



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



अस्पताल के अन्दर धूमपान मना है। / SMOKING IS PROHIBITED IN HOSPITAL PREMISES

राजीव गांधी स्वास्थ्य विभाग

उपचार विभाग
UHD: 105836552
Dept No: 2022030002257
Clinic No: 2022POC/71

Room/Room

OPR-6

एकक/Unit _____

विभाग/Dept. _____

नाम/Name

14
Unit/
POC
Queue No: F20
29/08/2022

O.P.D. Regn. No. _____

पता/Address

AARUSHI KUMAR KARAK
4Y 5M 27D (मृतक)
S/O: JAIPRAKASH KARAK
Add: WARD NO-13, TINTOLA PRATAP
GANJ DISTRICT SAUPOOR, BIHAR,
Pin 852125 INDIA



Follow Up... General: FO Reporting: 9:00 AM-11:30 AM

निदान/Diagnosis

दिनांक/Date

उपचार/Treatment

17/09/22
Need
Need

Need



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)





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 बहिरंग रोगी विभाग / Out Patient Department



'S PROHIBITED IN HOSPITAL PREMISES

OPR-6

उपचार विभाग
 UMID: 105836552
 Dept No: 20220030002257

कक्षा/Room

14
 Unit-II
 Pediatric
 Queue No: F3
 03/08/2022

AARUSHI KUMAR KARAK
 4Y 5M 10 D / (मूला)
 S/O: IAN PRAKASH KARAK
 AGE: WARD NO-13, TINTOLIA PRATAP
 GANJ, DISTRICT SAUPOOR, BHAR
 PIN-852125 INDIA



Follow Up... General R O Reporting: 8:00 AM-9:00 AM



gn. No. _____

पता/Address _____

निदान/Diagnosis

दिनांक/Date

19/8/22

उपचार/Treatment

Ricin 17/08/22

for

उपचार विभाग
 UMID: 105836552
 Dept No: 20220030002257

कक्षा/Room

14
 Unit-III
 Pediatric
 Queue No: F6
 17/08/2022

AARUSHI KUMAR KARAK
 4Y 1 M (मूला)
 S/O: IAN PRAKASH KARAK
 AGE: WARD NO-13, TINTOLIA PRATAP
 GANJ, DISTRICT SAUPOOR, BHAR,
 PIN-852125 INDIA
 Mob: 8521415900



Follow Up... General R O Reporting: 8:00 AM-9:00 AM

17/8/22

detail in note book see

Ht -> 94cm
 on septum



CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प
 अंगदान-जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE
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बहिरंग रोगी विभाग / Out Patient Department



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

1 नव द

UHD: 105836552
Dept No: 20220030002257

Room/Room

OPR-6

AARUSHI KUMAR KARAK
4Y / M (पुत्र)
CIN: IA, PO: AKASH M & D BK
Add: WARD NO-13, TINTOLIA PRATAP
GANJ, DISTRICT SAHAPUR BHAR,
Pin 852125 INDIA

14
Unit: III
Paediatric
Queue No: F36
29/06/2022

व०रो०वि० पंजीकृत सं०/O.P.D. Regn. No. _____

आयु Age	पता/Address



निदान/Diagnosis

दिनांक/Date
11

13/6

उपचार/Treatment

MS - LCH - PO - cur

(Li, Spleen, BM),
Bone, Spinal LN.

Completed 12 weeks of CT

1
PET done on 25/6/22

Metabolically active cervical, retroperitoneal,
(R) pelvic LN with skeletal lesions.
S10 - stable disease

No Fe

~~Q10 - stable disease~~

qur

PR 24h PHA.

PA - soft
NSM ⊕ Lum 3m.

COS

COS



CLEAN AND GREEN AIIMS / एक का यही संकल्प, स्वच्छता से काया कल्प

अंगदान-जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE

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meraaspatal.nhp.gov.in



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

अस्पताल में उपचारित रोगी / Admitted in Hospital Premises

शरीरमाचं चतुर्णाम्

एकक/Unit _____
विभाग/Dept. _____

New Patient
Dept Reg. 2022/001/0002257
Paediatrics/PCSC
PAEDS/Unit-I
General/१०
Room/Room: 14
Days : Thursday
Name: Mr. AARUSHI KUMAR
KARAK
Queue No : १६
4Y 1D पुष्प/म
S/O JAI PRAKASH KARAK
UHID : 105836552
Date: 03/03/2022

OPR-6

Regn. No. _____

नाम/Name

पता/Address

(Red)



निदान/Diagnosis

MS-LCH.

दिनांक/Date

उपचार/Treatment

22

13 Kg

Symptomatic x 6 months.

Scalp rash progressively spreading, whitish
seborrhoeic type, with itching x 6 months

Cervical nodal swelling x 2 months

Pain (R) thigh & leg x 10 days.

No H/o increased urine output

No H/o jaundice.

Rx history:

2 OPRBC

O/E Mild pallor (+)

No icterus

dt.

B/L pitting pedal edema (R) & (L).

Seborrhoeic rash over scalp (+)

Rash over body (+)

CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से जाया कल्प

अंगदान-जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE

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CVS. 99 ⊕

RS-B/LAE equal



CS/Day Care

USG, (R) lower limb:
Diffuse sub-cut edema
in lower limb

Imp: Multisystem LCH
e ? RO invl.

9.1 $\left\langle \begin{array}{l} 8390 \\ N71L25 \end{array} \right\rangle 1.06 \text{ lakt}$

Skin
Bone
Liver

Total Bil - 1.1

DD: CGD i AKU

Ado:

Direct - 0.4

PS

OT/PT/ALP - 15/19/104

LFT/RFT.

Protein / Albumin - 3.9/118

Skin biopsy.

Old CBC (20.3.22)

PET-CT early date
Skeletal survey

3.6 $\left\langle \begin{array}{l} 9100 \\ N72L20 \end{array} \right\rangle 2.94 \text{ lakt}$

USG - Doppler (R) LL
to r/o DVT.

Chest Xray - widening ⊕
? Hydrus

IV antibiotics for cellulitis

CT-chest (25/7/22)

Date CS
day \leftarrow

BMA PBp

No airway compromise.

USG Abd (Dr. Manish Mehta)

- Symp $\left\langle \begin{array}{l} \text{PCM} \\ \text{Sul} \\ \text{Sax} \end{array} \right\rangle$ Need



सरीरमांचं चतुर्ण

एकक/Unit
विभाग/Dept.

Follow up Patient
Clinic No. 2022/POK/71
Dept Reg. 2022/003/0007060

General/१०
Paediatrics/POK/Unit 1
WRT/Room: 14
NAME: Mr. AARUSHI KUNAR KARAK
Days: Monday
POK No. 17
4V 2H 7D पुणे/४
S/O JAT PRAKASH KARAK
UNIT : 105836552
DATE: 09/05/2022

(8)

निदान/Dia
दिनांक

12.2.22

Ht - 91cm

- 13 - Betadin gummy &
- Sit 2 back of Doiny
- on septum A/d.

Notes in copy

Next visit



18/5/22

Unit in Peds OPD

9AM

23/5/22

POC file



Paediatric
CL No 20220030002257
UHD 105836552
AARUSHI 4Y28D

Paediatric
Queue No F5
Room 14
JHID 105836552 01-08-2022

12 KG

(4)

Note in Onco copy
MOP on 8/6/22



Paediatric
CL No: 20220030002257
UHD: 105836552
AARUSHI 4Y28D

Paediatric
Queue No: F23
Room 14
JHID 105836552 08-06-2022

(10)

12.1kg

Fluids LCH (MS)
RO (+)

4200
ANC
1596
10.2 / 3.4
016122

last chemo on 1/6/22 - vincristin
How came for flu visit.

to

Flu
Fever ~100° F - since night.
cough/coryza - for 5-6 days
No W. difficulty in breathing.

