



CANCER CARE TRUST

Web.add : www.cancercaretrust.org

E.id : contact@cancercaretrust.org

PATIENT APPLICATION FORM

PATIENT'S DETAILS



NAME:	ANKIT KUMAR
FATHER NAME:	AMRENDRA KUMAR
DATE OF BIRTH / AGE:	2 YEARS
SEX:	MALE
ADDRESS:	SIMRA UCHITBHAN, AURANGABAD, SHIMRA, BIHAR-824301
DISEASE:	Retinoblastoma (Eye Cancer)
HOSPITAL DEPARTMENT TREATMENT	AIIMS MEDICAL ONCOLOGY Chemotherapy

For CANCER CARE TRUST

[Signature]
Authorized Signatory

[Signature]
Parent's Sign



आपातकालीन नं. (Emergency No): 2022/030/0019214

दिनांक DATE: 16/03/2022

समय TIME: 07:18:11 PM

NON-MLC

नाम NAME: MR. ANKIT KUMAR

आयु AGE: 2 years 11 months 14 days

लिंग/SEX: M

S/O: AMRENDRA MEHTA

पता ADDRESS:

मकान संख्या H.NO:

VILL- SIMRA, POST- MIRZAPUR

गली / मुहल्ला STREET/MOH: THANA- MALI

शहर/प्रखंड CITY/BLOCK:

DISTT- AURANGABAD

पिन PIN:

राज्य STATE:

BIHAR

दूरभाष सं. PHONE NO:

स्थान Location:

Paediatrics 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

Fuc RetinoBlastoma

Presenting Complaints

Referred from daycare i/v/o

@ can discharge x 1 day with persistent fever.

Primary Assessment (ABCDE): Assessment Pentagon

<p>Airway</p> <p>Open & stable: Yes/No If No.....</p> <p>Breathing: RR 19/min Efforts: Normal/Poor/increased</p> <p>Auscultation: Air entry: Normal/poor/Differential</p> <p>Added sounds: None/Stridor/Wheeze/Crackles</p> <p>SpO2 on Room air 97%</p> <p>wt = 10.06</p>	<p>Circulation</p> <p>HR 107/min</p> <p>CFT 2 secs.</p> <p>BP mmHg</p> <p>Peripheral pulse: Poor/Good</p> <p>Central pulse: Poor/Good</p> <p>Skin temp: Warm/cool</p> <p>Others</p>	<p>Disability</p> <p>GCS E4M6V5</p> <p>Pupil size 2mm/min</p> <p>Pupillary Reactions RTh</p> <p>Motor activity: Normal & Symmetrical/Asymmetrical/ Posturing/Flaccidity/Seizure</p> <p>Blood Sugar mg/dl</p> <p>Exposure: Temp..... Colour: Normal/pallor/cyanosis/mottled Any other skin lesions.....</p>
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Diagnosis

No clinical Bleeding; Imp: Febrile Neutropenia

F.1 $\left\{ \begin{array}{l} 3090 \\ N_{20\%} \end{array} \right\} < 5000$

ANC = 618

Advice:

1) Inj. PIPTAZ 1g IV q 8hrly

2) Inj. AMIKACIN 150mg IV OD

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

नाम Name Ankit kumar उम्र Age 2yr सर्विस Service दिनांक Date 16/3/22 यू.एच.आई.डी. नं. UHID No. 105603548
प्रोफेसर इंचार्ज Professor I/C Prof R. Sethi Notes written by Dr. muham.

CLINICAL NOTES

16/3/22

8pm • child Reviewed sent from day care for RDP transfusion.

- vitals stable.

- Ear dis charge (R) → for opinion.

(R) Ear → OM ⊕.

- Afebrile vitals today.

- 16/3/22 → blood 40 → pseudomonas.

7.1 $\frac{3090}{121}$ 3090

Plan:

→ Temfure RDP 40

→ ciprofloxacin
→ Ear drops

→ Give night dose of piptaz → 1g iv stat.

→ to be in day care tomo ~~contin~~ ~~after~~ 11 Am

Dr. muham. (DR)

PHYSICAL EXAMINATION

Temp. Pulse Resp. B.P. Weight

12/31/22
11:00 AM

CSB ENT Jn

Edm S/C done in (R) ear

Low



- Large central perforation
- pus filled, removed

Adv - Ciplox ear drop 2 drops TDS for in (R) ear

- Keep ear dry
- Review after 2 weeks

[Signature]

Cancer Care Trust

iii) To transfuse 4 unit RDP.

iv) Paeds Onco review. Informed

Chkr

16/3/22

US/B ENT Resident on call

Case of Retinoblastoma on chemotherapy.

