



अखिल भारतीय आयुर्विज्ञान संस्थान / **ALL INDIA INSTITUTE OF MEDICAL SCIENCES**

अंसारी नगर, नई दिल्ली-110029 / **ANSARI NAGAR, NEW DELHI - 110029**

फेसशीट (भर्ती एवं छुट्टी रिकॉर्ड) / **FACESHEET (ADMISSION AND DISCHARGE RECORD)**



FULL Receipt No.: ACCOUNTS-18-76171/202122 AMT. RS. 350

General Admissions

कें.पं.सं.
C.R.No.

NON-MLC

वार्ड/विस्तर सं.
WARD / BED NO.

General
दिनांक
DATE

H-251030-21

C7743

19/09/2021

04:51 pm

नाम/NAME:

MIR MD LALCHAN MONDAL

आयु/AGE:

13 Y 1 M 8 D

लिंग/SEX:

M

पिता/पति का नाम / FATHER / HUSBAND NAME:

S/O MD. FAZAR ALI MONDAL

राष्ट्रीयता/NATIONALITY:

धर्म/RELIGION: Muslim

माता का नाम/MOTHER NAME:

वैवाहिक स्थिति/MARITAL STATUS Single

व्यवसाय/OCCUPATION:

Other

क.स.ब.नं./बी.सू.एच.नं./EHS NO./CGHS NO.:

स्थानीय पता अथवा नजदीकी रिश्तेदार एवं उसका पता

LOCAL ADDRESS OR NEXT OF KIN WITH ADDRESS :

संपर्क सं./CONTACT

आधार सं./AADHAR NO.:

स्थायी पता/PERMANENT ADDRESS :

राज्य/STATE:

पिन/PIN:

B-52-3 JOHARI FARM JAMIA NAGAR

राज्य/STATE:

null INDIA

पिन/PIN:

विभाग का विवरण/DEPARTMENT DETAILS

विभाग/DEPARTMENT :

Dr. SR Plastic Surgery

यूनिट/UNIT:

19/09/2021

04:51 pm

यूनिट अध्यक्ष/UNIT HEAD:

भर्ती की तिथि:/DATE OF ADMISSION:

समय/TIME:

परामर्शदाता/CONSULTANT:

UHID No. 105522987

छुट्टी की तिथि:/DATE OF DISCHARGE:

समय/TIME:

ओपीडी/अचर सं./OPD/CASUALTY NO.:

छुट्टी या सेवा के दौरान का नाम NAME OF CAO STAFF ON DUTY:

ड्यूटी पर तैनात के.पं.सं. स्टाफ के हस्ताक्षर
SIGN. OF CAO STAFF ON DUTY :

निदान एवं अन्य/DIAGNOSIS & OTHERS

अस्थायी निदान/PROVISIONAL DIAGNOSIS:

पिछली कें.पं.सं./PREV.C.R.NO.:

टिप्पणी/REMARKS:

संवेदनाहरण/ANAESTHESIA :

दिनांक/DATE:

समय/TIME:

अंतिम निदान/FINAL DIAGNOSIS:

अपरेटिव प्रक्रियाएं/OPERATIVE PROCEDURES:

द्वितीयक निदान एवं जटिलताएं

SECONDARY DIAGNOSIS & COMPLICATIONS :

कोड सं./CODE NO.:

मृत्यु का कारण/CAUSE OF DEATH:

शव परीक्षा: हां/नहीं
AUTOPSY: YES/NO

परिणाम: उपचार से ठीक हुए/स्वास्थ्य में सुधार/कोई परिवर्तन नहीं/अनुरोध करने पर छुट्टी की गई/तामा/फरार/गंभीर/मृत्यु होना।

RESULT: CURED/IMPROVED/UNCHANGED/DISCHARGED ON REQUEST/LAMA/ABSCONDED/WORSE/EXPIRED

वरिष्ठ रेजीडेंट का नाम एवं हस्ताक्षर
NAME & SIGN. OF SR. RESIDENT:

परामर्शदाता के हस्ताक्षर
SIGN. OF CONSULTANT

19-09-2021 11

मैं स्वयं/मेरे रोगी के अस्पताल में भर्ती रहने के दौरान उपयुक्त चिकित्सा/शल्यक भूत आवश्यक समझी जाने वाली किसी प्रकार की शारीरिक जांच, नैदानिक मूल्यांकन, बायोप्सी, आधान आदि को निर एतदद्वारा, सहमति देता/देती हूँ।
 I hereby give my consent for the performance of any physical examination, diagnostic evaluation, biopsy, Trans be deemed necessary in the proper medical/surgical evaluation & treatment for me/my patient while the patient is in Hospital.

