KILKARI TRUST
Regd. No.464

KILKARI TRUST

You Think, You Care, You give.

Mob.: 8588981217

Date 30-11-25

Ref. No

सेवा मे,
श्रीमान
संस्थापक महोदया
किलकारी ट्रस्ट

सहोदया

मै रजी अहमद का पिता मोहम्मद शकीब आपके संस्था से निवेदन करता हूँ कि हमारे बच्चे की सहायता करे हमारे बच्चे की हालात दिन पे दिन गंभीर होती जा रही है। इसके इलाज का खर्चा बहुत ज्यादा है आपकी संस्था सबकी मदद करती है दुआ करेके हमारे बच्चे की भी सहायता करे।
हमारा पूरा परिवार आपका और आपकी संस्था के लिए दुआ करेगा।

आभारी
मोहम्मदशकीब

KILKARI TRUST Reg. No. 464 DELHI

ABVIMS and Dr RML Hospital

New Delhi - 110001

3rd Floor ECS HDU DAYCARE SHEET

DEPARTMENT OF PEDIATRICS

Name	Razi	Date / Time-	29/11/25	DOA–	26/11
Age/Gender	8y/M	CR. No. -	74907	DOPICU--	4
Weight	20kg	Bed number	03	DOMV–	4
Diagnosis	(R) Hemiparesis c̄ ? (L) LMN palsy c̄ RF II (?Stroke)				

Current issues

Issue	Intervention	Current status
Stroke	(NCCT Head = Subcortical WM hypodensity in	
	(L) parietal lobe c̄ Midline shift toward (R) side	
Fever spikes (+)		
Oral + Nasal Bleed → No Bleed x 12 hours		
→ poor GCS despite stopping sedation		
→ lethargy	Spont trial was successful 10:30AM to 6:00PM	

Respiratory system

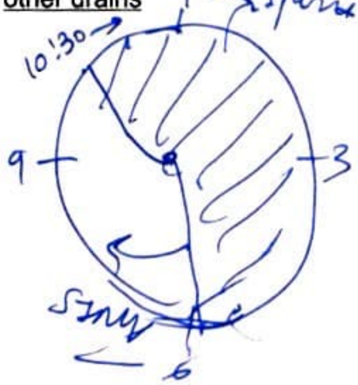
Support	SIMV/PSV/CPAP/HFNC Morning	Evening	ABG/VBG	Time-Morning	Evening
PIP	8+5		PH		
Delta P	8		PCO2		
PS	6		HCO3		
PEEP	5		BE		
RR	18/20		PO2		
FiO2 / SPO2	30%/100		OI		
VTe	180		ICa		
CXR			P/F ratio		
Examination + Other issues with Mx	Pt A&O				

ET size	5.5 cuffed
Fixed at	16
Changed on	27/11/25

VAP---

ICDT----
(drain volume)

other drains



Spont 10:30AM →

ABVIMS and Dr RML Hospital

New Delhi - 110001

3rd Floor ECS HDU DAYCARE SHEET

DEPARTMENT OF PEDIATRICS

Name	Razi	Date / Time- 29/11/25	DOA- 26/11
Age/Gender	8 yr/male	CR. No. - 74907	DOPICU-- 4
Weight	20 kg.	Bed number 3	DOMV- 4
Diagnosis	C/O ® hemiplegia & ataxia & (L) UMN palsy & RF2 Iatrogenic hypernatremia.		

Current issues

Issue	Intervention	Current status
① MRI Brain	↓ multiple T2/FLAIR hyperintensities in deep white matter of (L) temporo parietal lobe, (L) caudate, putamen, B/L Thalami & midbrain	sub-cortical & no contrast enhancement
LMPS ←	S/O demyelination ← off cuff"	
② ® hemiplegia -	2/5 | 3/5 2/5 | 3/5	
③ Iatrogenic hypernatremia		
④ no C/O bleeding from oro nasal		
⑤ not passing stool → PR enema → passed 4PM		

Respiratory system

Support	SIMV/PSV/CPAP/HFNC Morning	Evening	ABG/VBG	Time- Spot Morning	Evening
PIP	8+5.		PH	7.37	7.395
Delta P			PCO2	35.	33.1
PS	6		HCO3	20.7	20.4
PEEP	5		BE		
VR	18		PO2		
FiO2 / SPO2	30%/100%		OI		
VTe			ICa		
CXR			P/F ratio		
Examination + Other issues with Mx			lac = 1.1		0.7

ET size	5.5 cuffed
Fixed at	16
Changed on	27/11

VAP--- —

ICDT----
(drain volume)

other drains

report : 10:30 - 6PM.

Simv : 6PM.

report : 8AM.

ohar Lohia Hospital, New Delhi

चुनें : तम्बाकू नहीं
LIFE : Not Tobacco

20251019619

/ CASE SHEET

AADHAR No.

ECS 3rd Floor Paed Department

(क) भर्ती संबंधी आँकड़े/Admission Data

के.पं. संख्या/CR No.	202574907 P3AWed	वार्ड/Ward	
यूनिट सं./Unit No.		क्या चिकित्सा विधिक मामला है/If MLC	हाँ/नहीं Yes/No (नहीं)/(No)
यूनिट अध्यक्ष/के तहत भर्ती Unit Head/Admitted under	Dr. Bijoya Patra Doctor	भेजने वाले का नाम Referred from	
भर्ती की तारीख एवं समय/ Date & Time of Admission	2025-11-26 6:05 pm	स्थानान्तरण/ Transfer to	

(ख) रोगी के संबंध में आँकड़े/Patient Data:

नाम/Name	Mr. RAZI AHMAD	आयु एवं लिंग/Age & Sex	8 Years /Male
माता/पिता/पति का नाम Mother/Father/ Husband's Name	MOHAMMAD SHAKIB	दूरभाष/Phone Nos.	******9201
पता/Address	FARKIYA BELIGACHHI ,DARAGURA BASIAI,BIHAR,Purnia,INDIA,	ब.रो.वि./आपातकालीन विभाग संख्या/OPD/ Emergency No.	
e Name : Card No:		के.स.स्वा.यो. टोकन सं. CGHS Token No.	

