



Regd. No. : 2143

Darpan id: DL/2023/0375426

Pan Card : AAETT7886K

Trulyhelp 80G : AAETT7886KF20241

Trulyhelp 12A : AAETT7886KE20231

Website : www.trulyhelp.org

Email Id : support@trulyhelp.org

Patient Name	Master Yash
Patient Father Name	Mr.Ram
Age & Gender	5 yrs/ male
Disease Name	Blood Cancer B- All with A rh Positive
Hospital Name	PGICH Hospital
Registration no.	471573
Department Name	lymphoblastic leukemia Dept.
Treatment Cost	Approx 375000-400000 INR
Patient Father Occupation	Construction workers Labour
Patient Address	Prayagraj U.P





POST GRADUATE INSTITUTE OF CHILD HEALTH

Sector-30, Noida, G.B. Nagar (U.P.)
(An Autonomous Institute under Government of Uttar Pradesh)

ADMISSION AND DISCHARGE FORM

Reg. No. 98462306471573
Name Yash
Age/Sex 4yr / male

For OPD Patient
Referring Doctor
Department
Hospital :
For SSPH & PGTI Ward Patient
Referring Consultant
Referring Dept. P.H.D.
Ward No. 108 Bed No. 1114

Advance Receipt No. _____ Date _____ Amount Rs _____
Date & Time of Admission 23/04/24 Date & Time of Discharge _____ Hospital Days _____

Provisional Diagnosis		TCD Code
Final Diagnosis (in Block Letters)		
Associated diseases of complications		
Operative Procedure (Any)		
Discharge	<input type="checkbox"/> With medical advice <input type="checkbox"/> LAME <input type="checkbox"/> Absconded <input type="checkbox"/> Any other reason	
Patient Died	<input type="checkbox"/> Under 48 hours of admission <input type="checkbox"/> Over 48 hours of admission	Autopsy <input type="checkbox"/> Yes <input type="checkbox"/> No
Cause of Death (in Block Letters)	Direct Cause.....	
	Antecede Cause..... (Related to cause of death)	
	Other Significant conditions..... (Contributing to death)	
	Resident	Consultant/HOD

Truhelp Verify

Issue Label / CrossMatching Report	
Patient : YASH -	
Patient's Blood Group : A Rh Positive	
Hosp/Dr : PGICH Hospital, dr nita	
CR No.: 981162300471573	
Product : LD-PRBC	
Unit No.: PGI24-002805	Blood Group : A Rh Positive
Colln. Dt : 13/Aug/2024	
Exp. Dt: 24/Sep/2024	
XMatching Report : Compatible	
X-matched by : Mr. Ravi	
Issue Dt & Time : 09/Sep/2024 11:04 PM	
Issued By : Mr. Ravi	
M/s Super Speciality Paediatric Hospital & Post Graduate Teaching Hospital (Blood Centre), Noida Sec-30, Noida, Gautam Bhudh Nagar, Uttar Pradesh Lic.No. U.P./B&B.P./2018/03	

B4 = A ⊕

DOC = 13 Aug 24

DOE = 24 Sep 24

Transfusion of PRBC
with other
DOD Jay
Driven effect

10.9.24

11:00 AM

- 300 fives
- in lab
- 1 max
- 10/70
- 543 + 1225
- - 700 + 2 times
- - 1 time

consolidation / FN

- Inj Meropenem D4
- Inj AMIKACIN D4
- Inj Teicoplanin D3
- Inj GCSEF D3.
- T. VORICONAZOLE 200mg 1/2 BD.
- Cup DAETULOSE
- T. Septoran
- Candid MF
- CBC, Serum IgG on 11/9

Redipso
10.9.24

Issue Label / CrossMatching Report	
Patient: YASH -	
Patient's Blood Group: A Rh Positive	
Hosp/Dr: PGICH Hospital, dr nita	
CR No.: 981162300471573	
Product: RDP	
Unit No.: PG124-002964	Blood Group: A Rh Positive
Colln. Dt: 30/Aug/2024	
Exp. Dt: 04/Sep/2024	
XMatching Report: Compatible	
X-matched by: Rishabh	
Issue Dt & Time: 04/Sep/2024 02:21 PM	
Issued By: Rishabh	
M/s Super Speciality Paediatric Hospital & Post Graduate Teaching Hospital (Blood Centre), Noida Sec-30, Noida, Gautam Bhudh Nagar, Uttar Pradesh Lic.No. U.P./B&B.P./2018/03	

Bog no. 149124

DOC - 30/8/24

DOE - 4/9/24

DOI - 4/9/24 2:21 pm

- matched

Blood group. A Rh Positive

- Transfuse 10 RDP within 30 minute

- stop transfusion immediately if adverse Rx happen

and inform call on duty

A praveen (Jr)

6.9.24
8:30 AM

B-ALL Reconsolidation completed
Due for maintenance

- Afebrile
- BP - 102/62 mm Hg
- J - 100 + 1000
- O - 800
- ST - 2 times

STOP Inj Cefoperazone
- T. coteimox / clotexi MP
- T. VORICONAZOLE
- T. GMP on hold

CBC coming morning

Receipts
6.9.24

[Signature]

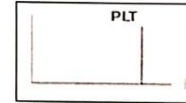
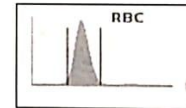
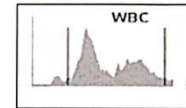
Trulyhelp Verify

DEPARTMENT OF PATHOLOGY

POST GRADUATE INSTITUTE OF CHILD HEALTH SECTOR 30 NOIDA UP

Name : YASH 5Y Patient ID : PHO 1573
 Birth Date : Doctor : DR NITA Gender : M Sample ID : AUTO_09530
 Comments : CBC Mode : DIF WB Group : DEFAULT
 Operator ID : MH Date : 11/09/2024 06:54 Rack/Pos. :010101 Seq# : 10210
 EDITED

Results	Flags	Units	Normal Limits
WBC	1.2 L	x10 ⁹ /μL	4.0 / 12.0
LYM%	55.7 H	%	25.0 / 50.0
MON%	41.5 H	%	2.0 / 10.0
NEU%	1.1 L	%	50.0 / 80.0
EOS%	1.5	%	0.0 / 5.0
BAS%	0.2	%	0.0 / 2.0
ALY%	6.8	%	0.0 / 100.0
IMM%	5.7	%	0.0 / 100.0
LYM#	0.7 L	x10 ⁹ /μL	1.0 / 5.0
MON#	0.5	x10 ⁹ /μL	0.1 / 1.0
NEU#	0.0 L	x10 ⁹ /μL	2.0 / 8.0
EOS#	0.0	x10 ⁹ /μL	0.0 / 0.4
BAS#	0.0	x10 ⁹ /μL	0.0 / 0.2
ALY#	0.0	x10 ⁹ /μL	0.0 / 150.0
IMM#	0.1	x10 ⁹ /μL	0.0 / 150.0
RBC	4.03	x10 ⁶ /μL	4.0 / 6.2
HGB	11.7	g/dL	11.0 / 13.0
HCT	36.7	%	35.0 / 55.0
MCV	91.0	fL	80.0 / 100.0
MCH	29.0	pg	32.0 / 33.0
MCHC	31.9	g/dL	32.0 / 35.5
RDW-CV	10.1	%	10.0 / 16.0
RDW-SD	21.2 L	fL	39.0 / 47.8
PLT	26 *	x10 ⁹ /μL	150 / 400
PCT	-----	fL	7.0 / 11.0
PDW	-----	%	0.200 / 0.500
PLCR	-----	%	10.0 / 18.0
PLCC	-----	x10 ⁹ /μL	12.0 / 42.0
PLCC	-----	x10 ⁹ /μL	13 / 129



Pathology Information :

Pathology Remarks :

SIGN & SEAL

PRINTED ON : 11/09/2024 07:14 BY : MH SERIAL NUMBER: 710923-000056
 CYCLE : N ALY, IMM, PCT, PDW, PLCC, and PLCR for Research Use Only OPERATOR SOFT VERSION: V0.5.1-001

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POST GRADUATE INSTITUTE OF CHILD HEALTH
Sector-30, Noida, G.B. Nagar (U.P.)
(An Autonomous Institute under Government of Uttar Pradesh)
DEPARTMENT OF BIOCHEMISTRY

BLOOD BIOCHEMISTRY EXAMINATION REPORT

UH.ID. / C.R. 1573 OPD/IPD PND DATE 11/09/24
NAME/ B/o AASH AGE 5 D/WK/M/Y GEN M/F
REF.BY.....