शिक्षण एवं अनुसंधान हेतु नैमिक चिकित्सा उपचार के भाग के रूप में एकत्रित किए गए आंकड़ों/प्रतिबिंबों/जैविक नमूनों के वचे हुए भागों के प्रयोग हेतु सहमति
CONSENT FOR USE OF REMNANT DATA/IMAGES/BIOSPECIMENS COLLECTED AS PART OF ROUTINE MEDICAL CARE FOR TEACHING & RESEARCH

मैं, एतदद्वारा, किसी भी प्रकार की सामग्री (आंकड़ें, प्रतिबिंबों, जैविक नमूनों/सूक्ष्म जीवविज्ञान नमूनों) के/आश्रित के नैमिक उपचार (जांच, निदान, उपचार, इलाज आदि) के भाग के रूप में एकत्रित किए गए हैं तथा निर उपचार हेतु भविष्य में किसी प्रकार की उपयोगिता नहीं है और जिसका प्रयोग शिक्षण एवं अनुसंधान हेतु प्रक्रिया संस्थान, नई दिल्ली द्वारा भंडारित/संग्रहित/नष्ट करने के लिए किया जाएगा, के प्रयोग हेतु सहमति देता/देती हूँ। मैं समझता/समझती हूँ कि इस सामग्री का प्रयोग संस्थान की नीति समिति के विधिवत रूप से अनुमोदन से प्र दिशा-निर्देशों एवं मानक प्रक्रियाओं के अनुसार किया जाएगा। मुझसे न तो भविष्य में संपर्क किया जाएगा और न ही मैं किसी प्रकार की वित्तीय वचनबद्धता होगी।

I hereby give/ do not give my consent for the use of any remnant material (data, images, biological specimens) that have been collected as a part of my/my child's/ward's routine care (investigation, diagnosis, treatment, and that to not have any further utility for such care but would be otherwise stored/archived/discarded to be utilized Institute of Medical Sciences, New Delhi for teaching and research. I understand that this material will be utilized in accordance with accepted guidelines, standard procedures and duly approved by the Institutional Ethics Committee. I may neither be contacted nor will there be any financial commitment in this regard.

रोगी के हस्ताक्षर (रिश्तेदार केवल तभी जब रोगी हस्ताक्षर करने में असमर्थ हो)

Signature of Patient M.D LALCHHAN MANDAL
 (Relative only if patient is unable to sign.) Samad Ali
 नाम (स्पष्ट शब्दों में) / Name (Capital letters) _____
 पता/ Address B-52-3, Jorhi Farm, Jamia, nagar, Okhla.
 संबंध/Relationship _____
 रिश्तेदार/गवाह के हस्ताक्षर Relative/Witness Signature Samad Ali
 नाम (स्पष्ट शब्दों में) Name (Capital letters) _____
 पता/ Address _____

परामर्श के विरुद्ध छुट्टी लेने पर जिम्मेदारी से मुक्ति
RELEASE FROM RESPONSIBILITY FOR DISCHARGING AGAINST ADVICE

मैं, उपचार कर रहे चिकित्सक की सलाह के विरुद्ध अ.भा.आ.सं. अस्पताल, नई दिल्ली से रोगी को ले जा रहा हूँ। मुझे इसमें सम्मिलित जोखिम के बारे में सूचित कर दिया गया है एवं मैं, एतदद्वारा, उपचार कर रहे डॉक्टर एवं इस प्रकार की छुट्टी के परिणामस्वरूप हो सकने वाले किसी प्रकार के दुष्प्रभावों की जिम्मेदारी से मुक्त करता/करती हूँ।
 I am leaving/taking away the patient from the AIIMS Hospital, New Delhi against the advice of the Attending Physician and I acknowledge that I have been informed of the risk involved and hereby release the Attending Physician and the Attending Nurse from all responsibility for any ill effects which may result from such discharge.

