



Girraj Ji Children Hospital
बच्चों का विशेष अस्पताल

3rd Road, Near Girls College Gurgaon - 122001 (H)
Tel: 9672945553, 9672945554 | Email: girrajji@hopeandlife.org

B/o Pooja female

11D 20/01/2016

Hospital - Kharabanda





Girraj Ji Children Hospital

बच्चो का विशेष अस्पताल

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



Dr. Mohit Kumar Agrawal

CASE SUMMARY

Patient's Name	Babyof POOJA	IPD No.	4198
D/O	PARVEEN	UHID	20/00 11675
Address	HNO-1771, GNO-03, RAJIV NAGAR GGN HR	DOA	16-Apr-2025 11:06 PM
Age/Sex	NB / Female	TILL DATE	28-Apr-2025 03:55 PM
Consultant Name	Dr. Mohit		
Department/Speciality	PEDIATRICIAN & NEONATOLOGIST		

DIAGNOSIS

Term/AGA/2.4 kg/Female/Respiratory Distress/Moderate PDA/PAH/Shock/ Sepsis/ LSCSat Kharbanda hospital on 16/04/2025 11:18 am.

PRESENTING COMPLAINTS

Term/AGA/2.4 kg/Female/Respiratory Distress/Moderate PDA/PAH/Shock/ Sepsis, was put on Oxygen Support and other supportive treatment at Kharbanda Hospital. Referred to Girraj ji hospital for further care.

EXAMINATION FINDING

O/E:

GC- Sick

CVS:Tachycardia .

Respi: RR: 100/min, Morderate to sever distress present, SpO2: 88% on HHHFNC Support.

subcostal retraction present

P/A: soft.

CNS: Activity/tone/reflex- normal

COURSE IN THE HOSPITAL

Baby came to us with above mentioned complaints.

Resp:Baby was immediate put on NIPPV Support (25/7/30%), but during stay in v/o increasing demand of oxygen baby intubated and put on mechanical ventilation (fio2 26% pip 23 peep 07 Ti 0.35).ABG was done and s/o PH 7.19 BEecf -20.4 & lac 2.46.Distress settled mechanical ventilation support weaned and extubated on day 5 of life and put on NIPPV support.Shifted to HHHFNC support on day 6 of life . High flow weaned and stopped by day 9.At present baby is on room air, maintaining sauration > 95%.

CVS:Multiple ionotrops(Inj Dopamine and Inj Dobutamine+ADR) and FFP transfusion required in v/o poor perfusion. ECHO s/o PAH, moderate PDA, so continue ionotrops support & infusion sildenafil started . Repeat ECHO was done on 6th day of life and s/o PFO with normal. As distress settled infusion dopa and dobuta weaned and stopped. GIT:baby was kept NPO in v/o unsettled distress. As distress settled OG feed start with minimum quantity and increase as per tolerance. Now baby on full oral feed and tolerate well. IV fluid weaned and stopped.

CNS: Initially kept under sedation in v/o mechanical ventilation.

Sepsis: septic screen was done, IV antibiotics were started (Inj Piptaz / Inj Amikacin) , repeat screen was done and s/o increasing trend of CRP, IV Antibiotics were upgraded to Inj Meropenum and Inj Vancomycin started and still ocninue (Inj Piptaz/ Inj Amikacin stopped).

TREATMENT GIVEN





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Age/Sex	NB / Female	TILL DATE	28-Apr-2025 03:56 PM
Consultant Name	Dr. Mohit	Discharge Type	
Department/Speciality	PEDIATRICIAN & NEONATOLOGIST		

Mechanical Ventilatiion
NIPPV
HHHFNC
Inj Meropenum/Inj Vancomycin
Inj Dopamine/Inj Dobutamine
Inj Midaz
Inj Vit K
IV Fluid
FFPTransfusion
FEED

INVESTIGATION RESULT

All reports are attached with case summary.

PATIENT CONDITION

At present baby is on room air , maintaining saturation > 95%. Baby is on full feeds, tolerating well. Euglycemic & normotensive

Weight: 2.35 kg.

