Ek Parivartan Foundation

Working For a Better Tomorrow

Reg No.- 130
PAN No.- AAATE9879M
Unique ID : DL/2019/0230573
80G No. : AAATE9879MF20221
CSR No. : CSR0000314
MSME (UDYAM) : DL-02-0040746

सेवा में,

एक परिवर्तन फाउन्डेशन
नई दिल्ली

निवेदन इस प्रकार है मेरा नाम प्रेम प्रसाद है और मैं जिला चम्पावत उत्तराखण्ड का रहने वाला हूँ मेरे बच्चे का नाम अक्षय है जो कि इस समय एक जानलेवा बिमारी ब्लड कैंसर से संघर्ष कर रहा है जिसकी उम्र सिर्फ 5 साल है। जिसका इलाज काफी समय से दिल्ली के एम्स अस्पताल मे चल रहा है पिछले कुछ दिनो मे बच्चे की हालत खराब है मैं एक छोटे से स्कूल मे अध्यापक हूँ काफी समय से स्कूल न जाने के कारण मेरे पास कमाने के कोई दूसरा रास्ता नही है इस कारण मेरे बच्चे के इलाज के लिये मैंने संस्था से अनुरोध किया है की मेरे बच्चे के इलाज हेतू मदद करे।

धन्यवाद

प्रेम प्रसाद

EK PARIVARTAN FOUNDATION TRUSTEE

EK PARIVARTAN FOUNDATION

Working for a Better Tomorrow

EK PARIVARTAN FOUNDATION REGISTRATION NO: 130

EK PARIVARTAN FOUNDATION PAN NO: AAATE9879M

EK PARIVARTAN FOUNDATION 80G NO: AAATE9879MF20221

EK PARIVARTAN FOUNDATION NGO DARPAN : DL/2019/0230573

EK PARIVARTAN FOUNDATION GUIDESTAR INDIA : 11308

EK PARIVARTAN FOUNDATION CSR REG NO : CSR00040314

EK PARIVARTAN FOUNDATION TM APP NO : 5822870

EK PARIVARTAN FOUNDATION MSME NO : DL-02-0040746

EK PARIVARTAN FOUNDATION WEBSITE : WWW.EPFNGO.ORG

EK PARIVARTAN FOUNDATION E-MAIL : INFO@EPFNGO.ORG

PATIENT NAME	MR. LAKSHYA TAMTA
PATIENT FATHER NAME	MR. PREM PRASAD
DOB AND GENDER	5 YR / MALE
DISEASE NAME	(B-ALL) BLOOD CANCER
TREATMENT HOSPITAL	A.I.I.M.S
REGISTRATION NO	107123728
DEPARTMENT NAME	UNIT-III, PAEDIATRIC
TREATMENT COST	APPROX 2 TO 3 LAKH
PATIENT FATHER OCCUPATION	TEACHER
PATIENT ADDRESS	CHAMPAWAT DIST. UTTRAKHAND

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08/06/24

Δis: B-ALL/SR/DI
(D16)

→ No fresh complaints

O/E
Vitals - stable
S/E: WNL

inv
CBC: 12.3 \ 5310 / 2.60 lac, 3640

LFT/KFT: (N) U/Cr: 15/0.4
Bil - T: 0.51, D: 0.21
AST/ALT: 108/252

Adv
1. Ct. tab septran / syrup / bowl / bladder gargles as advised
2. R/V on 15/06/24 @9AM

DR. [illegible]

→ to Lalo ji
Chemotherapy
• IVF DNS + 1:1 KCl @ 90ml/hr x 2hrs
↓
Inj. CYCLOPHOSPHAMIDE 750mg + 200ml NS over 1hr

~~IVF DNS + 1:100 KCl @ 90ml/hr x 9hrs~~

⇒ Inj. MESNA 250mg ~~[illegible]~~ 0, 3 hour

(from 14/6/24) ⇒ tab 6-MP (50mg) 1 tab OD

⇒ Inj. AraC 56mg slow iv push
from 15/6 - 18/6

Sd/-

11/6/24

C/o cough x 1 day

(dry, occurs in bouts, not asso. c chills & rigors, relieved on medication)

- no fever
- no post tussive vomiting / hemoptysis.

