



INFANT WARMER NICU-12

SKIN TEMP
36.0

SET TEMP
36.0 C **000**

SKIN MANUAL CONTROLLER



Caution

- Absence of respiratory distress does not indicate that the neonate is safe from hypoxemia or hyperoxemia. Monitor oxygen saturation continuously.
- Infant should not be left unattended or when used in manual mode.
- Do not immerse in water or use in wet areas.
- Do not ignore any alarm condition.
- Do not put or touch sensor with, or near, any other electrical plug.
- Return the power supply to certified qualified personnel for inspection and repairs, with correct qualifications of the warmer unit.





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	Babyof ARUNA	IPD No.	5193
S/O	SHIV CHARAN	UHID	20/00 14016
Address	287/8 JACUMBURA GGN HR	DOA	23-Feb-2026 10:53 PM
Age/Sex	30 Days / Male	TILL DATE	26-Feb-2026 02:32PM
Consultant Name	DR.MOHIT	Discharge Type	
Contact No.			
Department/Speciality	PEDIATRICIAN & NEONATOLOGIST		



- * Baby admitted with complaint of poor oral intake, multiple episodes of breath hold , loose stools and lethargic.
- * O/E: Resp- Distress +nt, tachypnea +nt
P/A- Distension +nt
- * Hemodynamically stable at admission
- * Air way maintainable (GCS >8)
- * Hence put on HHHFNC Support
- * Blood investigation done and s/o Raised CRP, Derranged CBC.
- * Managed with Loading dose of Inj Capnea, maintenance dose started, IV Antibiotics, and other supportive treatment.
- * During stay baby had multiple episodes of apnea.
- * Loading dose of Inj Lavera given and maintnance dose started in v/o suspected seizures.
- * Pediatric neurologist opinion taken and treated accordingly.
- * EEG done and report due.
- * Repeat Septic screen done and s/o increasing trend of CRP. IV Antibiotic upgraded to higher, Inj Piptaz and Inj Amikacin stopped. Inj Meropenum started.

At present:
 Resp- on HHHFNC Support (35% Fio2), Inj Capnea
 CNS- On Inj Lavera
 GIT- NPO, On IV Fluid
 Sepsis- Inj Meropenum

TREATMENT GIVEN

HHHFNC Support
 Inj Meropenum
 Inj Lavera
 Inj Capnea
 IV Fluid
 Other supportive treatment.

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.			





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Consultant Name	DR.MOHIT	Discharge Type	
Contact No.			
Department/Speciality	PEDIATRICIAN & NEONATOLOGIST		

DIAGNOSIS

Sepsis with Suspected Meningitis

PRESENTING COMPLAINTS

Poor oral intake
Multiple episodes of breath hold
Multiple episodes of loose stools
Lethargic

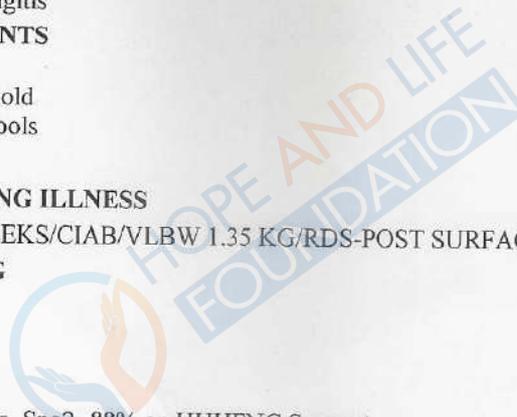
HISTORY OF PRESENTING ILLNESS

F/U/C/O- PRETERM/29 WEEKS/CIAB/VLBW 1.35 KG/RDS-POST SURFACTANT/OUTBORN LSCS.

EXAMINATION FINDING

O/E
Wt- 1.48 kg
GC: Sick
CVS:S1S2 + nt
Resp: Distress +nt, Tachypnea. Spo2- 88% on HHHFNC Support
P/A: distension
CNS: Lethargic

COURSE IN THE HOSPITAL





UHID No : 20/003222
Patient Name Babyof ARUNA
Address :
Rep. By : DR MOHIT

Lab No : 6172
Age/Sex : 1 Months / Male
Coll. Date 23-Feb-2026 11:54 PM
Rep. Date 24-Feb-2026 12.37 AM

HAEMATOLOGY

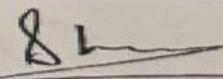
Description	Result	Unit	Ref.Range
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN (H b)	10.2	gm/dl	14 - 22
TOTAL LEUCOCYTES COUNT	3490	/cumm	5000 - 17500
DIFFERENTIAL LEUCOCYTES COUNT (DLC)			
Segmented Neutrophils	33	%	50 - 70
Lymphocytes	55	%	20 - 40
Eosinophils	03	%	1 - 6
Monocytes	09	%	1 - 10
Basophils	00	%	0 - 0
TOTAL R.B.C. COUNT	3.3	million/cumm	3.8 - 5.2
P.C.V./ Haematocrit value	29.6	%	42 - 68
PLATELET COUNT	4.38	lacs/mm ³	1.5 - 4.5
RED CELL DISTRIBUTION WIDTH-RDW	15.4	%	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 ****