40 ear discharge: 2 days - (Rt ear).
profuse in amount, sticky, non foul smelling.
NOT asso. e ear pain/tinnitus/vertigo.

h/o fever
(poor transpiration)
↓
? febrile
reaction

h/o ear discharge previously since childhood.

UE - Rt
billed &
discharge.

LE
normal (+)

ME - no mastoid/tragus
tenderness.

TM not visualised

- part visible
appears (N)

TFTs - not desirable.

Impression → Rt ear
COM active.
nasal.

Adv
① To come to me or (4116) for
EUM suctioning - Rt ear.
10:00am.

② Uplox EQ 2 drops TTT x 2 weeks
③ keep ear dry

Signature
D. Mathew



आपातकालीन विभाग



UHID No:105603548

(DEPT. OF EMERGENCY MEDICINE)

आपातकालीन नं.(Emergency No): 2022/030/0010592

दिनांक DATE: 12/02/2022

समय TIME: 01:15:35 PM

NON-MLC

नाम NAME: MR. ANKIT KUMAR

आयु AGE : 2 years 10 months 10 days

लिंग/SEX: M

S/O : AMRENDRA MEHTA

पता ADDRESS: मकान संख्या H.NO: VILL- SIMRA, POST- MIRZAPUR
 शहर/प्रखंड CITY/BLOCK: DISTT- AURANGABAD
 राज्य STATE: BIHAR

VILL- SIMRA, POST- MIRZAPUR
 DISTT- AURANGABAD
 BIHAR

गली / मुहल्ला STREET/MOH: THANA- MALI

पिन PIN:

दूरभाष सं. PHONE NO:

स्थान Location:

Criticality: Red / Yellow / Green

Paediatrics Emergency

द्वारा BROUGHT BY: Relative : FATHER

Triage: Responsive/ Unresponsive
 HR /min BP mmHg RR /min spO2 %
 Shifted to Paeds/ Main/ New Emergency

① group E IO RB

Presenting Complaints

last CT on 24/1/22 & 25/1/22
 % fever loose stool 1d

Primary Assessment (ABCDE) : Assessment Pentagon

Airway	Circulation	Disability
Open & stable: Yes/No If No.....	HR...77min CFT...secs.	GCS...15 Pupil size...mm
Breathing: RR 24/min Efforts: Normal/Poor/increased Auscultation: Air entry: Normal/poor/Differential	BP.....mmHg Peripheral pulse: Poor/Good Central pulse: Poor/Good	Pupillary Reactions...B&R
Added sounds: None/Stridor/Wheeze/Crackles	Skin temp: Warm/cool	Motor activity: Normal & Symmetrical/Asymmetrical/ Posturing/Flacidity/Seizure
SpO2 on Room air...100% wt = 10 kg	Others No %	Blood Sugar.....mg/dl
		Exposure: Temp... Colour: Normal/pallor/cyanosis/ mottled Any other skin lesions...None.

Diagnosis

? Fv AGE = No dehydration

CBC
 SERFT
 VBG

Adv :-

% Cannula

- bed oncology pt to review
- Rv = reports
- ORS 100 ml loose stool
- Syz 2w 5ml oo x 14 days

[Signature]



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



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

शरीरमाद्यं खलु धर्मसाधनम्

OPR-6

एकक/Unit _____

विभाग/Dept. _____

ब०रो०वि० पंजीकृत सं०/O.P.D. Regn. No. _____

Paediatric CL No: 20210030014144 UHID: 105603548 ANKIT 2Y7M11D	Paediatric Queue No: F19 Room: 14 JHID 105603548 05-02-2022	आयु Age	पता/Address
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निदान/Diagnosis

दिनांक/Date	उपचार/Treatment
<p>20 11.6 kg 05/02/22</p>	<p>Notes in Patient Note Book</p> <p><i>[Signature]</i> Dr. Reddy</p>



CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया 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)



meraaspatal.nhp.gov.in

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI-110029

नाम Name	उम्र Age	लिंग Sex	वैवाहिक स्थिति Marital Status	यू.एच.आई.डी. नं. UHID No.
Ankit	24	M		10 550 354
सेवा Service	वार्ड Ward	बेड Bed	व्यवसाय Occupation	धर्म Religion