O/E.

HR = 104/min
RR = 28/min
N/CR + b

RS BLAE(+)
no added sounds

P/A NAD

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

OPR-6

बाल चिकित्सा विभाग.

UHID: 107123728
ABHA: 0
0
Dept No.: 20230030032031
Clinic No. : 2023/POC/317

कमरा / Room: C-210, Unit-I
POC
सोम
08/05/2024
Queue: F34

Reporting 01 52 26

LAKSHYA TAMTA
S/OPREM PRASHAD
5Y 6M 3D / M
Add: VILL-FOLAP TAKLI CHAMPAWAT, UTTRAKHAND, Pin 0 INDIA
Follow Up Patient General 0

ओ०पी०डी० पंजीकृत सं०/O.P.D. Regn. No. _____

आयु Age	पता/Address
	POC 317/23

निदान/Diagnosis B-ALL

दिनांक/Date	उपचार/Treatment
26	N/V 8/5/24 C-CBC [illegible]

बाल चिकित्सा विभाग.

UHID: 107123728
ABHA: 0
0
Dept No.: 20230030032031
Clinic No. : 2023/POC/317

कमरा / Room: C-210, Unit-I
POC
सोम
20/05/2024
Queue: F25

Reporting 02 14 13

Lakshya
S/OPREM PRASHAD
5Y 4M 19D / M
Add: VILL-FOLAP TAKLI CHAMPAWAT, UTTRAKHAND, Pin 0 INDIA
Follow Up Patient General 0

25 → 18.4	01/06/2024
N/A	CBC

27/05/24

No fever Chest clear 10·3 / 2·02 / 235
No cough. ANC 540
O/E. ✓

31/5/24

Tab Pan 20 1 tab OD × 5d
Tab Dexa (4) 1 tab BD × 5d
day care daily
Inj Methotrexate 12mg IT stat 31/5/24
Inj Vincristine 1-12mg IV push. 31/5/24
Inj Doxorubicin 18mg IV infusion 31/5/24

Septra to continue

Rev after 1 week.

Aditya Gupta

CBC/LFT/RFT - 7/6/25

Review in Peds Onco OPD on 8/6/25 c septra.

20/5/24
Counselling done

- Betadiene gargle 2%
- Sitz bath
- personal hygiene

No fresh complain

Child well no other issues

20/5/24

11.8 | 5,900 | 4,370 | 1.60L

On septran and satfam.

On DI.

Urea 27
Cret 0.3 B/L 0.75
Ca 8.6
PO4 5.7
OT/DT 64/34

Due for next chemo 25/5/2024

- Inj emend 2mg D1
- Tab Dexa 4mg
  1 — 1 x 5days

- D1:
  Inj Doxorubicin 18mg in 100ml NS over 1hour
  Inj VCR 1.1mg IV slow push
  Intrathecal methotrexate 12mg

18/05/24

B-ALL/IR/DI

No fresh complaints

Received PEG-LEUNASE C14/05/24.

ASV/

Prechemo

- INJ. EMESET 8mg IV Push
- INJ. DEXA 8mg IV Push

Chemo

~~18/5~~ INJ. VINCRISTINE 1.1mg SLOW IV push

~~18/5~~ INJ. DOXORUBICIN 18mg in 100mlNS IV over 1hr

~~18/5~~

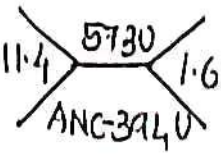
Postchemo

1. Emeset 4mg ½ tab BDS x3 days.

- N/V ——— 20/05/24 POC @ 9pm

CBC
LFT
RFT

18/05/24



U/Cr — 19/0.3

U.acid - 3.7.

