CANCER CARE TRUST

Web.add : www.cancercaretrust.org
E.id : contact@cancercaretrust.org
Contact No. : 011-65881004

PATIENT APPLICATION FORM

PATIENT'S DETAILS

NAME:	HEMA KUMARI
FATHER NAME/OCCUPATION:	HORIL DAS / LABOUR
DATE OF BIRTH / AGE:	9 YEAR
SEX:	FEMALE
ADDRESS:	SONIPAT, HARYANA
DISEASE:	BRAIN TUMOR
HOSPITAL DOCTOR DEPARTMENT	**AIIMS** **DR. DATTARAJ SAWARKAR** **NEUROLOGY**

For CANCER CARE TRUST
Gaurav
Authorised Signatory
Authorized Sign

होरील
Parent's Sign

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हृदय वक्ष एवं तंत्रिका विज्ञान केन्द्र
ब० रो० वि०
अ० भा० आ० सं०, नई दिल्ली-110029
Cardiothoracic & Neurosciences Centre, O.P.D.
A.I.I.M.S., New Delhi-110029

दिनांक/Date

विभाग
Deptt.

ब०रो०वि०सं०
O.P.D. No.

NS 2020/017/0003835
UHID: 105222403
Date 25/09/2020 TUE,FRI
Name HEMA KUMARI
D/O HORIL DAS
Phone No. 9835281725
Consultant Room 17
SR Room:
Registration Time: 8.30 AM - 10.30 AM

Neuro Surgery-II
Neuro Surgery
Slip
9Y 11D /Female
Dr.DATTARAJ SAWARKAR

? craniopharyngioma

C/C: ~~Hed~~ Headache ∝ 1 month
Deterioration of vision ∝ 2 weeks.

PL negative

Adv
- T. Eptoin 100mg HS
- CEMRI Brain
- Hormone Profile
T3/T4/TSH, LH/FSH/ACTH
GH/Cortisol/Prolactin -(10)

Rohe

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अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI -110029

आपातकालीन विभाग

(DEPT. OF EMERGENCY MEDICINE)

129

UHID No:105222403

आपातकालीन नं.(Emergency No): 2020/030/0067486 दिनांक DATE: 14/09/2020 समय TIME: 10:19:07 AM

NON-MLC

नाम NAME: MISS. HEMA KUMARI आयु AGE : 9 years लिंग /SEX : F

D/O : HORIL DAS

पता ADDRESS: मकान संख्या H.NO: VILL- JAKHOLI गली / मुहल्ला STREET/MOH:

शहर/प्रखड CITY/BLOCK: SONIPAT पिन PIN:

राज्य STATE: HARYANA दूरभाष सं. PHONE NO:

मोबाइल MOBILE NO: 9835281725 स्थान Location: Paediatrics Emergency

द्वारा BROUGHT BY: Relative : SUNIL Criticality: Red / Yellow / Green

Triage: Responsive/ Unresponsive HR /min BP mmHg RR /min spO2 %

Shifted to Paeds/ Main/ New Emergency

Presenting Complaints

c/o a) Headache:- 1½ months - frontal headache

b) vomiting - 1½ months, projectile, nonbilious.

c) loss of vision - 1 week.

d) Medical complaint - 1 year.

Outside investigation:- Suprasellar mass lesion, likely craniopharyngioma c̄ max effect c̄ hydrocephalus.

Primary Assessment (ABCDE) : Assessment Pentagon

Airway	Circulation	Disability
Open & stable : Yes/No If No.....	HR 102 /min CFT <2 secs. BP 110/60 mmHg	GCS 15/15 Pupil size...../min Pupillary Reactions: B/L dilated
Breathing: RR 20 /min **Efforts**: Normal/Poor/increased **Auscultation**: Air entry: Normal/poor/Differential Added sounds: None/Stridor/Wheeze/Crackles SpO2 on Room air 99%	Peripheral pulse: Poor/Good Central pulse: Poor/Good Skin temp: Warm/cool Others	**Motor activity**: Normal & Symmetrical/Asymetrical/ Posturing/Flacidity/Seizure Blood Sugar.....mg/dl **Exposure**: Temp. afebrile Colour: Normal/pallor/cyanosis /mottled Any other skin lesions.....

16kg

Diagnosis Craniopharyngioma c̄ Hydrocephalus c̄ ~~raised~~ ICP ?

