





CHACHA NEHRU BAL CHIKITSALAYA

(An Autonomous Institute under Govt. of NCT of Delhi)

Affiliated to Delhi University

An Associates Hospital of Maulana Azad Medical College
Geeta Colony, Delhi-110031



415

NAME: Abhishek

ADMISSION SHEET

AGE/SEX: 7y 1m

DEPT.: P. medicine

UNIT HEAD: Dr. Manish Saxena

C.R.NO.: 13822

D.O.A.: 22/12/2021

UNIT: 11rd

D.O. Discharge:

Provisional Diagnosis: Suspect Disorder

Final Diagnosis

ICD - 10

Primary Diagnosis:

Associated Diagnosis:

Complications:

Surgical / Medical Procedures Done

Blood Components Therapy

Date	Name of Surgery/Procedure	Date	Name of Blood components transfused

Weight Chart

Date	Weight

Anthropometry

Antibiotics Therapy

	Observed	Expected	%	Other Anthro	Name	Started on	Stopped on
Wt(Kg)	20kg						
Ht/L(cms)							
HC (cms)							

Immunization (tick): Unimmunized ()
 Partially immunized ()
 Immunized for age ()

Discharge Plan

Readmission within 48 Hrs. of discharge from CNBC (Yes/No):

PICU transfer (Yes/No): DOT in : DOT out:



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Treatment Sheet

Name Abhishek

Age/Sex _____

CR No. _____

Ward _____

Diagnosis _____

Date	Time	Rx	Dr. Name & Sign	Noted by Sister Name & Sign.
	wt = 20 kg	<u>Revised Treatment</u>		
		- NPO, TFO		
		- IV $\frac{1}{2}$ D ₅ S $\frac{1}{2}$ KCl (1:1000) 500ml 12 hourly		
Total fluid =	20 x 3 = 60	- Inj. Phenytoin 50 mg IV 8 hourly IV solnly in d ₅ S NS @ 8 mg/kg/day		
= 50 x 2 = 100		Inj. Leva. 600 mg 12 hourly IV in d ₅ S NS @ 60 mg/kg/day		
= 50 x 3 = 150		Inj. Valproate 400 mg 8 hourly IV solnly in d ₅ S NS @ 60 mg/kg/day		
= 5 x 24 = 125		Inj. Midazolam @ 5 ml/hr @ 5 μ g/kg/min (60 mg in 30 ml NS)		
<u>Total fluid = 1440 ml</u>				
d-p = 1000 ml				
27/12/21	2:00 PM	Inj. Midazolam 2mg IV stat		Ru (SR)



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Geeta Colony, Delhi-110031



Treatment Sheet

Name _____ Age/Sex _____

Reg No. _____ Ward _____ Diagnosis _____

Date	Time	Rx	Dr. Name & Sign	Noted by Sister Name & Sign.
<p>29/12/21</p> <p>? ADEM</p> <p>? SSPE</p> <p>Resp - Sat 91%</p> <p>on O2 by nasal cannula</p> <p>@ 10 L/min</p> <p>Breathlessness (+)</p> <p>low</p> <p>WBC</p> <p>Brain</p> <p>antiepileptic levels</p> <p>lanto</p> <p>taper kudar</p> <p>4 mg</p> <p>ter</p> <p>seizure free</p> <p>21 mg/kg/min</p> <p>every 2 hrs.</p>		<p>Superrefractory status epilepticus</p> <p>(post R/O febrile rash at 1 1/2 yrs of age)</p> <p>on HTS @ 1ml/kg/hr for 48 hours.</p> <p>Last Na⁺ = 132 mEq/L</p> <p>one ped.</p> <p>ACB = E, V, M 3-4.</p> <p><u>Adre</u></p> <p>- Rpt Se Electrolytes</p> <p>→ Taper HTS acco</p> <p>- Send antiepileptic levels.</p> <p>- Add Tab Phenytoin 100mg po OD</p> <p>- Tab Clonazepam 5mg per NG OD</p>	<p>(22/12/21)</p> <p>Dr. Anita Chattopachyay M.D. (Pediatrics) Assistant Professor CNBC, Geeta Colony Delhi-110031</p>	



भर्ती का संहिता विवरण
ADMISSION SUMMARY

डी.आर. संख्या
ADMISSION NO.
 2021013822

File No : 0001052918

रोगी का नाम Patient's Name	वर्ष आयु Yrs/Age	जन्म तिथि Date of Birth	वर्ष Year	महीना Month	दिन Day	लिंग Sex	हेमिपता Civil Status	धर्म Religion	कमरे Ward	उपचार युनिट Treating Unit
STEN SISHEK	7		7			Male	Single	Hindu	Emergency	UNIT (PEDIATRIC MEDICINE)