OE - go fair
vital stable
vibrosheic deactivation
SIF
over. (DAT -> 7-4)

Next chemo
Today completion
course II

AK

- eye paracetamol 5 ml HO
- eye paracetamol (5ml/250mg) 3-5 ml
- To continue ex as per protocol



Next op date on 25/6/22



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अस्पताल के अन्दर धूमपान मना है। / SMOKING IS PROHIBITED IN HOSPITAL PREMISES



शरीरमांसं खजु धर्मसाधनम्

OPR-6

एकक/Unit _____

विभाग/Dept. _____

व०रो०वि० पंजीकृत सं०/O.P.D. Regn. No. _____



नाम/Name	पिता/पुत्र/पत्नी/पुत्री aediatic	लिंग	आयु Age	पता/Address
Paediatric CL No: 20220030002257 UHID: 105836552 AARUSHI 4Y28D 	ueue No: F17 oom: 14 -HID 105836552 18-05-2022 			Poc - 71/22

निदान/Diagnosis

दिनांक/Date
4

13.16

उपचार/Treatment

च०

MS-LCH ROT (BMT liver).

Details in poc notebook.

Adv.

- Go for VBL wk 3 -

- Next OPD visit on 1/6/22.

Adv
SRIV



CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प

अंगदान-जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE

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Paediatric
 CL No 20220030002257
 UHID 105836552
 AARUSHI 4Y28D
 Queue No F5
 Room 14
 JHID 105836552 01-08-2022

12/12
 (4)

Notn in Onco copy
 mvop on 8/6/22

Paediatric
 CL No: 20220030002257
 UHID: 105836552
 AARUSHI 4Y28D
 Queue No: F23
 Room 14
 JHID 105836552 08-08-2022

(10) 12.12

Fluids LCH (MS)
 RD ⊕

10.2 / 4200 / 3-4
 ANC
 1596
 01/12/22

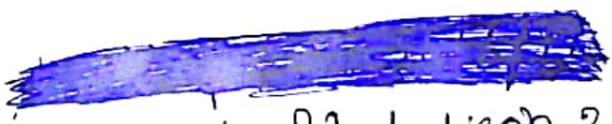
last chemo on 11/6/22 - Vinorelbine
 Now came for flu visit.

CFD Fever
 Fever ~ 100° F - since night
 cough/coryza - for 5-6 days
 No w/o difficulty in breathing

OE - GC fair
 viral stable
 vesicular dermatitis -
 S/E
 w/o. (DAT → 17-4)

Next chemo
 Today completion
 course II

AK
 - eye paracetamol 5 ml HS
 - eye paracetamol (5ml/250mg) 3-5ml
 - To continue ex as per protocol



Next op date on 25/6/22



ओ भा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL
बहिरंग रोगी विभाग / Out Patient Department



अस्पताल के अन्दर धूम्रपान करना है। / SMOKING IS PROHIBITED IN HOSPITAL PREMISES

Follow Up Patient
Clinic No. 2022/OPD/71
Dept. Reg. 2022/003/0007050
General / W.O.
Paediatrics/PDC/JR/ST-1
वज़न/Book: 14
Days: Monday
Name Mr. ARUSHI KUMAR
Queue No: F12
KARAK
द्व. 28 सुप/म
S/O: 181 PRABESH KARAK
UHSID: 10583552
Date: 10/05/2022

OPR-6
loc-71/22

कॉरोना/पंजीकृत सं./O.P.D. Regn. No.

आयु
Age

पता / Address



निदान/Diagnosis

MS-LCM

दिनांक/Date

उपचार/Treatment

8

12kg

Ht → 90cm
on septum

Details & in booklet

Adv

Next visit on 9/7/22

1 am.



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)



Follow Up Patient
 Clinic No. 2022/POC/71
 Dept Reg. 2022/003/0007060
 General/# 0
 Paediatrics/POC/Unit-I
 NAME: Mr. AARUSHI KUMAR KARAK
 S/O JAI PRAKASH KARAK
 भवना/Room: 14
 Days : Monday
 Queue No : F7
 4Y 2M 7D पुत्र/म
 UNID : 105836552 Date: 09/05/2022

(85)

12.2KG

Ht - 91 cm

- Betadine gargle &
- sitz bath & Doxy
- on Septivan Ald.

Notes in copy
 Next to visit

↓
 18/5/22
 Unit in Peds OPD
 9AM

23/5/22

POC file ♀



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. _____

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

नाम/Name	पिता/पुत्र/पत्नी/पुत्री F/S/W/D of	लिंग Sex	आयु Age	पता/Address
Parushi Kumari Karnae	4yr. / Female		4yr.	Dr. Kaus...

निदान/Diagnosis MS-LCH. BITD = 1058 36552

I Thank Dr. Neelvi
 Dr. Arvind
 Dr. Arvind
 7906072776

दिनांक/Date	उपचार/Treatment
	T.D = 6 months.
	Started as scaly crusted seborrheic dermatitis like lesion over the scalp then it progressed to involve the chest and back. over 6 months. Fingers corners intermittently.
	<u>OP</u> - there is crusted semi-adherent yellowish scaly lesion. over the scalp and erythematous papules and scales over the chest and back with excoriations. Enlarged lymph node observed behind ear in diameter.
	<u>OW</u> over Neck etc.
	① Skin biopsy from the chest and back showed lesion
	② vaseline lotion LA TDS.
	③ Kerasin e report.



CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काम 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)



7/3/2022

↓ all aseptic conditions & punch biopsy taken.

Adv:

1. Remove the dressing after 24 hrs.
2. Keep area clean and dry.
3. Oint Mupirocin 2%. LA BD.

Collect reports after 14 days - 329

Smarika
JK Derma

29/3/22

Revolving Sunburns

A Left - MS

Adv

① Resonide Lotion (Desonide Lotion)
LA ODHS

② Vaseline Lotion LA BD

Dr
(Dr - one)



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

अस्पताल के अन्दर धूमपान मना है / SMOKING IS PROHIBITED IN HOSPITAL PREMISES

शरीरमांस खलु धर्मशासनम्

एकक / Unit _____

विभाग / Dept. _____

नाम / Name _____

New Patient

Dept Reg. 2022/003/0002257

General/४ 0

Paediatrics/Paediatric /Unit-111

कक्षा/Room: 14

Days : Wednesday

Name: Mr. AARUSHI KUMAR KARAK

Queue No : NB

4Y 2BD पुरुष/M

S/O JAI PRAKASH KARAK



UHID : 105836552

Date: 30/03/2022

OPR-6

Sign. No. _____

पता _____



निदान / Diagnosis

दिनांक / Date

25

11kg

A-408
8/4

उपचार / Treatment

Detailed Notes in POC copy

Aelo

Syp Cefixime (10mg/5ml)
2.5ml BP + 5 days

- NPO + 2/4/2

CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प

अंगदान-जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE

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Date in 3rd week of September

PET SCAN FORM



अखिल भारतीय आयुर्विज्ञान संस्थान / ALL INDIA INSTITUTE OF MEDICAL SCIENCES
नाभिकीय चिकित्सा एवं पी.ई.टी. विभाग / Department of Nuclear Medicine & PET
अंसारी नगर, नई दिल्ली - 110029 / Ansari Nagar, New Delhi - 110029
Tel. : 91-11-26593210

Physician request form for Position Emission Tomography (PET) Scan
(Please Note : Scan will not be done if form is not properly filled)

Name : AARUSHI Age : 4 Yrs. Sex : M F

Referred by : Prof R. Seth Requisition Date : 6/7/22

UHID No. / Clinic / Dept. : 105836552 - Peds III

Brief Clinical History :

IC/O MS-LCH (RO+)

Post 12 weeks VBL + 1st chemo = stable disease

↓
Switched to Cladribine Salvage chemo

Treatment History :

↓
Post 2 course Cladribine Salvage ⇒ PET-CT

What you expect from PET / CT Scan :

for reassessment
(in 3rd week of September)

Past History DM HT TB Renal Failure Previous Malignancies

Investigations :

Bld. Sugar Fasting PP Random Date :

S. Bansal
SR Peds Onco

Ultrasound/ECHO/CT/MRI/Plain/Contrast :

Previous Nuclear Medicine / PET : No. & Date

Indication of PET/CT : Initial Dx / Staging / Treatment Resp. Monitoring / Restaging / Prognostication

Desired Study : Whole Body PET (Eyes of thighs) Brain only Cardiac only

P.T.O.