ALL INJECTIONS TO BE INITIALED BY PERSON ADMINISTERING

Date & Time	Medication & Treatment	Diet	Observation by the Nurse
6am 6am 6am	14/3/22 inj: Riptaz 1gm IV TDS inj: Amikacin 150mg IV OD inj: PCM 150mg IV SOS		6am Patient conscious GC - Gain vitals stable voiding self

Cancer Care Trust



आपातकालीन विभाग

(DEPT. OF EMERGENCY MEDICINE)

56



UHID No:105603548

आपातकालीन नं.(Emergency No): 2022/030/0018235

दिनांक DATE: 13/03/2022

समय TIME: 09:16:33 AM

NON-MLC

नाम NAME: MR. ANKIT KUMAR

आयु AGE : 2 years 11 months 11 days

लिंग/SEX : M

S/O : AMRENDRA MEHTA

पता ADDRESS: मकान संख्या H.NO: VILL- SIMRA, POST- MIRZAPUR गली / मुहल्ला STREET/MOH: THANA- MALI
 शहर/प्रखंड CITY/BLOCK: DISTT- AURANGABAD पिन PIN:
 राज्य STATE: BIHAR दूरभाष सं. PHONE NO:

द्वारा BROUGHT BY: Relative : FATHER

स्थान Location: Paediatrics Emergency
 Criticality: Red / Yellow / Green

Triage: Responsive/ Unresponsive HR /min BP mmHg RR /min SpO2 %
 Shifted to Paeds/ Main/ New Emergency

Presenting Complaints

(L) Gp. E. TORB
 (R) WNL
 Now came for PRBC transfusion
 I called from day case.
 No low fever at present.

Primary Assessment (ABCDE) : Assessment Pentagon

<p>Airway Open & stable: Yes/No If No..... Breathing: RR 24/min Efforts: Normal/Poor/increased Auscultation: Air entry: Normal/poor/Differential Added sounds: None/Stridor/Wheeze/Crackles SpO2 on Room air 99% wt = 10 kg</p>	<p>Circulation HR 70/min CFT.....secs BP 104/73 mmHg Peripheral pulse: Poor/Good Central pulse: Poor/Good Skin temp: Warm/cool Others</p>	<p>Disability GCS 15/15 Pupil size 3mm/min Pupillary Reactions: ERIL Motor activity: Normal & Symmetrical/Asymmetrical/ Posturing/Flaccidity/Seizure Blood Sugar.....mg/dl Exposure: Temp..... Colour: Normal/pallor/cyanosis /mottled Any other skin lesions.....</p>
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Diagnosis ANC 130

(L) Gp. E. TORB ⊕
 (R) WNL

① PRBC: 10ml iv over 4 hours

Adv
 CBC

- PRBC, HCT, Hb

Ay Required 8pm
 10mg iv stat

② 40 RDP

③ Dr Debasath Informed e 10:55 am

11/3/22
3am

Child was sent home after PRBC & ROP
transfusion, however came back to ER

40 feces
loose stool - 2 episodes
watery
no blood/mucus in stool

No h/o pain abdomen.
One episode of vomiting

O/E: Vitals

HR = 140 / min

RR = 28 / min

BP = 96 / 55 mm of Hg.

CRT = 2 sec

Temp = 102.5 F

P/A - soft, nontender

BS @

Advice

1. IV piptaz 1 gm IV q 8 hly

2. IV Amikacin 150 mg IV q 24 hly

3. Hs VBG, blood q.s

4. USG abdomen

5. IVF N/2 St-D 250 ml 6 hly

6. IV Emset 2 mg IV stat

7. IV Pantoprazole 10 mg IV stat

8. IV PCM 150 mg IV stat → SOS.

9. feeds once review

Swath
/R

विकिरण नैदानिक विभाग
अ० भा० आ० सं०, नई दिल्ली-११००२६
DEPARTMENT OF RADIODIAGNOSIS
A.I.I.M.S., NEW DELHI - 110029

PLAIN X-RAY/CONTRAST STUDIES REQUISITION FORM

Name : Ankit Age/Sex : 22/M Ref. Deptt./Unit : ER Date : 14/3/22

Indoor (Bed No.) / Outdoor / Casualty UHID No. : LMP :

105603548

Examination Required :

Clinical History and Examination :

40 Retinoblastoma
40 fever
loss stool 1 x id

Clinical / Working Diagnosis :

Blood Urea / S. Creatinine :
Any h / o allergy or asthma :
(for IVU patients only) :

? NEC
kindly do usg abdomen

Signature of Referring Physician / Date :

[Signature]
SK

Consent :

I hereby give consent for the performance of any diagnostic or therapeutic radiological procedure with or without the use of contrast injection and / or sedation. The associated complications and risks have been explained to me.

