





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 SHIKHA	IPD No.	4818
S/O	CHARAN	UHID	20/00 13208
Address	BHIM GHAR KHERI NEAR SHIV MANDIR GGN HR	DOA	03-Oct-2025 12:58 AM
Age/Sex	NB / Male	TILL DATE	21-Oct-2025 01:24 PM
Consultant Name	Dr. Mohit	Discharge Type	CASE SUMMARY
Contact No.			
Department/Speciality	PEDIATRICIAN & NEONATOLOGIST		

DIAGNOSIS

Extreme Preterm/27 Weeks/ELBW (970 gms)/male/ RDS (Post Surfactant)/Shock/Suspected Sepsis/ NVD/ delivered at Ultra Care Hospital on 02/10/2025 11:15 PM.

PRESENTING COMPLAINTS

Extreme Preterm/27 Weeks/ELBW (970 gms)/male/ RDS (Post Surfactant)/Shock/Suspected Sepsis. Baby cried immediately after birth, but as baby had severe respiratory distress, baby was referred to our hospital for further management.

EXAMINATION FINDING

O/E:

CVS: no murmur, normotensive.

Respi: RR: 125/min, Severe distress, Subcostal retraction +SpO2: 78% on Mechanical Ventilation.

P/A: soft.

CNS: Af at level. Tone/cry/reflex: As per age appropriate

COURSE IN THE HOSPITAL

Resp: Baby was already intubated, so immediate shifted to mechanical ventilation support (20/06/35%). Inj Neosurf given in v/o unsettled distress and increasing oxygen demand. As distress settled baby extubated on 8th day of hospitalisation and shifted to NIPPV Support. Baby continue on NIPPV Support (15/05/25%).

CVS: Baby was in shock, FFP transfusion done. Inotrops (Inj Dopamine/ Inj Dobutamine) started. ECHO was done and s/o Moderate size PDA 1.5 mm left to right shunt. As baby condition improved inotrops weaned and stopped.

GIT: baby was kept NPO due to unsettled distress and IV fluid started. As distress settled OG feed with minimal quantity and increased as per tolerance. At present baby on 6 ml/2hrly OG feed and tolerate well.

CNS: Initially activity/tone/ reflexes were sluggish. USG Cranium was done and s/o Gr1 Intraventricular bleed. At present, activity/tone/reflex- normal.

Sepsis: Septic screen was performed, following which intravenous antibiotics (Inj. Piptaz + Inj. Amikacin) were started. Subsequently, antibiotics were escalated to Inj. Meropenem + Inj. Amikacin.

At present

Resp- on NIPPV Support (15/5/25%)

CVS- Hemodynamically stable

CNS- Activity/tone/cry- normal

GIT- On OG Feed 6ml/2 hrly with IV Fluid

Sepsis- Inj Meropenum/ Inj Amikacin

TREATMENT GIVEN





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Mechanical Ventilation
Inj Piptaz/ Inj Amikacin
Inj Dopa/Inj Dobuta
IV Fluid
FFP Transfusion

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				
Patient / Attendant	Name / Signature				
	Mobile No.				





Admission request

Name BID. Shilpa Age NB Sex M
ID 2010013280 Date of Admission 03/10/25 Time 12:18 AM
consultant DR. MOHIT KUMAR AGRAWAL
Routine () Emergency (✓) Planned ()

Brief History.....

Diagnosis

Plan of treatment.....

Any Known allergy.....

Aprox Estimate 8K PER DAY LAB & MED EXTRA
3K HIGH FLOW EXTRA | 4K VENTILATOR EXTRA

Expected length of stay.....
ABC 2000 | X-Ray 800 | RBS 100 | CIRCUIT 2000 | ANY PROCEDURE EXTRA
3K TO 5K

Consultant Name Signature.....

