



Support For ANURAG EYE
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अ० भा० आ० सं० अस्पताल / **A.I.I.M.S. HOSPITAL**
 बहिरंग रोगी विभाग / **Out Patient Department**



UHID: 187019495
 ABHA: 3
 Dept No.: 20230030026803
 Clinic No.: 202VPOC/287

C-210
 Unit
 POC
 ओप

IN HOSPITAL PREMISES

OPR-6

एकक / Unit
 विभाग / Department

SORAJESH CHALDAHRY
 27 SM 281 1A QTY
 Add: W-1, KESHWAPUR BAHARA, DIST. WAZIRPUR
 NEW DELHI
 Mob: 8722845788 Follow Us Patients: 28787878

18/03/2024
 Queue: F38



Registration: 024131

रजिस्ट्रेशन सं./O.P.D. Regn. No.

पता / Address

POC 287/23

निदान / Diagnosis

दिनांक / Date

उपचार / Treatment

41

11-5/23

CB, CR, MR

R/W 10/04/2024

Dr. KRITIKA SETLUR
 Senior Resident
 Pediatrics Oncology
 Department of Pediatrics
 All India Institute of Medical Sciences, New Delhi-29



CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से कामा काय
 अंगदान जीवन की बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE
 O.R.B.O., AIIMS, 28588360, 28593444, www.orbo.org Helpline - 1060 (24 hrs service)



PET: penicillin
chronic

Can go ahead with Bone marrow
(ANC has come 700)

n/w ^{CBC} on 18/03/24 2pm
POC

Dr. KUTIKA SEFLUR
Senior Resident
Pediatrics Oncology
Dept. of Pediatrics
All India Institute of Medical Sciences, New Delhi-29

18/3/24

Counselling done -

→ betadine gargle 2x

→ sitz bath

- personal hygiene

No fresh complaint

On ceftoran 5ml A/D.

(MRI report awaited)
BMA

8.6 $\frac{3110}{1090} \times 10^3$

Ⓛ ECRB stage IV A.

PET/CT disease - Pre-axillary calcified LN

Ⓛ eye - calcified focus, mild uptake

Some as previous scan.

No c/o metastases

BMA/B₁ - done - report awaited

Counts received

No complaints at present

week 6 suggested clonidine for day use

21/3
 Ado
 Iy VCR 0.8 mg
 Iy Cyclophosphamide 650 mg / 100 wt N/A over than
 Iy Doxorubicin 15 mg

23 ECH -
 4/23
 Iy Mesna 200 mg
 0, 3, 6 hrs.

(n) Study - Continue after prophylaxis

flw @ Pediatric OPD Wed
 23/3/24
 CBC



21/3
 Vomiting 4ep since morning
 a/c mild URI
 non Bilious / non projectile / watery
 a/c & OA
 No Pain abd / LS / fever / fast Breathing

O/E : Active
 Afebr
 PV good
 Pwals
 CRT < 3s
 Chest clear B/L
 P/A soft NTND.

Plan [CBC
 VEG]
 Inj. emeset
 ↓
 to Reassess



11.30 AM
[11:30 AM]

no repeat of vomiting
oral acceptance ✓

hydrates - fair

no chest signs

no need to advise
chemotherapy as advised

post chemo:

EMET (Amj/Smk)

tab

(4mg)

(13)

tab 110 & 120
(0-0)

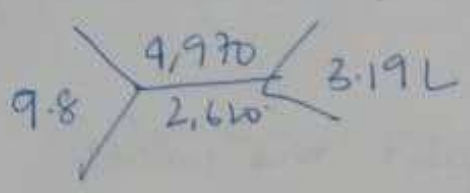
inj. G-CSF 55ug SC daily x 5d or
until ANC recovery

[2213 - 2613124]

To,
The Conkid's
CRA
Kindly
assist

22/3
23/3/24

~~22/03/2024~~



Childhood

Plan: c/d/w Dr R. Sethi

1. Proceed for next cycle of augmented chemo, re-assess aft 3 cycles iMKI

2. Do CSF; if cellular then palliate if acellular re-assess aft further augmented

CSF & Nontchemo dated tentatively for 12/04/2024

H/w on 10/04/2024
U.S., U.K., M.S.


 डॉ. कृतिका सेठलूर / Dr. KRITIKA SETLUR
 सीनियर रेसिडेंट / Senior Resident
 बाल रोग विशेषज्ञ / Pediatric Oncology
 बाल रोग विभाग, दिल्ली / Dept. of Pediatrics
 आर.बी.एस. नई दिल्ली / R.B.S. N. Delhi

70,

The can kids / CPAA

Kindly assist the patient
to

drj ACSF
(300mg / 10ml) - 10 ml

Nikita

advised

27/03/2024

Child is son of FOKBO - mental retardation

3 years 4 ACSF

↓
MRI was PR

↓
cycles of Augmentin therapy

↓
MRI: ONI is persisting
progressive disease

→ program possible,
but definitely
stalled in,
no response.

Diagnostic Work UP & Risk Stratification

① EORB + skeletal mets PALL. INTENT [Suspected orbital mets]

EOA/L/E: left eye EORB + orbital metastasis

USG B scan: ② multiple high amplitude spikes filling whole vitreous cavity likely calcification.

MRI Brain + Orbit: optic nerve involvement (+)
T₂ Tumor in ② globe mass.
+ metastasis in ② orbital wall.
Intraorbital: Subretinal mets (+)

Bone Marrow: no e/o metastasis

DM Ax: Reports awaited

Not involved

Bone Scan: no e/o lytic lesions

CSF: RA = Acellular

Stg IV A RB

Name of treatment protocol

HDCV