





डॉ. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल
Dr. B.R. Ambedkar Institute Rotary Cancer Hospital

अ.भा.आ.सं अस्पताल/A.I.I.M.S. LI
बहिरंग रोगी विभाग/ Out

अस्पताल के अन्दर प्रमथान मना है /SMOKIN

DR. B.R.A. IRCH, AIIMS, NEW DELHI

Reg. Date-22/01/2025
Clinic No. 2025/23270 6



UHID-108018922

एकक/Unit PRO+SB/Dr DP
विभाग/Dept. MO

IRCH No. 336754
Clinic Paed Lymphoma Leukemia Clinic
Deptt. MEDICAL ONCOLOGY
General

नाम/Name
Yes Nayak

पिता/पुत्र/पत्नी/पति/पु
F/S/W/H/D o

नाम
Name YES NAYAK
S/O- GAURAV NAYAK
Phone No. 7483527558
Address NAGLA POTHI GABAANA DISTT ALIGARH, UTTAR
PRADESH, Pin 0, INDIA

Sex/Age M/7Y
Room 1 (Shift Morning)

108018922
IRCH

निदान/Diagnosis

RMS

दिनांक/Date	उपचार/Treatment
6-2-2025	Non-nutropenic fever Adv
1.	lmj magner 400mg BD
2.	lmj GCSF 70mg OD S.C
2.	T. pam 20mg OD BBF
4.	T. pam 20mg po 2os
5.	T. zinc 20mg OD x 5 days
6.	ORS sachet ad libum.
7.	Flu - 10/2/2025 C
	? vrenro cutaneous fistula USC REF/47
7/2/25	Zincoderm out with LA pediatric Rx. Nub

room (15) D1 (E) fgcw
6/2/25
D2-m+GCSF
7/2/25 (E)
D3-m+GCSF
8/2/25



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)

बाहर से आने वाले रोगियों के लिए धर्मशाला की सुविधा उपलब्ध है/ Dharamshala facility is available for outstation patients

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI-110029

नाम Name: Yes nayak
उम्र Age: 74
लिंग Sex: M
वैवाहिक स्थिति Marital Status: -
यू.एच.आई.डी. नं. UHID No: 108018922
सेवा Service: -
वार्ड Ward: -
बेड Bed: -
व्यवसाय Occupation: -
धर्म Religion: -

ALL INJECTIONS TO BE INITIALED BY PERSON ADMINISTERING

Date & Time	Medication & Treatment	Diet	Observation by the Nurse
2AM	<u>S/O/W</u> 9 Magnex 400mg TID x 12 hdy.		
2AM	11 Amilacin 200mg TID x 0/1.		



Handwritten signature

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029

(REVISIT)

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI - 110029

आपातकालीन विभाग



(DEPT. OF EMERGENCY MEDICINE)

UHID No:108018922

आपातकालीन नं.(Emergency No): 2025/030/0013028

दिनांक DATE: 06/02/2025

समय TIME: 12:17:07 PM

NON-MLC

नाम NAME: MR YES NAYAK

आयु AGE : 7 years 7 months 12 days

लिंग/SEX : M

S/O : GAURAV NAYAK

पता ADDRESS:

मकान संख्या H.NO:

NAGLA POTH GABAANA DISTT गली / मुहल्ला STREET/
ALIGARI

शहर/प्रखंड CITY/BLOCK:

MOI:

राज्य STATE:

UTTAR PRADESH

पिन PIN:

0

मोबाइल MOBIL: NO:

7483527558

दूरभाष सं. PHONE NO:

7483527558

स्थान Location:

Paediatrics Emergency

द्वारा BROUGHT BY: Relative

Criticality: Red / Yellow / Green

Triage: Responsive / Unresponsive

HR

/min

BP

mmHg RR

/min

spO2

%

Shifted to Paeds/ Main/ New Emergency

Handwritten notes:
keto BP-12ms
chemotherapy on 1/2/25
Fever x 6 days.
No other complaints.

Presenting Complaints

Primary Assessment (ABCDE) : Assessment Pentagon

<p>Airway</p> <p>Open & stable : Yes/No If No.....</p> <p>Breathing: RR/min Efforts: Normal/Poor/increased</p> <p>Auscultation: Air entry: Normal/poor/Differential</p> <p>Added sounds: None/Stridor/Wheeze/Crackles</p> <p>SpO2 on Room air..... 98% in RA</p>	<p>Circulation</p> <p>148 HR...../min</p> <p>< 3 sec CFT.....secs.</p> <p>117/71 mmHg BP.....mmHg</p> <p>Peripheral pulse: Poor/Good</p> <p>Central pulse: Poor/Good</p> <p>Skin temp: Warm/cool</p> <p>Others</p>	<p>Disability</p> <p>GCS..... 15/15</p> <p>Pupil size...../min BIL NRTU</p> <p>Pupillary Reactions.....</p> <p>Motor activity: Normal & Symmetrical/ Asymmetrical/ Posturing/Flacidity/Seizure</p> <p>Blood Sugar.....mg/dl</p> <p>Exposure: Temp..... Colour: Normal/pallor/cyanosis/ mottled Any other skin lesions.....</p>
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Diagnosis

