CAUSELESS HAPPINESS ORGANISATION-REGISTRATION FORM

SPONSERSHIP FORM FOR FINANCIAL ASSISTANCE FOR MEDICAL TREATMENT

PATIENT REG NO : CHO/585/ **DATE : 20/01/2024**

BENEFICIARY DEMOGRAPHY

PATIENT'S NAME : GOVIND KUMAR

AGE:11 YEAR

RELIGION : HINDU

GENDER :MALE ☐ FEMALE ☐ TRANSGENDER ☐

PATIENT'S FAMILY DETAIL (IN MIN 30 WORDS)

Master Govind Kumar is suffering with blood cancer disease (Acute lymphoblastic leukemia) and His treatment is going on SAFDARJANG HOSPITAL. Master Govind's father is currently working as labour and hardly earns bread for his family. They are in very miserable situation currently, kindly help child for his chemotherapy and surgery treatment.

GUARDIAN 'S DETAIL :

FATHER'S NAME: MR PRAMOD PRASAD MOTHER'S NAME : MRS. RABITA DEVI

OCCUPATION: LABOUR OCCUPATION : HOUSEWIFE

SIBLING : BROTHER ☐ SISTER ☐ TRANSGENDER ☐

FAMILY INCOME: NA

TREATMENT DETAILS:

PATIENT SUFFERING FROM : BLOOD CANCER(Acute lymphoblastic leukemia)

TREATMENT PRESCRIBED : CHEMOTHERAPY AND RADIATION

APPROXIMATE EXPENSE FOR WHICH FINANCIAL ASSISTANCE REQUIRED: 1,80.000

TREATMENT IS DONE AT : Safdarjang Hospital, New Delhi

DECLARATION:

I HEREBY DECLARE THAT THE INFORMATION GIVEN ABOVE IS TRUE AND TO THE BEST OF MY KNOWLEDGE.I AM NOT IN THE FINANCIAL POSTION TO ARRANGE FUNDS REQUIRED FOR THE TREATMENT OF MY CHILD.I AM FULLY AWARE OF THE FACT THE ORGANISATION WILL BE RAISING FUND FOR THE TREATMENT OF MY CHILD AND I HAVE NO OBJECTION WITH IT.

(SIGN OF THE FATHER/GUARDIAN)

सेवा में,

श्रीमान दृष्टि महोदय
कास्टलेस हैप्पीनेस आर्गनाइजेशन

सहोदय,

सविनय निवेदन इस प्रकार है कि मेरा नाम प्रमोद प्रसाद है और मैं लेबर का काम करता हूँ, मेरी मासिक आय 6000 से 7000 तक है, मेरे बेटे का नाम गोविंद कुमार है और उसकी उम्र 11 साल है उसको ब्लड कैंसर है मेरे बेटे का इलाज सफदरजंग हॉस्पिटल में चल रहा है, डॉक्टर ने बच्चे के इलाज के लिए 1,80000 रू० की जरूरत बताई है जिसके लिए मैं असमर्थ हूँ मेरे बेटे की तबियत बहुत खराब है. इसलिए मेरा निवेदन है कि मेरे बेटे के इलाज के लिए आर्थिक सहायता प्रदान करने की कृपा कीजिए।

मैं इस संस्था का सदैव आभारी रहूँगा,

धन्यवाद
प्रमोद प्रसाद
पता - बिहार, जिला- शिवान

प्रमोद

वर्धमान महावीर मेडिकल कॉलेज एवं सफदरजंग अस् पताल,
नईदिल्ली110029-

Vardhman Mahavir Medical College & Safdarjung Hospital,
New Delhi–110029

बाल रोग विभाग

Department of Paediatrics
Division of Paediatrics Haematology & Oncology

DISCHARGE SUMMARY

Name	Govind	**Date of admission**	12/01/2024
Age/Gender	11yrs / M	**Date of discharge**	16/01/2024
MRD no.	2024543	**Hematology no**	
Weight	23.4 Kg	**BSA**	0.95 m^2
DIAGNOSIS	B Cell ALL (HR) — Interim Maintainance		