Signature of Patient / Date :

Your appointment is on : _____ Room No. : _____

Time Slot : 8:30 9:00 9:30 10:00 10:30 11:00 11:30 12:00 12:30

X- Ray No. : _____ Size / No. of Films _____

Date : _____ Kvp/mAS: _____

Sign. of Radiographer :

P.T.O.

13/3/22

USA v/A

NSC n-9705

Liver - 9.0 cm. (enlarged).

Spleen - 6.8 cm

R/L Kidney - ⊖

Pancreas - obscured.

Report: GB - ⊖

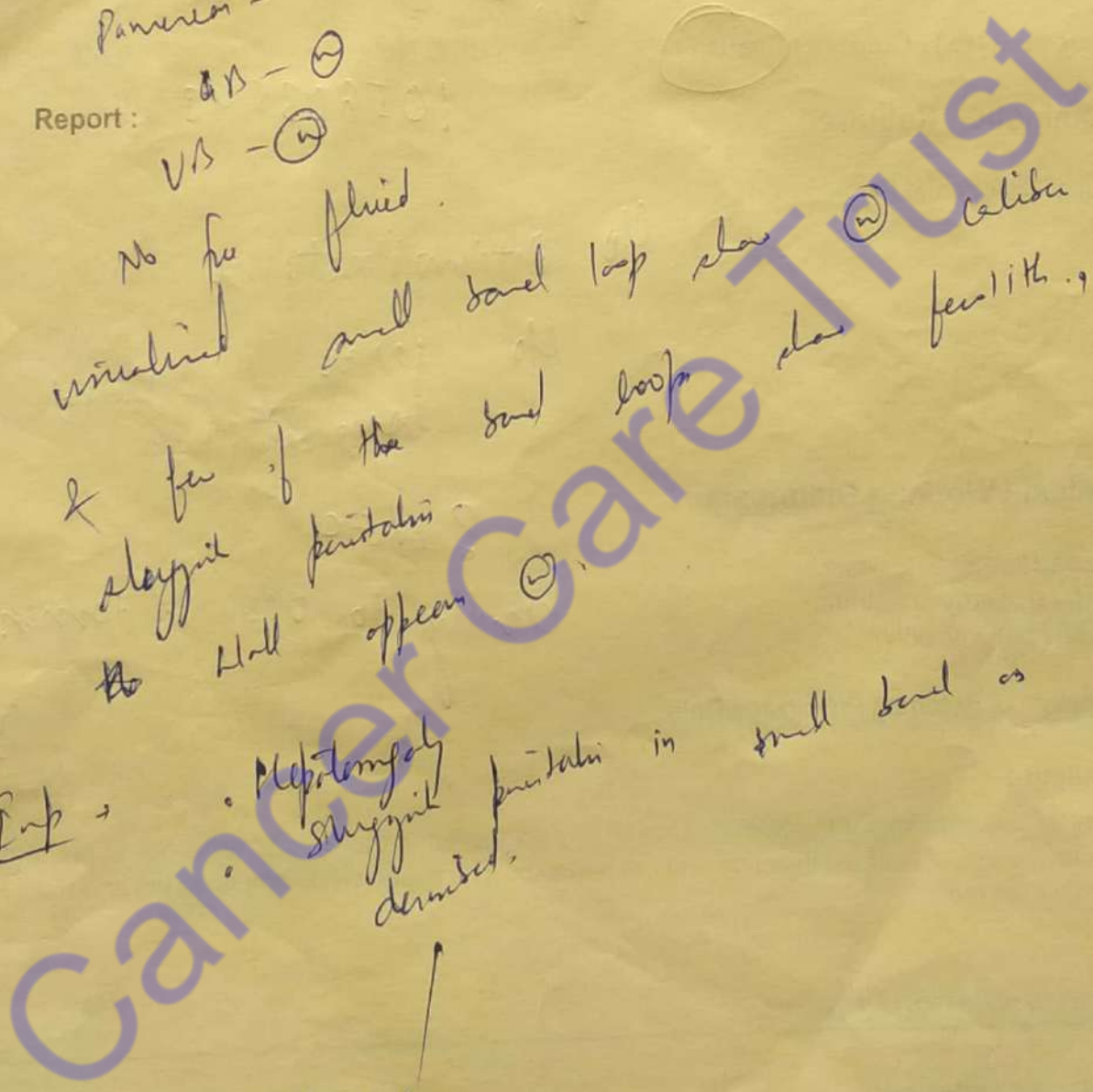
US - ⊕

No free fluid.
unobscured small bowel loop seen ⊕ caliber
& few of the small loops seen ⊕ fecaliths.
slightly peristalsis
No gall stones ⊕

Imp - Hepatomegaly
slightly peristalsis in small bowel as
detected.

