



HELP FOR MASTER DHRUV
CLICK HERE TO DONATE

BED No. 1



PLEASE
DO NOT FIX
FOLEY'S
CATHETER
ON THE SIDE OF
FEMORAL CVC/
RD CATH/ IAC

Respiratory therapy machine with a patient's face mask and various tubes connected.

Nurse's station table with a water bottle, a green cup, and other supplies.

Patient lying in a hospital bed, covered with a blue blanket, with medical equipment around them.

DATE	TIME	TEMP	PULSE	BP	RR	SpO2	Wt	Ht
12-12-2023	10:30	37.5	93	111/80	24	100	55	155
12-12-2023	12:00	37.8	95	115/85	25	100	55	155
12-12-2023	14:30	37.6	92	110/80	23	100	55	155
12-12-2023	17:00	37.4	90	108/78	22	100	55	155
12-12-2023	19:30	37.2	88	105/75	21	100	55	155

अखिल भारतीय आयुर्विज्ञान संस्थान, भोपाल
साकेत नगर, भोपाल 462 020 मध्यप्रदेश
All India Institute of Medical Sciences, Bhopal
Saket Nagar, Bhopal - 462 020 Madhya Pradesh



IPD Case Record File

Patient's Name Dhruv Age 1.5 Sex Male
Ward MICU - B cubic Bed No. 8-5 Unit
Department Anesthesiology Consultant Dr. Saunab Saini
CR No. 239212501686777 IPD No.
Date of Admission 11/6/2025 Date of Discharge

यह केस रिकार्ड मरीज को न दे। केस रिकार्ड अस्पताल से बाहर लेकर न जायें।
इसे मेडिकल रिकार्ड डिपार्टमेंटमें जमा करें।
Not to be handed over to patient. Not to be taken out of the hospital
Please return this case record to Medical record Department

Patient's Label / Bar Code



अखिल भारतीय आयुर्विज्ञान संस्थान भोपाल
 साकेत नगर, भोपाल-462020 (म.प्र.)
All India Institute of Medical Sciences Bhopal
 Saket Nagar, Bhopal-462 020 Madhya Pradesh
 www.aiimsbhopal.edu.in

Requisition Form FOR CT/MRI
 सी.टी.स्कैन/एम.आर.आई हेतु मांगपत्र
DEPARTMENT OF RADIODIAGNOSIS AND IMAGING
 रेडियोडायग्नोसिस एवं इमेजिंग विभाग

Investigations:
 Urgent
 तत्काल
 Routine
 सामान्य

For Urgent, inform findings to:
 तत्काल का स्थिति में अधिसूचित,
 Doctor Name: **Dr. Ramkrishna M. SRJ**
 चिकित्सक का नाम
 Phone No: **995 2997481**
 दूरभाष क्र.:

Name: **DHRUV** Age: **14** M F
 नाम आयु
 Ref. Deptt/Unit: **ANESTHESIOLOGY** Regn. No: **229212501686772** WD B4 (MICU)
 रेफर विभाग/यूनिट (MICU - B4) प्रतीक संख्या (Critical Care) आ.पी.डी. आई आई
 Receipt No. Amount Date: **14/6/25**
 रसीद संख्या राशि दिनांक

CLINICAL DETAILS: **CT DP A (Recurrent)**
pt critical on ventilator kindly provide early data

Blood Urea: **30** Serum Creatinine: **0.56** For FEMALE Pregnancy: YES/NO LMP
 MRI USG x-ray
 DETAILS OF PREVIOUS IMAGING DONE: CT

MRI	Contrast Required Y/N	Contrast Required Y/N
<input type="checkbox"/> BRAIN	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> BRAIN + ANGIO / Venography	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> INNER EAR	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> NECK	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> BREAST	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> THORAX	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> ABDOMEN	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> MRCP	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> PELVIS	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> MR ANGIOGRAPHY	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> CERVICAL SPINE	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> DORSAL SPINE	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> LUMBAR SPINE	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> MR FISTULOGRAM	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> JOINTS	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> CARDIAC MRI	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Others	<input type="checkbox"/>	<input type="checkbox"/>

MRI -
brachial plexus
lumbar plexus
roots.

Physician's Signature: **Dr. Saurabh Saigal**
MD, PGCC, EDIC
 (Pre-1985 form)
 Department of Anesthesiology & Critical Care Medicine
 AIIMS, Saket Nagar, Bhopal-462020 (M.P.)