HC: 34 cm

Rx	Name	Frequency	Duration	Route	Notes
1					
Treating Consultant / Authorized Team Doctor		Name / Signature			
Patient / Attendant		Name / Signature			
		Mobile No.		86 890 02999	



Girraj Ji Children Hospital

Sec 14, Gurugram



Admission Request Form

Name B/O Pooja Age NB Sex Female

ID 11675 Date of Admission 16/04/25 Time 11:06 PM

Routine () Emergency (☒) Planned ()

Brief History RDS
Gauntring
Peripheral wld

Diagnosis LPT/RDS/mod PDA/PAA

Plan of treatment Intensive Care

Any Known allergy unknown

Aprox Estimate 8k to 10k per day Lab & Med
Test Extra ABG, RBS, x-Ray, HFMc Extra
Verti 4K 8pt

Expected length of stay

Consultant Name Dr Moh't Signature Dr Moh't

Patient /Attendant Name Uday Singh

Patient /Attendant signature Uday Singh



Girraj Ji Children Hospital

Sec 14, Gurugram



Name B/o Pooja Age Sex F Wt Ht
Id 11625 Blood Group Date of Admission
Consultant Dr. Mohit & Team Diet
Diagnosis

Doctor Progress notes

Date- 26/04/2025 UOI/B - Duty Doctor Weight -

Diagnosis- 964C Stable
HR - 135/w/hr
SpO₂ - 96%
Current Issue - Tubercate Feed well
O/E- Active & happy
Pls jgt
Passing urine & stool
Plan Laband Medication - CR 1 or

Date- 27/04/2025 UOI/B - Duty Doctor Weight -

Diagnosis- 964C Stable
Vitals Stable
On Full Feed
Current Issue - Tubercate Feed well
O/E- Feeding orally
Passing urine & stool
Plan Laband Medication - CR

Plan for shift
from mother
side

17



UHID No : 20/001882

Age/Sex : 9 Days / Female

Patient Name Babyof POOJA

Coll. Date 24-Apr-2025 11:11 PM

Rep. By : DR MOHIT

Rep. Date 25-Apr-2025 12:55 AM

Lab No : 3430

HAEMATOLOGY

Description	Result	Unit	Ref.Range
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COMPLETE BLOOD COUNT (CBC)

HAEMOGLOBIN (Hb)	18.1	gm/dl	14 - 18
TOTAL LEUCOCYTES COUNT	15280	/cumm	4000 - 11000

DIFFERENTIAL LEUCOCYTES COUNT (DLC)

Segmented Neutrophils	29	%	50 - 70
Lymphocytes	58	%	20 - 40
Eosinophils	02	%	1 - 6
Monocytes	11	%	1 - 10
Basophils	00	%	0 - 0
TOTAL R.B.C. COUNT	5.42	million/cumm	3.5 - 6.5
P.C.V./ Haematocrit value	52.2	%	35 - 40
PLATELET COUNT	4.65	lacs/mm ³	1.5 - 4.5
RED CELL DISTRIBUTION WIDTH-RDW	15.2	%	11.7 - 14.5

Test done on Erba H-360 Automated Hematology Analyzer and Correlation with smear Examination.

Test conducted on EDTA whole blood

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



Shweta

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

Customer Care

85274 94701



UHID No : 20/001882

Age/Sex : 9 Days / Female

Patient Name Babyof POOJA

Coll. Date 24-Apr-2025 11:11 PM

Rep. By : DR. MOHIT

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SEROLOGY

Description	Result	Unit	Ref.Range
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CRP (C-REACTIVE PROTEIN)

C- Reactive Protein (CRP) Quantitative	5.77	mg/l	0 - 6
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CRP is an acute phase reactant which is used in inflammatory disorders for monitoring course and effect of therapy. It is most useful as an indicator of activity in Rheumatoid arthritis, Rheumatic fever, tissue injury or necrosis and Infections. As compared to ESR, CRP shows an earlier rise in inflammatory disorders which begins in 4-6 hrs, the Intensity of the rise being higher than ESR and the recovery being earlier than ESR. Unlike ESR, CRP levels are Not influenced by hematologic conditions like Anemia, polycythemia etc.

(NEGATIVE)



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



Shweta

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

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85274 94701



HOPE AND LIFE
FOUNDATION

B O POOJA GIRRAJ 200011675 CHEST,FRN A->P 04/22/25
GIRRAJ JI CHILDREN HOSPITAL,SEC-14 GURUGRAM

