





# 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 KABITA KUMARI	IPD No.	5183
S/O	DEEPAK KUMAR	UHID	20/00 14158
Address	HNO 1892 GNO 8 RAJIV NAGAR SEC 14 GGN HR	DOA	21-Feb-2026 01:44 AM
Age/Sex	0 Days / Male	TILL DATE	26-Feb-2026 02:01 PM
Consultant Name	DR.MOHIT	Discharge Type	
Contact No.			
Department/Speciality	PEDIATRICIAN & NEONATOLOGIST		

### DIAGNOSIS

Term /AGA/Male/ 2.9 Kg/Respiratory Distress/Shock/Severe Metabolic Acidosis/Perinatal Asphyxia/ Neonatal Encephalopathy/Neonatal Seizures/Sepsis/LSCS/Delivered at Aastha Hospital on 21/02/2026 at 01:44 PM

### PRESENTING COMPLAINTS

Term /AGA/Male/ 2.9 Kg/Respiratory Distress/Shock/Severe Metabolic Acidosis/Perinatal Asphyxia/ Neonatal Encephalopathy/Neonatal Seizures/Sepsis. Baby was limp as birth, initial steps taken, but as no improvement, PPV was given after which heart rate and colour improved, but as baby had respiratory distress, baby was intubated and shifted to NICU for further management. and care via IPPV support.

### EXAMINATION FINDING

O/E: GC: critically sick  
CVS: no murmur, normotensive.  
Respi: RR: 70/min, SpO2: 88% on Mechanical ventilation.  
P/A: soft.  
CNS: Af at level. Tone/cry/reflex: dull, had seizures on admission.

### COURSE IN THE HOSPITAL

Resp: Baby was already intubated, immediate shifted to mechanical ventilation support ( 20/06/25%).As RD & Fio2 requirement decreased baby was shifted to NIPPV Support and still continue.  
CVS: Multiple ionotrops support ( Inj Dopa/Inj Dobuta/Inj Adr) started in v/o poor perfusion & Shock. FFP Transfusion also done. VBG done and s/o PH 7.17, CO2 20.8, PO2 72, BEecf -20.9, HCO3 11.53, Lac 5.06. ECHO done and s/o Moderate PAH, PFO, Moderate LV dysfunction 35%, Biventricular Dysfunction. As perfusion improved inotropes start weaning & stopped.  
GIT: baby kept Npo& started with Iv fluids i/v/o critical state & unsettled distress . As distress setteled, baby was started on trophic OG feed with minimal quantity. Feed increased as per tolerance. At present baby on 15 ml / 2 nd hrly OG feeding & IV Fluid.  
CNS: Baby had seizure episodes at the time of admission. Baby was started on Mechanical ventialetion in v/o multiple seizure episodes. Inj Midazolam infusion were required. Loading dose of Inj Gardinal and Levera given and maintainece dose of Inj Lavera and Gardinal started. EEG done and report due.  
Sepsis: Septic screen done, Started on iv antibiotics (Inj Meropenam /Inj Vancomycin). Repeat septic screen was done s/o increasing trnd of CRP.  
At present:  
Resp- on NIPPV Support ( 20/06/30%)  
Sepsis- Inj Meropenum/Inj Vancomycin  
CNS- On Inj Lavera and Inj Gardinal  
GIT- On OG Fluid 15ml/2 hrly and IV Fluid

### TREATMENT GIVEN





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<b>S/O</b>	DEEPAK KUMAR	<b>UHID</b>	20/00 14158
<b>Address</b>	HNO 1892 GNO 8 RAJIV NAGAR SEC 14 GGN HR	<b>DOA</b>	21-Feb-2026 01:44 AM
<b>Age/Sex</b>	0 Days / Male	<b>TILL DATE</b>	26-Feb-2026 02:01 PM
<b>Consultant Name</b>	DR.MOHIT	<b>Discharge Type</b>	
<b>Department/Speciality</b> PEDIATRICIAN & NEONATOLOGIST			

Mechanical Ventilation support  
NIPPV Support  
Inj Meropenum/Inj Vancomycin  
Inj Lavera/Inj Gardinal/Inj Midaz  
Inj Dopa/Inj Dobuta  
Inj Hydrocort  
IV Fluid  
Neb with Adr  
Other supportive treatment

### INVESTIGATION RESULT

All reports are attached with case summary.

