





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



PROGNOSIS INTIMATION RECORD

PATIENT'S NAME: Traya AGE/SEX: 14y / Female
CR NO: 5084 WARD/BED NO. 2 DIAGNOSIS: MS-LCH.E. LIVER + Bone + Pulmonary + pancytopenia + lymphoma
UNIT & CONSULTANT: _____ DT. & TIME OF ADMISSION: _____
MLC NO.: _____

I, mother (Relation's Name) Shabnam (Relationship with patient) have been told that my patient is being treated for MS-LCH.E. (Diagnosis) under care of Dr. manju Nimesh. Currently the patient is in ICU/WARD and his/her clinical condition is critical/pre-terminal in view of the following*

मुझे _____ (संबंधी का नाम) _____ (रोगी के साथ संबंध) को बताया गया है कि मेरे रोगी का इलाज _____ (निदान) डॉ. _____ की देखरेख में किया जा रहा है। वर्तमान

में रोगी आईसीयू/वार्ड में है और उसकी नैदानिक स्थिति निम्नलिखित के मद्देनजर गंभीर/समयपूर्व है।*

(* Please strike off whichever is not applicable)

Date	Patient's Condition	Remarks by the Doctor (if any)	Patient's Relative Signature	Doctor's Signature & Stamp
<u>26/12/26</u>	<input checked="" type="checkbox"/> The Poor prognosis of the disease has been explained to me in a language well understood by me along with all possible complications that are expected. रोग के खराब पूर्वानुमान को मुझे एक ऐसी भाषा में समझाया गया है जिसे मैं समझ सकता हूँ, साथ ही सभी संभावित जटिलताओं के बारे में भी बताया गया है। <input checked="" type="checkbox"/> I have also been explained about the alternatives, if available. मुझे उपलब्ध विकल्पों के बारे में भी बताया गया है, यदि कोई उपलब्ध हो। <input checked="" type="checkbox"/> I understand the uncertainties and consent to all emergency and life saving measures for my patient. मैं अनिश्चितताओं को समझता हूँ और अपने मरीज के सभी आपातकालीन और जीवन रक्षक उपायों के लिए सहमति देता हूँ।	<u>mechanical ventilation</u> <u>poor prognosis</u> <u>pancytopenia</u> <u>Blood transfusion requirement</u> <u>MS-LCH.E malignancy</u>	<u>Gabbar</u> <u>(mother)</u>	<u>Sezal</u> Dr. Sezal Senior Resident Department of Pediatrics ABVIMS Dr. RML Hosp New Delhi-110001 DMC No. 30100
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-steroid

26/2/26

Transfer Summary

Inaya
20265084
lyrlf
CCS 3rd
floor P38

Inaya lyrlf presented to emergency on 23 Jan '26
with l/o swelling over whole body x 5 days
pallor of face x 5 days

loose stools x 5 days was diagnosed as

⊕: miliary TB ⊖ psoriasis ⊖ SAM ⊖ hypoalbuminemia
⊖ pancytopenia ⊖ CHF

was started on SAM supplementation, ATT and
albumin.

The patient underwent skin biopsy which revealed
LH. & ⊕ for markers

PET scan revealed ↑ uptake in liver / spleen / pancreas /
skull / LNs.

GGT in B/L lungs

lytic lesions present in skull

vitals @ presentation -

BP - 108/58 mmHg

PR - 168/min

RR - 32/min

SpO₂ - 99% LRA

Hence the patient was transferred from P₁ → P₃₈.

The patient was diagnosed to multi-system LCH
with B/L CSOM

The patient was started on

- Dexa 1.5mg & Vinblastine 1.52 mg
on 6/2/26.

But T. bil was 7.04 & alb. was 2.25

(16/2/26)

(16/2/26)

Hence vinblastine was not administered

Dr. Ram Manohar Lohia Hospital, New Delhi

डॉ० राम मनोहर लोहिया अस्पताल, नई दिल्ली

Department of Cardiology

हृदय रोग विभाग

ECG REQUISITION FORM

ई० सी० जी० जांच मांग पत्र

Name of the Patient's
रोगी का नाम

Imaya

Age/Sex
आयु / लिंग

1y/F

Referred by doctor
रोगी का प्रभारी चिकित्सक

Dr. A. Hemal. Unit P3B.

Patient Doagnosis
रोगी निदान

*LCH MS / Refractory ascites / CLD 2° to liver mets /
2° Nephrotic Syndrome.*

Examination Required
अपेक्षित जांच

↳ K⁺: 2.6 as informed by Lab

Dr. Deyasini Nandy
PG Resident
Dept. of Paediatrics

Signature of Clinician with stamp
चिकित्सक के हस्ताक्षर मोहर के साथ

*Kindly consider bedside ECG.
Kid is on O₂ support.*

Date: *24/02/2026*
तारीख

Ward / Bed No. / OPD No. *ECS 3rd floor*
वार्ड / बिस्तर नं० / ओपीडी नंबर

*POKESH ECG machine
is not working.*

GOVERNMENT OF INDIA

DR. RAM MANOHAR LOHIA HOSPITAL, NEW DELHI

BIOCHEMISTRY - LAB REPORT

Traya

Age/Sex: 1yr/F

Date: 26/02/26

REGD. No.: 2026057817

CGHS No.:

OPD/Wd: HDU-1 Bed 2

Clinical Diagnosis :

Unit Incharge :

Signature :

PT/INR/APTT

1. Blood Sugar :

F: mg/dl(70-110)
PP: mg/dl(90-160)
R: mg/dl(70-140)

2. Kidney Function Test :

Urea: mg/dl(15-45)
Creatinine: mg/dl(0.6-1.2)
Uric Acid: mg/dl(2.5-6.0)

3. Liver Function Test :

Total Bil: mg/dl(0.2-1.2)
Direct Bil: mg/dl(0.1-0.3)
In. D. Bil: mg/dl(0.2-1.1)
SGOT: U/L (15-50)
SGPT: U/L (15-50)
Alk. Phos: U/L (50-130)
GGT: U/L (8-61M; 5-36F)

4. S. Proteins :

T Prot: gm/dl(6.0-8.0)
Albumin: gm/dl(3.5-5.5)
Globulin: gm/dl(1.5-3.5)

5. Lipid Profile :

T. Cholesterol: mg/dl(130-230)
HDL Chol: mg/dl(30-65)
LDL Chol: mg/dl(50-150)
VLDL Chol: mg/dl(upto 40)
Triglyceride: mg/dl(50-200)

6. S. Electrolytes:

Sodium: mmol/L (130-150)
Potassium: mmol/L (3.5-5.5)
Chloride: mol/L (95-110)
Calcium: mg/dl (8.5-10.5)
Phosphorus: mg/dl (2.5-5.5)

Prothrombin Time 26.9 (T)
Test: sec
Mean Normal: 11.5 sec
INR: 2.40
Ref Range: sec

7. Cardiac Profile :

CPK: U/L (50-200)
CK-MB: U/L (upto 25)
LDH: U/L (110-240)
SGOT: U/L (15-50)

APTT 48.0 sec
Test: sec
Mean Normal: 30.0 sec
Ref. Range: 24-36 sec

8. Iron Profile :

T. Iron: No clinical details provided
TIBC: mildly correlated clinically for
UIBC: increased PT/INR and aPTT
Saturation: value % (20-35)

9. Others :

S. Amylase: U/L (30-110)
S. Lipase: U/L (23-300)
S. Magnesium: mg/dl (1.6-2.3)
Ammonia (NH3): umol/L (9-30)
Lactate: mmol/L (0.7-2.1)

Dofreshi (SP)

USG 10/2/25
The pt. had gross ascites \therefore ascitic tap was done multiple times & sent for cyt/bio.

AT TLC - 100-110 cells
wbc - 90
poly - 10

Bio - gluc - 107
TP - 0.91
Alb - 0.57

Plt - clt was reported hence multiple SDF & RDP was transfused.

13/2/25

Fibrinogen - 140 mg/dl
D-dimer 818 ug/ml
aptT - 39.5 sec
PT - 16.2 sec

16/2/25

urine R/M - Alb - ++

The pt. developed ref ascites / CID 2° to liver mets / 2° nephrotic syndrome / resp failure type 2 / resp distress 2° to mch obstruction / pulm lung hence was intubated on 25/2/25

Vitals @ transfer

RR - 46/min
SpO₂ - 98% on MV
CRT - < 3 sec
HR - 138/min

Current tx

- inf fluids
- inj ampic B (leptosom)
- inj colistin 1.75 sec
- inj teico 70 mg
- inj aceto 70 mg
- inj Dexam 1.5 mg
- inj lasix 6.5 mg

@ 2 - inj midaz

@ 3 - inj fenta
- inj vick

11/03/19

डॉ. रमेश लोहिया
D.R.M.L.H.-77
000142

नोहर लोहिया अस्पताल, नई दिल्ली

LOHIA HOSPITAL, NEW DELHI

Atal Bihari Vajpayee Institute of Medical Sciences & Dr. R.M.L. Hospital, New Delhi

Department of Transfusion Medicine Licence no. 768/82

Patient name Trayy Form.....दिनांक / Date.....

CR No. 20265284

Ward/Bed No. 24

Blood Bag No. 2915

Unit Incharge R.D.P



- Cross matching done & found suitable with patient sample
- Bag should not be used if there is any visible evidence of deterioration haemolysis, clotting or discolouration

Date of Issue.. 25/02/26

Time of Issue

Sig. X-match technologist

9:25 pm
Sig. Issue technologist

उपचर्या गृह/Nurses

कमरा नं०
Room No.

20/2/26

To
The Sr/DOD
Dept of Paediatrics (Pw)
RML
Delhi

Sharma
5084
14/18
↓ P3
↓ ECS/TK

Respected Sir/Madam

Above mentioned pt is also MS-LEM & AHEO Asutis
2° to ↓ alb & ↑ bilirubin (conjugated)

having L/O Persisting fever documented upto 103°F

Respiratory Distress 2° to Mechanical Obstruction

Massive amniotes - 180ml ascitic tap done on 20/2/26

PR = 174
RR = 65/min currently on CPAP
SPO₂ = 94% ↓ while CPAP
PPI/PV ⊕/ln

Kindly evaluate & Consider transfer to your
side for further monitoring & management

Thank you

Dr. MUDIT GOYAL
PG Resident
Department of Paediatrics
ABVIMS AND DR. RML Hospital
New Delhi-110001

Noted
7:30 PM

