









HDU Call

21/8/25

To  
The CR/DOD  
Dept of HDU  
Dr. RMLH

Shivan  
9 month M  
L P3A  
EC - 3rd  
floor

Respected sir/Maam,

This pt is a HUClo esophageal  
atresia & TEF (operated) now admitted & 40  
cough, cold x 7 days & recurrent pneumonia,  
fast breathing x 3 days, TEF leakage & GER &  
dextrocardia. The child is planned for surgical  
repair of TEF on 22/8/25 morning.

PL requires ventilator care post operatively.  
Hence, kindly arrange ventilator bed  
for post op care of the pt tomorrow  
morning.

Thanking you.

Dr. Haikha  
(PL-1)

Call noted  
Rohitha

Dr. J ROHITHA  
Senior Resident  
Department of Paediatrics  
AVBIMS & Dr. RML Hospital  
New Delhi-110001

HDU bed will be  
available if the  
child requires; along w  
ventilator

21-08-2025, 10:35 PM.



PICU call

TP  
The SR/DOD  
Dept of PICU  
RMLH

Respected Sir/maam,

This is a case of TEF & esophageal atresia planned for Surgery for anastomosis of TEF tomorrow morning (22/8/25).

O/E - vitals - SpO<sub>2</sub> - 95%. JRA CFT - < 3 sec  
PR - 110/min PP/PR - +M  
RR - 28/min

Pt. planned for closure surgery of TEF on 22/8/25. → may require ventilator post operatively.

Kindly consider this pt & arrange ventilator bed for post op on 22/8/25 morning

Thanking you,  
Dr. Harika  
CPU-1

Noted  
5:00 pm  
@

Shirvanah  
9 Mon/H  
↓ ECs - 3rd floor

try  
IC

2V 28H  
2V 24

VS 2

3 (1:1)

24m

styc

14m

↓  
15.5m



नाम/Name ..... Shivam 9mo/m 49882 ECS 3 no k...

CONTINUATION CHART

दिनांक/Date: 18/8/25

प्रतिदिन विवरण और चिकित्सा/Daily Notes and Treatment

Pacels Surgery Cell

To  
The SR/DAD  
Dept of Paeds Surgery  
Dr Sme Hospital  
Delhi.

Respected Sir/Mam

This patient is a G0 Enphaged  
Atresia - TEF. Operated Oct 2024. Now admitted  
- G0 cough/cold x 7 days. Post Breath. x 3 Days  
Was planned for surgical intervention Today 18/8/25  
PAC has been done.

Kindly assess & plan further surgery.  
Thank You  
Sd/-

Dr. P.



**Atal Bihari Vajpayee Institute of Medical Sciences and  
Dr Ram Manohar Lohia Hospital**



**CONSENT FORM FOR SURGICAL OPERATION AND/OR DIAGNOSTIC/THERAPEUTIC PROCEDURE**

Name: Shashwath  
 CR No/UHID: 49682  
 S/o, D/o, W/o: Manoj Kumar MLC No. (if applicable) Age: 3 mths Sex: Male

Authorization for Surgical operation and or Diagnostic / Therapeutic Procedure  
 Treating Team/ Unit: \_\_\_\_\_ Date: 16/8/20 Time: \_\_\_\_\_

- I authorize Dr. \_\_\_\_\_ and who so ever he/she may designate to perform the following procedure as they deem necessary or desirable. (Name of procedure)
- It has been explained to me that, during the courses of the operation / procedure, unforeseen conditions may be revealed or procedures deemed necessary.
- I further consent to the administration of drugs, infusions, blood or blood product transfusions or any other treatment or prognosis, the risks involved and the possibility of complication in the investigative procedures / investigations and treatment of my condition/diagnosis have been fully explained to me and I have understood the same.

Risks: Infection, bleeding, Redo Surgery, Injury to lungs, oesophagus

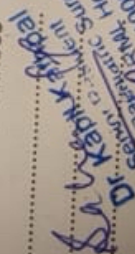
Alternative: \_\_\_\_\_  
 Benefit: Relief of symptoms

- I have been given an opportunity to ask all any questions and I have also been given option to ask for second opinion.
- Please tick, if applicable. I have been informed that  
 Fresh  
 Reprocessed \_\_\_\_\_ (name of item/device) being used for the \_\_\_\_\_
- I acknowledge that no guarantee and promise has been made to me concerning the result of any procedure/ treatment.
- I consent to the photographing or televising of the operation or procedures to be performed, including appropriate portions of my body, for medical, scientific or educational purposes, provided my identity is not revealed by pictures or by descriptive texts accompanying them.
- I also give consent to the disposal by hospital authorities of any deceased tissues or parts thereof necessary to be removed during the course of operative procedure/treatment.