Physician's Signature: **Dr. Jyoti...**

Your appointment is on _____
 आपका अपॉइंटमेंट दिनांक _____
 Time _____
 समय _____
 Authorized Signatory _____
 अधिकृत हस्ताक्षरी _____

Room No. _____
 कमरे नं. _____

फोटो नं. _____



अखिल भारतीय आयुर्विज्ञान संस्थान, भोपाल
All India Institute of Medical Sciences, Bhopal



बाह्य रोगी कार्ड (OUT PATIENT CARD)

CR No: 239212501686777



रोगी का नाम Patient Name: DHRUV	आयु Age/लिंग Sex: 14 Yr/M
स/ओ(S/O): MISTER SURESH	अंतिम आगमन की तारीख एवं समय Last Visit Date & Time : 11-Jun-2025 15:45
पता Address: Bhopal, Madhya Pradesh, India Mobile: 9340243390	शुल्क Fees: ₹10.00/- (Exempted Account)
श्रेणी Category: General APL	कमरा Room/कतार नं Queue No: 80/30
विभाग Department : Trauma And Emergency Medicine-ER OPD	तारीख एवं समय Date & Time: 11-Jun-2025 15:45
ओपीडी दिन OPD Days : Su,Mo,Tu,We,Th,Fr,Sa	
काउन्टर ऑपरेटर Counter Operator: Deepika Raikwar Deo	

- संकेत/सामान्य परीक्षण (Vitals/GE) :
- ऊंचाई (Height): _____ से.मी cms
- वजन Weight: _____ कि . ग्रा. kgs
- एचसी HC :
- बीएमआई BMI ::
- रक्तचाप BP : _____ mm/Hg
- दर्द का आकलन Pain Assessment :
(0-10 Score) _____
- ओपीडी प्रारंभिक मूल्यांकन OPD Initial Assessment:
- मुख्य शिकायत Chief Complaint
 - प्रासंगिक इतिहास Relevant History
 - जांच सलाह Investigation Advice
 - उपचार सलाह Treatment Advice
 - एसएनडीटी(SNDT)

अस्थायी निदान Provisional Diagnosis

11/06/25
3:45 pm
PR -120
SpO₂ -100%
ventil support
BP -106/65

CSB (rem/JR)
Δ Recurrent GBS. / Huge grade
IV c severe dysautonomia.
Kindly admit the patient
in MICU. ↓ ~~EMU~~ Dr. Saurabh
Sir.
Rx
I. FVF NS 500cc @ 60ml/hr.

रक्तदान, नेत्रदान, अंगदान एवं देहदान हैं - महादान

Area No. G-07 X ray, CT, 1.5T MRI || Area No. G-17 Sample Collection Area & Laboratory Billing || Area No. G-18 3T MRI/USG & Radiology Billing
|| Area No. G-15 Transfusion Medicine & Blood Bank



अखिल भारतीय आयुर्विज्ञान संस्थान भोपाल
All India Institute of Medical Sciences Bhopal

Department of Pathology And Lab Medicine

Hematology

ABHA NO	: -	ABHA ADDRESS	: -		
CR No	: 239212501686777	Lab/Study No.	: 250731H0012	Coll./Study Date	: 31-Jul-25 00:41
Patient Name	: Dhruv Jain	Age/Sex	: 16 Yr/M	Acceptance Date	: 31-Jul-25 10:12
Sample Type/No	: Whole Blood/250731H0012	Ward	: Medical Icu	Reporting Date	: 31-Jul-25 12:26
Dept/Unit	: Anaesthesiology				
Room/Bed	: Medical Icu Room 111022/Bed 30				

Investigation	Result	Unit	Ref. Range
White Blood Cell Count	13.93	Thousand/MicroL	4 - 11
Neutrophils	62.6	%	40 - 70
Lymphocytes	27.7	%	20 - 40
Monocytes	6.9	%	2 - 8
Eosinophils	2.2	%	1 - 6
Basophils	0.6	%	0 - 1
Imature Granulocytes	1.1	%	0 - 1
Nucleated RBC	0.0		-
Absolute Neutrophil Count	8.72	Thousand/MicroL	1.50 - 7
Absolute Lymphocyte Count	3.86	Thousand/MicroL	1 - 3.70
Absolute Monocyte Count	0.96	Thousand/MicroL	0 - 0.70
Absolute Eosinophil Count	0.31	Thousand/MicroL	0 - 0.40
Absolute Basophil Count	0.08	Thousand/MicroL	0 - 0.10
Absolute IG	0.15	Thousand/MicroL	0 - 0.10
Absolute NRBC			
R B C Count	4.41	Million/MicroL	4 - 5.50
Hemoglobin	13.2	gm/dL	11 - 15
Hematocrit	40.2	%	37 - 47
Mean Cell Volume	91.2	fL	76 - 93
Mean Cell Hemoglobin	29.9	pg	27 - 32
Mean Cell Hb Concentration	32.8	g/dL	32 - 36
Rdw SD	45.0	fL	35 - 56
RDW CV	13.4	%	11 - 16
Platelet Count	465	Thousand/MicroL	150 - 450
Mean Platelet Volume	9.8	fL	6.5 - 12
P-LCR			
Platelet Distribution Width	10.5	fL	9 - 17
PCT	0.45	%	0.17 - 0.28
Reticulocytes			
IRF			
Reticulocyte Hemoglobin			

All reports need clinical correlation. Kindly discuss if necessary. No part of the report can be reproduced without written permission of the department.