PRESENTING COMPLAINT ADMITTED

Pt come for Chemotherapy (High Dose Methotrexate)

Pt is a K/C/O B cell ALL on Interim maintance. Pt has come for High Dose methotrexate. when pt come Alkaline hyperhydration was done. After confirming Urinary PH>7 Inj. methotrexate was given. First test dose was given f/b Inj. Metho trexte infusion. Inj Leucoverin was given @ 42, 48 & 54 hrs of Inj methotrexte. Betadine Gargle/ Candid Mouth Paint / Sitz Bath / Leucoverin gargle was started. Pt was given Intrathecal methotrexate on 14/1/24 + all ASP & + vital monitoring. Pt was transfused 2 1.0 ~~Rcvta~~ PC i/v/o ↓ Hb. N/o there is no signs of mucocytis. Child is accepting orally well. Child is vitally & hemodynamically stable now & is planned to discharge

HB	
TLC	
ANC	
PLT	
BIL	
SGOT	
PCT	

~~ADVICE~~:

CBC

12/1 10.6 / 5550 / 3050 / 331K

14/1 CBC → 7.3 / 7110 / 5880 / 158 K

LKS → Na/K ~ 129/4.2

सत्यमेव जयते

वर्धमान महावीर मेडिकल कॉलेज एवं सफदरजंग अस्पताल, नई दिल्ली110029-

Vardhman Mahavir Medical College & Safdarjung Hospital, New Delhi–110029

बाल रोग विभाग

Department of Paediatrics

Division of Paediatrics Haematology & Oncology

U1W21

DISCHARGE SUMMARY

Name	Govind	Date of admission	3/10/2023
Age/Gender	11Y/Male	Date of discharge	11/10/2023
MRD no.	135700	Hematology no	
Weight	23 kg	BSA	0.94 m^2
DIAGNOSIS	BCR-ABL⊕, B-all ALL on consolidation		

PRESENTING COMPLAINT ADMITTED	Come for chemotherapy C/o fever ⊕ – 101°F (before chemotherapy)

Pt came with above mentioned complain for that he was admited to W21. & we started Antipyretix & Antibiotics to prevent infection. Pt also received BT(PCRBC) for low Hb. pt's all fever c/s came -ve. Now from >24 hrs pt is afebrile taking orally, Hemodynamically & vitaly stable.

Child recieved. Inj Piptaz × 4days.
Inj Vanco × 5 days
Inj L-AmphoB × 8days

PP- Palpable
SpO_2 – 98% ↓RA
RR – 23/min
HR – 90/min
RS – B/L AE⊕, Equal, Clear
CVS – S_1S_2⊕ M0
P/A – Soft NT CNS-Cons. oriented

	3/10	4/10	7/10	9/10	11/10	
HB	8.2	6.8	10.8	10.5	10.4	
TLC	5040	9620	2990	3230	2960	
ANC	4133	3920	1990	1780	1680	
PLT	58K	58K	97K	172K	370	
BIL						
SGOT						
PCT			0.18			

ADVICE:

(1) Orally allowed Neutropenic diet as adviced ĉ High PDiet
(2) Tab ~~Pentop~~ Lanzol 30mg ½ tab × PO × OD BBF
(3) Tab ~~OFLOX~~ Cepodoxime 200mg × ½ Tab × BD. × 7 days.
(4) Tab ~~FLUCON~~ Voriconazole 150mg × ½ Tab × PO × BD
(5) Tab Septran (160/800) × ½ tab BD on sat/sunday
(6) W/H T. 6MP Till 23/10/2023
(7) Tab. Dasatinib 50mg × 1 Tab OD
– Dengue Danger sign explained

Other Investigation ⇒
(1) Fever c/o ⇒ Negative
(2) Blood c/s – No growth
(3) Urine c/s – No growth
(4) CRP – >0.6mg/dl (Positive) C5(10/2023)
(5) Blood fungal c/s – No growth

Dr. Nisha Swami
PG Resident
Department of Paediatrics

Annexure - J

सफदरजंग अस्पताल, नई दिल्ली
SAFDARJUNG HOSPITAL, NEW DELHI
रक्त कोष विभाग
BLOOD TRANSFUSION DEPARTMENT
रक्त निर्गमन फार्म / प्रतिक्रिया फार्म
BLOOD ISSUE FORM / REACTION FORM

Please counter check the details on bag/form with patient's details before transfusion

Blood Type: WB | PRBC | PRP | FFP | SDAP

Issued Sl. No.....