	(Normal Value)
Plasma Glucose Fasting.....	mg/dl (70-100 mg/dl)
Plasma Post Prandial Glucose (2hrs).....	mg/dl (<140 mg/dl)
Plasma Random Glucose.....	mg/dl (70-200 mg/dl)
Plasma HbA1C.....	% (4-5.6%)
KFT PROFILE	
Blood Urea.....	mg/dl (10-45 mg/dl)
S. Creatinine.....	mg/dl (0.5-1.5 mg/dl)
S. Uric Acid.....	mg/dl (2-8 mg/dl)
ELECTROLYTE PROFILE	
S. Sodium (Na ⁺).....	mmol/L (135-145mmol/L)
S. Potassium (K ⁺).....	mmol/L (3.5-5.5 mmol/L)
S. Calcium Total.....	mg/dl (9.0-11.0 mg/dl)
S. Chloride (cl ⁻).....	mmol/L (96-106 mmol/L)
S. Calcium, ionized (Ca ²⁺).....	mg/dl (4.6-5.3 mg/dl)
LFT PROFILE	
Serum Bilirubin Total.....	mg/dl (0.2-1.0 mg/dl)
Conjugated (Direct).....	mg/dl (0.1-0.4 mg/dl)
Unconjugated (Indirect).....	mg/dl
SGOT(AST).....	U/L (0-40 U/L)
SGPT(ALT).....	U/L (0-45 U/L)
Serum Alkaline Phosphatase.....	IU/L (Depending on age)
S. Total Protein.....	gm/dl (6.0-8.0 gm/dl)
S. Albumin.....	gm/dl (4.0-5.5 gm/dl)
Globulin.....	gm/dl
A.G. Ratio.....	gm/dl
Others	
S. CRP (Quantitative).....	mg/L (0 - 6 mg/L)
S. Phosphorus.....	mg/dl (2.3-7.0 mg/dl)
S. LDH.....	U/L (0-248 U/L)
S. Amylase.....	U/L (25-125 U/L)
S. Lipase.....	U/L (0-160 U/L)
S. Lactate.....	mg/dl (5-12 mg/dl)
S. Magnesium.....	mg/dl (1.6-2.6 mg/dl)
S. GGT.....	U/L (0- 40 U/L)
S. IgA.....	mg/dl (70-400 mg/dl)
S. IgG.....	mg/dl (700-1600 mg/dl)
S. IgM.....	mg/dl (40-230 mg/dl)
S. CPK.....	U/L (<250 U/L)
S. CK-MB.....	U/L (5-25 U/L)
S. Ceruloplasmin.....	mg/dl (20-35 mg/dl)

Verified By
Technical staff

Consultant

PTD

Trulyhelp Verify



M/s Super Speciality Paediatric Hospital & Post Graduate
Teaching Hospital (Blood Centre), Noida
Sec-30, Noida, Gautam Bhudh Nagar, Uttar Pradesh
Phone No.: 1202453951

Lic.No.
U.P./B&B.P./2018/03

SBTC No.:- --

Patient Name : YASH - ✓
Hospital Name : PGICH Hospital
Doctor Name : dr nita
Blood Group : A Rh Positive
CR. No : 981162300471573 ✓

ISSUE REPORT

Age/Gender: 4 Year/Male Patient Barcode : PGI24-R05002
Issue Date : 09/Sep/2024
Issue Time : 11:04:00 PM
Issue No. : IM24-4296
Department :

Product (Vol. ml.)	Unit No. / Seg No.	Collection Date	Expiry Date & Time	Blood Group	Compatibility	NAT
LD-PRBC(243)	PGI24-002805 / 3JX89105 ✓	13/Aug/2024 03:38 PM	24/Sep/2024 11:59 PM	A Rh Positive	Compatible	NR

All Products are NON-REACTIVE for HIV I&II, HBsAg, HCV, VDRL & free from Malarial Parasites

Visual Inspection: No leakage, no haemolysis, no change of colour, no unusual turbidity

Crossmatch By : Mr. Ravi

Issue By : Mr. Ravi

Once a unit of blood or blood component is issued (taken out of ideal storage conditions) shall not be taken back.

CONDITIONS OF SUPPLY OF BLOOD AND BLOOD COMPONENTS:

Blood & blood component transfusion therapy is a life saving medical procedure. However, it is not without some associated risk. Blood collection, testing, grouping & cross matching are done as per national regulations. However there is still a small chance that adverse reaction(s) may occur such as fever, chills and rigors, itching, urticaria etc. which are treatable & reversible. Rarely, an unpredictable life-threatening reaction can also occur. Adverse effects may occur weeks to months after transfusion. Despite mandatory screening of blood for transmissible infections such as HIV I & II, Hepatitis B, Hepatitis C, Syphilis and Malaria, the risk of acquiring these infections by transfusion is not totally eliminated. The risk of acquiring the above mentioned infections despite testing is due to Window Period. This is the time in which the person donating blood is seroconverting and can infect the recipient but tests are negative. This is because as per normal human physiology, the antibodies to these organisms are not formed immediately in the human body. Also, some infections are occult, specially Hepatitis B subtypes, and cannot be detected. There is no test in the world which can totally eliminate the Window Period and guarantee hundred percent blood safety. NAT testing can reduce the Window Period but cannot totally eliminate it. NAT testing is not available with us. Other infections like CMV can also be acquired by transfusion. Some infections not identified at present may be transmitted. It is presumed that the treating consultant who has prescribed blood or blood component therapy has carefully assessed the risk to benefit ratio and has taken informed consent form the patient and his/her relatives. Taking consent for transfusion before prescribing blood / blood components is mandatory as per NABH and NACO guidelines.

SIGNATURE OF PERSON RECEIVING BLOOD COMPONENT UNIT:

TRANSFUSE ONLY AFTER READING THE TRANSFUSION INSTRUCTIONS / GUIDELINES GIVEN BELOW

Abbreviations Used: Tx = Transfusion, WB = Whole Blood, PCV = Packed Red Cells, PC = Platelet Concentrate, FFP = Fresh Frozen Plasma)

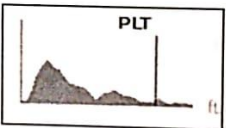
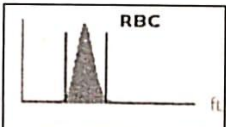
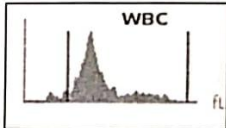
PLEASE READ & FOLLOW THE INSTRUCTIONS ON LABEL OF BAG CAREFULLY.

- i. Ensure patient's identity and details on the label of the bag. Also check blood grouping of recipient & of bag.
- ii. Do not delay starting Tx. Please start transfusion within 30 min of issue from blood bank.
- iii. In case of delay in initiating Tx, please return bag immediately to ideal storage condition maintaining ideal temperature conditions
- iv. Do not store blood bags in unmonitored refrigerators.
- v. Platelet bags should be stored at temp 20- 22 °C in air conditioned room with gentle agitation and not in refrigerator.
- vi. Take Written Informed Consent before starting transfusion as per NACO/NABH guidelines (Format overleaf).
- vii. Fill up the Transfusion Record form properly & completely. Record the vital parameters (TPR BP) carefully before, during & 4hr post Tx.
- viii. Use fresh sterile disposable BT set with filter (one BT set for one bag of WB/PRC or 4-6 FFP). For PC prime the BT set with normal saline before transfusion and transfuse one unit (50 ml) in 10 to 15 min.
- ix. Rate of transfusion should be very slow for initial half an hour. Carefully monitor the patient for early detection of Tx reactions.
- x. Ideal duration of transfusion. One unit of WB/PRC in 2 hrs to hemodynamically stable patient. One unit of FFP or PC within 15-20 min.
- xi. Do not warm the bag before transfusion. Use blood warmer equipment for Neonatal & Massive Tx, and patients having cold agglutinins or Tx through central line.
- xii. Therapeutic dose of blood components (WHO guidelines) RBCs minimum two units and one units of PC/FFP per 10 Kg body weight.
- xiii. Do not give pre-transfusion medications, like Inj.Avi/Steroid. It will suppress Tx reactions, which we want to detect at the earliest.
- xiv. Do not add any medication in bag.
- xv. Blood Transfusion should be given by competent, trained & qualified medical personnel (Transfusionist) with close monitoring of recipient.
- xvi. Diagnose & treat any Transfusion Reaction appropriately & kindly fill the TRANSFUSION REACTION WORK UP FORM & send to Blood Bank along with required samples for evaluation.