Validated By: Dr Rajsi

This is computer generated report. Signature not required



अखिल भारतीय आयुर्विज्ञान संस्थान भोपाल
All India Institute of Medical Sciences Bhopal

Department of Pathology And Lab Medicine

Hematology

ABHA NO	: -	ABHA ADDRESS	: -		
CR No	: 239212501686777	Lab/Study No.	: 250730H0022	Coll./Study Date	: 30-Jul-25 02:27
Patient Name	: Dhruv Jain	Age/Sex	: 16 Yr/M	Acceptance Date	: 30-Jul-25 08:37
Sample Type/No	: Whole Blood/250730H0022	Ward	: Medical Icu	Reporting Date	: 31-Jul-25 10:49
Dept/Unit	: Anaesthesiology				
Room/Bed	: Medical Icu Room 111022/Bed 30				

Investigation	Result	Unit	Ref. Range
White Blood Cell Count	15.42	Thousand/MicroL	4 - 11
Neutrophils	74.2	%	40 - 70
Lymphocytes	16.3	%	20 - 40
Monocytes	8.8	%	2 - 8
Eosinophils	0.6	%	1 - 6
Basophils	0.1	%	0 - 1
Imature Granulocytes	1.2	%	0 - 1
Nucleated RBC	0.0		-
Absolute Neutrophil Count	11.43	Thousand/MicroL	1.50 - 7
Absolute Lymphocyte Count	2.52	Thousand/MicroL	1 - 3.70
Absolute Monocyte Count	1.36	Thousand/MicroL	0 - 0.70
Absolute Eosinophil Count	0.10	Thousand/MicroL	0 - 0.40
Absolute Basophil Count	0.01	Thousand/MicroL	0 - 0.10
Absolute IG	0.18		-
Absolute NRBC			-
R B C Count	4.75	Million/MicroL	4 - 5.50
Hemoglobin	14.0	gm/dL	11 - 15
Hematocrit	41.0	%	37 - 47
Mean Cell Volume	86.3	fL	76 - 93
Mean Cell Hemoglobin	29.5	pg	27 - 32
Mean Cell Hb Concentration	34.1	g/dL	32 - 36
Rdw SD	41.8	fL	35 - 56
RDW CV	13.3	%	11 - 16
Platelet Count	501	Thousand/MicroL	150 - 450
Mean Platelet Volume	10.2	fL	6.5 - 12
P-LCR			-
Platelet Distribution Width	----	fL	9 - 17
PCT	----	%	0.17 - 0.28
Reticulocytes			-
IRF			-
Reticulocyte Hemoglobin			-

All reports need clinical correlation. Kindly discuss if necessary. No part of the report can be reproduced without written permission of the department.

Validated By: Dr Rajsi

This is computer generated report. Signature not required



अखिल भारतीय आयुर्विज्ञान संस्थान भोपाल
All India Institute of Medical Sciences Bhopal

Department of Pathology And Lab Medicine

Hematology

ABHA NO : - ABHA ADDRESS : -
CR No : 239212501686777 Lab/Study No. : 250731H0012 Coll./Study Date : 31-Jul-25 00:41
Patient Name : Dhruv Jain Age/Sex : 16 Yr/M Acceptance Date : 31-Jul-25 10:12
Sample Type/No : Whole Blood/250731H0012 Ward : Medical Icu Reporting Date : 31-Jul-25 12:26
Dept/Unit : Anaesthesiology
Room/Bed : Medical Icu Room 111022/Bed 30

Method Photometry, Impedance and Fluorescence Flowcytometry

Comments:

***** END OF THE REPORT *****

All reports need clinical correlation. Kindly discuss if necessary. No part of the report can be reproduced without written permission of the department.

Validated By: Dr Rajsi

This is computer generated report. Signature not required



अखिल भारतीय आयुर्विज्ञान संस्थान भोपाल
All India Institute of Medical Sciences Bhopal

Department of Pathology And Lab Medicine

Hematology

ABHA NO : - ABHA ADDRESS : -
CR No : 239212501686777 Lab/Study No. : 250730H0022 Coll./Study Date : 30-Jul-25 02:27
Patient Name : Dhruv Jain Age/Sex : 16 Yr/M Acceptance Date : 30-Jul-25 08:37
Sample Type/No : Whole Blood/250730H0022 Ward : Medical Icu Reporting Date : 31-Jul-25 10:49
Dept/Unit : Anaesthesiology
Room/Bed : Medical Icu Room 111022/Bed 30

Method Photometry, Impedance and Fluorescence Flowcytometry

Comments:

***** END OF THE REPORT *****

All reports need clinical correlation. Kindly discuss if necessary. No part of the report can be reproduced without written permission of the department.