### TREATMENT ADVICE ON DISCHARGE

Rx	Name	Frequency	Duration	Route	Notes
1					
<b>Treating Consultant / Authorized Team Doctor</b>	<b>Name / Signature</b>				
<b>Patient / Attendant</b>	<b>Name / Signature</b>				
	<b>Mobile No.</b>				



# Girrajji Children Hospital

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

## Admission & Discharge Record

<b>Patient Name</b> Babyof KABITA KUMARI	<b>UHID</b> 20/00141 58	<b>IPD No.</b> .5183	<b>Age</b> 0 Days	<b>Sex</b> Male	<b>Ward /Room</b> NICU-NICU 1
<b>S/O</b> DEEPAK KUMAR				<b>Patient Type</b> General	
<b>Full Address</b>	HNO 1892 GNO 8 RAJIV NAGAR SEC 14 GGN HR				
<b>Date &amp; Time of Admission</b> 21/02/2026 01:44 AM					
<b>Date &amp; Time of Discharge</b>					
<b>Hospital Stay ( No. of Days )</b>					
<b>Provisional Diagnosis</b>			<b>Clinical Assessment on Admission</b>		
			B.P		
<b>Final Diagnosis</b>			Pulse		
			Temp		
<b>Secondary Diagnosis or Complication</b>			SPO2		
<b>Operation / Special Procedure</b>					
<b>RESULTS</b>	<b>Improved</b>	<b>Referred</b>	<b>Left Against Medical Advise</b>	<b>Discharge on Request</b>	<b>Abseonded</b>
<b>DR.MOHIT-</b> Doctor Name & Signature				<b>Patient Name &amp; Signature</b>  Deepak Kumar Yadav	



# Girraj ji children hospital

Sec 14, Gurugram



Page no

## Admission request

Name B/o Rabita Kumari Age NR Sex Male  
 ID 14158 Date of Admission 21-02-2026 Time 1:44 AM  
 Routine ( ) Emergency (  ) Planned ( )

Brief History

Diagnosis

Plan of treatment

Any Known allergy ( 2000 ABC 100 KBS 500 XRAY ) ( Venti 5K ) ( High/Low 3K )  
 Extra Extra

Aprox Estimate 8K To 10K Per day Lab and Med Extra  
 Any other Procedure Extra

Expected length of stay

Consultant Name Signature

Patient /Attendent Name Deepak Kumar Yadav

Patient /Attendent signature Deepak Kumar Yadav



# Girraj Ji Hospital

Badshahpur, Gurugram



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

## Doctor Progress Notes

26/02/2026

on ventri

on OR feed 15 ml / 2hly

7 - 449.3 / 24h.  
 0 - 330  
 4.7 ml/kg/h.

IV fluid @ 6ml/h

Seizures ⊕

↓  
 washing dose of  
 Zyr Lavea stat  
 again  
 Ear to NG stat

Zyr Lavea Dose increase to  
 Zyr Lavea 60 mg / 12hly

DS/B Duty Doctor  
 O/R AC Aick.

HR - 132/min SpO2 - 92% on ventri

STER Chest Bil At ⊕ on ventri  
 20/6/30v, Rate - 40

CVS - HR ⊕

CNS - seizure ⊕ off and on

PIA's soft

Adm: monitor vitals, infusion

EEG

watch for chattering

Rest of

Jy



# Girraj Ji Children Hospital

Sec 14, Gurugram



Name ..... Bl. Kavita Kumari ..... Age ..... Sex M ..... Wt ..... Ht .....  
Id ..... 2010014150 ..... Blood Group ..... Date of Admission .....  
Consultant ..... Dr. Mohit Kumari ..... Diet .....  
Diagnosis .....

24/2/25 + 25/2/26

## Nurse's Progress Notes

\* Night duty Notes \*

- # Baby hand over received from day duty staff.
- # All v/s checked and recorded.
- # Baby condition is sick.
- # All antibiotic continue
- # Baby on venti continue BIPAP mode. Support
- # SpO<sub>2</sub> target 92-94
- # Oh feed 85ml and hourly
- # Urine + stool pass out
- # Inj Dop<sub>9</sub> + Dobuta + NS stop
- # Canula site healthy
- # Baby position changed 6th hourly
- # ET oral suction | Cast 11:30pm
- # RBS checked and recorded.
- # Total intake output done.
- # Baby activity is poor
- # Plan for eth c/m.
- # U.v.c. line present / care done.

