





Girraj Ji Children Hospital

बच्चो का विशेष अस्पताल

MG Road, Near Girls College Gurugram - 122001 (Hr)
Tel.: 9871869863, 9910979863 | Email : girrajchildrenhospital@gmail.com



CASE SUMMARY

Patient's Name	Master PARSHANT	IPD No.	4307
Contact No.		UHID	20/00 11962
S/O	JEEVAN	DOA	22-May-2025 07:56 PM
Address	SEC-37, D BLOCK INDUSTRIAL AREA GGN HR	TILL DATE	28-May-2025 02:17 PM
Age/Sex	5 Yrs/6 Months/22 Days /		
Consultant Name	Dr. Mohit		
Contact No.			
Department/Speciality	PEDIATRICIAN & NEONATOLOGIST		

DIAGNOSIS

Fall from Height (Head injury)

PRESENTING COMPLAINTS

Fall From Hight aprox 10 feet and become unconscious
Non MLC case

HISTORY OF PRESENTING ILLNESS

No h/o vomiting/ bleeding
GCS Score 10/15

EXAMINATION FINDING

GC- sick
Vitals
Temp- Afebrile
HR- 104 BPM
SPO2- 98% on HHHFNC Support
Neurological examination
GCS-10/15
Pupils equal and reactive to light
No signs of raised ICP

COURSE IN THE HOSPITAL

Baby admiitted with above mentioned complained, shift to HHHFNC Support, managed with IV Antiepileptic, IV Antibiotics and other supportive treatment. All needed blood and radiology invstigation done and s/o Raised TLC and CRP, Derraned LFT and KFT. Managed with Inj Manintol, Inj Lavera and Inj Dexa. NCCT Head done s/o Mild increase in attenuation is seen along the interhemishperic fissure suggestive minimal bleed. Pediatric neurologist opinion taken and treated accordingly. NCCT Neck done and s/o Few prominent reactive cervical lymph nodes seen bilaterally at levels Ib, II and Va. Repeat NCCT Head done and s/o minimal bleed seen along the interhemishperic fissure (as compared to previous scan no significant interval changes is seen. Pediatric Neurosurgeon opinion done and treated accordingly. As condition improved high flow weaned and stopped. But patient still had iriitabity and orall intake still poor. Baby need continue IV Antibiotics and other supportive treatment.

TREATMENT GIVEN



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Dr. Mohit Kumar Agrawal
Director & Co-Founder

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HHHFNC Support
Inj Monocef
Inj Pantop/ Inj Emset
Inj PCM
Inj Vit k
Inj Lavera/ Inj Manintol/ Inj Midaz/ Inj 3% NACL
Inj Noradr
IV Fluid

INVESTIGATION RESULT

All reports are attached with case summary.

TREATMENT ADVICE ON DISCHARGE

Rx	Name	Frequency	Duration	Route	Notes
1					
Treating Consultant / Authorized Team Doctor		Name / Signature		Dr. Mohit Kumar Agrawal MBBS, DNB (Pediatrics) Neonatologist	
Patient / Attendant		Name / Signature			
		Mobile No.			



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Dr. Mohit Kumar Agrawal

To.

Hope and Life Foundation

Sub- Help the poor Master Parshant (UHID-11962)

Respected Sir/Madam,

This is to certify that Master Parshant(UHID-11962) is being treated at Girraj Ji Children Hospital since 22/05/2025. The expected stay of baby is for another 3 to 4 weeks.

Parents are poor & unable to bare the expenses.

Expected expenses are Rs. 120,000/- to Rs 180,000/-

Please help the poor baby financially & oblige them. That shall be a great help for the parents.

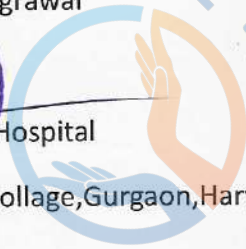
Thanks.

Dr Mohit Kumar Agrawal

Head NICU/PICU

Girraj Ji Children Hospital

Sec-14,near girls collage,Gurgaon,Haryana.