Validated By: Dr Rajsi

This is computer generated report. Signature not required



अखिल भारतीय आयुर्विज्ञान संस्थान भोपाल
All India Institute of Medical Sciences Bhopal

Department of Pathology And Lab Medicine

Hematology

ABHA NO : - ABHA ADDRESS : -
CR No : 239212501686777 Lab/Study No. : 250728H0029 Coll./Study Date : 28-Jul-25 04:48
Patient Name : Dhruv Jain Age/Sex : 16 Yr/M Acceptance Date : 28-Jul-25 08:41
Sample Type/No : Whole Blood/250728H0029 Ward : Medical Icu Reporting Date : 28-Jul-25 12:54
Dept/Unit : Anaesthesiology
Room/Bed : Medical Icu Room 111022/Bed 30

Investigation	Result	Unit	Ref. Range
White Blood Cell Count	19.79	Thousand/MicroL	4 - 11
Neutrophils	77.8	%	40 - 70
Lymphocytes	13.4	%	20 - 40
Monocytes	7.3	%	2 - 8
Eosinophils	1.1	%	1 - 6
Basophils	0.4	%	0 - 1
Imature Granulocytes	1.3	%	0 - 1
Nucleated RBC	0.0	-	-
Absolute Neutrophil Count	15.40	Thousand/MicroL	1.50 - 7
Absolute Lymphocyte Count	2.65	Thousand/MicroL	1 - 3.70
Absolute Monocyte Count	1.44	Thousand/MicroL	0 - 0.70
Absolute Eosinophil Count	0.22	Thousand/MicroL	0 - 0.40
Absolute Basophil Count	0.08	Thousand/MicroL	0 - 0.10
Absolute IG	0.25	Thousand/MicroL	0 - 0.10
Absolute NRBC			
R B C Count	4.90	Million/MicroL	4 - 5.50
Hemoglobin	14.9	gm/dL	11 - 15
Hematocrit	43.6	%	37 - 47
Mean Cell Volume	89.0	fL	76 - 93
Mean Cell Hemoglobin	30.4	pg	27 - 32
Mean Cell Hb Concentration	34.2	g/dL	32 - 36
Rdw SD	43.4	fL	35 - 56
RDW CV	13.2	%	11 - 16
Platelet Count	486	Thousand/MicroL	150 - 450
Mean Platelet Volume	9.7	fL	6.5 - 12
P-LCR			
Platelet Distribution Width	10.8	fL	9 - 17
PCT	0.47	%	0.17 - 0.28
Reticulocytes			
IRF			
Reticulocyte Hemoglobin			

All reports need clinical correlation. Kindly discuss if necessary. No part of the report can be reproduced without written permission of the department.

Validated By: Dr Rajsi

This is computer generated report. Signature not required



अखिल भारतीय आयुर्विज्ञान संस्थान भोपाल
All India Institute of Medical Sciences Bhopal

Department of Pathology And Lab Medicine

Hematology

ABHA NO : - ABHA ADDRESS : -
CR No : 239212501686777 Lab/Study No. : 250728H0029 Coll./Study Date : 28-Jul-25 04:48
Patient Name : Dhruv Jain Age/Sex : 16 Yr/M Acceptance Date : 28-Jul-25 08:41
Sample Type/No : Whole Blood/250728H0029 Ward : Medical Icu Reporting Date : 28-Jul-25 12:54
Dept/Unit : Anaesthesiology
Room/Bed : Medical Icu Room 111022/Bed 30

Method Photometry, Impedance and Fluorescence Flowcytometry

Comments:

***** END OF THE REPORT *****

All reports need clinical correlation. Kindly discuss if necessary. No part of the report can be reproduced without written permission of the department.