**I CERTIFY THAT THE STATEMENT MADE IN THE ABOVE CONSENT FORM HAVE BEEN READ OVER AND EXPLAINED TO ME IN MY MOTHER TONGUE AND I HAVE FULLY UNDERSTOOD THE IMPLICATIONS OF THE ABOVE CONSENT.**

Name & Signature of the Witness: Manoj Kumar  
 Signature of the Patient / Parent / Guardian: \_\_\_\_\_  
 Thumb impression: \_\_\_\_\_  
 Name: Manoj Kumar  
 Relationship with patient: Father  
 Date: 16/8/20 Time: \_\_\_\_\_

**CONFIRM THAT I HAVE EXPLAINED THE NATURE AND EFFECTS OF THE OPERATION/PROCEDURE / TREATMENT TO THE PERSON WHO HAS SIGNED THE ABOVE CONSENT FORM.**

  
 Dr. Kabir Singh  
 Dept. of Plastic Surgery  
 Atal Bihari Vajpayee Institute of Medical Sciences  
 Dr Ram Manohar Lohia Hospital  
 New Delhi-110001



08/22/2025 01:44

Atal Bihari Vajpayee Institute of Medical Sciences and  
Dr Ram Manohar Lohia Hospital  
New Delhi-110001



**PRE-OPERATIVE ASSESSMENT & INSTRUCTIONS**

Name of the Patient: Shivanya Age: 9m Sex: M  
 CR No/UHID: 49882 Ward: \_\_\_\_\_ BED No.: \_\_\_\_\_  
 Department: PS-1 Unit: PS-1 Consultant: Dr. P.R. Debnath  
 MLC No. (If any): \_\_\_\_\_ Date of Pre-Op Assessment: 08/25 Time: 6:00 pm  
 Diagnosis: Recurrent TEF Operative Procedure (Planned): TEF repair

- NPO from 2am
- IVF @ 2um/hr DORS + (1:100 kcal) + MUIZ
- ~~AST~~ IV Jy Faxim Continue Antituberc
- Jy Faxim (10ml) for O7  
Augmentin
- Bath before O7 in Detool Soap
- Shift to O7 @ 2am in proper O7 dress  
with all documents

• Follow PAE orders.

★ PICU Med

★ Send Poly CM in morning  
at 8 AM

**Dr. DIKS**  
Senior Resident  
Dept. of Paediatrics  
Atal Bihari Vajpayee Institute of Medical Sciences & Dr. Ram Manohar Lohia Hospital  
New Delhi-110001

21/8/25

Signature of Doctor: [Signature]  
 Name of Doctor: \_\_\_\_\_





Movement  
1932 से स्वास्थ्य सेवा में

IN HEALTH CARE SERVICES SINCE 1932

भारत सरकार

Government of India

ए.बी.वी.आई.एम.एस. एवं डा. राम मनोहर लोहिया अस्पताल, नई दिल्ली  
ABVIMS & Dr. Ram Manohar Lohia Hospital, New Delhi



जिन्दगी चुनें : तम्बाकू नहीं

CHOOSE LIFE : Not Tobacco



20250680132

केस शीट / CASE SHEET

(क) भर्ती संबंधी आँकड़े/Admission Data  
के.पं. संख्या/CR No. 202549882

यूनिट सं./Unit No.	P3AWed	वार्ड/Ward	
यूनिट अध्यक्ष/के तहत भर्ता Unit Head/Admitted under	Dr. Bijoya Patra - Doctor	क्या चिकित्सक विविधक मामला है/If MLC	(नहीं)/(No) हाँ/हाँ Yes/No
भर्ती की तारीख एवं समय/ Date & Time of Admission	2025-08-06 11:13 am	भेजने वाले का नाम Referred from	
(ख) रोगी के संबंध में आँकड़े/Patient Data: Mr. SHIVANSH KUMAR		स्थानान्तरण/ Transfer to	

AADHAR No. 3333  
EGS 3rd Floor Paed Department

(ग) नैदानिक आँकड़े/Clinical Data :

नाम/Name	मानो ज कुमार MANOJ KUMAR	आयु एवं लिंग/Age & Sex	9 Months / Male
माता/पिता/पति का नाम Mother/Father/ Husband's Name		दूरभाष/Phone Nos.	*****4048
पता/Address	A-105 GALI NO-9SANJAY COLONY, SAMAY PUR NORTH WEST, DELHI, North West Delhi, INDIA,	ब.रो.वि./आपातकालीन विभाग संख्या/OPD/ Emergency No.	
(घ) नैदानिक आँकड़े/Clinical Data :		के.स.स्वा.यो. टोकन सं. CGHS Token No.	