Instruction to Patients :

1. Please bring DD/Pay order for Rs. 5000/7500 in favour of "DIRECTOR AIIMS" and write name of patient on reverse DD with date of scan. **Payment is to be made on the day of the test.**
For 2nd PET Scan charge are only Rs. 4000/-
2. Charge for PET/CT film is Rs. 77/
3. Patient may eat light breakfast before 7 am after that may take water only, no food for at least 4-6 hours.
4. Must bring all old records.
5. Study is subject to availability of **RADIOISOTOPE**
6. Report shall be available 24-48 hrs. after test.
7. Study may take whole day. have patience and co-operate with staffs.

Appointment Date :

28/09/22

Time :

9 AM

Payment :

W Body

Try on


Cardiac

Brain

Receipt No/DD No. _____ Amount _____ Dt. _____ drawn on _____

kindly give date in
september 1st week.

↓
clined is due for treatment
and to decide on further Rx


Dr. Moham, MD

Scanning for AD (Q/PET)

(6/7/22)

- DH - ⊖

- Camp - 8/6/22

- R7 - ⊖

- S - ⊖


SRM

विकिरण नैदानिक विभाग
अ० भा० आ० सं०, नई दिल्ली-११००२६
DEPARTMENT OF RADIODIAGNOSIS
A.I.I.M.S., NEW DELHI - 110029

PLAIN X-RAY/CONTRAST STUDIES REQUISITION FORM

Name : Aanshi Age/Sex : 44/F Ref. Deptt./Unit : _____ Date : 20/8/22
Indoor (Bed No.) / Outdoor / Casualty UHID No. : 105836552 LMP : _____

Examination Required :

Clinical History and Examination :

CXR - PA view

[Signature]

Clinical / Working Diagnosis :

Blood Urea / S. Creatinine :
Any h / o allergy or asthma :
(for IVU patients only) :

Signature of Referring Physician / Date :

Consent :

I hereby give consent for the performance of any diagnostic or therapeutic radiological procedure with or without the use of contrast injection and / or sedation. The associated complications and risks have been explained to me.

Signature of Patient / Date : _____

Your appointment is on : _____ Room No. : _____
Time Slot : 8:30 9:00 9:30 10:00 10:30 11:00 11:30 12:00 12:30

X- Ray No. : _____ Size / No. of Films _____

Date : _____ Kvp/mAS: _____

Sign. of Radiographer : _____

P.T.O.

Referral Form of IV Antibiotics for Ambulatory Patients

J-161/A, Internal Road, Gautam Nagar, Behind Indian Oil Building

Telephone: - 01140512467, 011-45512466

Name: Aarushi Age: Sex: 4y/M Wt: 13kg

UHID: 105736552 Diagnosis: LCH

Date of referral: 16/8/22

	1. Inj Zosyn 1.3g iv TDS.	2. Inj Amikacin 190mg iv OD.	3. Inj G-CSF 65µg SC OD.	CBC
	Inj Zosyn 1.3g ^{TDS}	Inj Amikacin 190mg ^{OD}	Inj G-CSF 65µg ^{OD}	
16/8	✓	✓	✓	
17/8	✓	✓	✓	
18/8	✓	✓	✓	
18/8				STOP
18/8				Inj Teicoplanin 170mg iv BID 2nd and 4th day
19/8	✓	✓	✓	
20/8	✓	✓	✓	
	Inj Meropenem 500mg as 20ml Nover 2hrs q 8hrly.		Inj Teicoplanin 170mg IV q 24hr	

• C5 Day care: 011-26594434

22/8/22: 96.8
2022/8/22: 96.1
2022/8/23: 96.5

CK-61751

C.K

61751

Referral Form of IV Antibiotics for Ambulatory Patients

J-161/A, Internal Road, Gautam Nagar, Behind Indian Oil Building

Telephone: - 01140512467, 011-45512466

Name: Aarushi Age: Sex: 4 yrs / F Wt: 13 kg

UHID: 105836552 Diagnosis: MS-LCH/FN

Date of referral: 24/8/20

	Imp: Meropenem - 500 mg i.v. TDS	Imp: Teicoplanin 130 mg i.v. OD	CBC
24/8	✓	✓	✓
25/8	✓	✓	✓
26/8	✓	✓	✓
27/8	✓	✓	✓
28/8	✓	✓	✓
<hr/> <p>stop</p>			

- C5 Day care: 011-26594434 . B145 - (fungal) - to be sent

XReferral Form of IV Antibiotics for Ambulatory Patients

J-161/A, Internal Road, Gautam Nagar, Behind Indian Oil Building

Telephone: - 01140512467, 011-45512466

Name: Ashwin

Age: Sex:

4yfm wt: 13 kg

UHID: 105836552

Diagnosis:

MS- LSC H.

Date of referral:

Day	Injection - 1st dose	Injection - 2nd dose	Injection - 3rd dose	Injection - 4th dose	CBC	PCT
18/F	1PM	8PM	✓	✓		
19/F	✓	✓	✓	✓		
20/F	✓	✓	✓	✓		
21/F	✓	✓	✓	✓		
22/F	✓	✓	✓	✓		
23/F	✓	✓	✓	✓		
24/F	✓	✓	✓	✓		

Day 18/F: Inj. Piperacillin - 1st dose 1PM, 2nd dose 8PM.
 Day 19/F: Inj. Amoxicillin 1st dose 9 AM, 2nd dose 4 PM.
 Day 20/F: Inj. Teicoplanin 1st dose 10 AM, 2nd dose 4 PM.
 Day 21/F: Inj. Teicoplanin 1st dose 10 AM, 2nd dose 4 PM.
 Day 22/F: Inj. Teicoplanin 1st dose 10 AM, 2nd dose 4 PM.
 Day 23/F: Inj. Teicoplanin 1st dose 10 AM, 2nd dose 4 PM.
 Day 24/F: Inj. Teicoplanin 1st dose 10 AM, 2nd dose 4 PM.

❖ CS Day care: 011-26594434

C.K. D.

Return Form of IV Antibiotics for Ambulatory Patients

J-161/A, Internal Road, Gaurav Nagar, Behind Indian Oil Building

Telephone: - 01140512467, 011-45512466

Age: **AARVSHI**
 Sex: **M/F**
 UHID: 105836552
 Diagnosis: **MS-LCH**

Wt: **11kg.**

Date	2y. Zephn 1.0g iv TDS	2y. Teicoplanin 10mg iv BD x 3 doses All obs	1y. Clindamycin 130mg 1QTD	CBC	PCT	Culture
8/4/22	✓	✓	✓	✓	✓	✓
9/4	✓	✓	✓	✓	✓	✓
10/4	✓	✓	✓	✓	✓	✓
11/4	✓	✓	✓	✓	✓	✓
12/4	✓	✓	✓	✓	✓	✓
13/4	✓	✓	✓	✓	✓	✓
14/4	✓	✓	✓	✓	✓	✓
15/4	✓	✓	✓	✓	✓	✓
16/4	✓	✓	✓	✓	✓	✓
17/4	✓	✓	✓	✓	✓	✓
18/4	✓	✓	✓	✓	✓	✓
19/4	✓	✓	✓	✓	✓	✓
20/4	✓	✓	✓	✓	✓	✓
21/4	✓	✓	✓	✓	✓	✓