Validated By: Dr Rajsi

This is computer generated report. Signature not required



अखिल भारतीय आयुर्विज्ञान संस्थान भोपाल
All India Institute of Medical Sciences Bhopal

Department of Biochemistry

Biochemistry

ABHA NO	: -	ABHA ADDRESS	: -	
CR No	: 239212501686777	Lab/Study No.	: 0730B00450	Coll./Study Date : 30-Jul-25 10:29
Patient Name	: Dhruv Jain	Age/Sex	: 16 Yr/M	Acceptance Date : 30-Jul-25 15:21
Sample Type/No	: Serum/0730B00450	Ward	: Medical Icu	Reporting Date : 30-Jul-25 22:50
Dept/Unit	: Anaesthesiology			
Room/Bed	: Medical Icu Room 111022/Bed 30			

Investigation	Result	Unit	Ref. Range
C Reactive Protein	0.98	mg/L	< 5.00
Method :			
Analyzer Used:			
Procalcitonin	0.04	ng/mL	0.02 - 100
Method :			
Analyzer Used:			

Comments:

***** END OF THE REPORT *****

All reports need clinical correlation. Kindly discuss if necessary. No part of the report can be reproduced without written permission of the department.

Entered By: Mr. Suman Biswas, Harsevak Validated By: Dr Abhinandan Singh

This is computer generated report. Signature not required



अखिल भारतीय आयुर्विज्ञान संस्थान भोपाल
All India Institute of Medical Sciences Bhopal

Department of Biochemistry

Biochemistry

ABHA NO	: -	ABHA ADDRESS	: -	
CR No	: 239212501686777	Lab/Study No.	: 0730B00450	Coll./Study Date : 30-Jul-25 10:29
Patient Name	: Dhruv Jain	Age/Sex	: 16 Yr/M	Acceptance Date : 30-Jul-25 15:21
Sample Type/No	: Serum/0730B00450	Ward	: Medical Icu	Reporting Date : 30-Jul-25 22:50
Dept/Unit	: Anaesthesiology			
Room/Bed	: Medical Icu Room 111022/Bed 30			

Investigation	Result	Unit	Ref. Range
C Reactive Protein	0.98	mg/L	< 5.00
Method :			
Analyzer Used:			
Procalcitonin	0.04	ng/mL	0.02 - 100
Method :			
Analyzer Used:			

Comments:

***** END OF THE REPORT *****

All reports need clinical correlation. Kindly discuss if necessary. No part of the report can be reproduced without written permission of the department.

Entered By: Mr. Suman Biswas, Harsevak Validated By: Dr Abhinandan Singh

This is computer generated report. Signature not required



अखिल भारतीय आयुर्विज्ञान संस्थान भोपाल
All India Institute of Medical Sciences Bhopal

Department of Biochemistry

Biochemistry

ABHA NO : - ABHA ADDRESS : -
CR No : 239212501686777 Lab/Study No. : 0730B00054 Coll./Study Date : 30-Jul-25 02:27
Patient Name : Dhruv Jain Age/Sex : 16 Yr/M Acceptance Date : 30-Jul-25 09:56
Sample Type/No : Serum/0730B00054 Ward : Medical Icu Reporting Date : 30-Jul-25 19:58
Dept/Unit : Anaesthesiology
Room/Bed : Medical Icu Room 111022/Bed 30

Investigation	Result	Unit	Ref. Range
Renal Function Tests			
Urea	16.38	mg/dL	20.0 - 40.0
Method Urea:			
Creatinine	0.37	mg/dL	0.6 - 1.2
Method Creatinine:			
Sodium	134.67	mmol/L	136 - 145
Potassium	4.02	mmol/L	3.5 - 5.1
Chloride	100.12	mmol/L	98 - 107
Method Na K Cl :			
Analyzer Used:			

Comments:

***** END OF THE REPORT *****

All reports need clinical correlation. Kindly discuss if necessary. No part of the report can be reproduced without written permission of the department.

Entered By: Durgesh Kumar Mishra Validated By: Dr Siddhartha Borthakur

This is computer generated report. Signature not required



अखिल भारतीय आयुर्विज्ञान संस्थान भोपाल
All India Institute of Medical Sciences Bhopal

Department of Biochemistry

Biochemistry

ABHA NO : - ABHA ADDRESS : -
CR No : 239212501686777 Lab/Study No. : 0728B00046 Coll./Study Date : 28-Jul-25 04:48
Patient Name : Dhruv Jain Age/Sex : 16 Yr/M Acceptance Date : 28-Jul-25 10:15
Sample Type/No : Serum/0728B00046 Ward : Medical Icu Reporting Date : 28-Jul-25 15:16
Dept/Unit : Anaesthesiology
Room/Bed : Medical Icu Room 111022/Bed 30

Investigation	Result	Unit	Ref. Range
Phosphate	3.81	mg/dL	2.5 - 4.5
Analyzer Used: Method :			
Total Calcium (TC)	9.38	mg/dL	8.8 - 11
Method : Analyzer Used:			
Magnesium	1.88	mg/dL	1.8 - 2.6
Method : Analyzer Used:			

Comments:

***** END OF THE REPORT *****

All reports need clinical correlation. Kindly discuss if necessary. No part of the report can be reproduced without written permission of the department.

