या/CR No.		UHID: 20262173029	IPD ID: 260032167	Fees: ₹ 0	
यूनिट सं./Unit No.		Admission Date: 24/05/2026 05:14 PM General			
यूनिट अध्यक्ष/के तहत भर्ती Unit Head/Admitted under		Mr. PREM (MALE)			
भर्ती की तारीख एवं समय/ Date & Time of Admission		Age: 1Y 4M 0D	Paediatrics		
		Guardian: RADHESYAM (Father)	Unit: P1A Mon		
		Address: NAGALA KHARAG HATRAS JUNCTION POS MENDU, HATHRAS, UTTAR PRADESH	ECS 3rd Floor Paed Department		
			Dr. DINESH KUMAR Professor		
			Bed:		
			NON MLC		
			Scheme: No Scheme		
			PANKAJ KUMAR RML		

(ख) रोगी के संबंध में आँकड़े/Patient Data:

नाम/Name		आयु एवं लिंग/Age & Sex	
माता/पिता/पति का नाम Mother/Father/ Husband's Name		दूरभाष/Phone Nos.	
पता/Address		ब.रो.वि./आपातकालीन विभाग संख्या/OPD/ Emergency No.	
		के.स.स्वा.यो. टोकन सं. CGHS Token No.	

(ग) वैदानिक आँकड़े/Clinical Data :

अंतिम निदान/ Final Diagnosis		आईसीडी कोड/ ICD Code	
अपनाई गई शल्यक्रिया/ Operative Procedure		ऑपरेशन की तारीख/ Date of Operation	

(घ) छुट्टी/मृत्यु संबंधी आँकड़े/Discharge/Death Details:

छुट्टी की योजना की तिथि/ Date of Plan of Discharge		छुट्टी की योजना का समय/ Time of Plan of Discharge	
छुट्टी/भेजे जाने/लामा/फरार मृत्यु होने की तारीख एवं समय Date & Time of Discharge/ Referral/LAMA/Abse/Death		अस्पताल में भर्ती रहने की अवधि/ Hospital Stay	
		मृत्यु का कारण/ Cause of Death	

	कनिष्ठ रेजिडेंट Junior Resident	वरिष्ठ रेजिडेंट Senior Resident	चि. अधिकारी/संकाय/यूनिट अध्यक्ष Med. Officer/Faculty/Unit Head
नाम/Name			
हस्ताक्षर/Signature			

पर किसी भी
पत्र को जारी



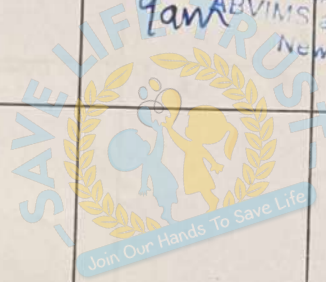
Atal Bihari Vajpayee Institute of Medical Sciences &
Dr. Ram Manohar Lohia Hospital,
New Delhi - 110001



PATIENT MOVEMENT FORM

Name Prem Age/Sex 1y 9m/M
Date & time of Admission 25/1/26 CR No. 260032167 MLC No.
Diagnosis High risk neuroblastoma
Unit & Consultant Ward/Bed No.

Date	Patient Location	Transfer To	Date & Time of (Transfer out)	Transferred By (Doctor's Name & Signature)	Transfer in (Date & Time) (Transfer in)	Received By (Nsg. Officer signature and employee code)
<u>25/1/26</u>	<u>ECU(3)</u>	<u>P2B</u>	<u>25/1/26</u> <u>9am</u>	<u>Dr. GAYATRI KRISHNAN</u> PG Resident Dept of Pediatrics ABVIMS and Dr. RML Hospital New Delhi-110001		





अटल बिहारी वाजपेयी आयुर्विज्ञान संस्थान
Atal Bihari Vajpayee Institute of Medical Sciences
डॉ० राम मनोहर लोहिया अस्पताल, नई दिल्ली
Dr. Ram Manohar Lohia Hospital, New Delhi
आपातकालीन विभाग/EMERGENCY DEPARTMENT