STOP

STOP



प्रयोगशाला कायचिकित्सा विभाग
DEPARTMENT OF LABORATORY MEDICINE
रुधिर विज्ञान
Hematology

अखिल भारतीय आयुर्विज्ञान संस्थान, अंसारी नगर, नई दिल्ली-110029
All India Institute of Medical Sciences, Ansari Nagar, New Delhi-110029

UHID:	105836552	Sex :	Male
Patient Name :	Mr. AARUSHI KUMAR KARAK	Sample Received Date :	03/03/2022 01:47 AM
Age :	4 years 1 day	Department :	Paediatrics
Unit Name :	Unit-I	Unit Incharge :	Dr. Praveen Aggarwal
Lab Name:	Hematology	Lab Sub Centre:	Hematology (Ward)
Reg Date :	02/03/2022 12:02 PM	Sample Collection Date:	03/03/2022 12:46 AM
Report Generated Date:	03/03/2022 05:34 am	Dept / IRCH No:	20220300015192
Recommended By:	Dr. Dilip SR Paeds	Lab Reference No:	812

Sample Details : HMW-030322139

Report

Test Name	Result	Comment	Normal Range
CBC PACKAGE			
T.L.C	8.39 $10^3/\mu\text{L}$		4.00-11.00
NEUTRO	71.8 %		40.00-80.00
LYMPHO	25.4 %		20.00-40.00
MONG	2.1 %		2.00-10.00
EOSINO	0.6 %		1.00-6.00
BASO	0.1 %		1.00-2.00
NUCLEATED RBC	0.0		0.00-
RBC COUNT	3.46 $10^6/\mu\text{L}$		• 4.5 - 5.5 $10^6/\mu\text{L}$
HB	9.1 g/dL		• 12 - 15 g/dL
HCT	29.6 %		• 40 - 50 %
PLATELET COUNT	106 $10^3/\mu\text{L}$		150.00-400.00
MCV	85.5 fL		80.00-96.00
MCHC	30.7 g/dL		32.00-36.00
RDW CV	16.7		0.00-0.00
MCH	26.3 pg		26.00-34.00

Over All Comment :

Authorised Signatory

Verified By
DrMalvikalm

अखिल भारतीय आयुर्विज्ञान संस्थान
 ALL INDIA INSTITUTE OF MEDICAL SCIENCES
 अंसारी नगर, नई दिल्ली-११००२९
 ANSARI NAGAR, NEW DELHI-110029

TRANSFUSION CHART

नाम : आयु लिंग यू.एच.आई.डी.
 NAME: Aarushi kumar Karak AGE: 4y SEX M UHID No.: 105836552
 WARD: Paeds emergency BED NO.: _____ DIAGNOSIS: LCH, febrile neutropenia

PATIENT'S BLOOD GROUP: _____ UNIT CHIEF: _____

Date	Starting time	Bag No.	COMPONENTS							Bag Group	Rh	Checked by	Started by	Given by	Stop time	REACTION
			WB	RBC	PLT	FFP	PLSM	CRYO								
<u>21/7/22</u>	<u>5:40 AM</u>	<u>B-20214</u>			<input checked="" type="checkbox"/>				<u>B positive</u>		<u>Dr. Ekajiri</u>	<u>Danwar</u>				<u>Care taken @ 8:30 AM</u>
<u>21/7/22</u>	<u>5:50 AM</u>	<u>B-20212</u>			<input checked="" type="checkbox"/>				<u>B positive</u>		<u>Dr. Ekajiri</u>	<u>Danwar</u>				
	<u>6:00 AM</u>	<u>B-18443</u>			<input checked="" type="checkbox"/>				<u>B positive</u>		<u>Dr. Ekajiri</u>	<u>Danwar</u>				

- W.B. = WHOLE BLOOD
- R.B.C. = RED BLOOD CELL
- P.L.T. = PLATELET
- PLAM = PLASMA
- CRYO = CRYOPRECIPRATE
- QTY. = QUANTITY
- FFP = FRESH FROZEN PLASMA

DATE

	DETAILS OF BLOOD REACTION, IF ANY	
	ACTION TAKEN	
	CAUSE OF BLOOD REACTION	
	OUTCOME	



UHID No:105836552

(DEPT. OF EMERGENCY MEDICINE)

तीन नं. (Emergency No): 2022/030/0056483

दिनांक DATE: 20/07/2022

समय TIME: 07:49:34 PM

NON-MLC

121.

NAME: MR. AARUSHI KUMAR KARAK

आयु AGE: 4 years 4 months 18 days

लिंग/SEX: M

FATHER: JAI PRAKASH KARAK

ADDRESS: मकान संख्या H.NO:

WARD NO -13

गली / मुहल्ला STREET/MOH: TINTOLIA PRATAP GANJ

शहर/प्रखंड CITY/BLOCK:

DISTRICT SAUPOOR

पिन PIN: 852125

राज्य STATE:

BIHAR

मोबाइल MOBILE NO:

दूरभाष सं. PHONE NO:

स्थान Location:

Paediatrics Emergency

Criticality: Red / Yellow / Green

द्वारा BROUGHT BY: Relative: MOTHER

Triage: Responsive / Unresponsive

HR 170 /min

BP 94/54 mmHg

RR 40 /min

SpO2 100 %

Shifted to Paeds / Main / New Emergency

Deal acceptance ~ good

Multisystem LCH with RO+ (↓ Pediatric oncology follow up)

Presenting Complaint: (18/07/2022)

USG abdomen: no NEC

- fever x 3 days
 - pain abdomen x 3 days
 - vomiting one episode in the morning

Primary Assessment (ABCDE): Assessment Pentagon

<p>Airway</p> <p>Open & stable: Yes/No <input checked="" type="checkbox"/> If No.....</p> <p>Breathing: RR 40/min Efforts: Normal/Poor/increased Auscultation: Air entry: Normal/poor/Differential</p> <p>Added sounds: None/Stridor/Wheeze/Crackles</p> <p>SpO2 on Room air.....100%</p> <p>wt = 13 kg</p>	<p>Circulation</p> <p>HR 180/min</p> <p>CFT 2 secs.</p> <p>BP 94/54 mmHg</p> <p>Peripheral pulse: Poor/Good <input checked="" type="checkbox"/></p> <p>Central pulse: Poor/Good <input checked="" type="checkbox"/></p> <p>Skin temp: Warm/cool <input checked="" type="checkbox"/></p> <p>Others</p>	<p>Disability</p> <p>GCS 15/15</p> <p>Pupil size...../min</p> <p>Pupillary Reactions.....</p> <p>Motor activity: Normal & Symmetrical/Asymmetrical/ Posturing/Flaccidity/Seizure</p> <p>Blood Sugar.....mg/dl</p> <p>Exposure: Temp 102.4 °F Colour: Normal/pallor/cyanosis /mottled <input checked="" type="checkbox"/> Any other skin lesions.....</p>
--	--	---

sent from Pediatric oncology day care for CR

Diagnosis: MAS - LCH (RO+) / Febrile neutropenia

9am 1st try PCM 130mg IV stat
 Reassess

VBG ✓
 CBC ✓

Blood c/s ✓
 Pediatric oncology
 seminar

Adm:
 9am 2nd try Piperacillin-Tazobactam
 Piperacillin 1300mg in 20ml
 NS IV over 30 min q 8 h
 3rd try Amikacin 200mg/40ml
 NS IV over 1 h q 24 h.