Handwritten notes:
3x
CBC, UCG, urine RLE and urine clt
Admission
wt - 13 kg
any. MA ANEX x 400mg i.v 12 hourly



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 अ.भा.आ.सं अस्पताल/A.I.I.M.S
 बहिरंग रोगी विभाग/Out

अस्पताल के अन्दर प्रयोग करना है /SMOKIN

DR. B.R.A. I.RCH, AIIMS, NEW DELHI

Reg. Date-22/01/2025
 Clinic No. 2025/23270-6



एकक/Unit PROT SB / DR DP
 विभाग/Dept. MO

IRCH No. 336754
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 Deptt. MEDICAL ONCOLOGY
 General

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 RCH

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7.	Flu - 10/2/2025 E
	? vrenro cutaneous fistula USC REF / 47
	Zincoderm out with LA
	pediatric & R/O - Nub

room 15
 D1 (E) + GCSF
 6/2/25
 D2 - m + GCSF
 7/2/25 (E)
 D3 (M) + GCSF
 8/2/25

DR ALAN SHAJI
 Senior Resident (DM)
 Medical Oncology /
 AIIMS - New Delhi

6/2/25

CLB SR-MO

40 RMS

wt 131g.

s/p CI# VDC (wet 1/2/25)

Now,

40 fever x 5 days.

loose stools x 1 day.

wght ⊖ | SOB ⊖ | chest pain ⊖ | rms ⊖

O/E

inimitable (+)

PR-148/min

BP-116/70.

CFT C3S

SpO2 - 98%.

B/LAE ⊖

Imp : RMS s/p CI#VDC.
?FN

Adw

- IVF@ 30cc/hr (DNS 1:100 kcal)
- 1mg magnez 400mg BD
- 1mg Amikacin 180mg IV OD
- 1mg pain 20mg IV OD
- 1mg pam. 180mg IV 80s.

- PRS sammt ad bitari
 - T. zinc 20mg once a day
- send → CFT/PT/ CFT/VBG.
→ USH W/A.

Alms

DR. V. Ambe
H.No. 336754
Paed. Lymphoma
MEDICAL ONCOLOGY
VAK
AK
2007/12

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI-110029

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 लिंग Sex: M
 वैवाहिक स्थिति Marital Status: -
 यू.एच.आई.डी. नं. UHID No: 08078921
 सेवा Service: -
 वार्ड Ward: Ready & Bed
 वेड Bed: -
 व्यवसाय Occupation: -
 धर्म Religion: -

ALL INJECTIONS TO BE INITIALED BY PERSON ADMINISTERING

Date & Time	Medication & Treatment	Diet	Observation by the Nurse
	<p style="text-align: center;"><u>S/O</u></p> <p>g Magnex 400mg TID x 12 hslly.</p>		
2am	<p>h Amikacin 200mg TID x 0/1 .</p>		

Patients
DELHI



भारत सरकार

Government of India



Issue Date: 03/02/2012



गौरव म नायक

Gourav M Nayak

जन्म दिनांक / DOB : 20/12/1992

पुरुष / Male

आधार पहचान का प्रमाण है, नागरिकता का नहीं।
Aadhaar is a proof of identity, not of citizenship.

4232 5177 6262

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण

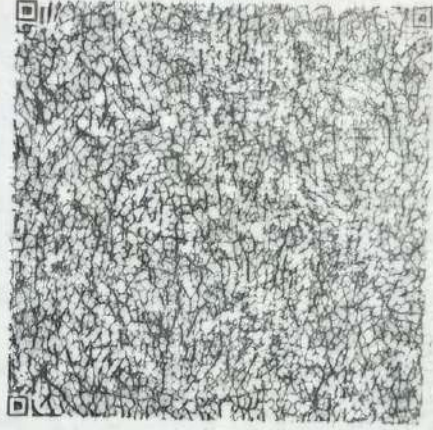
Unique Identification Authority of India



ವಿಳಾಸ: S/O ಮಹಿಪಾಲ, # 592, ಹಾಳಬಾಗ ಗಲ್ಲಿ,
ಗೋಕಾಕ, ಬೆಳಗಾವಿ, ಕರ್ನಾಟಕ, 591307

Address: S/O Mahipal, # 592, Halabag Galli,
Gokak, Belgaum, Karnataka, 591307

Print Date: 03/10/2023



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