Patient /Attendent Name CHARAN

Patient /Attendent signature Charan

Girrajji Children Hospital

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

Admission & Discharge Record

Patient Name Babyof SHIKHA		UHID 20/00132 08	IPD No. .4818	Age NB	Sex Male	Ward /Room
S/O CHARAN					Patient Type General	
Full Address	BHIM GHAR KHERI NEAR SHIV MANDIR GGN HR					
Date & Time of Admission 03/10/2025 12:58 AM						
Date & Time of Discharge						
Hospital Stay (No. of Days)						
Provisional Diagnosis				Clinical Assessment on Admission		
Final Diagnosis						
Secondary Diagnosis or Complication						
Operation / Special Procedure						
RESULTS	Improved	Referred	Left Against Medical Advise	Discharge on Request	Absconded	
Dr. Mohit- Doctor Name & Signature				Patient Name & Signature Charan		

Developed by : Ran





Girraj Ji Children Hospital

Sec 14, Gurugram



Name B/o Shilpa Age Sex Wt Ht
Id Blood Group Date of Admission
Consultant Diet
Diagnosis

Family Meeting Record & Consent Form	
Sr No	Issue & discussion
	<p><i>High Risk</i></p> <p>उम्मीद है 23w तक बच्चे का वजन काफी कम है (1kg) और बच्चा Premature है। मतलब बच्चे के शरीर के अंग पूर्ण रूप से विकसित नहीं होए हैं। जैसे कि फेफड़े, दिमाग, आँखें आदि जिसके वजह से बच्चे को बांस के फिफ्टन हो रही है। हम अपने बच्चे को ICU के गार्ड करायेंगे जो साफ सफाई के हों वताया है कि बच्चे की हालत गम्भीर है। बच्चा ventilator पर है। बच्चे को जागना करा खतरा है। बच्चे के फेफड़े अच्छे से फूले/विकसित नहीं हुए हैं। जिसके लिए बच्चे को Nosocomial infection भी देना पार सकता है। बच्चे का BP कम गारंटी है वहीं की प्लेविस की मापसज्जा पर सजाई है। BP सजाई के हों सही 90/60 मिलि मीटि लगाना पड़े है। इसलिये हमने विभागी की गम्भीरता को समझने के बाद ही हम अपना बच्चा रखा कि...</p>

Hospital Member present		Comment & signature
Name of Pt. Relative		Relationship & signature
CHARAN		FATHER



Girraj Ji Children Hospital

Sec 14, Gurugram



Name ... Bla Shikha ... Age ... Sex ... m ... Wt ... Ht ...
Id ... 3208 ... Blood Group ... Date of Admission ...
Consultant ... Dr Mahit ... Diet ...
Diagnosis ...

Nurse's Progress Notes

morning duty notes

Date
15/10/25

- ⇒ Baby hand over Received from @ duty staff
- ⇒ Baby condition is stable
- ⇒ vit checked and Rechecked
- ⇒ Baby venti support put on NIPPV mode
- ⇒ gvf M120ms + 10ml Calam + 3ml kcal @ 4ml/h
- ⇒ 01h feed 7ml 2ml/h osm 6thh gain feed
- ⇒ Baby urine pass out
- ⇒ Baby position change 6thh
- ⇒ Baby RBS checked and Rechecked
- ⇒ Antibiotic continue
- ⇒ Self APHes 2-3 time my duty time
- ⇒ All medicine is done
- ⇒ oral suction sos

Bhawan



UHID No : 20/002793

Patient Name Babyof SHIKHA

Address :

Rep. By : DR. MOHIT

Lab No : 5336

Age/Sex : 6 Days / Male

Coll. Date 8-Oct-2025 05:55 PM

Rep. Date 8-Oct-2025 08:00 PM

HAEMATOTOLOGY

Description	Result	Unit	Ref.Range
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN (Hb)	14.3	gm/dl	14 - 22
TOTAL LEUCOCYTES COUNT	6180	/cumm	5000 - 17500
DIFFERENTIAL LEUCOCYTES COUNT (DLC)			
Segmented Neutrophils	23	%	50 - 70
Lymphocytes	58	%	20 - 40
Eosinophils	04	%	1 - 6
Monocytes	15	%	1 - 10
Basophils	00	%	0 - 0
TOTAL R.B.C. COUNT	3.54	million/cumm	3.8 - 5.2
P.C.V/ Haematocrit value	37.7	%	42 - 68
PLATELET COUNT	2.30	lacs/mm ³	1.5 - 4.5
RED CELL DISTRIBUTION WIDTH-RDW	15.6	%	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 : 20/002793