DEPARTMENT OF PATHOLOGY

Name : YASH 5Y POST GRADUATE INSTITUTE OF CHILD HEALTH SECTOR 30 NOIDA UP
 Birth Date : Doctor : DR NITA Gender : M Patient ID : PHO 1573
 Comments : CBC Mode : DIF WB Group : DEFAULT
 Operator ID : MH Date : 09/09/2024 07:45 Rack/Pos. :010702 Seq# : 9950
 EDITED

	Results	Flags	Units	Normal Limits
WBC	0.4	L	x10 ³ /μL	4.0 / 12.0
LYM%	76.4	!H	%	25.0 / 50.0
MON%	7.6	!	%	2.0 / 10.0
NEU%	2.8	!L	%	50.0 / 80.0
EOS%	13.2	!H	%	0.0 / 5.0
BAS%	0.0	!	%	0.0 / 2.0
ALY%	3.6	!	%	0.0 / 100.0
IMM%	1.4	!	%	0.0 / 100.0
LYM#	0.3	!L	x10 ³ /μL	1.0 / 5.0
NEU#	0.0	!L	x10 ³ /μL	0.1 / 1.0
EOS#	0.1	!	x10 ³ /μL	2.0 / 8.0
BAS#	0.0	!	x10 ³ /μL	0.0 / 0.4
ALY#	0.0	!	x10 ³ /μL	0.0 / 0.2
IMM#	0.0	!	x10 ³ /μL	0.0 / 150.0
RBC	2.19	L	x10 ⁶ /μL	4.00 / 6.20
HGB	6.7	L	g/dL	11.0 / 17.0
HCT	20.3	L	%	35.0 / 55.0
MCV	92.9		fL	80.0 / 100.0
MCH	30.6		pg	26 / 32.0
MCHC	33.0		g/dL	31.0 / 35.5
RDW-CV	9.9	I	%	12.0 / 14.0
RDW-SD	21.5	L	fL	37.0 / 47.8
PLT	10	L	x10 ³ /μL	150 / 400
MPV	11.3	h	fL	7.0 / 11.0
PCT	0.011	L	%	0.200 / 0.500
PDW	9.8	I	%	10.0 / 18.0
PLCR	27.8		%	12.0 / 42.0
PLCC	3		x10 ³ /μL	13 / 129



Pathology Information :

Pathology Remarks :

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M/s Super Speciality Paediatric Hospital & Post Graduate
Teaching Hospital (Blood Centre), Noida
Sec-30, Noida, Gautam Bhudh Nagar, Uttar Pradesh
Phone No.: 1202453951

Lic.No.
U.P./B&B.P./2018/03

SBTC No.:-

Patient Name : YASH -
Hospital Name : PGICH Hospital
Doctor Name : dr nita
Blood Group : A Rh Positive
CR. No : 981162300471573

ISSUE REPORT

Age/Gender: 4 Year/Male Patient Barcode : PG124-R04952
Issue Date : 07/Sep/2024
Issue Time : 5:17:00 PM
Issue No. : IM24-4263
Department :

Product (Vol. mL)	Unit No. / Seg No.	Collection Date	Expiry Date & Time	Blood Group	Compatibility	NAT
RDP(73)	PG124-002978 / 3D583870	02/Sep/2024 11:05 AM	07/Sep/2024 11:59 PM	A Rh Positive	Compatible	NR
RDP(76)	PG124-002981 / 3F110195	02/Sep/2024 01:23 PM	07/Sep/2024 11:59 PM	A Rh Positive	Compatible	NR

All Products are NON-REACTIVE for HIV I&II, HBsAg, HCV, VDRL & free from Malarial Parasite.
Visual Inspection: No leakage, no haemolysis, no change of colour, no unusual turbidity.
Crossmatch By : Rishabh

CONDITIONS OF SUPPLY OF BLOOD AND BLOOD COMPONENTS:
Blood & blood component transfusion therapy is a life saving medical procedure. However, it is not without some associated risk. Blood collection, testing, grouping & cross matching are done as per national regulations. However there is still a small chance that adverse reaction(s) may occur such as fever, chills and rigors, itching, urticaria etc. which are treatable & reversible. Rarely, an unpredictable life-threatening reaction can also occur. Adverse effects may occur weeks to months after transfusion. Despite mandatory screening of blood for transmissible infections such as HIV I & II, Hepatitis B, Hepatitis C, Syphilis and Malaria, the risk of acquiring these infections by transfusion is not totally eliminated. The risk of acquiring the above mentioned infections despite testing is due to window period. This is the time in which the person donating blood is harbouring the infection and can infect the recipient but tests are negative. There is no test in the world which can totally eliminate the Window Period of guaranteed hundred percent blood safety. NAT testing can reduce the risk of acquiring these infections as per normal human physiology, the antibodies to disease organisms are not formed immediately in the human body. Also, some infections are occult, specially Hepatitis B subtypes, and cannot be detected. Other infections like CMV can also be acquired by transfusion. Some infections not identified at present may be transmitted. Therefore, the transfusion consultant who has prescribed blood or blood component therapy has carefully assessed the risk to benefit ratio and has taken informed consent from the patient and his/her relatives. Taking consent for transfusion before prescribing blood / blood components is mandatory as per NABH and NACO guidelines.

SIGNATURE OF PERSON RECEIVING BLOOD / BLOOD COMPONENT UNIT:
TRANSFUSE ONLY AFTER READING THE TRANSFUSION INSTRUCTIONS / GUIDELINES GIVEN BELOW

- Abbreviations Used: Tx = Transfusion, WB = Whole Blood, PRBC = Packed Red Cells, PC = Platelet Concentrate, FFP = Fresh Frozen Plasma
- PLEASE READ & FOLLOW THE INSTRUCTIONS ON LABEL OF BAG CAREFULLY.
 - Ensure patient's identity and details on the label of bag. Also check blood grouping of recipient & of bag.
 - Do not delay starting Tx. Please start transfusion within 30 min of issue from blood bank.
 - In case of delay in initiating Tx, please return immediately to ideal storage condition.
 - Do not store blood bags in unmonitored refrigerator.
 - Platelet bags should be stored at temp 20-24°C in air conditioned room with gentle agitation and not in refrigerator.
 - Take Written Informed Consent before starting transfusion as per NACO/NABH guidelines (Format overlaid).
 - Fill up the Transfusion Record form properly & completely. Record the vital parameters (TPR BP) carefully before, during & 4hr post Tx.
 - Use fresh sterile disposable BT set with filter (one BT set for one bag of WB/PRC or 4-6 FFP). For PC prime the BT set with line before transfusion and transfuse one unit (50 ml) in 10 to 15 min.
 - Transfusion should be very slow for initial half an hour. Carefully monitor the patient for early detection of Tx reactions.
 - Stop transfusion if any of the following signs/symptoms are observed: chills, fever, rigors, itching, urticaria, hypotension, back pain, etc. Use blood warmer equipment for Neonatal & Massive Tx, and patients having cold.
 - Transfuse blood components (WHO guidelines) RBCs minimum two units and one unit of PC/FFP per 10 Kg body weight.
 - Use appropriate analgesics, like Inj. Avil/Steroid. It will suppress Tx reactions, which we want to detect at the earliest.
 - Transfusion should be performed by competent, trained & qualified medical personnel (Transfusionist) with close monitoring of recipient.
 - Stop transfusion if any of the following signs/symptoms are observed: chills, fever, rigors, itching, urticaria, hypotension, back pain, etc. appropriately & kindly fill the TRANSFUSION REACTION WORK UP FORM & send for evaluation.

x
xi
xii
xiii
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xv
xvi
xvii
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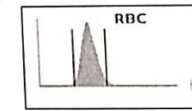
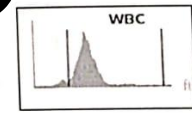
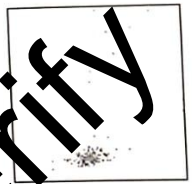
DEPARTMENT OF PATHOLOGY