Ca/P - 8.7/3.5.

Na/K + 140/4.3.

TB/DB - 0.7/0.2

AST/ALT — 84/173/18

Dr. RUKSHNA SHAIQUE P.R.
DM Resident
Pediatric Oncology
AIIMS, New Delhi

6/5/24 Δ B-ALL / IR / Completed IM

Echo - LVEF = 65% . 2/5/24 .

No FC

Exom labs awaited

Adv

- N/V 8/5/24 ĉ CBC / LFT / RFT

- ⊕ cephan

- To collect B-ALL (IR) → Delayed Intensification

SR / PO Peds Onc

8/5/24 Child well

11.2 / 3 / 196. Active playful

LFT/RFT - WNL.

- Tab Pan - 20 1 tab OD × 5d

- Tab Dexa (4) 1 - 1 × 5d

- Inj VCR 1.12 mg IV push

- Inj Methotrexate 12 mg IT ~~push~~ stat

- Inj Doxorubicin # 18 mg IV infusion

- Inj

- Inj peg-Leunase ~~1000~~ 750 IU IM stat

← day care 11/5/24 (Saturday) 11/5/24

Rev after 1 week. 15/5/24

Aditya Gupta

CBC
LFT
RFT

45 OPA not possible

22/04/2024

Child well

6/04/2024 . POC

Septran to continue

CBC
11.2 | 4.4 | 166

CBC
LFT
RFT

Diet Notes
Wt - 18kg
Ht - 110cm
MUAC

Recommended Intake - 1500 kcal 42.5 gm.

1/5/24

1/5/24

complete 1 cy
annually CMO for DZ
date 1/5/24
&
f/u on 2/5/24

Dr. Aditya Kumar Gupta
Dr. Aditya Kumar Gupta Professor
Additional Professor, Pediatric Oncology
Department of Pediatrics
AIIMS, New Delhi-29

LH0805240528 107123728
LC0605240917 107123728
LAKSHYATAMTA

LC1405242526 10712372
LH1405241977 10712372
LAKSHYATAMTA

13/03/24

ALL - IR.
Capiyy MTX
Recieved on 6th.

- No loose stools today.
- 1 episode of vomiting
- No mucositis

contmi Sepham / Ofloxin / Emeset / Voriconyole / D. Lanyol

10·5 | 3·5 | 320.
LFT | RFT = W

Rev 16 | 3 | 24

16/03/24

Child well

O/E · V

- W/H Voriconyole. (1 day pre & post Ø VCR).

18/3/24
- Inj Vincristine · 1·1 mg IV slow push.
- Inj Methotrexate 115 mg IV as infusion over 1 hr.
- Inj Methotrexate (12mg) IT stat → 19/3
- Sepham to contin

10·0 | 2·1 | 250
760
LFT | RFT = V
AST | ALT
520 | 661
(548)

Adityagupta.

- Inj METHOTREATE 1 syringe IT

Dr. आदित्य कुमार गुप्ता
Dr. Aditya Kumar Gupta
अपर आचार्य/Additional Professor
शिशु रोग विभाग/Department of Pediatrics
अखिल भारतीय आयुर्विज्ञान संस्थान/All India Institute of Medical Sciences, New Delhi-29

Dr. HARSHNEET VISHARIA
Senior Resident
Dept. of Paediatrics
AIIMS, New Delhi

6) Kindly review in Daycare OPD c̄
CBC | RFT | LFT on 6/03/24.

06/03/2024

Dx: B-ALL | IR | Interim maintenance.

11.1 / 4210 / 92 K / 1270

c/o. Cough & running nose.

Chest: B/L A/E equal
Conducting sounds heard

CVS: (N) S1, S2 heard
No murmur

P/A: Soft, NT
No OM.