(ग) नैदानिक आँकड़े/Clinical Data :

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:

ुट्टी की योजना की तिथि/ ate of Plan of Discharge		छुट्टी की योजना का समय/ Time of Plan of Discharge	
ट्टी/भेजे जाने/लामा/फरार यु होने की तारीख एवं समय ate & Time of Discharge/ eferral/LAMA/Abse/Death		अस्पताल में भर्ती रहने की अवधि/ Hospital Stay	
		मृत्यु का कारण/ Cause of Death	

	कनिष्ठ रेजिडेन्ट Junior Resident	वरिष्ठ रेजिडेन्ट Senior Resident	चि. अधिकारी/संकाय/यूनि Med. Officer/Faculty
Name			
ार Signature			

V I M
x 10 charting
Follow up f Bundle care

PLAN-

Inj. ceftriaxone 1g + 20mL NS IV BD (40)

Inj. Acyclovir 400mg + 20mL NS IV TDS (60)

Syp oseltamivir (12/1) 3.7mL BD

Inj. Mannitol J ~~io~~ stop →

~~Repeat~~ Na+ @ 4pm

x Inj. 3% NaCl J10/H → @ 11:30 AM → ~~[illegible]~~ Repeat Na+ @ 4pm

3% [illegible] → [illegible]

Inj. levetiracetam 200mg + 10mL NS IV BD (20)

Inj. Midaz 60mg + Fentanyl 960 µg @ 1.3mL/hour (30)

Inj. PCM 200mg IV SOS

Inj. Pantop 20mg IV OD

RT feeds 160 mL q 3H → 140mL q 3H

Syp Glycerol 20mL q 6H

(P1/5) Inj. Methylprednisolone 600mg + 150mL over 6 hours (50)

Weight	20 kg
TF	[illegible]
R	[illegible]
(%)	[illegible]
Drugs	500
Fluids	130 + [illegible]
Feed	
Na	
K	[illegible]
	[illegible]

Institute of Medical Sciences &
Dr. Ram Manohar Lohia Hospital,
New Delhi – 110001

DOCTOR'S INITIAL ASSESSMENT SHEET

PATIENT NAME: Rezi

S/O,D/O,W/O: _____ AGE: 8y SEX: M

CR NO./UHID: 74907 CONTACT NO: _____

MLC NO.(IF ANY) _____ BED NO /WARD ECS 3rd floor

ADDRESS: _____ DATE: 26/11/25 TIME: _____

ADMITTED WITH COMPLAINT OF: c/o: 1 episode of vomiting @ 4 am on 26/11/25 ↓ followed by

HISTORY OF PRESENT ILLNESS: weakness in R. side of upper limb & lower limb since 12 pm.

HISTORY OF PAST ILLNESS: -ifo not able to get up from bed; not able to lift R leg & inability to lift R. left hand

RISK FACTORS:

LOCAL EXAMINATION: - No c/o fever; headache; abnormal body movement; altered sensorium; dizziness; loss of consciousness; altered behaviour

-No c/o blurring of vision; deviation of eyes; drooping of eyelids;

GENERAL PHYSICAL EXAMINATION:

BP(mmHg): 102/70 mmHg.

PULSERATE (PER MINUTE): 95/min

TEMPERATURE: Afebrile

SpO_2% : 99% ↓RA.

Ext : warm

PP/PV : +N.

R/R : 20/min

PALLOR: (-)

OEDEMA: (-)

ICTERUS: (-)

CLUBBING: (-)

c/o drooling of saliva (+)

c/o deviation of mouth to left side (+)

NO c/o vertigo; ringing sensation in ears

ABVIMS and Dr RML Hospital

New Delhi - 110001

3rd Floor ECS HDU DAYCARE SHEET

DEPARTMENT OF PEDIATRICS

Recieved @ 12:30AM

Name	Razi Ahmad	**Date / Time-** 27/11/24 10 AM	**DOA-** 26/11/24
Age/Gender	84/M	**CR. No. -** 74907	**DOPICU--** 01
Weight	20 kg	**Bed number** (3)	**DOMV-** 01
Diagnosis	? Stroke [Hemiplegia (Rt sided) + Altered Sensorium + RF]		

Current issues

Issue	Intervention	Current status
Hemiplegia	{ NCCT done → Subcortical with mottled hypodensity in (L) parietal lobe	+ midline shift of 6mm towards (R) side
Altered Sensorium		
	↓	
	Neuro ~~for~~ Sx c/o done :- Conservative Mx	
fever + TLC →	Ceftriaxone + Vancomycin added	

Respiratory system

Support	SIMV/PSV/CPAP/HFNC Morning	Evening	ABG/VBG	Time- Morning	Evening
PIP	10		PH	7.377	7.403
Delta P	10		PCO2	40	32.6
PS	8		HCO3	21.8	20.5
PEEP	5		BE	-4.2	-4.4
VR	15		PO2	28	48
FiO2 / SPO2	30%		OI		
VTe	200		ICa		
CXR			P/F ratio	140/28 = 5.0	1.9
Examination + Other issues with Mx	B/L chest clear				

ET size	5.5 cuffed
Fixed at	16
Changed on	27/11/24

VAP--- (0)

ICDT---- (drain volume)

other drains

SpO2 - 99 %