POST GRADUATE INSTITUTE OF CHILD HEALTH SECTOR 30 NOIDA UP

Name : YASH SY Patient ID : PHO 1573
 Birth Date : Doctor : DR NITA Gender : M Sample ID : AUTO_09129
 Comments : CBC Mode : DIF WB Group : DEFAULT
 EDITED

Operator ID : MH Date : 07/09/2024 07:54 Rack/Pos. :010704 Seq# : 9790

Results	Flags	Units	Normal Limits
WBC	0.6	L	x10 ³ /μL
LYM%	90.0	H	%
MON%	6.8		%
NEU%	0.7	L	%
EOS%	2.5		%
BAS%	0.0		%
IMM%	6.0		%
LYM#	0.7		%
LYM#	0.5	L	x10 ³ /μL
MON#	0.0	I	x10 ³ /μL
NEU#	0.0	L	x10 ³ /μL
EOS#	0.0		x10 ³ /μL
BAS#	0.0		x10 ³ /μL
ALY#	0.0		x10 ³ /μL
IMM#	0.0		x10 ³ /μL
RBC	2.62	I	x10 ⁶ /μL
HGB	8.1	L	g/dL
HCT	24.5	L	%
MCV	93.5		fl
MCH	30.9		pg
MCHC	33.1		g/dL
RDW-CV	10.1		%
RDW-SD	22.4	L	fl
PLT	2	L	x10 ³ /μL
MPV	14.2	!H	fl
PCT	0.003	!L	%
PDW	10.9	!	%
PLCR	37.9	!	%
PLCC	1	!L	x10 ³ /μL



Trulyhelp Verify

Pathology Information :

Pathology Remarks :

PRINTED ON : 07/09/2024 08:11 BY : MH SERIAL NUMBER: 710923-000056
 CYCLE : N ALY, IMM, PCT, PDW, PLCC, and PLCR for Research Use Only OPERATOR SOFT VERSION: V0.5.1-001

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M/s Super Speciality Paediatric Hospital & Post Graduate
Teaching Hospital (Blood Centre), Noida
Sec-30, Noida, Gautam Bhudh Nagar, Uttar Pradesh
Phone No.: 1202453951

Lic.No.
U.P./B&B.P./2018/03

SBTC No.: --

Patient Name : YASH -
Hospital Name : PGICH Hospital
Doctor Name : dr nita
Blood Group : A Rh Positive
CR. No : 981162300471573

ISSUE REPORT

Age/Gender: 4 Year/Male Patient Barcode : PGI24-R04883
Issue Date : 04/Sep/2024
Issue Time : 2:21:00 PM
Issue No. : IM24-4203
Department :

Product (Vol. ml.)	Unit No. / Seg No.	Collection Date	Expiry Date & Time	Blood Group	Compatibility	NAT
RDP(72)	PGI24-002964 / 3F104111	30/Aug/2024 03:42 PM	04/Sep/2024 11:59 PM	A Rh Positive	Compatible	NR

All Products are NON-REACTIVE for HIV I&II, HBsAg, HCV, VDRL & free from Malarial Parasite.
Inspection: No leakage, no haemolysis, no change of colour, no unusual turbidity.

Crossmatch By : Rishabh

Issued By: Rishabh

Once a unit of blood or blood component is issued (taken out of ideal storage condition) shall not be taken back. **CONDITIONS OF SUPPLY OF BLOOD AND BLOOD COMPONENTS:** Blood & blood component transfusion therapy is a life saving medical procedure. However, it is not without some associated risk. Blood collection testing, grouping & cross matching are done as per national regulations. However there is still a small chance that adverse reaction(s) may occur such as fever, chills and rigors, itching, urticaria etc. which are treatable & reversible. Rarely, an unpredictable life-threatening reaction can also occur. Adverse effects may occur weeks to months after transfusion. Despite mandatory screening of blood for transmissible infections such as HIV I & II, Hepatitis B, Hepatitis C, Syphilis and Malaria, the risk of acquiring these infections by transfusion is not totally eliminated. The risk of acquiring the above mentioned infections despite testing is due to Window Period. This is the time in which the person donating blood is harbouring infection and can infect the recipient but tests are negative. This is because as per normal human physiology, the antibodies to disease organisms are not formed immediately in the human body. Also, some infections are occult, specially Hepatitis B subtypes, and cannot be detected. There is no test in the world which can totally eliminate the Window Period and guarantee hundred percent blood safety. NAT testing can reduce the Window Period but cannot totally eliminate it. NAT testing is not available with all blood components. Other infections like CMV can also be acquired by transfusion. Some infections not identified at present maybe transmitted. It is presumed that the treating consultant who has prescribed blood or blood component therapy has carefully assessed the risk to benefit and has taken informed consent form the patient and his/her relatives. Taking consent for transfusion before prescribing blood / blood components is mandatory as per NABH and NACO guidelines.

SIGNATURE OF PERSON RECEIVING BLOOD / BLOOD COMPONENT UNIT:

TRANSFUSE ONLY AFTER READING THE TRANSFUSION INSTRUCTIONS / GUIDELINES GIVEN BELOW

Abbreviations Used: Tx = Transfusion, WB = Whole Blood, PCV = Packed Red Cells, PC = Platelet Concentrate, FFP = Fresh Frozen Plasma

- i. PLEASE READ & FOLLOW THE INSTRUCTIONS ON LABEL OF BAG CAREFULLY.
- ii. Ensure patient's identity and details on the label of the bag. Also check blood grouping of recipient & of bag.
- iii. Do not delay starting Tx. Please start transfusion within 30 min of issue from blood bank.
- iv. In case of delay in initiating Tx, place the blood bag immediately to ideal storage condition maintaining ideal temperature conditions.
- v. Do not store blood bags in unmonitored refrigerators.
- vi. Platelet bags should be stored at temp 20-24°C in air conditioned room with gentle agitation and not in refrigerator.
- vii. Take Written Informed Consent before starting transfusion as per NACO/NABH guidelines (Format overleaf).
- viii. Fill up the Transfusion Record for each bag properly & completely. Record the vital parameters (TPR BP) carefully before, during & 4hr post Tx.
- ix. Use fresh sterile disposable set with filter (one BT set for one bag of WB/PRC or 4-6 FFP). For PC prime the BT set with normal saline before transfusion and transfuse one unit (50 ml) in 10 to 15 min.
- x. Rate of transfusion should be very slow for initial half an hour. Carefully monitor the patient for early detection of Tx reactions.
- xi. Ideal duration of transfusion. One unit of WB/PRC in 2 hrs to hemodynamically stable patient. One unit of FFP or PC within 15-20 min.
- xii. Do not warm the bag before transfusion. Use blood warmer equipment for Neonatal & Massive Tx, and patients having cold agglutinins or Tx through central line.
- xiii. Therapeutic dose of blood components (WHO guidelines) RBCs minimum two units and one units of PC/FFP per 10 Kg body weight.
- xiv. Do not give pre-transfusion medications, like Inj.Avi/Steroid. It will suppress Tx reactions, which we want to detect at the early stage.
- xv. Do not add any medication in bag.
- xvi. Blood Transfusion should be given by competent, trained & qualified medical personnel (Transfusionist) with close monitoring.
- xvii. Diagnose & treat any Transfusion Reaction appropriately & kindly fill the TRANSFUSION REACTION WORK UP form and send to Blood Bank along with required samples for evaluation.