Adv:
- Date for ITM + LSF from Daycare → (8/3/24)
- Give Day 1 chemo as charted.
- Cont Syp. Septran / Betadine gargle / Sitz bath.
- R/V on 18/03/24. c̄
CBC/RFT/LFT -

20/8/24

FN review -

Afebrile.
Cough better.

Rpt CBC done yest: 10.4 / 820 / 36k. / Do ↳ ANC,

CECT- chest - provisionally normal. (discussed c SR.)
Radio consultant informed for review

Gal awaited -
chest clear.

Monocytes ↑ Vitals ↑ evidence of marrow recovery

Plan:

1. Rpt CBC today
2. Conti iv Abx for 5 day
3. R/w in OPD time c reports.

Sanjeev
SR. PGI.

19/2/24

FN review.

Afebrile. x 9 hours.
ANC Not recovered (<100) → falling trend.
Blood c/s : Sterile
PCT <1.

Cough (+).
No tachypneal hypoxia.
Chest : Clear.

D4 Voriconazole.
D11 Piptaz.
D8 Teicoplanin

fungal w/u : Gal: awaited
CECT chest: done. To be discussed

Plan:

1. Since profoundly neutropenic and ANC ↓ trend: to continue iv Abx. Not upgrading as child is well clinically
2. To c/L Gal.
   To discuss CECT chest.
3. Rpt CBC
4. FN review in Daycare tomo. Can stop iv Abx, once ANC starts rising.

Sanjana
Dr. Sanjana. S
DM, Pediatric Oncology
AIIMS, New Delhi
DMC-109666

↓

Inj. MESNA 250 mg in 50ml NS iv over 1|2hr @ 0|3|6hrs

[post cyclophos. Hydration]: IVF NS @ 1:100KCl @ 100ml/hr x 4hrs

③ Tab 6 MP (50mg) ① OD daily x 11 days

④ TIC sepsan as advised.

Plan CBC on 7/2/2024
SE/KFT/LFT

I
a nivita
(onco SR)

5/2/24

Seen in Daycare:

child well.

9.2 2.9L. 2820

Plan:

1. Proceed with Cyclophosphamide.
2. Inj. ARA-C 55mg iv push x 4 days. 6/2 → 9/2
3. N/V 10/2/24. C CBC, RFT, LFT.

Dr Sanjana. S
DM Pediatric Oncology
AIIMS, New Delhi
DMC-109888

Cyclophos 6 hours.
+ CSF ITM

Chemo dated for 17/01/2024 if afebrile.

15/1/24

- 0% Betadine gargle
- Sitz bath.
- On septran Sat/Sun
- No fresh complains.
- No fever
- NO CBC.

- Can give Cyclo/Cytarabine/ 6MP to continue

- R/A 7 days

Aditya Gupta

Dr. Aditya Kumar Gupta
Additional Professor
Pediatric Oncology
Department of Pediatrics
AIIMS, New Delhi-29

CBC
LFT
RFT

19/1/24.

- Syp EMSET 2mg/5ml - 5ml SOS

21/1/24. ↳ Running nose
cough → wet sounding] x 1day
No fever spikes

O/E vitals stable
Chest - clear.

10 | 01 | 2024

LFT | RFT - ✓

11.5 | 5.4 | 150.

BMA - no blasts

Inj Methotrexate 12 mg IT stat. ↑ Catch up from induction.

Ped neuro review done.

MRD report

after MRD can start next protocol

Rev on 13 | 01 | 24

Aditya Gupta

negative

can start next protocol

Wt - 10 kg

Wt - 20 kg

Inj Cyclophosphamide 750mg IV over 1 hr in DMF ✱ Mesna

Inj Cytarabine 56mg IV × 4d (D2 → D5)

Tab 6MP (50) - 1 tab × 6 days

½ tab × 1 day

evening, empty stomach

Not milk or milk products

Septran to continue

Inj Mesna 200mg in 100ml NS @ 0, 3, 6 Hrs

Aditya Gupta

डा. आदित्य कुमार गुप्ता
Dr. Aditya Kumar Gupta
Additional Professor
Pediatrics

13 | 01 | 2024

W/H Chemo for now.