- Hemodynamic

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

Name: Dasuki उम्र: 4yr लिंग: f वैवाहिक स्थिति: Marital Status यू.एच.आई.डी.नं.: 105836552
सेवा: Ward बेड: Bed व्यवसाय: Occupation धर्म: Religion

ALL INJECTIONS TO BE INITIALED BY PERSON ADMINISTERING

Date & Time	Medication & Treatment	Diet	Observation by the Nurse
<p>21/7/22 ① 12:00 AM</p>	<p>S.S } 400 ANC - 30</p>	<p>7000</p>	<p>CXR (N) Average 40 RFP 10 PRBC Antibiotic 4, Pytax Telaplarin</p>
<p>5:45 AM</p>	<p>Transfuse 20 RFP over 15-20min each</p>	<p>Transfuse 10 PRBC in over 4 hours midway inj. Lasix 10mg</p>	<p>Signature</p>

विकिरण नैदानिक विभाग
अ० भा० आ० सं०, नई दिल्ली-११००२६
DEPARTMENT OF RADIODIAGNOSIS
A.I.M.S., NEW DELHI - 110029

PLAIN X-RAY/CONTRAST STUDIES REQUISITION FORM

Name: Arushi Age/Sex: 4y Ref. Deptt./Unit: U3 Date: 20/7/22

Indoor (Bed No.) / Outdoor (Casualty) UHID No.: 105836552 LMP:

Examination Required :

Clinical History and Examination :

cto
Febrile neutropenia
e ? neutropenic colitis
(NCE)

Clinical / Working Diagnosis :

Blood Urea / S. Creatinine :
Any h / o allergy or asthma :
(for IVU patients only) :

DW

Signature of Referring Physician / Date :

USG

abdo.

Consent :

I hereby give consent for the performance of any diagnostic or therapeutic radiological procedure with or without the use of contrast injection and / or sedation. The associated complications and risks have been explained to me.

Signature of Patient / Date :

[Signature]

Your appointment is on : _____ Room No. : _____
Time Slot : 8:30 9:00 9:30 10:00 10:30 11:00 11:30 12:00 12:30

X-Ray No. : _____ Size / No. of Films _____

Date : _____ Kvp/mAS: _____

Sign. of Radiographer :

P.T.O.

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

Name: Narush/Kumar उम्र लिंग वैवाहिक स्थिति यू.एच.आई.डी.नं.
Age 4 yrs Sex M Marital Status UHID No. 105836552
Date: 21/7/22 वार्ड बेड व्यवसाय धर्म
Service Ward Bed Occupation Religion

ALL INJECTIONS TO BE INITIALED BY PERSON ADMINISTERING

Date & Time	Medication & Treatment	Diet	Observation by the Nurse
5 AM 11:30 AM	inj. Riptag - 1300 mg EV 8hrly inj. Amikacin - 200 mg EV - 24hrly		6 AM Pt. is conscious & oriented, vitals is stable.
10 AM 12 PM	inj. Teicoplanin 1300 mg EV @ 0, 12, 24 hrly F/B EV (AD)		orally allowed. (Continued)





भारत सरकार
Government of India



Download Date: 29/06/2020



आरुषी कुमारी
Anushi Kumari
जन्म तिथि/DOB: 26/09/2018
महिला/ FEMALE

Issue Date: 17/03/2020

यह आधार 5 वर्ष की उम्र तक ही वैध है

3619 5746 4215

VID : 9177 2712 6097 0400

मेरा **आधार**, मेरी पहचान



भारत सरकार
Government of India



चंदा देवी
Chanda Devi
जन्म तिथि / DOB : 01/01/1993
महिला / Female



8323 8989 2367

आधार - आम आदमी का अधिकार

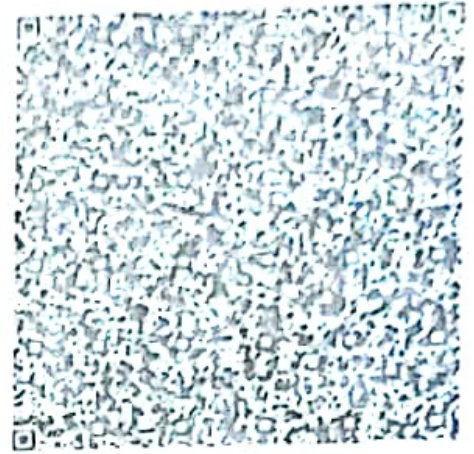


भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



पता:
द्वारा: जयप्रकाश कारक, वॉर्ड न 13, चिलौनी उत्तर,
चितौनी, सुपौल,
बिहार - 852125

Address:
C/O: Jaiprakash Karak, ward no 13, chilauni
uttar, Chitauni, Supaul,
Bihar - 852125



3619 5746 4215

VID : 9177 2712 6097 0400



help@udal.gov.in



www.uidai.gov.in



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता:
अर्धागिनी: जयप्रकाश कारक, वॉर्ड
न-13, तिनटोलिया, चितौनी, सुपौल,
चितौनी, बिहार, 852125

Address:
W/O: Jayprakash Karak, ward
no-13, Tintoliya, Chitauni, Supaul,
Chilauni, Bihar, 852125

8323 8989 2367



1947
1800 300 1947



help@uidai.gov.in

WWW

www.uidai.gov.in

Diagnostic Work UP & Risk Stratification

- Liver 6cm spleen 2cm
- Biopsy
 - Ⓛ - No. of cells
 - Ⓡ - Suboptimal to definite opinion
- PET - FDG avid lesions in parietal, occipital, frontal, bⓇ femur, humerus. bones ⊕. Metastatic uptake in cervical, inguinal nodes.
- BMA + Biopsy - cellular bone marrow prep (11/3/22) ⊕ erythroid hyperplasia. few histiocytes noted ~~and~~ showing hemophagocytosis



• skin Bx - cells ⊕ grooved nuclei (Back & chest) IHC.
 CD11a, langerin 5-100+ve } Liver: dysplasia ⊕

Final risk: MS-LCH. (Albumin 1.8)
 RO +
 (BM + Liver). > 3cm @ mid clavicle

WB MRI - MS-LCH. ✓
 RO+ (liver)
 CNS risk lesion - craniofacial bones, B/L OM.
 STR hyperintensity & wall thickening of LV & interventricular septum. ? involved

Spleen: clinically ⊖

Name of treatment protocol

LCH-IV

Plan (4/14/12 Dr TPI/1000)

To do BNA + BMB on 8/15/12
afternoon

(NPO for 2hr)

Per journal for exam 8/15/12 on 9/15/12
(on call)

to start skin was being
the same

9/12/12



- BNA + BMB done. yest
- skin biopsy report awaited.
- PET/CT done today.
- clinically no fresh rxns.



Adm - R/W in cph on 12/1/12 after surgery

15/3/22

MS-LCH ROT (Liver ⊕, BM ⊕).

Rx CIDW prof. R. Seth for Indico as per stratum:

✓ syp prednisolone (sul = ⁵4g) 9 ul x TD
9 ul ——— 9 ul.

✓ syp septran (sul = 40g) .8 ul. Alternate.

✓ vinblastin 4g iv. slow push.

Rel — Next visit. on. 23/3/22. in daycare
SRIP-O. — Next OPD. on 23/3/22. E CB
LH

22/3/22

40 MS LCH RO ⊕ (Liver / BM)

on LCH protocol VBL
4 steroids

marked improvement in sym
and signs

⊙ Pallor ⊕
pedal edema ⊕ (swelling decrease)

HSM ⊕.

27

CBC $\left\{ \begin{array}{l} 4640 \\ 2009 \end{array} \right.$ $\left\{ \begin{array}{l} 203000 \end{array} \right.$

Plan

- Admission slip NA \swarrow
- ① Inj Vanblastine ~~6mg~~ 3.5mg iv slow push. 23/3/22
- ② Symp Nedmisolone (5ml/5mg) 9ml TDS
- ③ T/C septum
- ④ Tab Canzol junior 15mg 1 tab OD BBP
- ⑤ Flu on 30/3/2022 Wed 9AM CBC

Daycare
Sister Tracy NA in OPD

Gay

Patient Details

Name: Aoushi

CK61751

Age / Gender: 4 y/f

Father's Name: Jai Prakash

Address: Ward no-13 chilloni uttar Tintoliya
Patnaganj, Supol Bihar.