Adv

a) Inj 3% NaCl @ 8ml/h.

b) Inj Emeset 4mg iv stat.

OBC

VBG.

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एम. आर. – ३ जनरल हिस्टरी
M.R.-3 General History

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

नाम Name: NEMA | उम्र Age: 9F | सर्विस Service: | दिनांक Date: 14/9/20 | यू.एच.आई.डी. नं. UHID No.:

प्रोफेसर इंचार्ज Professor I/C: | Notes written by.....

CLINICAL NOTES

14/9/20

CL/B for NeuroSx

- c/o headache for 1 & ½ months
- vomiting ~~for~~ 3 to 4 episodes today.
- complains of progressive dimmesion of vision for 20 days

O/E - GCS - E4 V5 M6
P — 68/min
BP — 110/60

CECT HEAD → 7/9/2020 — S/o 3.9 x 3.6 x 2.6 cm sellar suprasellar mass suggestive of craniopharyngioma.
- c̄ Hydrocephalus.

Advice To be REVIEWED c̄ CONSULTANT OPINION
- INJ PAN 20 mg OD
- INJ PCM 10mg/kg/dose TDS
- INJ EPTOIN 20mg/kg LOAD f/b 5mg/kg TDS (Divided ans)
- IV FLUIDS ½ NS @ 30ml/kg

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PHYSICAL EXAMINATION

Temp.	Pulse	Resp	B.P.	Weight

3pm

~~Pallor~~ 3:40pm

Inj Epstein 320mg in 50ml NS over 20 mins

f/b

50 mg in 20ml NS over 10 mins Q 12hrly

change fluid to DNS | IGN

14/09/20 CB/B for Neros clow for KP

- Pt to follow up in Neros OPD.
- Pt to be planned for surgery on OPD basis

Advice

(1) T. Pantoprazole (40mg) ½ OD x 5 days

(2) T. Sucrat (4mg) 1 tab SOS

(3) Syp. Codein (5mg/250mg) 5ml SOS

(4) Review in CNC – Neros OPD

IGNAN
SR

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EMERGENCY MEDICINE
AIIMS

Report Printout

Validated

7:51		Sample ID AUTO_SID39	Collection Date
		Department	
nts			Physician.
ID			
22403		Patient Name HEMA KUMARI	First Name
te of Birth		Age 9 Y	Gender Female
Comments			
Operator	Technician		

RBC	5.08	$10^6/mm^3$	
HGB	13.5	g/dL	
HCT	41.6	%	
MCV	82	μm^3	
MCH	26.6	pg	
MCHC	32.4	g/dL	
RDWcv	14.0	%	
RDWsd	41	μm^3	
PLT	194	$10^3/mm^3$	
MPV	9.6	μm^3	

Flags and Alarms

Analyzer Alarms
LMNE+

Remarks
RBC of the Run 14/09/2020 12:17:49
WBC of the Run 14/09/2020 12:17:49
PLT of the Run 14/09/2020 12:17:49
DIFF of the Run 14/09/2020 12:17:49

WBC	8.0		$10^3/mm^3$	
	%		#	
NEU	69.2	H	5.52	
LYM	17.9		1.43	
MON	6.8		0.54	
EOS	5.4		0.43	
BAS	0.7		0.06	
ALY	1.7		0.14	
LIC	3.0		0.23	

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C.N CENTERE

DEPARTMENT OF LABORATORY MEDICINE

नैदानिक रसायनिक

CLINICAL CHEMISTRY

अखिल भारतीय आयुर्विज्ञान संथान,अंसारी नगर, नई दिल्ली.११००२३

All India Institute of Medical Sciences, Ansari Nagar, New.Delhi-110029

रक्त रसायन / **BLOOD CHEMISTRY**

नाम /NAME Hema Kumari आयु / Age 9 yr लिंग / Sex F

REGD. No. 105222403 OPD / WARD UNIT NSU II BED No

Date

Diagnosis & Clinical Note T3, T4, TSH; LH, FSH; ACTH; GH; Cortisol; PRL

Signature

Name of Medical Officer

Time of Specemen Collection

Time of Receiving Specimen

For Lab. Use Only
Lab Ref. No.

INCOMEPLETE FORM WILL NOT BE ACCEPTED

Patient to Report Fasting

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