Entered By: Mr. Suman Biswas Validated By: Dr Siddhartha Borthakur, Dr Shalini V

This is computer generated report. Signature not required



अखिल भारतीय आयुर्विज्ञान संस्थान भोपाल
All India Institute of Medical Sciences Bhopal

Department of Biochemistry

Biochemistry

ABHA NO : - ABHA ADDRESS : -
CR No : 239212501686777 Lab/Study No. : 0728B00046 Coll./Study Date : 28-Jul-25 04:48
Patient Name : Dhruv Jain Age/Sex : 16 Yr/M Acceptance Date : 28-Jul-25 10:15
Sample Type/No : Serum/0728B00046 Ward : Medical Icu Reporting Date : 28-Jul-25 15:16
Dept/Unit : Anaesthesiology
Room/Bed : Medical Icu Room 111022/Bed 30

Investigation	Result	Unit	Ref. Range
Phosphate	3.81	mg/dL	2.5 - 4.5
Analyzer Used: Method :			
Total Calcium (TC)	9.38	mg/dL	8.8 - 11
Method : Analyzer Used:			
Magnesium	1.88	mg/dL	1.8 - 2.6
Method : Analyzer Used:			

Comments:

***** END OF THE REPORT *****

All reports need clinical correlation. Kindly discuss if necessary. No part of the report can be reproduced without written permission of the department.

Entered By: Mr. Suman Biswas Validated By: Dr Siddhartha Borthakur, Dr Shalini V

This is computer generated report. Signature not required



अखिल भारतीय आयुर्विज्ञान संस्थान भोपाल
All India Institute of Medical Sciences Bhopal

Department of Biochemistry

Biochemistry

ABHA NO : - ABHA ADDRESS : -
CR No : 239212501686777 Lab/Study No. : 0728B00046 Coll./Study Date : 28-Jul-25 04:48
Patient Name : Dhruv Jain Age/Sex : 16 Yr/M Acceptance Date : 28-Jul-25 10:15
Sample Type/No : Serum/0728B00046 Ward : Medical Icu Reporting Date : 28-Jul-25 15:16
Dept/Unit : Anaesthesiology
Room/Bed : Medical Icu Room 111022/Bed 30

Investigation	Result	Unit	Ref. Range
Phosphate	3.81	mg/dL	2.5 - 4.5
Analyzer Used: Method :			
Total Calcium (TC)	9.38	mg/dL	8.8 - 11
Method : Analyzer Used:			
Magnesium	1.88	mg/dL	1.8 - 2.6
Method : Analyzer Used:			

Comments:

***** END OF THE REPORT *****

All reports need clinical correlation. Kindly discuss if necessary. No part of the report can be reproduced without written permission of the department.

Entered By: Mr. Suman Biswas Validated By: Dr Siddhartha Borthakur, Dr Shalini V

This is computer generated report. Signature not required

Date: 01/08/25 ICU Day: D52 Age (G Sex): M
 Name: DHARUV C.R. No: 239212501685777
 APACHE: SOFA: GCS: E4 V4 M4

All India Institute of Medical Sciences,
 DEPARTMENT OF CRITICAL CARE MEDICINE
 PATIENT CARE COMPOSITE DAILY DATA

Diagnosis: EOP/RECURRENT GBS/SHRINKING OF CAUDA EQUINA BY MRI/C-DIFFICILE
 Current Issues: NOTATION GOALS & TARGETS: No Ins.

Medication Name	Day/End	Dosage	01:00	Time	00:00
1 TAB-METROGYL	Daily	500 MG RT QDS	10/10	13/10	00/10
3 INT-CLEXANE		0.4 ml s/c OD		22/10	
5 INT-OPANEURON		1 AMP IV OD		14/10	
7 OINT. W/DEGAHEAL DRESSING		SACRALM OD		12/10	
9 TAB PROPRANOLOL		10 MG RT QDS	1/10	14/10	27/10
11 TAB HAS		40 mg RT QD		16/10	
13 int. CEF3-S8	D1	1.5gm i.v QID	6/10	18/10	20/10
20 ORAL CARE I CHD		QDS	16/10	14/10	22/10
21 EYE CARE I MOISDC					

TID 43
 TLC 19.7 → 13.9
 Disty Resistant
 PT Dom. - off order
 STAT DRUGS
 ↓ Tigger's Backup