SIGN & SEAL

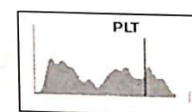
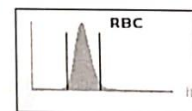
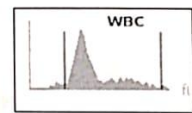
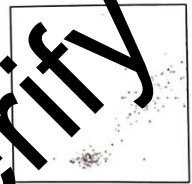
NUMBER: 710923-000056
SOFT VERSION: V0.5.1-001

DEPARTMENT OF PATHOLOGY

Name : YASH 5 YRS POST GRADUATE INSTITUTE OF CHILD HEALTH SECTOR 30 NOIDA UP
 Birth Date : Patient ID : PHO- 1573
 Doctor : NITA Gender : M Sample ID : AUTO_08499
 Comments : CBC Mode : DIF WB Group : DEFAULT
 Operator ID : MH EDITED

Date : 02/09/2024 08:12 Rack/Pos.:011002 Seq# : 9134

Results	Flags	Units	Normal Limits
WBC	0.6	L	4.0 / 12.0
LYM%	66.4	H	%
MON%	4.2		25.0 / 50.0
NEU%	28.6	L	2.0 / 10.0
EOS%	0.8		50.0 / 80.0
BAS%	0.0		0.0 / 5.0
ALY%	4.4		0.0 / 2.0
PLT%	1.3		0.0 / 100.0
LYM#	0.4	L	0.0 / 100.0
MON#	0.0	I	1.0 / 5.0
NEU#	0.2	L	0.1 / 1.0
EOS#	0.0		2.0 / 8.0
BAS#	0.0		0.0 / 0.4
ALY#	0.0		0.0 / 0.2
IMM#	0.0		0.0 / 150.0
RBC	3.40	I	0.0 / 150.0
HGB	10.4	I	4.00 / 5.20
HCT	31.7	I	11.0 / 30.0
MCV	93.3		35.0 / 55.0
MCH	30.6		0.0 / 100.0
MCHC	32.8		5.0 / 34.0
RDW-CV	11.4		3.0 / 17.5
RDW-SD	24.2	L	0.0 / 16.0
PLT	9	L	300 / 47.8
MPV	15.0	IH	7.0 / 11.0
PCT	0.014	I/L	0.200 / 0.500
PDW	13.2	I	10.0 / 18.0
PLCR	12.8	I/I	12.0 / 42.0
PLCC	4		13 / 129



Pathology Information :
 Platelet count checked on smear.

Pathology Remarks :
 [Signature]

SIGN & SEAL

PRINTED ON : 02/09/2024 08:21 BY: MH SERIAL NUMBER: 710923-000056
 CYCLE : N ALY, IMM, PCT, PDW, PLCC, and PLCR for Research Use Only OPERATOR SOFT VERSION: V0.5.1-001



POST GRADUATE INSTITUTE OF CHILD HEALTH

Sector-30, Noida, G.B. Nagar-201303 (U.P.)
(An Autonomous Institute under Government of Uttar Pradesh)

DEPARTMENT OF MICROBIOLOGY

CULTURE AND SUSCEPTIBILITY TESTING REPORT

PGICH/MICRO/CULTURE REPORT FORM/2023

27

Microbiology Lab No/Date
506(A-672) / 25.8.23

R No / UHID No: 981162300471578

PATIENT NAME: YASH Age/Sex: 5Y/M Patient/Staff (ID No.)

OPD/IPD: PHO DEPT./UNIT:

ADDRESS: PATIENT PHONE NO.

SPECIMEN: BLOOD - C/S GROSS EXAMINATION:

MICROSCOPIC EXAMINATION:

CULTURE FINDINGS: STERILE AFTER 24h

ORGANISMS ISOLATED: 1. OF AEROBIC INCUBATION 2.

COMMENTS:

TECHNICIAN

Mahesh
MICROBIOLOGIST

DATE

26/8

Truynep Verify

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POST GRADUATE INSTITUTE OF CHILD HEALTH
 Sector-30, Noida, G.B. Nagar (U.P.)
 (An Autonomous Institute under Government of Uttar Pradesh)
DEPARTMENT OF BIOCHEMISTRY

BLOOD BIOCHEMISTRY EXAMINATION REPORT

UH.ID. / C.R. 471573 OPD/IPD..... PHo DATE 20 AUG 2024
 NAME/ B/o..... Yash AGE 4 D/M/ GEN M/F
 REF.BY.....

HORMONE & IMMUNOLOGY ASSAY

S. 25(OH) VITAMIN D TOTAL (Normal Value)
ng/ml (30 - 100 ng/ml)
 S. FERRITIN.....ng/ml (7-140 ng/ml)
 S. AFP.....IU/ml (<20 IU/ml)
 S. Procalcitoninng/ml

(0.1-0.49) ng/ml Indicate mild or no systemic infection.
 (0.5-1.99) ng/ml Indicate moderate risk for developing severe sepsis.
 (2.0-9.99) ng/ml Indicate severe systemic inflammatory response.

THYROID PROFILE

S. FT3 pmol/L
 S. FT4.....pmol/L
 S.TSH..... 1.7 μIU/ml

FT3	TSH
0-2 weeks- 2-6.0 pmol/L	0-4 days-1.0-39.0 μIU/ml
2 weeks and above- 3.2-6.8 pmol/L	2-20 weeks-1.7-9.1 μIU/ml
	21 weeks to 20 years- 0.7-6.4 μIU/ml
	21 years to 54 years- 0.4-4.2 μIU/ml
	55 years to 87 years- 0.5-8.9 μIU/ml
FT4	
0-5 days- 28.4-68.4 pmol/L	
2 weeks to 20 years-10.3-25.8 pmol/L	
21 years and above-10.3-34.7 pmol/L	

Verified By [Signature]
 Technical Staff

20 AUG 2024

[Signature]
 Consultant

PTO

Truhelp Verify



POST GRADUATE INSTITUTE OF CHILD HEALTH
Sector-30, Noida, G.B. Nagar (U.P.)
(An Autonomous Institute under Government of Uttar Pradesh)
DEPARTMENT OF BIOCHEMISTRY

BLOOD BIOCHEMISTRY EXAMINATION REPORT

UH.ID. / C.R. 471573 OPD/IPD PHD DATE 20/8/24
NAME/ B/o Yash AGE 04 D/WK/M/Y, GEN - M/F
REF. BY.....

		(Normal Value)
Plasma Glucose Fasting	.....mg/dl	(70-100 mg/dl)
Plasma Post Prandial Glucose (2hrs)	.....mg/dl	(<140 mg/dl)
Plasma Random Glucose	.....mg/dl	(70-140 mg/dl)
Plasma HbA1C	.....	(4-5)
K+T PROFILE		
Blood Urea	.....mg/dl	(10-45 mg/dl)
S. Creatinine	<u>0.4</u>.....mg/dl	(0.5-1.5 mg/dl)
S. Uric Acid	.....mg/dl	(2-8 mg/dl)
ELECTROLYTE PROFILE		
S. Sodium (Na ⁺)mmol/L	(135-145mmol/L)
S. Potassium (K ⁺)mmol/L	(3.5-5.5 mmol/L)
S. Calcium Total	.....mg/dl	(9.0-11.0 mg/dl)
S. Chloride (cl ⁻)mmol/L	(96-106 mmol/L)
S. Calcium, ionized (Ca ²⁺)mg/dl	(4.6-5.3 mg/dl)
LFT PROFILE		
Serum Bilirubin Total	.....mg/dl	(0.2-1.0 mg/dl)
Conjugated (Direct)	.....mg/dl	(0.1-0.4 mg/dl)
Unconjugated (Indirect)	.....mg/dl	
SGOT(AST)	.....U/L	(0-40 U/L)
SGPT(ALT)	<u>22</u>.....U/L	(0-45 U/L)
Serum Alkaline Phosphatase	.....IU/L	(Depending on age)
S. Total Protein	.....gm/dl	(6.0-8.0 gm/dl)
S. Albumin	.....gm/dl	(4.0-5.5 gm/dl)
Globulin	.....gm/dl	
A.G. Ratio	.....
Others		
S. CRP (Quantitative)	.....mg/L	(0 - 6 mg/L)
S. Phosphorus	.....mg/dl	(2.3-7.0 mg/dl)
S. LDH	.....U/L	(0-248 U/L)
S. Amylase	.....U/L	(25-125 U/L)
S. Lipase	.....U/L	(0-160 U/L)
S. Lactate	.....mg/dl	(5-12 mg/dl)
S. Magnesium	.....mg/dl	(1.6-2.6 mg/dl)
S. GGT	.....U/L	(0- 40 U/L)
S. IgA	.....mg/dl	(70-400 mg/dl)
S. IgG	.....mg/dl	(700-1600 mg/dl)
S. IgM	.....mg/dl	(40-230 mg/dl)
S. CPK	.....U/L	(<250 U/L)
S. CK-MB	.....U/L	(5-25 U/L)
S. Ceruloplasmin	.....mg/dl	(20-35 mg/dl)