Dr. Mohit Kumar Agrawal
(Pediatric)
UHID-11962
Neonatologist



UHID No : 20/002031

Patient Name Master PRASHANT

Rep. By : DR MOHIT

Lab No : 3708

Age/Sex : 5 Yrs/8 Months/23 Days / Male

Coll. Date 24-May-2025 10:18 AM

Rep. Date 24-May-2025 10:50 AM

BIOCHEMISTRY

Description	Result	Unit	Ref.Range
KFT (KIDNEY FUNCTION TEST)			
KIDNEY PROFILE			
BLOOD UREA	31.88	mg/dL.	11 - 36
SERUM CREATININE	0.70	mg/dL.	0.5 - 1.0
SERUM URIC ACID	6.0	mg/dL.	3.0 - 7.0
ELECTROLYTE PROFILE			
SERUM SODIUM (Na)	140.9	mmol/L	135 - 150
SERUM POTASSIUM (K)	4.47	mmol/L	3.5 - 5.5
SERUM CHLORIDE (Cl)	106.2	mmol/L	94 - 110
IONIZED CALCIUM (iCa)	1.01	mmol/L	1.10 - 1.40

INTERPRETATION:

Urea is the end product of protein metabolism. It reflects on functioning of the kidney in the body. Creatinine is the end product of creatine metabolism. It is a measure of renal function and elevated levels are observed in patients typically with 50% or greater impairment of renal function. Sodium is critical in maintaining water & osmotic equilibrium in extracellular fluids. Disturbances in acid base and water balance are typically reflected in the sodium concentrations. Potassium is an essential element involved in critical cell functions. Potassium levels are influenced by electrolyte intake, excretion and other means of elimination, exercise, hydration and medications. Calcium imbalance may cause a spectrum of disease. High concentrations are seen in Hyperparathyroidism, Malignancy & Sarcoidosis. Low levels may be due to protein efficiency, renal insufficiency and Hypoparathyroidism. Repeat measurement is recommended if the values are outside the reference range.