रोगी के हस्ताक्षर (रिश्तेदार केवल तभी जब रोगी हस्ताक्षर करने में असमर्थ हो)

Signature of Patient M.D LALCHHAN MANDAL
 (Relative only if patient is unable to sign.) _____
 नाम (स्पष्ट शब्दों में) / Name (Capital letters) _____
 पता/ Address _____
 संबंध/Relationship _____
 रिश्तेदार/गवाह के हस्ताक्षर Relative/Witness Signature Samad Ali
 नाम (स्पष्ट शब्दों में) Name (Capital letters) _____
 पता/ Address B-52-3, Jorhi Farm, Jamia, Nagar, Okhla.

अ० भा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL
 बहिर्रोगी विभाग / Out Patient Department



अस्पताल में अन्दर धूम्रपान मना है। / SMOKING IS PROHIBITED IN HOSPITAL PREMISES

वाल शल्यचिकित्सा



UHID: 105522987
 Dept No: 20210220002362
 Clinic No:

कमरा / Room

32

Unit-I

Paediatric Surgery OPD
 Queue No: N9

OPR-6

Io. _____

Name

डॉ लालचन मोनडल
 MD LALCHAN MONDAL

16/08/2021

पता / Address

13Y / M पुरुष
 S/OMD FAZAR ALI MONDAL

सोम, मंगल, बुध, गुरु, शुक्र, शनि
 MON, TUE, WED, THU, FRI, SAT

Add: B-52-3 JOHARI FARM JAMIA NAGAR
 DELHI INDIA



New Patient General ₹ 10 Reporting: 10 00
 AM-10 30 AM

Fluic of AVM lower lip + (L) cheek

उपचार / Treatment

DSA embolization + excision (2020)

(16) 18.4 kg

New fungating Mass (lower lip) + (L) cheek

wt: 133 gm

- was evaluated in Peds casualty
 + Dr Sandeep

+ Advised - Plastic & opinion.

Adv. (Cldw to Dr. K. Yadav)

→ Plastic surgery Review - Refer to Peds casualty for Plastic & Review.



अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली- 110029
All India Institute of Medical Sciences, New Delhi-110029
परामर्श अभिलेख / CONSULTATION RECORD

(D5)
एम.आर. - 9
M.R. - 9

आयु Age	12 M	लिंग Sex		वैवाहिक स्थिति Marital Status		यू.एच.आई.डी. सं. UHD No.	
वार्ड Ward	C7/43	विस्तर Bed		व्यवसाय Occupation	105522987	धर्म Religion	
Requesting Doctor				to Dr. SR on call, Ieds Consultant & Specially			

SR, PAS

Date: 19/9/2021

in/man

Kindly evaluate the above mentioned
 pt of admitted to our side as a case
 of high flow lip & cheek AVM (postulated for
 DSA & embolisation tomorrow) for
 severe anemia & kindly advise about
 volume of blood to be given for optimization
 for GA.

Thanks

Dr. Susmita

Consultant's Signature

ANAESTHESIA RECORD

DEPARTMENT OF ANAESTHESIOLOGY, PAIN MEDICINE AND CRITICAL CARE, (MAIN OT), NEW DELHI

O.T. Reg no.

Date: 22/9/21

Name: M.D. Lalchar ^{Neural} Age: 37 Yr UHID No. 105066756 Ward C7 Bed 43 Wt. 18kg Ht. BMI Blood Group

Pre operative Diagnosis: AVM malformation of cheek/lip/lip excision / Proposed Surgical Procedure: Embolisation / Tracheostomy / Fungating mass

Previous Anaesthetic History: w/o Excision of fungating mass in Oct'20 GA [U/E]

Physical Status: ASA I II III IV V VI Any alerts :-

Family history -

Any drug allergy -

Exercise tolerance (METS) -

Upper Airway: MMP grade Neck Movements Teeth TMJ BHT

General Examination: Pulse 108 /mt, BP 150/ mmHg, Jaundice Cyanosis Edema Anemia Others

Systemic Examination: CNS CVS Continuous murmur over Respiratory B/L A/E Spine -

Endocrine - Renal - Hepatic - Others -

Significant Details of the above if any:

- Ho swelling over the lip post-2 bleeding for past 5y
- w/o Excision of swelling GA [for the same]
- No H/O any other known comorbidity

Details of drug therapy:

- H/O Tracheostomy done + sedation on 21/9/21.