Oral Intake Orders:
 Liquid/Semisolid/Routine

24 Hour Feed Calculations and Or
 Total Volume:
 Total Protein:
 Total Na:
 Total Ca:

ATF 300 ml

Drug	mg/100 in	ml range	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	00	01	02	03	04	05	06	07	T
B.S. PRE-FEED / POST-FEED... HRLY																											
INSULIN/ROUTE/DOSE TYPE																											
ETT / ST Suction	Temp P																										
Time Vol Cobr Consistency	Temp C																										
HR			113	115	109	103	105	107	116	100	110	117	122	120	124	127	145	151	119	118	112	103	131	114	108	121	
BP SD			112/77	116/84	118/80	113/78	115/80	113/82	113/80	115/86	115/87	117/87	123/89	119/80	116/82	111/80	111/80	110/76	120/80	112/74	117/78	103/78	100/78	115/83	113/83	123/83	
BP Mean			98	97	87	96	104	103	94	84	91	96	100	91	91	84	100	82	100	82	86	78	78	87	95	101	
CVP																											
PPV																											
IVC																											
V mode			5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	
F.O.			40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	
PEEP			8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	
P _{ao}			20	20	20	20	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21	
Sliding Insulin Scale			266	299	264	267	282	363	332	458	262	336	264	224	245	231	210	110	194	200	218	216	222	220	240	244	
RR/ST			22	19	18	18	23	18	18	12	20	24	17	23	24	23	22	28	24	24	20	20	27	27	27	21	
SpO ₂			99	99	99	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	
MV			5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	

4:30 Am - TT suction done
 3-4ml thick mucus.

Fluid/TPN/PVE

Hr	H1	H2
08		
09		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
00		
01		
02		
03		
04		
05		
06		
07		
ST		
Tot		500

Fluid Vol

500 ml nr

Date: 01/02/15 ICU Day: 05.3
 Name: DHARV C.R. No.: 230719501675777 Age / Sex: M / M APACHE: SOFA: GCS:

All India Institute of Medical Sciences, Bhopal
 DEPARTMENT OF CRITICAL CARE MEDICINE
 PATIENT CARE COMPOSITE DAILY DATA SHEET

Diagnosis: CIDP / RECURRENT GBS / THICKENING OF CAUDAL EQUINA ON MRI / C. DIFFICILE (POSITIVE)
 Current Issues: Thick secretions

GOALS & TARGETS

CBC ✓
 Spont trial
 Apnea → Taken on PCV
 PT done
 02/02/15 9:49

Oral Intake Orders:
 Liquid/Semisolid/Routine

Medication Name	Day/End	Dosage	01:00	Time	09:00
TAB METFORMIN	01/14	500mg RT TAB			
INT. CLEVADEX		0.4ml SLR OP			
INT. OPTINEURON		1AMP IV OP			
CONT. MEGARHEAL DRESSING		CALCALBO			
TAB DOPRAMINOL		10mg RT TAB			
TAB. MPT		40mg RTAB			
INT. CEF - S8	03	1.500ml IV OP			
ORAL CARE CHD		TBS			
EYE CARE MANDAL					

24 Hour Feed Calculations and Orders: NG / P
 Total Volume:
 Total Protein:
 Total Fat:
 Total Cal:

ATF 30ml 8/14

FEED TIME	F
08	
09	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
00	
01	
02	
03	
04	
05	
06	
07	
08	

STAT DRUGS

Drug mg/lu in ml range 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 00 01 02 03 04 05 06 07 T

Fluid/TPN/PVE

Hr H1 H2 H3

	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	00	01	02	03	04	05	06	07	T	
B.S. PRE-FEED / POST-FEED... HRLY			100		90					160			85			95				100						
INSULIN ROUTE/DOSE TYPE																										
ETT / TT Suction																										
Time Vol Cobr Consistency																										
HR	111	92	90	96	109	118	103	112	102	91	95	100	91	90	92	100	91	116	100	91	103	126	98	117	104	110
BPSID	15	15	105	105	105	105	105	105	105	105	105	105	105	105	105	105	105	105	105	105	105	105	105	105	105	105
BP Mean	91	27	24	24	27	89	28	96	87	91	84	98	98	44	47	94	90	99	90	94	90	94	98	97	92	92
CVF																										
PPV																										
IVC																										
V mode	PCV	PCV	PCV	PCV	PCV	PCV	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP
F.O.	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40
PEEP	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
P _a	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20
Sliding Insulin Scale	304	322	331	341	351	361	371	381	391	401	411	421	431	441	451	461	471	481	491	501	511	521	531	541	551	561
RR/SIT	18	18	18	18	19	18	10	12	14	14	20	15	13	14	17	15	16	12	12	12	13	14	14	14	19	
SpO ₂	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
MV	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5

3pm
 2-4ml secretions
 4-5ml sputum
 200m
 5-7m

FAST 1109 BID 5

Mysmas

All India Institute of Medical Science
DEPARTMENT OF CRITICAL CARE MEDICINE
PATIENT CARE COMPOSITE DAILY DATA