जारीकर्ता Issued By.....L..... दिनांक Date 29/12 समय Time 1935 रक्त वर्ग Blood Group ABf इकाइयों की संख्या No. of units 1

Blood Bag Nos. यूनि 40652

मरीज का नाम **Patient's Name:** Govind रक्त वर्ग **Blood Group:** ABf वार्ड **Ward** 21 शय्या **Bed**..... **MRD** 179210

Blood Transfusion Notes

1. Time of starting Transfusion.....Time of Stopping / completion.....
2. Any reactions observed? (Yes / No). **Specify:** .....
3. When did you Notice? .....
4. What Measures were taken to counteract them? & any other relevant comments.

Unit Head: .....

Transfusion Done By **(Full Name of Doctor with Sign & Stamp)**

Instructions

1. Once issued, blood should be used immediately, never store even in ward refrigerator.
2. The blood bank will take it back only if it is returned within 30 minutes of issue.
3. When returning, please fill up the reaction form & give the reasons for returning the blood.
4. In case of serious reaction, the entire blood bag with the given IV Set & needle should be sent with 2ml of Post transfusion Patient's blood sample in EDTA/Plain vial.

अनुदेश

1. एक बार जारी करने के बाद, रक्त को तुरंत इस्तेमाल किया जाना चाहिए, कभी भी वार्ड रेफ्रिजरेटर में भी संग्रहित नहीं किया जाना चाहिए।
2. ब्लड बैंक इसे तभी वापस लेगा, जब इसे इश्यू के 30 मिनट के भीतर लौटा दिया जाएगा।
3. लौटाते समय, कृपया प्रतिक्रिया फॉर्म भरें और रक्त वापस करने के लिए कारण दें।
4. गंभीर प्रतिक्रिया के मामले में, दिए गए शिराभ्यंतर सेट और सुई के साथ, पूरे रक्त बैग को, रोगी के आधान के बाद के रक्त के 2 मिलीलीटर नमूने को (EDTA / सादा शीशी में) के साथ भेजा जाना चाहिए।

wt = 22.9 kgs

BSA = 0.94 m²

Treatment Given / Course in the Hospital:

- Inj. Intrathecal Methotrexate 12 mg stat
- IVF D5NS + 1:100 kcl 350 ml over 3 hrs
  ↓ Hb
- Inj. Cyclophosphamide 940 mg in 200 ml NS over 2 hrs.
- Inj. Mesna 156 mg @ 0, 3, & 6 hrs;
  Premedicate – Inj. Pantop 15 mg IV stat
  – Inj. Emset 2 mg i/v stat
- T. 6MP (50 mg) 1 tab OD
- Inj. Cytarabine 70 mg S.C. stat

Patient Condition on Discharge Stable

Advice on Discharge
(Medication, Other Instruction) Neutropenic diet/Sitz bath/ betadine gargles x TDS
Candid mouth paint x LA x TDS

- T. Lanzol 30 mg ½ tab OD BBF
- T. voriconazole 200 mg ½ tab BD
- T. Septran (160/800) ½ tab BD X Sat/Sun
- T. oflox 200 mg ½ tab BD
- T. Dasatinib 50 mg 1 tab OD
- T. 6MP (50 mg) 1 tab OD
- Danger sign explained
- F/u ER-II SOS

In case of following conditions kindly contact at Phone No./Room / Hall / NEB No. _____

Follow Up in OPD Room No. Day Care On Date 27/10/23 with new OPD SLIP

I _____ (Patient / Guardian) has received the discharge summary

27/10/23 11 AM

Signature Name, Date & Time (Patient / Guardian)