पिता/सहोदर का नाम
Father's Name: **ROOP SINGH** माता का नाम
Mother Name: **RUBY**

पता
Address

भर्ती का तिथि व समय Date and time of Admission	छुट्टी / मृत्यु की तिथि व समय Date and time of Discharge/Death	भर्ती की अवधि Days of Stay
22/12/2021 06:32		

रोगी घटना की प्रकृति में (नाम, पता, सम्बन्ध लिखें)
 Nature of case of emergency (Give name, address, relationship) टेलीफोन नं.
 Telephone Number

भर्ती तारीख व नम्बर दें
 Date of admission (s) Give date and number Adm. Date/ & Admission No.

मुख्य रोग निदान (भर्ती होने के 24 घंटे के भीतर पूरी हो जाना)
 Primary diagnosis (to be completed within 24 hours of admission)
 रोगी की प्रतिक्रिया
 Patient's Response

भर्ती के समय रोगी का सक्षम व्यक्ति द्वारा औद्योगिक या शैक्षणिक उद्देश्यों के लिए उपचार के लिए पीछे की ओर दिये गये प्राधिकरण पत्र पर हस्ताक्षर किया जाना चाहिए।
 On admission, patient or qualified person must sign authorization for medical and / or surgical treatment on reverse side

द्वितीयक रोग निदान या जटिलताएँ
 Secondary diagnosis or complication
 कोड संख्या
 Code Number

संकेतित
 Indicated with

संकेतित Indicated	सुधार हुआ Improved	सुधार नहीं हुआ Not improved	सुधार नहीं किया गया Not treated	केवल परीक्षण Examination only	मृत Dead	उत्प्रेषित Autopsy
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मृत्यु का कारण
 Cause of Death

डॉक्टर द्वारा जांच की गई दिनांक
 Date examined and approved this complete medical report on

हाउस चिकित्सक
 House Physician

रजिस्ट्रार
 Registrar/S.R. Resident

विभागाध्यक्ष
 Head of the Unit

30-76

प्रतिष्ठान, / सामान्य चिकित्सा

मैं प्रभारी चिकित्सक MASTER ABHISHEK को उनके रोग के लिए प्रवेश जान और मेरे वार्ड की सामान्य जांच करने के लिए अधिकृत
I authorize the physician incharge of the care of my patient MASTER ABHISHEK to admit, examine and do general
investigation for my ward for him/her disease.

22/Dec/2021

हस्ताक्षर
Signature

रुबी

(रोगी/Patient)

या

Or

(निकटस्थ संबंधी)
Nearest relative

रोगी से संबंध

Relation to patient

रुबी

छुट्टी के लिये विमुक्ति का दायित्व AUTHORIZATION FOR DAMA/LAMA - DISCHARGE AGAINST MEDICAL ADVICE

प्रमाणित किया जाता है कि मैं MASTER ABHISHEK चाचा नेहरू बाल चिकित्सालय सरकारी अस्पताल, दिल्ली का रोगी, मेरा इलाज
करते डॉक्टर व चिकित्सालय प्रशासन के राय के विरुद्ध अस्पताल से छुट्टी ले रहा हूँ। मैं स्वीकार करता हूँ कि मुझे इस से संबंधित खतरों से
बतलाया गया है तथा मैं इसके द्वारा चिकित्सालय छुट्टी के कारण होने वाली किसी खराबी के लिये समस्त जिम्मेदारियों से अपना इलाज
कराने चिकित्सक व अस्पताल को मुक्त करता हूँ।

I wish to certify that I MASTER ABHISHEK a patient in Chacha Nehru Bal Chikitsalaya Govt. Hospital, Delhi am
discharged against the advice of the attending physician and of the hospital administration. I acknowledge that I have
been informed of the risk involved and hereby release the attending physician and the hospital from all responsibility for any
injury or illness which may result from discharge from the hospital.

रोगी से संबंध

Relation to patient

रोगी से संबंध

Relationship to Patient

22/Dec/2021

निजी सामान के बारे में वक्तव्य STATEMENT REGARDING PERSONAL EFFECTS

चाचा नेहरू बाल चिकित्सालय सरकारी अस्पताल, दिल्ली में भर्ती किया गया हूँ तथा मेरे पास मूल्यवान वस्तुएँ नहीं हैं
I have been admitted to Chacha Nehru Bal Chikitsalaya Govt. Hospital, Delhi, and have been kept no valuable items.