1st	2nd	3rd
360	180	180
M	60	60
	<u>420</u>	<u>240</u>
- No H/O drug allergy.
- H/O blood transfusions

Investigations

Hemogram	LFT	Alk Phos	KFT	Urine	Other
Hb. 5.5	S. Bilirubin	Viral Markers	Urea 17	Micro	
TLC 16000	Total Protein	Blood Sugar	Creatinine 0.9	Macro	
DLC	A:G	F	Calcium	Sugar	
Platelets 35000	SGOT/PT	PP	Phosphate	Acetone	
ESR	PT/INR	R	Na/K 124/14.18		

ECG: Chest X-Ray:

ECHO: Study

PFT:

Others:

Consultations

Pre-anesthetic instructions:

1. Informed consent : GA / Regional procedure/ special procedure
2. NPO guidelines : 2w before Pre-entah
3. Premedication : NPO adequate
Case taken in emergency

S. SUBRAMANIAM
Signature

Name of Anaesthesiologist

I consent to the photographing or televising of the operations or procedures to be performed, including portions of my body and archiving them for medical, scientific or educational purpose provided my revealed by the pictures or by descriptive text accompanying them.

For the purpose of advancing medical education, I hereby give consent to the admittance of operating room.

I also give consent to the disposal by hospital authorities of any tissues of parts which may be removed in the course of operative procedure / treatment.

I CERTIFY THAT THE STATEMENTS MADE IN THE ABOVE CONSENT LETTER HAVE BEEN READ AND EXPLAINED TO ME IN THE LANGUAGE I UNDERSTAND AND I HAVE FULLY UNDERSTOOD THE IMPLICATIONS OF THE ABOVE CONSENT AND FURTHER SUBMIT THAT STATEMENTS THEREIN REFERRED TO WERE FULLY UNDERSTOOD IN MY PRESENCE AND ANY INAPPLICABLE LINE / PARAGRAPHS HAS BEEN STRICKEN OFF BEFORE I SIGNED THIS FORM WITH MY THUMB IMPRESSION.

DATE :

SIGNATURE, NAME AND ADDRESS OF THE WITNESS :

1. _____

SIGNATURE OF PATIENT /
THUMB IMPRESSION :
NAME :

2. _____

WHEN PATIENT IS A MINOR OR UNABLE TO AFFIX SIGNATURE DUE TO MENTAL OR PHYSICAL DISABILITY

SIGNATURE / THUMB IMPRESSION
OF NATURAL GUARDIAN / GUARDIAN

NAME AND RELATIONSHIP
WITH PATIENT :

DATE :

SIGNATURE, NAME AND ADDRESS OF THE WITNESS :

1. _____

2. _____

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

SIGNATURE OF DOCTOR-IN-CHARGE

NAME _____

DESIGNATION _____

DATE _____

19/21

Anaesthesia Notes Lalchans Mondal / 13y / 18kg

osis - ARM cheek, lip, mandible → active bleeding (1)
plan - Embolisation

Ascd - 11 yrs ago - ↓ 2 surgeries in Guhati to reduce →
PTSD → gradually progressive - post procedure 7 day ICU stay (1)
no mechanical ventilation

Birth history - FTND. No perinatal complications

Previous record → H/o. cyanotic spell till 2 yrs ??

Echo report → Not available. no recent history of cyanotic.

O/E - PR-103

RA SpO₂ - 100

BP - 103/98

CVS - S₁S₂ (+), NO murmur

RS - B/L VBC (+)

CNS - NAD.

Airway huge mass over lip

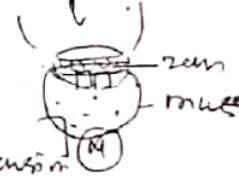
mandible

Mo - 2cm loose lower

MMP - IV teeth

TMJ - (N)

Neck ← Flex Extension



Hb/TLC/plate - 6.1 / 14K / 348] old → PRBC transfused

Wt/E - 14K / 0.1

Uo/Co - 17.6 / 0.81

PT/INR - 1.1

Advice (+) CBC, PT/INR, cardiac consultation +
Echo-2D → To rule out congenital heart disease?
+ AS case discussed c/ Do. Anant (radio), Do. Raja
C. P. S. C. (radio)

+ patient - develops peri-procedural oedema and
Difficult - airway → to secure airway (radio plastic)

+ kindly discuss the case with consultant in order
to electively secure airway on the day of surgery procedure

OT then do. tracheostomize if required (in case of multiple sittings of embolisation)

+ Attach chest X Ray.