To review

had 1 spike of fever yesterday → given PCM

No fever after that

running nose

Inj Cetrizine 5ml OD × 3d

Rev on Monday POC 15/1/24

Aditya Gupta

डा. आदित्य कुमार गुप्ता
Dr. Aditya Kumar Gupta
Additional Professor
Pediatric Onco

06/01/2024

11.6/7.54/154
LFT/RFT- wr

Difficulty in walking
Unable to stand (stands ± support)
↓
? Myopathy
? Neuropathy

- BMA (EOI) done yesterday.

- local site at (LP) → infected/
↓
ITM to be done later.

Ref to Ped Neurology.

Rev on POC
8/1/24

CBC
LFT
RFT
CRP
Lyon 10/1/24

8/1/24

How BMA - morphological remission.
BMA (MRD) - awaited.

Diet MTFs

Wt - 20 kg
Ht - 110 cm
MUAC - 16.0 cm
(Mild Thinn)

C/o loss of appetite

Current Intake - 920 kcal & 20 gP
Recommended Intake - 1500 kcal & 45 gP
Advice:- Essential NP 1/2 scoop in 150 ml milk BD

8/1/24

1/1/24

- 2-1. Betadine gargle - explained
- Sitbaths
- on septran Sat/Sun
- C/O - loose motion.
- Due for BOI Bms, MRD.

C/O

B-ALL (IR) post Induction.

Day 35 today.

- NO fresh complaints.

11.4 / 6830 / 4450 / 2.10

Adv.

- stop prednisolone from tomorrow.
- D_{35} BMA, MRD, ITM on 2/1/2024.
- F/U C reports. on 6/1/2024.
- cont septran / Betadine.

Dr
SR IPD

2/1/2024

→ Bone marrow aspiration & MRD done.
ITM deferred d/t local site wound infection

Diet Notes

Wt gain ++ 19 → 20 kg in 10 days.

MUAC - 16.5

Steroids stopped; ↓ in appetite

Current intake = 720 kcal and 29 gP

Required intake - 1500 kcal & 50 gP

To continue Pediasure 1 scoop in 150ml milk BD

1/1/24

Last CBC on 11/01/24

11.5 > 4480 / 1710 < 2.9L.

LH2201240794 107123728

LAKSHYATAMTA

advice

- Syp citrizine. 5ml PO OD x 3d
- Danger signs explained
- If fever / Danger signs → Peds emergency SOS.
- R/v c̄ CBC report tomorrow.

Aishwarya
21/1/24.

24/01/2024

fever } Started IV abx in
cough } casualty

Last fever yesterday.
cough (+).

CXR - b/l hilar opacities

9.1 | 2.8 (2.2) | 260

✓ Inf Zosyn / Teico. to continue.

✓ Septran to contin

✓ Rev 27/1/24. Saturday

✓ Syp Levolin (1mg/5ml) 3.5ml PO TDS x 3d.

✓ Syp. Cetrizine 5ml OD x 3d

Aditya Singh

B < C, S → report.

CBC LH2701240858 107123728

LAKSHYATAMTA

CX
Ahan

MBL-270124079 107123728

LAKSHYATAMTA

25/1/24

— To Review in OPD → 25/1/24
clinic

if suspicion of NEC
on USG.

- Ped onco SR will
review

[signature]

Diet Notes

Wt - 18kg
MUAC - 15cm.
Ht - 150 cm

Current Intake = 980 kcal and 29 gP
Recommended Intake = 1500 kcal and 48 gP

Advise = Pediasure 1 scoop
150 ml milk OD.
Ghee 2 tsp / day.