**** End of The Report ****

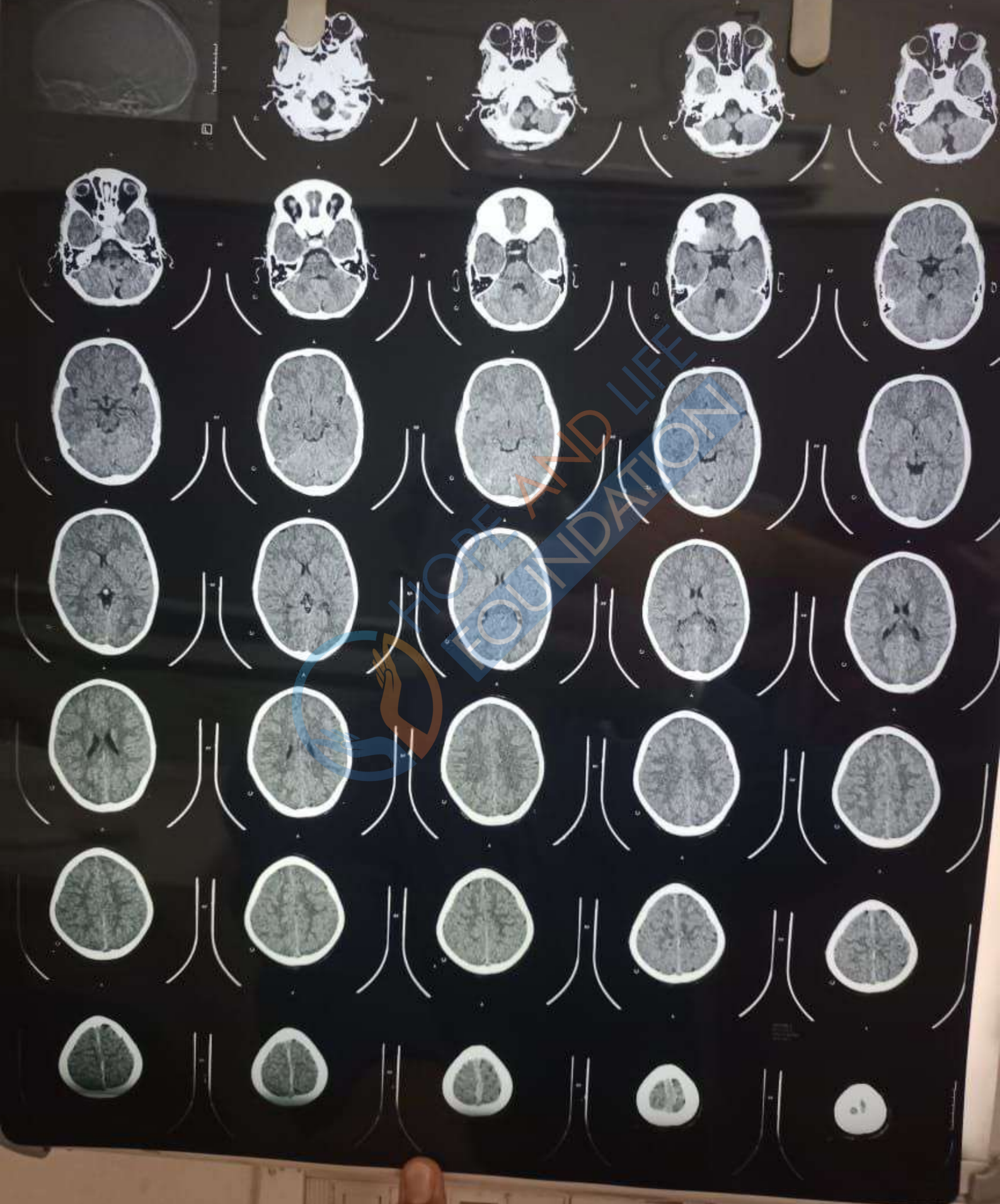


Shweta

Dr. Shweta Yadav
MD Pathology
Consultant Pathologist
Reg.No.- 88023

Customer Care

INDIGO DIAGNOSTIC CENTRE, NEAR CIVIL LINE, SEC-15, GGN





Girraj Ji Children Hospital

Sec 14, Gurugram



Name Prashant Age Sex Wt Ht
Id Blood Group Date of Admission
Consultant Diet
Diagnosis

Doctor Progress notes

Date- 26/05/25 CLB Duty Doctor Dr. Mohit Weight-

Diagnosis- C/O - O/E - GIC - Average

HR- 98/m

SpO₂- 98%

Current Issue -

G/E - chest B/L - clear ALE Ant

O/E-

C/S - S/S Ant

CNS - Active / Ant

P/O - Soft

Plan Lab and Medication -

Adv Vital monitoring
Rest Cst

Date- 27/05/2025 CLB Duty Doctor Dr. Mohit Weight-

Diagnosis-

GC Stable

All vitals Stable

Current Issue -

Tolerate orally well

O/E-

Active Ee Oriented

Plan Lab and Medication-

Urine Ee stool pass normally
Rest OT 1st



Girraj Ji Children Hospital

Sec 14, Gurugram



Name Mast Prasant Age Sex Wt Ht
Id Blood Group Date of Admission
Consultant Diet
Diagnosis

Doctor Progress notes

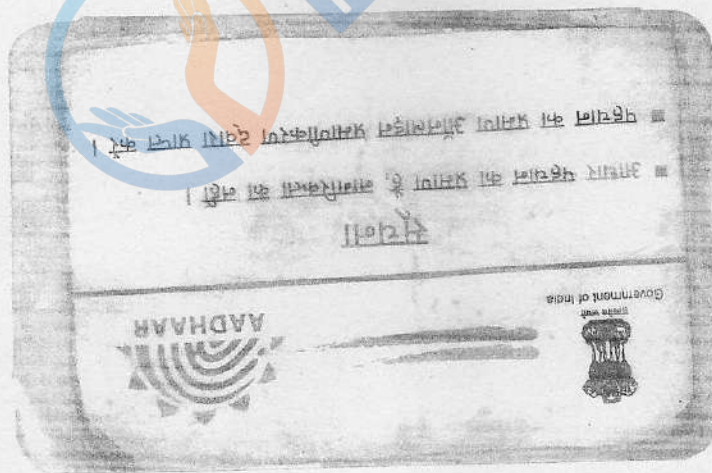
Date- 25/05/2025 CL/B Duty Doctor Weight -
Diagnosis - O/E - AC Average (improving)
HR - 72/min SpO2 - 97% on RA
S/E - Chest B/L A/C - Clear
C/S - S/S - Clear
CNS - Active & Alert
PAS - Soft
Plan Lab and Medication - CBC, CRP, LFT, KFT
Adv - monitor vitals
Infus - 100mls
Rest CT - 1hr