PH.: 011-23404040, 23365525



पंजीकरण कार्ड/Registration Card

Provisional Diagnosis

UHID: 20262173029
Fees: Rs. 0 General / TOKEN NO: 457 / DATE: 24/05/2026 05.02 PM
Mr. PREM / Mobile: 9876543210 / Dept Reg NO: 20260128603 / Age: 1Y 4M (Male)
Casualty/ CASUALTY
Cas1/Casualty Counter, CAS Ground, Cas1
HATHRAS, HATHRAS (UTTAR PRADESH) NON MLC Casualty



Case seen at (Time):

Chief Complaints:

Patient presented with similar complaints in last 72 hours
 Yes No

General Physical Examination:

Pulse: _____/min
BP: _____ mm Hg
Temp: _____ F
Resp: _____/min
SpO2: _____ %
GCE - E V M

Systemic/Local Examination

Inv.
→
CSC
Bio.
Treatment Given:

pt is kluo High Risk
Nuroblastoma

History of Past Illness/Surgery/Food & Drug Allergy:



Case for Chem o



Kidney Anitic with
P.A Dr. Dimple
Kumar.

Category of Patient:

- Green
- Yellow
- Red
- Black

Nutritional Status:

- Obese
- Normal
- Malnourished

Pain Scoring (if applicable)

- Mild
- Moderate
- Severe

Referred to: Medicine Surgery Orthopaedics Paediatrics Any other
Referred time: _____ AM/PM

Signature of Doctor in Triage / Casualty / ED
(With Stamp)

Dr. Adhiti Kaundiya
PG Resident
Dept. of Pediatric
ABVIMS and Dr. RML Hospital
New Delhi-110001

अस्पताल में मौजूद जन औषधि केंद्र में सस्ते मूल्य पर दवाई उपलब्ध है।



DOCTOR'S INITIAL ASSESSMENT SHEET

PATIENT'S NAME: Prem AGE: 1y 4m SEX: m
S/O, D/O, W/O: Radheshyam CONTACT NO: _____
CR. NO/UHID: 20202173029 BED NO./WARD: _____
MLC NO (IF ANY): _____ DATE: _____ TIME: _____
ADDRESS: _____

ADMITTED WITH COMPLAINT OF: PIU k/o high Risk Neuroblastoma -
poorly differentiated stroma.

HISTORY OF PRESENT ILLNESS:

HISTORY OF PAST ILLNESS:

↓
Child is on cycle 3 of chemotherapy
to come to RML for routine
Chemotherapy.

RISK FACTORS:

LOCAL EXAMINATION

GENERAL PHYSICAL EXAMINATION

BP(mmHg):

PULSERATE (PER MINUTE): 130 bpm

TEMPERATURE:

SpO₂%

PALLOR:

OEDEMA:

ICTERUS:

CLUBBING:

High Risk Neuroblastoma @ LRIS

new
27/05/2026

1/E
① Afebrile → Septaz
② HD stable → Vanco

H/o fever
cough } 300mg

Vitals:-
HR 129/cw
RR 46/cw
SpO2 98%

S/E WNL.



wt: 6.8kg

Rx

4 Jy Piptaz 680mg TDS

1 Jy Vanco 130mg QID

2 Jy PCM (125/5) sul fo SOS

O2 by NP

Transferred to OPBC @ rate of 10ml/kg

28/5

add → Neb @ 3% NS q 4 hourly

Dr Kishore CPK

Dr Kishore CPK

BLOOD CENTRE

LICENCE No. 768/82

ABVIMS & DR. RAM MANOHAR LOHIA HOSPITAL
NEW DELHI-110001

Name of Patient..... Prem

Ward & Bed No..... ECS

C.R. No. 32167 UHID No.

Blood Bag No. 8148 Bpos Pc

Unit Incharge Dr. Alok Menal

Cross matching done & found compatible with sample.

Signature of Lab Technician issuing the blood
Devi

Date & Time of issue..... 22/05 2:40 PM

BT notes

Start time - 5:00pm

End time - 9:00pm

DOC - 28/4/26

DOE - 9/6/26

pre BT vitals stable

SPO₂ - 98%

PR - 102/min

BP - 98/60 mmHg

CRT < 3sec

PPLPV +/N

In case of rxn

1) Stop the transfusion

2) Inform DOD

3) Give Inj. Anil 0.1mg/kg IV stat

Inj. hydrocort 5mg/kg IV stat

post BT vitals stable

SPO₂ - 99% ↓ RA

PR - 98/min

CRT < 3sec

PPLPV +/N

Transfusion completed - out any rxns