[signature] 27/12/...

27/12

B-ALL (HR) / Induction

Mild cough
No fever

Diet

PPP
CFT (Blue
PR 24/... PR 31/2/...

Adv.

- Referred to Casualty

I

USG @ local site + Inj. PCM/ for pain Tramadol.

- decide regarding upgradation to MICU / ICU.
- Keep Onco SR to review
- N/C - 11/12/23 @ 2pm

Dr. Jignesh

10/12/23.

C/S/B Daycare SR, MCB.

on Piptaz, Teicoplanin - D4

c/o 1 spike fever overnight

c/o pain abdomen x1 day — undocumented

O/E Raplined Blister over ITM site

Vitals stable

P/A - soft
mild guarding (+)

Adv.

- Referred to Pediatrics Casualty for
- CBC, USG abdo [NEC]
- Consider adding Clindamycin or Meropenem

Diet Notes

Wt:- 18 kg.
MUAC:- 15cm.
Ht - 110 cm

c/o pain in abdomen after each meal
Current Intake - 1070 kcal & 63 g P
Recommended Intake - 1450 kcal & 47 g P
Eating 4 whole eggs / day
Modified consistency of meal.
Diet Plan given
Advised Pediasure ½ scoop in 200 ml milk BD.

[illegible signature]
9/11/[illegible]

09 | 12 | 2023

Δ: B - ALL (IR) / Induction, Day + 22 today.

- c/o pain & swelling at IT site.

↓

O/E. local erythema at IT site
  ? collection

↓

USG spot local area, urgent
  - to look for any collection

- [illegible] on Inj - Piptaz / Teicoplanin

- 11.2 / 1290 / 870 / 40,000

RFT/LFT - (NAD)

4/12

Δ- B-ALL (SR) | D + 17

29/11

Mild cough &
pain abdomen

12.2 1930 71.40
1600

H/o Constipation (+)
Passing hard stools

No c/o fever.

Fresh labs - NA

O/E
RR 24/m, PR 110

P/A - soft

CVS
CNS | NAD
RS

Adv

(1) Syp Lactulose 10 ml TDS

7 Inj dunase 7400 IU day

8/12 - (G) Septran as advised

- R/v CBC in MCB-DC.

- N/V. PD.PD on 9/12/23 c CBC/LFT/RFT

- (G) Prednisolone as advised

- Syp Cetirizine (5mg/5ml)
5ml HS x 3 days

30/11 B-ALL/IR/Ind^n – D14 today.

12.2 ⟩ 1930 / 1600 ⟨ 71000

TSB/Dir = 1.75/0.79
AST/ALT/ALP = 20/68/103
RFT (N)

D8 PS – GPR
CSF – No blasts

Grd II Oral mucositis
No fever or any other compl^n.

Adv Zytee tube L/A QID

✓ Candid mouth paint L/A BD

Sitz bath BD

Inj. Emset + Dexa 4mg IV
↓
Inj. Daunorubicin 18mg/100ml NS iv over 1hr
Inj. VCR 1.1mg iv slow push stat
Inj. Leunase 7400 U deep i.m. stat

ITM (12mg) stat tomorrow – Daycare 8am NPO

Cont Wysolone / Pantop

Post CT → T. Emset (4mg) 1 tab p/o TDS

N/V – 4/12/23 – POC 2pm ̅c CBC
LFT/RFT

Dr. SHIVAM BANSAL
Senior Resident
Pediatric Oncology
AIIMS, New Delhi

Dietary counselling done to Caregiver for neutropenia
4/12/2023

Diet Notes

Wt - 18kg
MUAC -
Ht - 110cm

To assess and review @ 2pm 30/11/23

(212)

29/11/23

29/11 . D+13

~~Not~~ C/o oral ulcers x 1 day
No C/o fever.
2ont ct - Suman

- Able to eat semisolid diet

Gd - II
OM - Not passed stools.