Dr. Shewata Yadav
MD Pathology
Reg No. = 88023





Girraj Ji Hospital

Badshahpur, Gurugram



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

Doctor Progress Notes

25/02
 (N)

CS/B - 005 Dr. Arun

of ecchymage
 on HPC @ 40x
 HR-129/wm SpO_2 - 94%

Yo. Apnea episode Out
 bed -

Instable on
 on the in levera

Npo
 1uf @ 10ml/hr

Be - monitor 24hr
 w/ Aruna 2 simon
 2/0 charting
 form 10x
 Rest as charted

[Signature]



Girraj Ji Hospital

Badshahpur, Gurugram



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

Doctor Progress Notes

26/2/26
 wt! - 1.73kg
 on HFNC.
 NPO

On/B Duty Doctor

over AC Average

HR - 147/min @ 196% on HFNC. A>4L

Apnea episodes
 out during
 night.

SpO2 92% on HFNC
 AS - 1 Hz out

CNS 1 Activity out

P/A's soft

Adm. monitors vitals, infusions
 watch I/O charting

Rest out

[Signature]

2x fluids @
 10ml/hr
 7 - 250 / 24hr
 0 - 96 / 2.3ml/kg/hr



Girraj Ji Children Hospital

Sec 14, Gurugram



Name B/o. Aruna Age Sex M Wt Ht
Id 2010014016 Blood Group Date of Admission
Consultant Dr. Mohit Kumar Diet
Diagnosis

25/2/25 + 26/2/25 Nurse's Progress Notes

* Night duty Notes *

- # Baby hand over received from day duty staff.
- # AIT 4/5 checked and recorded
- # Baby Condition is sick.
- # AIT antibiotic continue
- # M/A/C continue Air 4L/min + O2 stop.
- # Baby NPO.
- # I/M N/2PMS 500mg / + i/m Kalzin / + i/m Calcium 100mg @ 1000/h
- # Conular side healthy.
- # wet checked and recorded.
- # Total intake out put done
- # RBS checked and recorded
- # Baby position changed 4th hourly
- # urine pass out + stool / parout
- # MOT oil massage done
- # no any other complain
- # no seizures my on duty time
- # Baby apnea left my on duty time.

Reidhi
26/2/25



BO ARUNA GIRRAJ 200014016 CHEST,FRN A->P 02/24/26
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 Babyof ARUNA	UHID 20/00140 16	IPD No. .5193	Age 30 Days	Sex Male	Ward /Room PICU-PICU 1
S/O SHIV CHARAN				Phone No. Patient Type General	
Full Address	287/8 JACUMBURA GGN HR				
Date & Time of Admission 23/02/2026 10:53 PM					
& 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 Shivan		



Girraj Ji Children Hospital

Sec 14, Gurugram



Admission Request Form

Name B/o Aruna Age 30 Days Sex Male

ID 14016 Date of Admission 23-2-26 Time 01:53 PM

Routine () Emergency () Planned ()

Brief History

.....

.....

Diagnosis

Plan of treatment

Any Known allergy (^{Extra} ABC, RBS, XRAY) (^{Extra} Vent 5K, High flow 3K)
2000 100 500

Aprox Estimate 6K To 8K Per day Lab and med EXTRA
Any other Procedure EXTRA

Expected length of stay

Consultant Name Signature Shivch

Patient /Attendant Name Shivch

Patient /Attendant signature Shivch





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COST ESTIMATE LETTER

Date: 28/Feb/2026

To,
The Founder,
Hope And Life Foundation,
Delhi

This is to certify that **Patient Baby of Aruna**, 30day old male child, is a case of **Preterm/29 weeks/ CIAB/ VLBW 1.35KG / RDS/ OUTBORN LSCS**.

At: 287/ 8 JACUMBURA GGN HR

This patient is admitted in our esteemed hospital NICU. UHID : 20/00 14016. Since dated **23/02/2026, 10:53 AM**. is receiving treatment under **Dr. Mohit** and is in need of financial assistance.

SOCIAL ECONOMIC EVALUATION OF THE FAMILY:

Doctor has suggested long hospital stay with multiple investigations and costly medicines with close monitoring.

Patient's father is working as a Painter and earns a nominal income. Mother is a housewife. Family has been spending continuously for child's treatment. Due to that, they cannot afford child's treatment. So, kindly give maximum financial help to this patient.

Monthly Income: Father Rs. 17,500/-

Mother: Housewife

Dependents: 4

The expenses incurred so far by the parents on treatment: **Rs. 2.50 lakh** for child's treatment.

The expected cost for the treatment would be **Rs. 2.50 lakh** further treatment.

Dr. Mohit Kumar Agrawal
MBBS, DNB (Pediatrics)
HN-13926

Thanks
Pediatrician & Neonatologist
Girraj Ji Children Hospital