रोगी या जिम्मेदार व्यक्ति के हस्ताक्षर

Signature of patient or responsible
person

रोगी से संबंध

Relation to patient

रुबी

INITIAL ASSESSMENT FORM

Date: 22/12/21

Time: 11 AM

Chief complaints & Duration:

Klefo Seizure Disorder

- ① Abnormal movements on soft x 5 days.
- ② Altered sensorium x 5 days.
- ③ Headache x 5 days.

History of Present illness:

History obtained from: Mother Father Grand Parents Others _____

According to the mother, patient is a Klefo Seizure disorder → 1st episode occurred 4 months back → tonic movements of all four limbs associated w/ loss of consciousness → multiple seizures (each lasting 3 min) & recurrent seizures w/out regaining of consciousness for \leq patient was taken to Agra (pvt) → Alegade (Pvt) ~~was~~ continuously on & off S_2 → 15 days. Thereafter patient started having recurrent ~~falls~~ seizures on & off → assoc. loss of consciousness. Now patient has developed altered sensorium, & from last 5 days. Patient has also developed headache from last 5 days. No h/o M

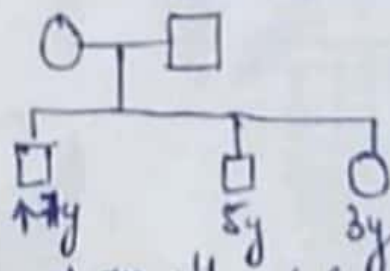
H/O Previous Hospitalization:



PAST HISTORY:

⊕ H/o recurrent falls on floor d/t seizure
? H/o Varicella → 1 1/2 years of age (24-36h)

FAMILY HISTORY:



NVD / Term / DCIAB

Cried after 2-3 min after succ this

BIRTH HISTORY:

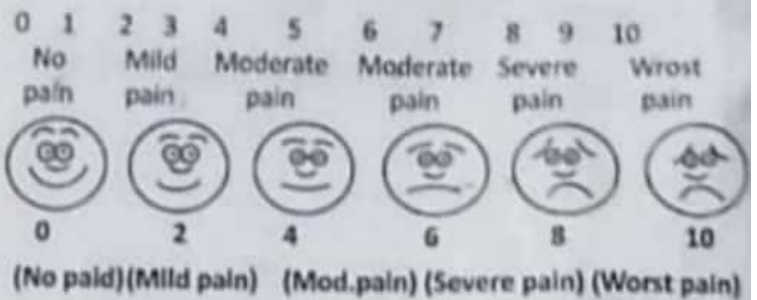
- ① H/o TB Contact in mother at 7 months of gestation during 1st Preg.
- ② No H/O TB Prophylaxis / TIT at birth / workup

(S/E): Systemic Examination :

- Central Nervous system:** *Altered Sensation. (E3 V2 M3) = 8/15*
 Higher Mental Function:
 Cranial Nerve Examination: *motor = Bulk = 1/2*
 Motor System Examination:
 Planters:
 Meningial Signs: *⊖ nt*
 Tone = ↑ in all 4 limbs
 DTR's = ↑/↑ (fast) in all 4 limbs
 Ankle = ↑/↑
 Reflex = Can't be assessed → $\frac{2/5/5}{3/5/5}$
 Sensory = Can't be assessed
- Respiratory System:**
 Inspection: *B/L A/E ⊕*
 Percussion:
 Auscultation: *No added sounds*
- Cardio Vascular System:**
 Inspection: *S1S2 ⊕*
 Palpation: *murmur ⊕*
 Auscultation:
- Per Abdomen Examination:**
 Liver: *soft, MD*
 Spleen: *NO organomegaly*
- Others:** *SS ⊕*

Pain Assessment:

Verbal Descriptor Scale



Wong-Baker
Facial Grimace
Scale

(Provisional Diagnosis)

With co morbidities/Complications:

- ① Pressure Disorder / Encephalopathy (7 V₂₀₀ / 40)
- ② ? Vanicella Encephalitis
- ③ ? TBM.

PLAN OF CARE:

- LAB/CBP - IV A+B Ceftriaxone
- KFT/SR - IV Valproate
- LFT - IV Levetiracetam
- BUS - Mannitol

Desired outcome/Goals

Resident Sign:

[Signature]
 Date: 22/12/21
 Time: 11 AM

Consultant Sign:

Date: Time:

Page

Investigation Sheet

CR. No.