No fresh issue

- Zytee oint for LA-TDS
- Candid MP for LA-TDS
- (?) - Syp Lactulose 10ml - 5ml - 10ml
- (G) section as advised
- N/v PCSC c CBC (LFT) RFT
- Sitz bath QID

27/11/23 SSIO:- B-ALL/IR/ Induction (D9).

No fever episode.

Adv:- Syp. PCM (250/5) 5ml PO SOS.

- Inj. Human 7400 IU deep

IM - 25/11/23

28/11/23

- N/V on 30/11/23 @ 2PM at PICC clinic

28/11/2023

B-ALL/IR/ Induction (D12)

C/O Oral cavity / Tongue Pain during eating

C/O Passing hard stools & Pain during passing stools.

No C/O Pain abdomen.

O/E → Oral cavity → No ulcers.

→ No local redness or ulcer or excoriation in perianal region

Adv ① Zytee ointment LIA TDS

② Syp Lactulose 10ml BD x 3 days

Adv.-

- Day 9 PS + CSF + ITM on 24/11.
  L₅ Inj. Methotrexate 15mg/m2 — (1)

- To continue
  Tab. WYSOLONE 10mg 1/2 tab TDS
  Tab. ALLOPURINOL 100mg 1 — 2 — 1/2 TDS
  Tab. Septran as advised

- ~~Cons.~~ Inj. VCR 1.1mg iv push on 24/11.

- Inj. Daunorubicin 18mg in 100ml NS
  iv over 1 hour
  on 24/11.

- Inj. L-Asparginase 3900 U im start on
  25/11/23.

- Prednisolone for MCD Day care.

- M- 25/11/23. CBC/LFT/KFT

Interventions

20/11/23

Poc file discussion:

1. Chemo to continue as per protocol.
2. D& PS, CSF+IHM and chemo dated- 24/11/23.
3. father counselled.
4. To C/L BM cytogenetics and karyotype.
5. R/W on 22/11/23 with CBC, RFT, EFP

Accommodation arranged

Dr Sanjana. S
DM Pediatric Oncology
AIIMS, New Delhi
DMC-109666

22/11/23

Δ: B-ALL / IR Day 6 today

- no active complaints
- ANC 3540 / 1390 / 22,000
- RFT/ LFT – (NP)
- 2D Echo – 60% LV EF.

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

OPR-6

एकक/Unit
विभाग/Dept.
नाम/Name

UHID: 107123728
Dept No.: 20230030032031
Room C-209, Unit-III
Paediatric
बुध,शनि,
Wed Sat(बुध,शनि) 15/11/2023
Queue: F11

LAKSHYA TANTA
S/OPREM PRASHAD
5Y 0M 12D / M(पुरुष)
Add: VILL-POLAP, TAMLI, CHAMPAWAT,, UTTRAKHAND, Pin 0, INDIA
Fellow Up Patient General 0
Reporting: 09:17:57

Regn. No.
पता/Address

EK PARIVARTAN FOUNDATION

निदान/Diagnosis B-ALL / IR

दिनांक/Date

उपचार/Treatment

(24)
17.8 kg
BSA = 0.75 m²

AOC @ 12 noon
2 pm

B-ALL / Induction started from 17/11/23

2D ECHO – (16/11/23) LVEF 60%.

BM done, Cytogenetics awaited
Flow s/o B-ALL – CALLA (+)

7.6 \ 8700 / 1460 \ 66000

No fresh issues

TLS markers (N)

Viral markers – NR
Mantoux – Neg

Adv Sis Tincy – Give IR ICiCLe Protocol

T. Wysolone (10mg) 1½ tab p/o TDS

2+ bed edne ...
T. Allopurinol (100mg) 1 – ½ – ½ TDS

sitz bath
Bld culture (40)

Cont Septran

~~T Pantop (20mg) 1 tab p/o BBF OD~~

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)

PM-JAY
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