Verified By
Technical staff [Signature]
20/8/24

Consultant [Signature]
PTO

Trulyhelp Verify

POST GRADUATE INSTITUTE OF CHILD HEALTH, NOIDA
Department of Clinical Microbiology
Bacteriology Laboratory: Culture & Susceptibility Report
(Kindly See Advisory Footnotes Carefully)

AX
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First name = YASH
Last name = .
Age = 5
Sex = m
CR Number = 2300471573

Specimen type = Blood
Specimen number = 4664ABC320
Specimen date = 12-Aug-2024
Location = IPD (PHU)
Physician = Dr Nita Radhakrishnan
Department = hao
Prior antibiotic therapy = No History of Abx on TRF

Organism = *Meyerozyma guilliermondii* (*Candida guilliermondii*)

Fluconazole	S	Voriconazole	S
Caspofungin	S	Micafungin	S
Amphotericin B	S	5-Fluorocytosine	S

16-Aug-2024 10:09 R = Resistant I = Intermediate S = Susceptible NS = Non-susceptible

ALWAYS FOLLOW YOUR W.H.O. 5 MOMENTS OF HAND HYGIENE

Kindly Correlate clinically

S
16-8-24

Trulyhelp Verify



Patient Name : YASH -
 Hospital Name : PGICH Hospital
 Doctor Name : dr nita
 Blood Group : A Rh Positive
 CR. No : 981162300471573

ISSUE REPORT

Age/Gender: 4 Year/Male Patient Barcode : PGI24-R04458
 Issue Date : 16/Aug/2024
 Issue Time : 8:56:00 PM
 Issue No. : IN124-3850
 Department :

Product (Vol. ml.)	Unit No. / Seg No.	Collection Date	Expiry Date & Time	Blood Group	Compatibility	NAT
LR-PRBC Aliquot-P2(110)	PGI24-002531 / 4583726	30/Jul/2024 01:40 PM	10/Sep/2024 11:59 PM	A Rh Positive	Compatible	NR

All Products are NON-REACTIVE for HIV I&II, HBsAg, HCV, VDRL & free from Malarial Parasite.

Visual Inspection: No leakage, no haemolysis, no change of colour, no unusual turbidity.

Crossmatch By : Ajeet

Issued By : Ajeet

Once a unit of blood or blood component is issued (taken out of ideal storage condition) shall not be taken back. Blood & blood component transfusion therapy is a life saving medical procedure. However, it is not without some associated risk. Blood collection, typing & cross matching are done as per national regulations. However there is still small chance the adverse reaction(s) may occur. Adverse effects may occur weeks to months after transfusion. Despite mandatory screening of blood for transmissible infections such as HIV I & II, Hepatitis B, Hepatitis C, Syphilis and Malaria, the risk of acquiring these infections by transfusion is not totally eliminated. The risk of acquiring the above mentioned infections despite testing is due to Window Period. This is the time in which the person donating blood is harbouring infection and may affect the recipient but tests are negative. This is because as per normal human physiology, the antibodies to disease organisms are not formed immediately in the human body. Also, some infections are occult, specially Hepatitis B subtypes, and cannot be detected. There is no test in the world which can totally eliminate the Window Period and guarantee hundred percent blood safety. NAT testing can reduce the Window Period but cannot totally eliminate it. NAT testing is not available with us. Other infections like CMV can also be acquired by transfusion. Some infections not identified at present maybe transmitted. It is presumed that the treating consultant who has prescribed blood or blood component therapy has carefully assessed the risk to benefit ratio and has taken informed consent form the patient and his/her relatives. Taking consent for transfusion before prescribing blood / blood component is mandatory as per NABH and NACO guidelines.

SIGNATURE OF PERSON RECEIVING BLOOD / BLOOD COMPONENT UNIT:

TRANSFUSE ONLY AFTER READING THE TRANSFUSION INSTRUCTIONS / GUIDELINES GIVEN BELOW

Abbreviations Used: Tx = Transfusion, WB = Whole Blood, PRC = Packed Red Cells, PC = Platelet Concentrate, FFP = Fresh Frozen Plasma)

- i. PLEASE READ & FOLLOW THE INSTRUCTIONS ON LABEL OF BAG CAREFULLY.
- ii. Ensure patient's identity and details on the label of the bag. Also check blood grouping of recipient & of bag.
- iii. Do not delay starting Tx. Please start transfusion within 30 min of issue from blood bank.
- iv. In case of delay in initiating Tx, please return bag immediately to ideal storage condition maintaining ideal temperature conditions.
- v. Store blood bags in unmonitored refrigerators.
- vi. Platelet bags should be stored at temperature 20-24°C in a conditioned room with gentle agitation and not in refrigerator.
- vii. Take Written Informed Consent before starting transfusion as per NACO/NABH guidelines (Format overleaf).
- viii. Fill up the Transfusion Record form properly & completely. Record the vital parameters (TPR BP) carefully before, during & 4hr post Tx.
- ix. Use fresh sterile disposable BT set with filter (one BT set for one bag of WB/PRC or 4-6 FFP). For PC prime the BT set with normal saline before transfusion and transfuse one unit (50 ml) in 10 to 15 min.
- x. Rate of transfusion should be very slow for initial half an hour. Carefully monitor the patient for early detection of Tx reactions.
- xi. Ideal duration of transfusion: One unit of WB/PRC in 2 hrs to hemodynamically stable patient. One unit of FFP or PC within 15-20 min.
- xii. Do not warm the bag before transfusion. Use blood warmer equipment for Neonatal & Massive Tx, and patients having cold agglutinins or Tx through central line.
- xiii. Therapeutic dose of blood components (WHO guidelines) RBCs minimum two units and one units of PC/FFP per 10 Kg body weight.
- xiv. Do not give pre-transfusion medications, like Inj. Avil/Steroid. It will suppress Tx reactions, which we want to detect at the earliest.
- xv. Do not add any medication in bag.
- xvi. Blood Transfusion should be given by competent, trained & qualified medical personnel (Transfusionist) with close monitoring of recipient.
- xvii. Diagnose & treat any Transfusion Reaction appropriately & kindly fill the TRANSFUSION REACTION WORK UP FORM & send to Blood Bank along with required samples for evaluation.



POST GRADUATE INSTITUTE OF CHILD HEALTH

SECTOR-30, NOIDA-201303 (U.P.)

(An Autonomous Institute under Government of Uttar Pradesh)

Continuation Sheet

Name _____ Age _____ C.R.No./UHID _____

07/08/24
@ 11

ΔB- ALL

Remediation completed

Reconsolidation due on 12/08

BP: 91/65

B:

- ① T. Cotrimoxazole / Cotrimoxazole
- ② T. Azithromycin → 500mg
- ③ T. Fluconazole
- ④ T. Isoniazid
- ⑤ Syp Lactulose
- ⑥ Send LFT next patch

Praty

08/08/24
@ 11am

B ALL

Remediation completed

Reconsolidation due on 12/8/24

BP- 94/52 mmHg

Adv: 1) Tab cotrimoxazole / cotrimoxazole

2) Tab fluconazole / Isoniazid

3) Syp Lactulose (CDs)

4) Send LFT next patch

Sitky



POST GRADUATE INSTITUTE OF CHILD HEALTH

Sector-30, Noida, G.B. Nagar (U.P.)
(An Autonomous Institute under Government of Uttar Pradesh)

PROGRESS NOTES AND ORDERS

Name: Yash Ward No. _____
Sex: _____ Age: _____ C.R.No. _____ Bed No. _____

Date & Time	Progress Notes	Orders
10/08	<p>Δ B-ALL</p> <p>Due for Reconsolidation on 12/08</p> <p>→ NO fresh stool</p> <p>→ BP: 92/60</p> <p><u>O/E</u></p> <p>G/C: Pan</p> <p>P/A: soft, NT</p> <p>Chest: B/C on entry and, clear</p> <p>WS: S, S, S</p>	
	<p><u>Rx</u></p> <p>① CBC, CP LFT 12 OP/24</p> <p>② Fluconazole / clofazimine</p> <p>③ Fluconazole / Uditiv</p> <p>④ Lactulose</p>	
11.8.24 12:17 P.M	<p>B-ALL</p> <p>Reconsolidation done</p> <p>- send labs CLM.</p> <p>- look stool</p>	<p><i>Siddhant</i></p> <p><i>Rudra</i></p>