Signature of PG Name, Date & Time

Signature of SR/Faculty Name, Date & Time

वर्धमान महावीर मेडिकल कॉलेज एवं सफ़दरजंग अस्पताल
VARDHMAN MAHAVIR MEDICAL COLLEGE & SAFDARJUNG HOSPITAL
नई दिल्ली –110029
NEW DELHI – 110 029

Name-	Govind	Date of admission	02/10/23
Age/ Gender	11yr/M.	Date of Discharge	02/10/23
MRD no.	135291	Hematology no.	
Weight		BSA	0.94m²
Diagnosis	B-cell ALL		

Presenting complaint-- Admitted pt came for chemo

Clinical Examn → PR - 96/min
RR - 24/Min
SPO2 - 98%
PP - Palpable

Treatment History :-

HB	9.1
TLC	3430
ANC	2000
Plt	52k
Bil	
SGOT	
pct	

℞
- Inj - Cytarabine 70 mg sc stat

Advice: Neutropenic diet advice

① T. ~~Cefpodoxime 200mg ½ tab BD~~ Tab ofloxacin 200mg ½ tab BD
T. Septran 160/800 ½ tab BD < Sat Sun
~~Advice:-~~ Tab Fluconazole 150mg 1 tab OD
T. GMP 50mg — 1 – 1 – 1 – 1 – 1
D1 D2 D3 D4 D5
T. Dasatinib 50mg - 50mg 1 tab OD
~~T. Voriconazole 200mg ½ tab BD~~

R/V ERII SOS / Danger sign explained
R/v on 03/10/23 for Cytarabine

वर्धमान महावीर मेडीकल कॉलेज एवं सफ़दरजंग अस्पताल
VARDHMAN MAHAVIR MEDICAL COLLEGE & SAFDARJUNG HOSPITAL
नई दिल्ली / NEW DELHI–110029

DISCHARGE SUMMARY

Name of Patient : Govind Age / Sex : 10yr / M UHID :
IP No. : 152945 Emergency/Department/Unit :
Date of Admission : 3/11/23 Time of Admission :
Date of Discharge : 3/11/23 Time of Discharge :
DIAGNOSIS : B-cell ALL (HR) Consolidation

PRESENTING COMPLAINTS:

pt came for chemo

ON EXAMINATION:

PR = 98/min
RR = 22/min
SPO2 = 98.1
PP/PV = +/+

INVESTIGATIONS:

9.3 / 4870 / 36k / 2930

Tb:l = 0.8 mg/dl
SGOT = 32
SGPT = 28
ALP = 87

Procedure (If Any)

UHID:20231003718 | DEO Name: Mr. RAJIV KUMAR
TOKEN NO : 34

DATE 07-12-2023 10:49:17 AM | General

MASTER. GOVIND | Department : NEB CASUALTY-SJH

Age 11Y (Male)
S/O PRAMOD PRAKASH
Mobile No : *******148
Address: HATORA Siwan, BIHAR, INDIA

CASUALTY AND EMERGENCY HALL 2
PAED EMG Paediatrics HALL 2

NON MLC

(30)

जं०अ० I/S.J.H.-I (ER-2)

क्र० सं०
O.P. 193625

7/12/23

विभाग/Deptt. .... एकक/UNIT .... आय/Income ....

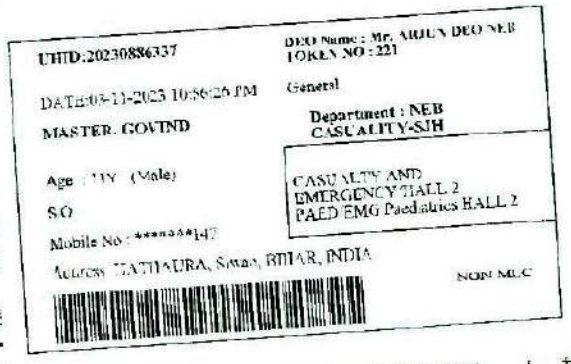
नाम/Name	पिता/पुत्र/पत्नी/पति/पुत्री F/S/W/H/D of	लिंग/Sex आयु/Age	पता/Address
Govind			11y / M