No.: 71/22

CH

Remarks.

Visit 2 20/07/2021

- 24. Betadine gargle
- Sitz bath
- Dayer sign explain
- counselling done

→ Patient completed course 1 of clachlone
sachet regimen

PEI chx
on 28/09/22 Due for course 2 of clachlone sachet

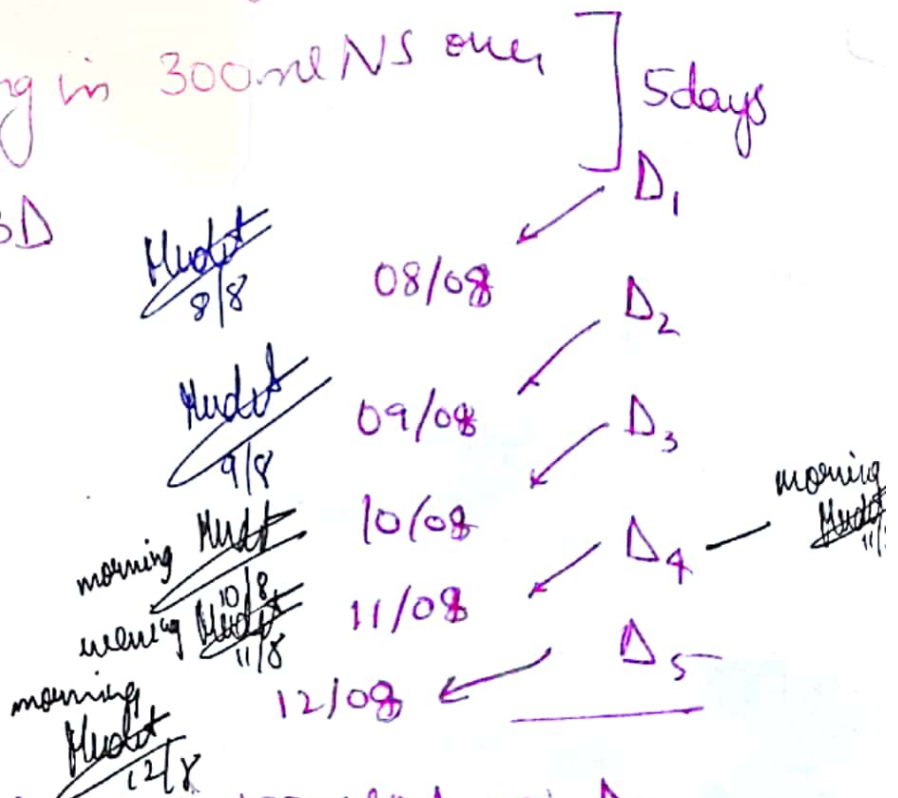


- Inj ement + dene 2mg is shly

→ Inj APAC 290mg in 300ml NS over 5 days

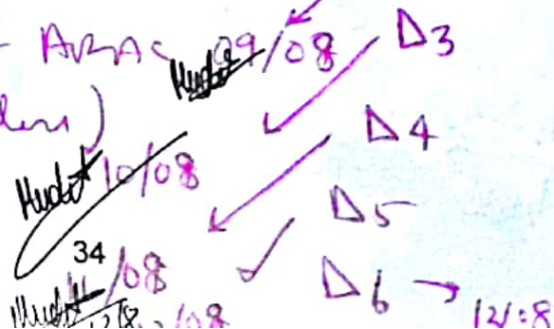
↓ 2 hours BD

Stabij
08/08/22



→ Inj Clachlone 5.2 mg in 100ml NS on D2

one 2 hours (after 1st APAC morning)



f16 5 days of GSA

R/won. 17/08/22

Patient ID: 100036552
 Dept No: 2022030002257
 Room/Room: 14
 Unit: 14
 Patient: Umar Karak
 Queue No: F20
 Date: 29/06/2022
 Reporting: 10:00 AM to 10:30 AM

- pot. chemo
 - Suppenent
 - Smalshy
 - Penlop 2mg PO
 OD
 - Tab Dena 4mg
 1/2 - 1/2
 2 days

8/8/22 To CANCIDAS
 kindly arrange
 Inj. Ara-C 290mg/300ml NS IV ~~BD~~ BD (2 times/day) x 5 days
 Inj. Cladribine 5.2mg x 5 days [total 10 doses]

- 8/8/22
 - Dr. Bekadinegarah
 - 8/8/22
 - Faisal Hussain
 Inj. Ara-C 290 mg/300ml NS over 2hrs.
 AM
 PM
 Fruit SR Peds

9/8/22
 Inj. Zovirax + Dena 2mg IV
 Inj. Ara-C 290mg/300ml NS IV BD
 Inj. Cladribine 5.2mg/100ml NS over 2hrs
 Karamu Health

11/8/22

ly. Emsect 2mg + Dopa 2mg IV
ly. Ara-C 290mg / 100ml NS IV BD

ly. cladribine 5.2mg / 100ml NS IV over 2hrs

UHD: 105836552
Dept No: 2022030002257

Unit/Room
14
Reporting
Queue No: F 39
29/05/2022

AARUSHI KUMAR KARAK
47 / MUMBAI
S/O: M. B. KARAK & S/O: A. K. KARAK
Add: WARD NO-13, TANTOLIA PRATAP
GANJ, DISTRICT SAUPOOR, BHAR
Pin 857125, NDA

Follow Up... General # 0 Reporting: 10:00 AM-10:30 AM

12/8/22

ly. Emsect 2mg + Dopa 2mg IV. Start it now

ly. CYTARABINE. 290mg / 200ml NS IV BD. 12/8

ly. CLADRIBINE. 5mg / 100ml NS IV over 2hrs.

- Continue prednisolone eye drops.

Dr. Mohamim

13/8/22

ly. Emsect 2mg + Dopa 2mg IV.

ly. Ara-C 290mg / 200ml NS IV over 2hrs

ly. Cladribine 5.2mg / 100ml NS IV over 2hrs

13/8

ly G-CSF 65mcg sc. ~~qd~~ x 5 days

13/8
15/8

CANKIDS

Kindly give G-CSF — (3) vials

SENIOR RESIDENT
Department of Pediatrics
and Institute of Microbiology
15/8

17/8/22

no major complaints

on IV antibiotics

FN - IV antibiotic.

- starts from
Gonyng.

afkale today

- feeding ✓

0/3 ✓

exh. - few soft stools ⊕
> ⊕ stool.

no lactin.

may continue IV antibiotic

mother also has
well resp ifc

cc T
B1 q.s.

if non central
contributory may change to oral
antibiotic.
clasp and Infelix

daye Syn eye

cont IV antibiotic from Gonyng eye
follow protocol of FN
management.

P27 CT
28/8/22

? feeding palpation
15/9/22

eye
abnormal
from CFAA u.