Patient Name Babyof SHIKHA

Address :

Rep. By : DR MOHIT

Lab No : 5336

Age/Sex : 6 Days / Male

Coll. Date 8-Oct-2025 05:55 PM

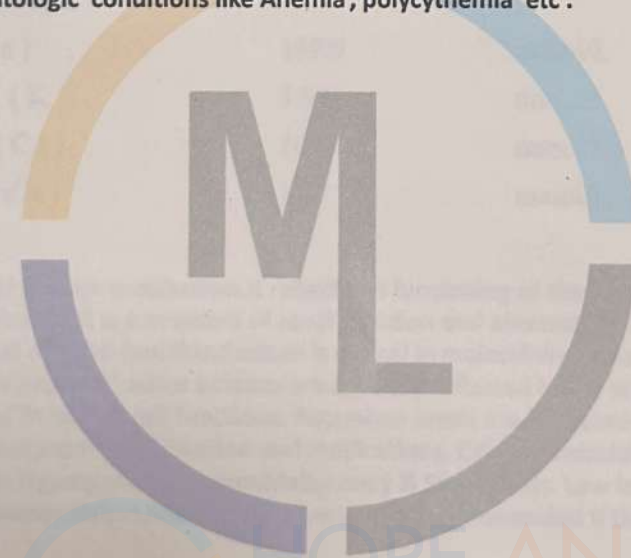
Rep. Date 8-Oct-2025 08:00 PM

SEROLOGY

Description	Result	Unit	Ref.Range
CRP (C-REACTIVE PROTEIN)			
C- Reactive Protein (CRP) Quantitative	3.92	mg/l	0 - 6

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

Customer Care

85274 94701



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Dr. Mohit Kumar Aggrawal

Date: 21/10/2025

To,

Hope and life foundation

Name of the Patient: Baby of Shikha

Age: NB

Gender: Male

Medical Diagnosis: Extreme Preterm/27 weeks/ELBW(970GMS)/Male/RDS/NVD

Suggested Treatment: Prolonged NICU management with ventilatory and respiratory support for 5 weeks

Proposed date of Treatment: As Soon As Possible

This is to sincerely request your kind support for the above-mentioned child, who is critically ill and urgently needs intensive medical care. The family is unable to afford the high treatment costs, and we appeal for financial assistance to help save the baby's life. The estimated amount provided is based on the current treatment plan, though complications may lead to increased expenses. Your timely help can bring hope to this child and family in their time of need.

Estimated cost of treatment: Rs 500000/- To Rs 600000/-

Thank You



Dr. Mohit Kumar Aggrawal

Consultant Pediatrician

Department : Pediatrician & Neonatologist

Girraj Ji Children Hospital



INFANT WARMER

NICO-15

SKIN TEMP:

35.9

SET TEMP: 36.0 HEATER %: 020

SKIN MANUAL CONTROLLER

MUTE, POWER, FAIL, SET, DOWN, UP, HOLD, STOP, RECALL, +34°C, +30°C, +28°C, POWER



- Caution
- Measures to maintain dermal fluid balance should be considered since open radiant warming causes insensible water loss.
 - Infant should not be left unattended when used in manual mode.
 - Do not leave baby unattended in case of cable panels are open.
 - Do not ignore any alarm condition.
 - Do not pull or bend power wire, connector, sensor element etc.
 - Ensure the power supply is continuous, earthed, approved for hospital use and complies with voltage specifications of the warmer unit.