Sign. of Radiologist / Date :

mls
SR



ANKIDS Please arrange.

12/12/21
Dr. ASMA S. T...
Senior Resident
Department of Pediatrics
AIIMS, New Delhi-110029

Inj PEG-GCSF 1.1mg SC stat (D3)

CBC on 18/12/21
24/12/21
23/12/21
7339001260

Ankit
6206099532.

Meeraj

Cancer Care Trust

12/21

Inj Dexam 2mg, Inj Emeset 2mg

Inj VCR 0.7mg 10 push

Inj Coscoplate 300mg IV infusion in 200ml NS over 1H

Inj Etoposide 130mg 10 in 300ml NS 10 over 2hr

* 13/12/21

Signature

13/12/21

Inj Dexam 2mg / IV stat
Inj Emeset 2mg / IV stat

Inj Etoposide 130mg / 300 ml NS
10 over 2h

* 13/12/21

Asmesn

ANKIDS Please arrange

Signature

21/1/22

1. Collect BM biopsy report (1085)
2. RT registration. Free
3. RPC review

1/1
10.5
NS6L36
11,270
S. Sath.

RFT/LFT - Not done.

CSF | Neg
BMA |

To do RFT/LFT. - 23/1/22

Inj Emeset 2mg IV

Inj Dexa 2mg IV

~~Inj VCR 0.3mg IV~~ ✓

Inj Carboplatin 280mg in 100ml
over 1hr ✓

~~Inj Etoposide 120mg in 200ml NS
over 2hr~~ ✓
A, B

Inj GSF 50mg SC OD

28/1	29/1	30/1	31/1	1/2	2/2	3/2
<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>

CBC

CBC

CBC

→ 733900126

9.8 / 6995 / 26th
 N 69L26

[Signature]

24/1/22

Day 1 chemo
at 2pm.

Symp ement
 Sml = 2mg, Sml
 PO Ghely *[Signature]*

25/1/22

Inj fupride 120mg in 20ml NS
 on Mon
[Signature]

~~14/2/22~~

3/2/22

Kindly administer G-CSF at 9am today

increp
in

05/02/22

• CBC = (N) →

9.8m $\left\{ \begin{array}{l} 5,9,20 \\ 1560 \end{array} \right.$ $\left\{ \begin{array}{l} 102 \text{ lakh} \end{array} \right.$

o/o

Next chemo (cycle 4) due date on 14/02/22

↓

visit OPD on 12/02/22

LFT/KFT

Fahf
JR Peds.

2/2/22

① 10 RD - Group 2

Post enucleation - Received 10 SOCEV → 2 @ 40 CEV.

↓
next cycle due on 14/02/22

→ $\frac{13170}{\text{ANC: } 8810}$ $\leftarrow 275 \times 10^3$

Plan

To report to US day care on 12/2/22 for chemo.

WBC: 6 | 0.18

a/PO4: 9.8 | 2.5

TSSB: 0.1

T/PT/ALP: 43 | 24 | 334

TP/A: 6.2 | 4.1


JR

14/2/22

mg emeset 2 mg IV stat.

mg dexam 2 mg IV stat.

mg VCR 0.3 mg IV slow push.

mg Carboplatin 280 mg / 100 ml NS IV over 1 hr.

mg Etoposide 120 mg / 300 ml NS IV over 2 hrs.

Tab emeset 4 mg → 1/2 tab TDS.

Tab dexam 4 mg - 1/2 tab BDD.

Tab Lammol FR - 15 mg 1 tab OD

} 3 days

15/2

• Diji Emmet 2mg qd stat

• Diji Dexa 2mg qd stat

~~8mg ppa~~ Diji Etoposide ~~120mg~~ 120mg p. 30mg
over 2h

Post Chemo

• P. Emmet (4mg) 1/2 tab TDS

• P. Dexa (4mg) 1/2 tab BID

• P. IV Lanzole (15mg) 1 tab OD

Get O.R.P. date for 30/2/22.

E CBC / LFT / RFT

Inj PEG. GCSF 1.1 mg SC

CBC on

20/2/22

22/2/22

24/2/22.

7339001260