Date: 4/8/25 ICU Day: D55 Age 16 Sex M
Name: DHROUV CR No: 439212571686 TT
APACHE: SOFA: 1 GCS: E4V7M6

Diagnosis: eDOP/Recurrent abs/Thickening of Cauda Equina on MRI/c-difficile look
Current Issues: Weaning NM weakness

Medication Name	Day/End	Dosage	01:00	Time	00:00
1. Am. METROGAL	Dislay	600 mg RT QDS	10	12	00
2.				22	
3. INT. CLEXANE		0.4 mL SLIC OD			
4.				12	
5. INT. OPINEURON		1 amp IV OD			
6.				12	
7. OINT. OEGAGHEAL DRESSING		SACRAL BD			
8.					
9. TAB. OPS		40 mg RT OD			
10.					
11. INT. CEFOSIB	D4	1.5 gm IV QID	10	12	00
12.					
13. T. PANTOP		40 mg RT OD			
14.					
15.					
16.					
17.					
18.					
19.					
20. ORAL CARE 2 MID		QDS	6	14	22
21. EYE CARE 2 MINSOL					
22.					
23.					

GOALS & TARGETS
No investigation
change TT 246

Oral Intake Orders:
Liquid/Semisolid/Routine
24 Hour Feed Calculation
Total Volume:
Total Protein:
Total Na:
Total Ca:

Drug	mg/lv	in	ml	range	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	00	01	02	03	04	05	06	07	T				
1																																	
2																																	
3																																	
4																																	
5																																	
6																																	
7																																	
8																																	
9																																	
10																																	
B.S. PRE-FEED / POST-FEED - HR/LY																																	
INSULIN/ROUTE/DOSE TYPE																																	
ETT / TT Suction																																	
Time Vol Cobr Consistency																																	
Temp P																																	
Temp C																																	
HR																																	
BP SD																																	
BP Mean																																	
CVP																																	
PPV																																	
IVC																																	
V mode																																	
F.O.																																	
PEEP																																	
P _a																																	
TV																																	
RR/S/T																																	
SpO ₂																																	
MV																																	

Fluid/TPN	Hr	H1
	08	
	09	
	10	
	11	
	12	
	13	
	14	
	15	
	16	
	17	
	18	
	19	
	20	
	21	
	22	
	23	
	00	
	01	
	02	
	03	
	04	
	05	
	06	
	07	
	ST	
	Tot	
	Fluid	

6am
5-6 mechanical
Bumetanide
2.5mg IV
2.5mg

10/11
10/11

10/11
10/11

10/11
10/11



भारत सरकार

Government of India



सुरेश कुमार जैन

Suresh Kumar Jain

जन्म तिथि/DOB: 01/05/1976

पुरुष/ MALE



6827 [REDACTED]

मेरा **आधार**, मेरी पहचान

YOUTH HELPING TRUST

YOUTH HELPING TRUST

YOUTH HELPING TRUST



एनएनएनआई प्रमाणित पहचान प्राधिकरण

Unique Identification Authority of India

Address:

S/O Mangilal Jain, Makan N-23,
Ward N-02, Haji Colony petrol Pump
Ke Samne. Sanjet Rod, Kityani,
Mandsaur,
Madhya Pradesh - 458001

पता:

S/O मांगीलाल जैन, मकान न-२३, वार्ड
न-०२, हाजी कॉलोनी पेट्रोल पम्प के सामने,
संजीत रोड, मंदसौर, मंदसौर,
म.प्र. - 458001

6827 [REDACTED]

help @ uidai.gov.in

www.uidai.gov.in

HELPING TRUST

HELPING TRUST

HELPING TRUST

YOUTH HELPING TRUST

YOUTH HELPING TRUST

YOUTH HELPING TRUST



भारत सरकार
GOVERNMENT OF INDIA



ध्रुव जैन
Dhruv Jain
पिता : सुरेश जैन
Father : Suresh Jain
जन्म वर्ष / Year of Birth : 2008
पुरुष / Male



2022 [REDACTED]

आधार – आम आदमी का अधिकार

HELPING TRUST

HELPING TRUST

HELPING TRUST



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:

S/O सुरेश जैन, मकान न-२३, वार्ड
न-०२, हाजी कॉलोनी पेट्रोल पम्प
के सामने, संजीत रोड, मंदसौर,
मंदसौर, म.प्र., 458001

Address:

S/O Suresh Jain, Makan
N-23, Ward N-02, Haji
Coionypetrol Pamp Ke
Samne, Sanjet Rod, Kityani,
Mandsaur, Mandsaur,
Madhya Pradesh.



1947
1800 180 1947



help@uidai.gov.in



www.uidai.gov.in

P.O. Box No.1947,
Bengaluru-560 001