+ Arrange blood and blood products.

+ Contact Anaesthesia team to review the patient on one day prior to the procedure

+ Inform SOS to duty team in case of emergency
Anesthetist - Do. Shikhar
Anesthetist - Do. Debjit B.

ALL INDIA INSTITUTE OF MEDICAL SCIENCES

Ansari Nagar, New Delhi - 110029

CONSENT FORM

U.H.I.D. NO. / O.P.D. NO. 105522987

NAME: Mr. Lalchan Mondal SEX: M AGE: 13 yrs

SON / DAUGHTER / WIFE OF S/o Mr. Paras Arlo Mondal

ADDRESS: B-53-3 Johari Baam Jania Waza

CONTACT NO. _____

INFORMED CONSENT

AUTHORISATION FOR MEDICAL TREATMENT, ADMINISTRATION OF ANAESTHESIA AND PERFORMANCE OF SURGICAL OPERATION AND / OR DIAGNOSTIC / THERAPEUTIC PROCEDURE / R.T.

1. I hereby authorise the A.I.I.M.S., and those the Institute may designate as staff to perform upon _____ the following medical treatment, surgical operation and / or diagnostic / therapeutic procedures posted for Teacher's Day on 21/9/23
2. It has been explained to me that during the course of the operation / procedure, unforeseen conditions may be revealed or encountered which necessitate surgical or other emergency procedure in addition to or different from those contemplated at the time of initial diagnosis. I, therefore, further authorise the above designated staff to perform such additional surgical or other procedures as they deem necessary or desirable.
3. I consent to the administration of anaesthesia and to the use of anaesthetics as may be deemed necessary or desirable, except to the following exceptions.

(indicate exception or 'None')

4. I state that I am / am not suffering from Hypertension / Diabetes / Bleeding disorders / Heart disease or _____
5. I also state that I am not suffering from any know allergies or drug reactions.
6. I further consent to the administration of such drugs, infusions, plasma or blood transfusions or any other treatment or procedures deemed necessary.
7. The nature and purpose of the operation and / or procedures, the necessity thereof, the possible alternative methods, treatment, prognosis, the risks involved and the possibility of complications in the investigative procedures / investigations and treatment of my condition / diagnosis have been fully explained to me and I understand the same.
8. I have been given an opportunity to ask all / any questions and I have also been given option to ask for any second opinion.
9. I acknowledge that no guarantee and promises has been made to me concerning the result of any procedure / treatment.

[Handwritten signature]

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अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI -110029
आपातकालीन विभाग



(DEPT. OF EMERGENCY MEDICINE)

UHID No:105491608

आपातकालीन नं.(Emergency No): 2021/030/0059366

दिनांक DATE: 23/07/2021

समय TIME: 02:12:10 PM

NON-MLC

नाम NAME: MR. MD LALCHAN आयु AGE : 12 years लिंग/SEX : M
 S/O : FAJAR ALI
 पता ADDRESS: मकान संख्या H.NO: B-52/3 गली / मुहल्ला STREET/MOH: JOHRI FARM
 शहर/प्रखंड CITY/BLOCK: JAMIA NAGAR पिन PIN: 110025
 राज्य STATE: DELHI दूरभाष सं. PHONE NO:
 मोबाइल MOBILE NO: स्थान Location: Paediatrics Emergency
 द्वारा BROUGHT BY: Relative : FATHER Criticality: Red / Yellow / Green

Triage: Responsive/ Unresponsive HR /min BP mmHg RR /min spO2 %
 Shifted to Paeds/ Main/ New Emergency

Referred from Guwahati medical college

Presenting Complaints C/o AVM (High flow diffuse) in face/mandibular / floor of mouth / tongue since 8 yrs of age
 multiple embolization + surgery done