Meas
- antibiotic
- G. nigan fly
- kept out. B y
- DICAF. y

18/8

FN norm⁴
fever persisting - 101.5°F in afternoon
CBC sent - report awaited

Blood c/s
PCT
cxp - (N)
Clinically well

Plan Upgrade to Dy: Zosyn 13g iv TDS
Dy: Teicoplanin 130mg iv BD x 3 days then
iv OO

Ch reports
Review from 10am CS Day Care

19/8/22 CBC (18/8/22)

g.i. 360 / ANC 10 12000

To transfuse ROP 20 from daycare

ISSUE / COMPATIBILITY LABEL	
Sample ID : 2022-R40622	
Patient : Mr. AARUSHI KUMAR KARAK	
Patient's Blood Group : B Pos	UHID: 105836552
Hosp/Dr : AIIMS Hospital /Dr. S. K. KABRA	
Pt. Hosp. Req. No.: H-352302-22	
Wd-Bed No.: C5 DAY CARE / Paediatrics / 54	
Product : IRR-RDP	Issue No.: 70483
Blood Group : B Pos	Issue Dt : 19/Aug/2022 11:
Bag ID : 2022-B23351	Colln. Dt : 17/Aug/2022
X-Matching Report : ABO Compatible	Exp. Dt : 22/Aug/2022
X-matched By : Vikas	Issued By : Vikas
BLOOD CENTRE, MAIN HOSPITAL DEPARTMENT OF TRANSFUSION MEDICINE AIIMS, New Delhi Ansari Nagar, New Delhi- 110029 Lic.No. 646/81	

ISSUE / COMPATIBILITY LABEL	
Sample ID : 2022-R40622	
Patient : Mr. AARUSHI KUMAR KARAK	
Patient's Blood Group : B Pos	UHID: 105836552
Hosp/Dr : AIIMS Hospital /Dr. S. K. KABRA	
Pt. Hosp. Req. No.: H-352302-22	
Wd-Bed No.: C5 DAY CARE / Paediatrics / 54	
Product : IRR-RDP	Issue No.: 70484
Blood Group : B Pos	Issue Dt : 19/Aug/2022 11:27A
Bag ID : 2022-B23401	Colln. Dt : 17/Aug/2022
X-Matching Report : ABO Compatible	Exp. Dt : 22/Aug/2022
X-matched By : Vikas	Issued By : Vikas
BLOOD CENTRE, MAIN HOSPITAL DEPARTMENT OF TRANSFUSION MEDICINE AIIMS, New Delhi Ansari Nagar, New Delhi- 110029 Lic.No. 646/81	

20/8/22

FN

c/o - persistent fever
- rash x 4 days

O/E - PR - 140
RR - 44/min
CRT < 3 sec

SPO₂ - 88% (?)
polymorphic vesicular
rash ⊕

chest - ICR ⊕
occ crepts in
Ⓛ infra scapular
region

imp : ? varicella LRTI
? COVID

Adv:- Refd to Paeds emergency

- CBC
- VBG
- Bld - c/s
- CXR
- COVID

- inj Meropenem
520 mg IV TDS
- inj Ticloplamin
130 mg IV DD
- inj Acyclovir 130 mg
IV TDS
- O₂ by mask
- Onco SR On Call
will review



29/08/22

MS-LCH / RO (+) / CNS risk term

Post Course-2 Clad day +21.

Was admitted to FN and ? viral pneumonia
(21/8 - 24/8).

27/8
11
13,580
9170
-1.26 l/hh
RFT/LFT (N)

PET dated 15/09/22

Review 17/09/22
CBC/LFT/L

meera
82

C/O/W Prof R Sethi:

Review after PET for next chemo

meera
82

Cardiovascular System:

S1, S2 present, no murmurs

Per Abdomen Examination:

Abdomen is slightly distended, umbilicus is central and flat, no sinus, scar marks or dilated veins
Soft, non tender, inferior border of liver palpable 2 cm below right costal margin, soft, non tender.
No free fluid, bowel sounds heard.

Neurological Examination:

Child is alert, conscious, cooperative.

Power >4% in all four limbs, normal tone, normal DTRs, no cerebellar or meningeal signs

Plan at discharge :-

1. In view of rising ANC, the child is shifted on oral antibiotics and plan is to continue G-CSF from daycare till ANC > 500.
2. Continue chemotherapy on day care basis

Advice at Discharge:

- 1) Syp Septran (40mg/5ml) 8 ml PO OD A/D
- 2) Syp. Augmentin (5ml/228mg) - 7.5ml TDS X 4 days
- 3) Syp Paracetamol (125mg/5ml) 6 ml SOS (>100°F)
- 4) Eye drops Mycin one drop in each eye three times a day for 5 days
- 5) Eye drops- Tear drops one drop in each eye four times a day for 5 days
- 4) Inj G-CSF 75 mcg SC OD X 3 days → 25/8 - 26/8 Prashant 26/8
- 5) Betadine gargles and Sitz bath
- 6) Danger Signs explained, to come to emergency if any or contact Peds Onco helpline no 9810590067
- 7) Review in Peds onco OPD on 29/08/22 at 2pm in POC with CBC, LFT and RFT

Handy
Junior Resident
Dr Varun

for *Handy*
Senior Resident
Dr Prashant

INVESTIGATIONS:**HEMOGRAM**

Date	Hb	TLC	DLC	ANC	Platelet
20/8/22	8.3	1000	N11.32L71M7.7	113	42000
21/8/22	7.0	600	N-L515M-	-	23000
24/8/22	9.6	1020	N27.5L52.9M7.8	280	44000

BIOCHEMISTRY:

Date	Urea/Cr	Uric acid	Na/k	Ca/P	Total Protein	Albumin	T.Bil	D.Bil	AST/AL/ALP
21/8/22	17/ 0.2	2.6	138/4.4	8.5/ 3.7	5.4	3.2	0.6	0.6	15/7/138

OTHER INVESTIGATIONS :

DATE	INVESTIGATION	REPORT
20/8/22	Chest X ray	Normal
20/8/22	Blood C/S	Sterile

Systemic Examination:

Respiratory System:

Bilateral air entry equal
Normal vesicular breath sounds heard
No added sounds

Cardiovascular System:

S1, S2 present, no murmurs

Per Abdomen Examination:

Abdomen is slightly distended, umbilicus is central and flat, no sinus, scar marks or dilated veins
Soft, non tender, inferior border of liver palpable 4 cm below right costal margin, soft, non tender. No splenomegaly.
No free fluid, bowel sounds heard.

Neurological Examination:

Child is alert, conscious, cooperative.

Power $>4/5$ in all four limbs, normal tone, normal DTRs, no cerebellar or meningeal signs

Hospital Course:

- 1. Respiratory:** At the time of presentation, the child had fever with upper respiratory tract symptoms with clear chest on auscultation, without any patch on Chest X Ray, hence a possibility of viral URI was considered, hence child was tested for respiratory virus panel and COVID which came out to be negative. He was started on oxygen by nasal-prongs in view of tachypnea and slightly increased work of breathing. Oxygen support was tapered and stopped on day 2 of hospital stay. Child was maintaining oxygen saturation at room air without tachypnea or respiratory distress for the last 36 hours of hospital stay.
- 2. Infection:** In view of febrile neutropenia the child was started on Inj Meropenem and Teicoplanin. Tab Voriconazole was added as antifungal coverage as the child had eyelid swelling. The Ophthalmology team was consulted for eyelid swelling- topical antibiotics and artificial tear drops were advised for 5 days. The child also had vesicular crusting lesions over nose and arms- suspecting varicella infection the child was started on Inj Acyclovir. Following dermatology consultation, lesions were attributed to ? resolving varicella infection. Hence, Acyclovir was discontinued on day 3 of hospital stay. There was no evidence suggestive of fungal infection. Therefore, voriconazole was also stopped after 3 days. As PCT was negative and blood culture came sterile, so i.v antibiotics was also stopped after 4 days
- 3. Febrile Neutropenia:** At admission the child had high grade fever with low TLC and ANC of 110. In view of febrile neutropenia, the child was put on i.v antibiotic and antifungal coverage as mentioned above. The child became afebrile after 2 days of admission.. The child was also started on Inj G-CSF. CBC showed the improving trend of ANC.
- 4. Chemotherapy:** After 2 cycles of Vinblastine/ Prednisolone therapy and i/v/o post course 2 with an AD stable (RO+) child was shifted to Cladribine salvage protocol. Completed course 1 of Cladribine salvage protocol on 14/7/22. Currently on course 2 of Cladribine salvage protocol. He received last chemotherapy on 13/8/22.

Currently, the child is afebrile with no respiratory symptoms but still the child is neutropenic (ANC <250).