अंतिम निदान/ Final Diagnosis		आईसीडी कोड/ ICD Code	
अपनाई गई शल्यक्रिया/ Operative Procedure		ऑपरेशन की तारीख/ Date of Operation	
(घ) छुट्टी/मृत्यु संबंधी आँकड़े/Discharge/Death Details:			

छुट्टी की योजना की तिथि/ Date of Plan of Discharge		छुट्टी की योजना का समय/ Time of Plan of Discharge	
छुट्टी/पेजे जाने/लामा/फरार मृत्यु होने की तारीख एवं समय Date & Time of Discharge/ Referral/LAMA/Abse/Death		अस्पताल में भर्ती रहने की अवधि/ Hospital Stay	
		मृत्यु का कारण/ Cause of Death	

कनिष्ठ रेजिडेंट Junior Resident	वरिष्ठ रेजिडेंट Senior Resident	चि. अधिकारी/संकाय/यूनिट अध्यक्ष Med. Officer/Faculty/Unit Head
नाम/Name		
हस्ताक्षर/Signature		









Atal Bihari Vajpayee Institute of Medical Sciences &  
Dr. Ram Manohar Lohia Hospital  
New Delhi-110001



**DOCTOR'S INITIAL ASSESSMENT SHEET**

PATIENT'S NAME: Shivansh AGE: 9m SEX: M  
S/O, D/O, W/O: Mamaji CONTACT NO: \_\_\_\_\_  
CR. NO/UHID: 49882 BED NO./WARD: 653rd  
MLC NO (IF ANY): \_\_\_\_\_ DATE: 6/8/2025 TIME: \_\_\_\_\_  
ADDRESS: Sansarpur, Delhi

ADMITTED WITH COMPLAINT OF: H/Olo Dysphaged chest TEF Infant: MOTHER  
Orbit x 8d Birth: term  
fast breathing x 3d

**HISTORY OF PRESENT ILLNESS:**

It was app. well 8 days ago when child develop  
Cough x insidious onset  
gradually progressive  
non-spasmodic, non-paroxysmal  
not after fast - trache vomiting.

**HISTORY OF PAST ILLNESS:**

fast breathing x 2 weeks  
noisy breathing

**RISK FACTORS:**

no H/O fever | Such - best | feeding dysphagia  
no H/O increased precordial activity | Bluish discoloration |  
Pericard edema.

**LOCAL EXAMINATION**

no H/O abnormal body movement | no dullness | no  
H/O recurrent wet in fast | H/O bottle feed

**GENERAL PHYSICAL EXAMINATION**

BP (mmHg): \_\_\_\_\_  
PULSERATE (PER MINUTE): 160/m  
TEMPERATURE: afebrile  
SpO2% : 94% NA  
RR: 45/m , IRR | HR | CF  
PALLOR: F | Ic | Cy | Ur | ES | CF  
OEDEMA: \_\_\_\_\_  
ICTERUS: \_\_\_\_\_  
CLUBBING: \_\_\_\_\_



ABVIMS & DR. RAM MANOHAR LOHIA HOSPITAL  
NEW DELHI-110001

लगतातर चार्ट / CONTINUATION CHART

Shuvansh Kumar

9m/H

कमरा/शय्या सं/Room/Bed No.

आहार/Diet

प्रतिदिन विवरण और चिकित्सा/Daily Notes and Treatment

दिनांक/Date	प्रतिदिन विवरण और चिकित्सा/Daily Notes and Treatment	आहार/Diet
6/8/25 11:30 AM	<p>K/C/O exchanged Atrisa + TEF operated bed 2029</p> <p>o/b</p> <ul style="list-style-type: none"> <li>- Cough   cold + Fever</li> <li>- decreased fast breathing + 3 days</li> <li>H/o fever 10 days back</li> </ul> <p>o/e</p> <ul style="list-style-type: none"> <li>A/b decreased reabsorption ⊕</li> <li>H/o 3 admissions + 1/6 previous + 11 new</li> </ul> <p>HR - 110/min</p> <p>RR - 64/min</p> <p>SpO<sub>2</sub> - 91%</p> <p>PP/PV +/P</p> <p>CRT &lt; 3s</p> <p>perp - warm</p> <p>R/S - B/L ACO</p> <p>B/L nephrotic</p> <p>APP - Inj dindamycin 60mg - V/H</p>	
	<p>R (5-9k)</p> <p>- Orally allowed</p> <p>- Inj Augmentin 200mg IV - TDS</p> <p>- Syp PCM (1ml/5) - 35min - SOS</p> <p>- Neb + Asthalin 2.5mg + 30ml NS</p> <p>APP - Inj dindamycin 60mg - V/H</p>	<p>9 chole,</p> <p>IV TDS</p>

Dr. Arind  
R/S