Primary Assessment (ABCDE) : Assessment Pentagon

Airway Open & stable : <input checked="" type="radio"/> Yes / <input type="radio"/> No If No..... Breathing: RR 20 /min Efforts <input checked="" type="radio"/> Normal / <input type="radio"/> Poor / <input type="radio"/> increased Auscultation: Air entry: <input checked="" type="radio"/> Normal / <input type="radio"/> poor / <input type="radio"/> Differential Added sounds: <input checked="" type="radio"/> None / <input type="radio"/> Stridor / <input type="radio"/> Wheeze / <input type="radio"/> Crackles SpO2 on Room air: 98%	Circulation HR 102 /min CFT.....secs. 23 sec BP.....mmHg 110/70 Peripheral pulse: <input type="radio"/> Poor / <input checked="" type="radio"/> Good Central pulse: <input type="radio"/> Poor / <input checked="" type="radio"/> Good Skin temp: <input checked="" type="radio"/> Warm / <input type="radio"/> cool Others fungal large infected area on R over L lip & L cheek area	Disability GCS.....15/15 Pupil size.....2mm /min Pupillary Reactions.....RC Motor activity: Normal & Symmetrical/Asymmetrical/Posturing/Flaccidity/Seizure Blood Sugar.....mg/dl Exposure: Temp.....afebrile Colour: Normal/pallor/cyanosis/mottled Any other skin lesions.....
--	--	--

Diagnosis

wt = 19 kg

65 → Refer to surgeon Adv
 1/2 course VBG PAIN
 ENT Consultation
 T. Ibenexa 200 mg 1/2 stat.
 keeps in isolation room

23-07-2021 02:13 PM

[Signature]

19/9/21

cls/B feeds SR on call.

clo - AvM of lip.

no h/o fever/cough/cold.

no h/o resp distress

O/E: Pallor (+), thin built

RS: B/L NVBS (+); no added sounds

WS: S₁, S₂ (+); no murmurs

P/A: soft, non tender

last Hb → 5.9 (on 16/9/21) → received transfusion on 18

Adv

• Repeat CBC if Hb < 7 g/dL

transfuse PRBC 10ml/kg over 6hrs ± mid transfusion lab

• monitor for fluid overload during transfusion

(vitals)

HR & RR

offical





भारत सरकार

Government of India



Fajar Ali

Date of Birth/DOB: 05/05/1993

Male/ MALE

Download Date: 14/09/2021

Issue Date: 14/08/2021

5037 4526 7544

VID : 9184 0939 4829 1054

भारत सरकार, जेडी पदवार्ता



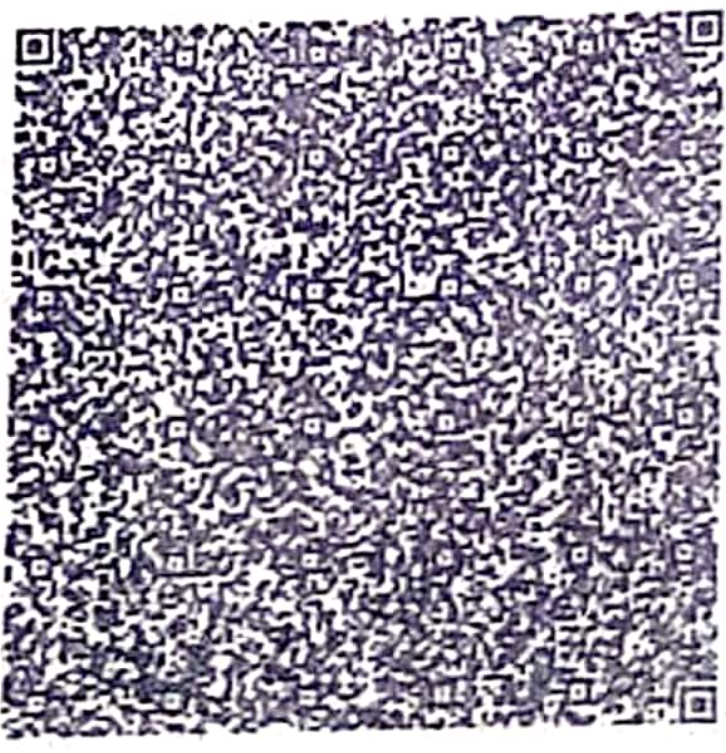
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