Date- 25/05/25 CL/B Duty Doctor Weight -
Diagnosis - O/E - G/C - Average
HR - 92/min
SpO2 - 99%
BP - 120/80 mmHg
S/E - Chest B/L Clear A/C - Clear
C/S - S/S - 2nd
CNS - Active (cry) - 2nd
Current Issue - CBC, CRP, KFT LFT Done
O/E - E45mg
Plan Lab and Medication -
Adv - vital monitoring
Rest CT



8:08 PM

MAST. PRASHANT GIRRAJ 200011962 CHEST,FRN A->P 05/22/2
GIRRAJ JI CHILDREN HOSPITAL,SEC-14 GURUGRAM



Girrajji Children Hospital

Near Govt Girls collage ,MG Road,Sector 14, Gurugram, Haryana, 122001
, 9871869863/01242979863
hospitalgirrajji@gmail.com

Admission & Discharge Record

Patient Name Master PARSHANT		UHID 20/00119 62	IPD No. .4307	Age 5 Yrs/6 Moi	Sex Male	Ward /Room PICU-PICU 3
S/O JEEVAN				Phone No. Patient Type General		
Full Address	SEC-37, D BLOCK INDUSTRIAL AREA GGN HR					
Date & Time of Admission 22/05/2025 07:56 PM						
Date & Time of Discharge						
Hospital Stay (No. of Days)						
Provisional Diagnosis				Clinical Assessment on Admission		
				B.P		
Final Diagnosis				Pulse		
				Temp		
Secondary Diagnosis or Complication				SPO2		
Operation / Special Procedure						
RESULTS	Improved	Referred	Left Against Medical Advise		Discharge on Request	Absconded
Dr. Mohit- Doctor Name & Signature						
Patient Name & Signature Girrajji						



Girraj Ji Children Hospital

Sec 14, Gurugram



Admission Request Form

Name ... Mst. Parshant ... Age ... 5 yrs / 6 Mon ... Sex ... Male ...

ID ... 11962 ... Date of Admission ... 22/05/25 ... Time ... 07:56 PM

Routine ()

Emergency (✓)

Planned ()

Brief History

Diagnosis

Plan of treatment

Any Known allergy

Aprox Estimate 12K to 14K Per day. Lab & Med & Test Extra.
ABG, RBS, X-Ray, Any Procedure Extra. 3K HHFNC, 4K venti
Extra.

Expected length of stay

Consultant Name Signature

Patient /Attendent Name

Patient /Attendent signature

Girraj

Girraj



Girraj Ji Children Hospital

Sec 14, Gurugram



Name Age Sex Wt Ht
Id Blood Group Date of Admission
Consultant Diet
Diagnosis

Family Meeting Record & Consent Form

Sr No	Issue & discussion
10th	उच्चाई से गिराव व बच्चे की वृद्धि के बारे में चर्चा की गई। बच्चे की सांस की मे तकलीफ है बच्चे को सांस की बोरी मीव पाल रखें। बच्चे की सांस की बोरी मशीन (CPAP) को लगे रख सकते हैं। बच्चे की छाती को खतरा हो सकता है। बच्चे को धीरे उठा सकते हैं। बच्चे की Bladder की हो सकती है। बच्चे की CT की करानी पर सकती है।

Sr no	Hospital Member present	Comment & signature
Sr no	Name of Pt. Relative	Relationship & signature
	जीवन आदिवाल	पापा जीवन