Rudra
11.8.24

Date & Time	Progress Notes	Orders
12/08/ 12 PM	AB - ALL Due for Reconsolidation	
	→ Fever → 102°F	
	→ Pulses: well palpable	
	→ CBC (12/08): 8.2 / 1200 / 0 / 414	
	LFT: Better	
	O/E	
	. G/C: Fair	
	. vitally	
	. BP: 98/60	
	. HR: 136/min	
	. SpO ₂ : 97%	
	. RR: 28/min	
	. chest: B/L am & mid	
	. wc: 5, 1, 0	
	. P/A: soft	
	Rx	
	① P. cefepime 450 mg IV 12 hly	
	② Tr. amikacin 180 mg IV QD	
	③ 3rd Blood culture ✓	
	④ sweat NPO	
	⑤ Tr. cotrimoxazole / cotrimazole	
	⑥ Tr. Fluconazole → (stop)	
	⑦ syp lactulose	
	⑧ Shift to 3rd Floor	
	⑨ BP monitoring 2 hly; watch for shock	
	⑩ Tr. GASP 75 mg s/c OD	
	⑪ Tr. Voriconazole (200 mg)	
		1/2 - 1/4

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POST GRADUATE INSTITUTE OF CHILD HEALTH

Sector-30, Noida, G.B. Nagar (U.P.)
(An Autonomous Institute under Government of Uttar Pradesh)

PROGRESS NOTES AND ORDERS

Name..... Ward No.....
Sex..... Age..... C.R.No..... Bed No.....

Date & Time	Progress Notes	Orders
12/8 5:30 PM	• IgG1 - next prick	
13.08.21	B > ALL due for reconsolidation	
10:30 AM		<ul style="list-style-type: none"> In Cefoperazone D2 Inj Amikacin D2 T. Cotrimox / cotrimazole SUP LAETULOSE Inj GCSF D2 T. VORICONAZOLE (200mg) 1/2 - 1/4
	<ul style="list-style-type: none"> - Bld c/s - Febrile - Tmax - 102°F in morning - BP - 98/68 mmHg - No focus - I - 134 - O - 1370 - CBC - 118 - 8.2/100/00/41K 	<ul style="list-style-type: none"> - Send CBC coming morning 13.8.21 - Stop Udiliv.
		Sitky

Date & Time	Progress Notes	Orders
14.08.24	B-ALL due for consolidation	
8:15 AM		
Feverile		Inj Cefoperazone D3
T max - 103°F		Inj AMIKACIN D3
last night at 10PM		T. cotrimox / clotrimazole
no fever		Sup LACTULOSE
last night		Inj GCSF D3
Bld cts - no flag		T. VORICONAZOLE
Add memo		
	No mucus	
Collect sly	No perineal pain	
	No bleeding	
	Plan	
	(1) Collect sly	
	(2) Magnesium / bromide Vari.	
	Asb	
	(3) Caspary (1/2) sachet @	

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Ats
4:00 PM
11:30 AM



POST GRADUATE INSTITUTE OF CHILD HEALTH

Sector-30, Noida, G.B. Nagar (U.P.)
(An Autonomous Institute under Government of Uttar Pradesh)

PROGRESS NOTES AND ORDERS

Name..... Ward No.....
Sex..... Age..... C.R.No..... Bed No.....

Date & Time	Progress Notes	Orders
15/8/24	Last spike of fever at 11:30 yesterday.	
	Afebrile at present	- Inj Cefoperazone - Inj Amikacin D ₁
	No fresh complaints	- Tab. Cloxacillin - Tab. Clotrimazole - Spt. ...
	No bleeding	
	No mucoids	- Inj GCSE D ₁ → plan to stop <u>Catmuc</u> - Tab. Voriconazole.
	IgG - 526 mg/l	- Spt. ... (1/2) sacht op.
	Child stable at present	
	CBC, Deep cross match	
	Et sample	
	- If persistent fever spikes, plan IVIG	

Truymhelp Verify



POST GRADUATE INSTITUTE OF CHILD HEALTH
SECTOR-30, NOIDA-201303 (U.P.)
(An Autonomous Institute under Government of Uttar Pradesh)
Continuation Sheet

Name Yash Age _____ C.R.No./UHID _____

Blood \leftarrow showing : Budding yeast like cells seen.

cont. Tab voriconazole.

2PM
15/08/24

O/D/w Dr. Shikha Sin

2:20 PM. fever 100.2° F.

Stop Voriconazole.

Start inj fluconazole 200mg i.v. stat over 1h.

↓ Flb.

100mg i.v. q 24 hourly
over 1h.

Trulyhelp Verify



POST GRADUATE INSTITUTE OF CHILD HEALTH

SECTOR-30, NOIDA-201303 (U.P.)

(An Autonomous Institute under Government of Uttar Pradesh)

Continuation Sheet

Name _____ Age _____ C.R.No./UHID _____

19/8/24

Cl

BAU

d/+ secondary

Candida infection

Helminth ~ 24 hrs.

Vitals - Stable

No of C

Subcutaneous D7

Clotrimazole D7

Clotrimazole

Cobrimazole

lactulose.

10-150 / 800 / 24 hrs

Silky

Trulyhelp Verify



POST GRADUATE INSTITUTE OF CHILD HEALTH
SECTOR-30, NOIDA-201303 (U.P.)
(An Autonomous Institute under Government of Uttar Pradesh)
Continuation Sheet

Name _____ Age _____ C.R.No./UHID _____

9:15pm

Active PRBC

26/8/24

PRBC transfusion over
4 hrs.
in c/o any adverse
reaction,
stop transfusion
inform doctor
on duty

Issue Label / Cross Matching Report

Patient : YASH -
Patient's Blood Group : A Rh Positive
Hosp/Dr : PGICH Hospital, Noida
CR No. : 9811623004/157
Product : LR-PRBC (Lot-F)
Unit No. : PGI24-02531 Blood Group : A Rh Positive
Colln. Dt : 30/Jul/24
Exp. Dt : 10/Sep/24
X Matching Report : Compatible
X performed by : Ajeet
Issue Dt & Time : 16/Aug/2024 08:56 PM
Issued By : Ajeet
In Super Speciality Paediatric Hospital & Post
Graduate Teaching Hospital (Blood Centre), Noida
Sec-30, Noida, Gautam Bhudh Nagar, Uttar Pradesh
Lic.No. U.P./B&B.P./2018/03

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19.8.24

9:25 AM

B-ALL Due for Reconsolidation
Candidal sepsis

- Afbeville x 36 hours

- I - 180 + 1500

O - 1000

BP - 96/58

- Inj Fluconazole D5/5] stop

- SUP LACTULOSE

- Candid 1° TDS

- LAXOPEGI 1/2 OD.

As per staff

CDW DR. N. RADHAKRISHNAN

19.8.24
- T. VORICONAZOLE 1/2 - 1/4 BD.

- Cannula out

- CB 1000 / creat / T. BH C/M -
(NEW CANNULA)

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POST GRADUATE INSTITUTE OF CHILD HEALTH
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 SECTOR-30, NOIDA-201303 (U.P.)
 (An Autonomous Institute under Government of Uttar Pradesh)
 Continuation Sheet

Name _____ Age _____ C.R.No./UHID _____

20 Aug 24
 10:30 → Afekul

vitals stable

no fever, Hct

CBC - (11.1 | 38K | 46K)
 1K

Sym/Creat = 0.4/22

Plan
 Reconsolidatⁿ

→ keep NPO CM

for LP

Asp

→ LP CM

20 Aug
 6:45 pm

→ Manual Platelet Count.

flin.

Trulyhelp Verify

Progress Notes

2/18/24

c/o BAC
due for consolidation

- Age

- I

O

BP

AS

CF

No ofc
afebrile.

Vitals - ok

Voriconazole 1/2 1/4

Colistin

clonazepam

LP/IT - today

Inclulore @mc HS.

fdi

Trulyhelp Verify



POST GRADUATE
SECTOR-30, NOIDA
 (An Autonomous Institute under Government)

Continuation Sheet

Name Yash Age _____ C.R.No./UHID _____

2/8/24
2:00pm

IVF (DNS (1:100) KCl 500 ml over 6 hrs
 start from ~~8pm~~ 4pm - 10pm)

iv cyclophosphamide 540 mg in 100 ml NS
 over 1 hr (4pm - 5pm)

iv Mesua 330 in 50 ml NS over 6 hrs
 2 doses done at 3:30pm.