CSF/Pus/Pleural/Ascitic Fluid

Date	02/12	28/11	20/12	10/11
Hgm Hb	13.1			
TLC	7.75			
DLC	26/16			
Platelets	239			
ESR				
PS Indices				
Retic count				
MP/RMA				
Widal				
KFT Urea	21	11		
Creatinine	0.28	0.26		
Uric acid	2.8			
ELECTROLYTES				
Na	132	132	137	134
K	4.6	3.02	3.38	3.18
Cl	99			
Calcium				
ionised				
CA (Total)				
Phosphate				
B.Sugar				
LFT Bil Total	0.40			
Direct Bil				
SGOT	41			
SGPT	57			
ALP				
Total Protein	7.4			
Albumin	4.4			
A:G				
PT				
APTT				
LIPID TG				
Cholesterol				
LDL				
HDL				
VLDL				
tool M/E				
ine R/E				
FE				

Date	03/12/21	
Fluid (Name)		
Gross		
M/E	TLC - Acellular.	
Glucose	60.	
Protein	43.	

Culture Sensitivity		
Date	Specimen	Organism & sensitivity
02/12	CRP =	1.3
		AFB neg

Serological Investigations		

Mantoux Test		
Date	Read after (24/48/72 Hrs.)	

DIETARY HISTORY:

Eats with family.

IMMUNIZATION:

(Please tick ✓ cells of doses given)

Partially
Imm upto
1 1/2 years

BCG					
DPT 1	DPT 2	DPT 3	MMR	DT	
OPV 1	OPV 2	OPV 3	DPT B	OPV	
HIB 1	HIB 2	HIB 3	OPV B		
Measles			Typhoid		

Any other vaccine: HEPATITIS A VACCINE, PCV, ROTAVIRUS VACCINE, Other: _____

DEVELOPMENT:

- A. GROSS MOTOR
- B. FINE MOTOR
- C. LANGUAGE
- D. SOCIAL

Developmentally (N) for age.

H/O DRUG ALLERGY (write drug name): Unknown

EXAMINATION:

General Physical Examination:

General Condition: Moderate

Vitals:

Temp: 36.5°C

HR: 70/min

RR: 20/min

Pallor: (-)

Lymphadenopathy (Y/N), if Yes which nodes (R) Submandibular

S/o Dehydration: (-)

S/o Vitamin Deficiency: (-)

Others: (-)

BP = 120/67 mmHg

Pulse: WF

Icterus: (-)

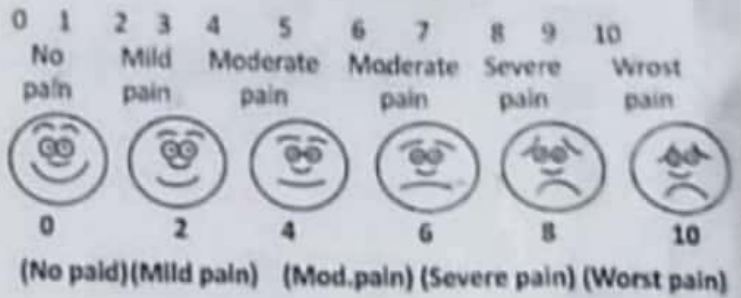
Cyanosis: (-)

(S/E): Systemic Examination :

- Central Nervous system:** Altered Sensation. (E₃ V₂ M₃) = 8/15
 Higher Mental Function:
 Cranial Nerve Examination: motor = Bulk = $\frac{1}{2} \frac{1}{2}$
 Motor System Examination:
 Planters:
 Meningial Signs: ⊖ nt
 Tone = ↑ in all 4 limbs
 DTR's = ↑ | ↑ (fast) in all 4 limbs
 Ankle = ↑ | ↑
 Power = can't be assessed → $\frac{3/5}{3/5} \frac{3/5}{3/5}$
Sensory = can't be assessed
- Respiratory System:**
 Inspection: B/L A/E ⊕
 Percussion: No added sounds
 Auscultation:
- Cardio Vascular System:**
 Inspection: L/S ⊕
 Palpation: murmur ⊕
 Auscultation:
- Per Abdomen Examination:**
 Liver: soft, ND
 Spleen: NO organomegaly
- Others:** BS ⊕

Pain Assessment:

Verbal Descriptor Scale



Wong-Baker Facial Grimace Scale

(Provisional Diagnosis)

- With co morbidities/Complications:
- ① Seizure Disorder / Encephalopathy (2 years)
 - ② ? Varicella Encephalitis
 - ③ ? TBM.

PLAN OF CARE:

- WBC/CRP - IV A+B Ceftriaxone
- KFT/SE - IV Valproate
- LFT - IV Levetiracetam
- B/S - Mannitol

Desired outcome/Goals

Resident Sign:

Date: 22/12/21 Time: 11 AM

Consultant Sign. Date: Time: Page