निदान/Diagnosis

तारीख Date	उपचार/Treatment
7/12/23	D - 1b - cell - ALL (HR) ē BCR-ABL(+)
	in Interim maintainance
wt -	
BP -	C/O - Difficulty in deglutition
	× since yesterday
SpO_2 -	
P/R -	
Temp -	
- X-ray soft tissue neck	- Refer to ward 17 (ENT)
- ENT Call	

MGIPMRND—524SJH—30.08.2019—10,000 Pad x 100 Sheets

सर्ज॰अ॰-1/S.J.H.-1



II ER 2

.....

.....

ना	पति/पत्नी/माता/पुत्री F/S/W/H/D of	लिंग/Sex आयु/Age	पता/Address
Govind		1Y male	

निदान/Diagnosis

तारीख Date	उपचार/Treatment
	HHO B-cell ALL.
	last BT 2/11 1 OPRBC
BP - 106/71	c/o vomiting 5 Episodes.
	Adv
SPo2 - 93%	→ Inj. Emset 2mg IV stat
HR - 113	- ORS adlib
Temp - 96.3F	Plan
	. VBG
	. CBC
Wt - 22.100	→ T. Emset 2mg 1tab OD SOS

MGIPMRND—524SJH—30.08.2019—10,000 Pad x 100 Sheets.

सफदरजंग अस्पताल, नई दिल्ली
SAFDARJANG HOSPITAL, NEW DELHI
रोगी की छुट्टी का सारांश/पत्र
DISCHARGE SUMMARY/SLIP

चि०रि०वि०सं० MRD No.	वार्ड Ward	यूनिट Unit	के०स्वा०से०यो० C.G.H.S.		बिस्तर नं० Bed No.	Govind / 11y / M MRD - 152375
रोगी का नाम Name of Patient	आयु Age	लिंग Sex	वै०हे० C.Status	धर्म Religion	व्यवसाय Occupation	

दाखिले की तारीख और समय
Date & Time of Admission

छुट्टी की तारीख और समय
Date & Time of Discharge

1. संक्षिप्त इतिहास और अनिवार्य भौतिक निष्कर्ष
Brief History & Essential Physical Findings
इतिहास
History
भौतिक निष्कर्ष
Physical Findings

k/c/o B-cell ALL

Admitted for 1 OPRBC transfusion

Examination :=>

PP = Palpable. CFT <3sec.
PR = 108 bpm. R/S ⇒ B/L AE⊕ equal
RR = 24/min. R/A - Soft Non Tender.
SpO2 = 98%. CVS - S1S2⊕
CNS - conscious, well oriented.

2. महत्वपूर्ण प्रयोगशाला, एक्स-रे और परामर्श निष्कर्ष
Significant Lab., X-Ray & Consultation Findings
प्रयोगशाला
Lab.
एक्स-रे
X-Ray
परामर्श निष्कर्ष
Consultation Findings
अन्य निष्कर्ष
Other Findings

Investigation

Post TBT - Hb. = 13.9
Plt - 23K.
TLC - 4.4.

3. आपरेशन
Operation

Blood transfusion were done. (1 OPRBC)
Reg No ⇒ SJ/32967.
Blood gp ⇒ AB+.

4. दशा, उपचार, छुट्टी के समय अन्तिम स्ववृत्ति पूर्वानुमान
Condition, Treatment, Final disposition on discharge & prognosis

5. अन्तिम निदान
Final Diagnosis

6. परिणाम
Result

7. सलाह
Advise

हस्ताक्षर एवं तिथि Signature & Date	जूनियर रेजिडेंट Jr. Resident	सीनियर रेजिडेंट Sr. Resident
		DR. PRIYANKA PG Resident Department of Paediatrics VMMC & Safdarjung Hospital New Delhi-110029

आवश्यकतानुसार पिछला पृष्ठ प्रयोग करें।
Use reverse, if necessary

रोगी की छुट्टी का सारांश
DISCHARGE SUMMARY