UP-IT done
 today.

iv stat 40 mg
 on 21, 22, 23, 24 Aug.

tab GMP 1 tab (Mon-Tue)
 1/2 tab (Wed-Sunday)

mg Emset 2mg TDS
 IP

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- T. Varma / Anand / ...



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 SECTOR-30, NOIDA-201303 (U.P.)
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 Continuation Sheet

Name Yash Age _____ C.R.No./UHID _____

23/8/24 B- All

@ 9:27am Reconsolidation WK1 D3

no issues

BP - 95/68 mmHg

- Inj Cyclosporine (D3/4)

- T. 6MP

- Tab Ondansetron

- T. Varicazole / Cinnarizine

- clonidine

- lactulose

21/8/24 B- All

@ 9:00am Reconsolidation week 1 D4

no issues

I - 1000 +

O - 4 wnt + 4T. Stud 2T.

Tab Ondansetron 4mg BP - 102/72 mmHg

1/2 tab TDS 0-0 X 3d

- Inj Cyclosporine (D4/4)

clonidine

lactulose

- T. 6MP

- Inj Ondansetron 5mg

- T. Varicazole / Cinnarizine

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B-AU
Reconsolidatⁿ =
Add

2-08-24
10:00 AM

N, D₂
no fl: todas
no juen, no bleed
no mucosist

→ T. GMP

→ J. Emset

(D₂)
4 → J. Ufa atina

→ J. Ufa atina

→ Ustunmas robe

→ Ustunmas robe
MP

- lactulose
10ml by

Trulyhelp Verify

POST GRADUATE INSTITUTE OF CHILD HEALTH

SECTOR-30, NOIDA-201303 (U.P.)

(An Autonomous Institute under Government of Uttar Pradesh)

Continuation Sheet

Name Yashu Age _____ C.R.No./UHID _____

26/8/24

BAD

10:30am

Reconsolidate W₂ D₆

fever ⊕ yesterday
3 spikes / 24 hrs

no fever

① CBC today
keep cross meth

② GMP decided
after CBC

③ comperone (D₂)

sucrose.

doxycycline.

lactulose

Colmoxawell

Cefoperone due to be given at 10am not given till now. Nurses on duty - Ms Kaurajpet and Mr. Anshupedia not aware.

26/8/24

10:32am

25/8 | 27/08/24
11:30 AM

B-ALL
Reconsolidation week, D7

@6
→ Last fever 100.2 at 26/08 10 AM (spike)
→ CBC (26/08): 7.9 | 1100 | 600 | 52K
→ Took 6MP yesterday

- ① Transfuse 10 PRBC today
- ② Collect blood c/t (24/08)
- ③ Rx: Cefoperazone - 3
- ④ T: Voriconazole
- ⑤ T: Gahimoxazole / Clomimexazole
- ⑥ T: 6MP
- ⑦ Syp lactulose

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CBC c/m | keep cross match
freshy for same

h. 3:33 pm
27/8/24

Qing



POST GRADUATE INSTITUTE OF CHILD HEALTH
Sector-30, Noida, G.B. Nagar (U.P.)
(An Autonomous Institute under Government of Uttar Pradesh)

PROGRESS NOTES AND ORDERS

Name..... Ward No.....
Sex..... Age..... C.R.No..... Bed No.....

Date & Time	Progress Notes	Orders
27/8/2024	8:05 pm.	

Issue Label / CrossMatching Report

Patient : YASH -
Patient's Blood Group : A Rh Positive
Hosp/Dr : PGICH Hospital, dr nita
CR No. : 981162300471573
Product : PRBC
Unit No. : PG124-002628 Blood Group : A Rh Positive
Colln. Dt : 06/Aug/2024
Exp. Dt : 17/Sep/2024
XMatching Report : Compatible
X-matched by : Mr. Surya Kr
Issue Dt & Time : 27/Aug/2024 07:43 PM
Issued By : Mr. Surya Kr

M/s Super Speciality Paediatric Hospital & Post Graduate Teaching Hospital (Blood Centre), Noida
Sec-30, Noida, Gautam Bhudh Nagar, Uttar Pradesh
Lic.No. U.P./B.B.P./18/0

DOC : 27/8/24
DOE : 27/8/24
RT : 27/8/24

Blood Group: A +ve

Transfuse 1 unit PRBC over 4 hrs.

Call NDD in case of any adverse effect.

Trulyhelp Verify

Date & Time	Progress Notes	Orders
11/24	BAU Reinduction Reconsolidation w/2 Dc	
	1 fever spike 100.2°F in last 24 hrs 4pm BP-98/59 HR-110/min No/C	
	300/1310 / 1300 Ondansetron Voriconazole Cotrimoxazole Clostrimazole	- To stop 6 MP after today Lactulose Cefoperazone. Sulbactam D3

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3-9-24
10:05 A.M

B- ALL | Reconsolidation completed |
Maintenance due

- Afebrile x 48 hours
- BP - 99/54
- J - 270 + 1275
- O - 850
- ST - 2 times
- Blood c/s - sterile

CBC - 2/9 -
10.4/600/200/9K
Ⓢ RBP received

- SVP LACTULOSE last Cytarabine
- T. Cotelemoxazole on 31/08/24
- T. VORICONAZOLE
- Clotrimazole 1^o 1^o
- T. GMP on hold.
- Inj Cefepime D5

Neutropenic.
Continue Cefepime
CBC - CM

Sachin
3.9.24.

Silly



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Continuation Sheet

Name _____ Age _____ C.R.No./UHID _____

4.9.24

Cont. inj. Cefapurozone D7/7

Arrange & issue I.D. card

Sudipno
4.9.24

5.9.24

B-A7 Reconsolidation compl.

11:40 AM

inj. Cefepime D7/7

Afebrile

T. Cotrimox / Cotrimo MP

BP-102/60

T. VORICONAZOLE

No issues

T. BMP on hold.

CBC on 07/09/24.

Silky

Sudipno
5.9.24



POST GRADUATE INSTITUTE OF CHILD HEALTH

SECTOR-30, NOIDA-201303 (U.P.)

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Continuation Sheet

Name _____ Age _____ C.R.No./UHID _____

7.9.24

B-ALL Reconsolidation completed

9:30 AM

Due for maintenance

- Afebrile

T. COXIMOX / cloxacillin

- BP-100/62

T. VORICONAZOLE

T. GMP on hold

CBC - 8.1/600/100/2K

20 RDP arrange Sedipso
& issue

Last Cytarabine
on 30/08/24.

off 6-mo.

If dev. found
start App after sending
bed pt. (inform doctor)
on duty

Silky

Truhelp Verify

08/09/24

BLAU

Post re-consolidation
(last Axa-C on 30/08/24)

Persistently low counts

Dev. high fever 101 at 5:40pm →
104 at 11 noon.

No apparent focus.

O/E: Well - toxic, well.

Adv: (1) Inj. Gr. CF 75 mg subcutaneous
once a day

(2) If fever persists, add
Inj. Telicoplanin, 1000mg
in 50 ml NS/iv 12 hly x 3 doses
f/b 24 hly

(3) Send CBC coming morning
Chase blood if sent yet.

Silky.

8/8/24
10:20pm

Common critical

Path - ①

HA-110/2

RA-20/2

tel/jen (10/17)-

in 12 hours

(5)

9.9.24

10 PRBC arrange & issue

9.9.24

Post Reconsolidation

- 4 ep fever in last 24h.

- BP - 101/60

- I-250+1100

O-1100

BT-2 time

Inj Meropenem D3

Inj AMIKACIN D3

SP LACTULOSE

T. Septem

T. NORCONAZOLE

200mg 1/2 BD

Candid mf

Inj GCSF D2

Inj Teicoplanin D2

CBC on 11/9

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2/21/21

11-9-24

- 2 eps fever
in last 24h.
tmax - 102°F

Post reconsolidation FN

- Iij Mespopenem D5
- Iij AMIKACIN D5 - Stop
- Iij Teicoplanin D4
- Iij Grest-D4
- T. VORICONAZOLE
200mg 1/2 BD
- SUP LAETULOSE
- T. Septican
- Candida MP
- CBE on 3/2

Sethi Poo
13-9-21

Trulyhelp Verify