Cardiovascular System:

S1, S2 present, no murmurs

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No free fluid, bowel sounds heard.

Neurological Examination:

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Power >4/5 in all four limbs, normal tone, normal DTRs, no cerebellar or meningeal signs

Plan at discharge :-

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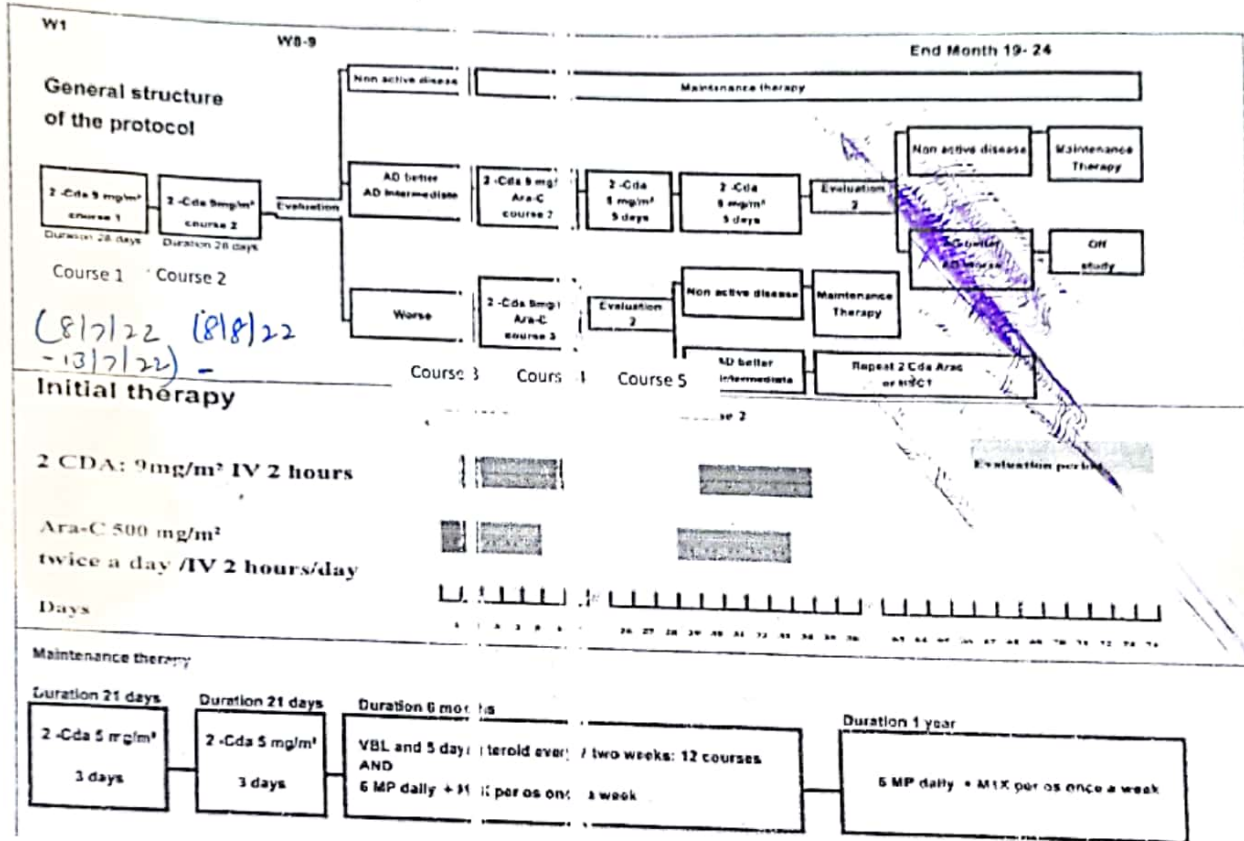
Handy
Junior Resident
Dr Varun

for *Handy*
Senior Resident
Dr Prashant

Aarushi
 105836552

Indications

- For 2nd line in High Risk LCH
- For 3rd line in Low Risk LCH



Plan for Index LCH child

Cladribine and Ara-C should not be administered in the same time. For children who weighed less than 10 kg, the dose of cladribine was 0.3 mg/kg per day. The second course was started the fifth week after therapy initiation regardless of hematologic values in the absence of life-threatening infections or any other adverse events. The response was evaluated 5 to 6 weeks after the second cycle (ie, weeks 9-10 after the start of the first cycle unless delayed). In case of poor response after 2 courses, a third course was recommended. In case of poor response after a third course, individualized to decide whether to start a fourth course or even more courses. As soon as a good response was observed, patients changed to maintenance therapy, which consisted of 2 courses of cladribine 5 mg/m² 2 per day for 3 days IV, followed by VBL 6 mg/m² every 2 weeks for 12 courses combined with prednisolone 40 mg/m² per day orally for 5 days every second week, 6-mercaptopurine (6MP) 50 mg/m² orally daily, and methotrexate (MTX) 20 mg/m² orally weekly. Oral 6MP and MTX were continued for 12 additional months.

Alternative dose of Cladribine is 5.0 mg/m² continuous infusion for 5 days (Ref LCH-S 1998)

Another article for reference for low dose of cladribine/Ara-C : Rosso DA, Amaral D, Latella A, Chantada G, Braier JL. Reduced doses of cladribine and cytarabine regimen was effective and well tolerated in patients with refractory-risk multisystem Langerhans cell histiocytosis. British journal of hematology. 2016 Jan;172(2):287-90.

In children who are <10 kg body weight the dose of 2-CdA will be:
 - 0.3mg/kg/day in the 2-CdA/Ara-C courses (standard 2-CdA dose 9mg/m²/day)
 - 0.15mg/kg/day in the 2-CdA courses of the Phase 1 (standard 2-CdA dose 5mg/m²/day)

Dexamethasone eye drops 0.1% or saline eye drops (investigator's choice) to both eyes three times daily for 6 days are recommended during Ara-C. Administration of G-CSF 5 µg/kg/dose, subcutaneously or intravenously, given daily until neutrophil recovery.

	Ara C 500 mg/m ² AM Over 2 hrs (290mg)	Ara C 500 mg/m ² PM Over 2 hrs (290mg)	Cladribine 9 mg/m ² (5.2mg) Over 2 hrs	G-CSF	CBC/ KFT/LFT
01	W 8/7	W 8/7			
2	W 9/7	W 9/7	W 9/7		
3	W 11/7	W 9/7	W 11/7		
4	W 11/7	W 11/7	W 11/7		
5	W 12/7	W 12/7	W 12/7		
6		W 13/7	W 13/7		
7			W 14/7		
8				W 15/7	
9				W 16/7	
10				W 17/7	
11				W 18/7	
12				W 19/7	
13					
14					
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27					
28					

12/22/22

	Ara C 500 mg/m ² AM Over 2 hr (290mg)	Ara C 500 mg/m ² P ₁ Over 2 hr (290mg)	Cladribine 9 mg/m ² Over 2 hrs (5.2mg)	G-CSF	CBC/KFT/LFT
D1	Kudat 8/8	Kudat 8/8			
2	Kudat 9/8	NOT given.	Kudat 9/8		
3	Kudat 10/8	Kudat 10/8	Kudat 10/8		
4	Kudat 11/8	Kudat 11/8	Kudat 11/8		
5	Kudat 12/8	Kudat 12/8	Kudat 12/8		
6	Kudat 13/8	Kudat 13/8	Kudat 13/8		
7				Kudat 14/8	
8				Kudat 15/8	
9				Kudat 16/8	
10				Kudat 17	
11				Kudat 18	
12				✓ 19	
13				✓ 20	
14				✓ 21	
15				X 22	
16				X 23	
17				✓ 24	
18				✓ 25	
19				✓ 26	
20					
21					
22					
23					
24					
25					
26					
27					
28					