Mohit  
25/2/26



UHID No : 20/003250	Lab No : 6165
Patient Name Babyof KABITA KUMARI	Age/Sex : 2 Days / Male
Contact No.	Coll. Date 23-Feb-2026 01:39 PM
Address :	Rep. Date 23-Feb-2026 02.42 PM
Rep. By : DR MOHIT	

## HAEMATOTOLOGY

Description	Result	Unit	Ref.Range
<b>COMPLETE BLOOD COUNT ( CBC )</b>			
HAEMOGLOBIN ( H b )	16.6	gm/dl	14 - 22
TOTAL LEUCOCYTES COUNT	19930	/cumm	5000 - 17500
<b>DIFFERENTIAL LEUCOCYTES COUNT ( DLC )</b>			
Segmented Neutrophils	33	%	50 - 70 <sup>+</sup>
Lymphocytes	55	%	20 - 40
Eosinophils	02	%	1 - 6
Monocytes	10	%	1 - 10
Basophils	00	%	0 - 0
TOTAL R.B.C. COUNT	4.99	million/cumm	3.8 - 5.2
P.C.V/ Haematocrit value	48.2	%	42 - 68
PLATELET COUNT	2.27	lacs/mm <sup>3</sup>	1.5 - 4.5
RED CELL DISTRIBUTION WIDTH-RDW	15.8	%	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 \*\*\*\*



*Signature*  
**Dr. Shewata Yadav**  
 MD Pathology  
 Reg No. = 88023





UHID No : 20/003250  
Patient Name Babyof KABITA KUMARI  
Contact No.  
Address :  
Rep. By : DR MOHIT

Lab No : 6165  
Age/Sex : 2 Days / Male  
Coll. Date 23-Feb-2026 01:39 PM  
Rep. Date 23-Feb-2026 02.42 PM

**BIOCHEMISTRY**

Description	Result	Unit	Ref.Range
<b>KFT ( KIDNEY FUNCTION TEST )</b>			
<b>KIDNEY PROFILE</b>			
BLOOD UREA	38.36	mg/dL.	11 - 36
SERUM CREATININE	0.91	mg/dL.	0.5 - 1.0
SERUM URIC ACID	5.23	mg/dL.	3.0 - 7.0
<b>ELECTROLYTE PROFILE</b>			
SERUM SODIUM ( Na )	131.7	mmol/L	135 - 150
SERUM POTASSIUM ( K )	5.9	mmol/L	3.5 - 5.5
SERUM CHLORIDE ( Cl )	99.2	mmol/L	94 - 110
IONIZED CALCIUM ( iCa )	0.94	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 deficiency, renal insufficiency and Hypoparathyroidism. Repeat measurement is recommended if the values are outside the reference range

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



*Signature*

Dr. Shewata Yadav  
MD Pathology  
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28/02/26

B/O Kabita Kumari

NB/Male

High Risk Consent :-

इसारा बच्चा पैदा होने के बाद रोया ही था, व साँसे भी नहीं ले रहा था। हमें अपने बच्चे को GCH के लेला आये। डॉ. सहाय ने ही बताया है कि बच्चे की हालत बहुत खराब है। बच्चे को जान का खतरा है। व बच्चे को साँसे की बड़ी मशीन (ventilator) पर रखा गया है। डॉ. सहाय ने हमें सभी बातें धारण भाषा के समझा दी है। अब कुछ समझने के बाद ही हमें इलाज करा रहे हैं।

Deefek Kumar Yabbar  
Pala  
Deefek Kumar Yabbar



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Dr. Mohit Kumar Agrawal

### COST ESTIMATE LETTER

Date: 28/Feb/2026

To,

The Founder,  
Hope And Life Foundation,

This is to certify that Patient Baby of Kabita, Oday old male child, is a case of Term/ AGA / Male/2.9 Kg/ Respiratory Distress / Shock / Severe Metabolic Acidosis / Perinatal Asphyxia / Neonatal Encephalopathy / Neonatal Seizures / Sepsis LSCS/ Delivered at Aastha Hospital on 21/02/2026 at 01:44 PM.

At: Firoz Gandhi Road, Gurugram, Haryana

This patient is admitted in our esteemed hospital NICU. UHID: 20/00 14158. Since dated 21/02/2026, 01:44 AM. is receiving treatment under Dr. Mohit and is in need of financial assistance.

#### SOCIAL ECONOMIC EVALUATION OF THE FAMILY:

Child born in Fortis hospital and shifted to our hospital further treatment. Doctor has suggested long hospital stay with multiple investigations and costly medicines with close monitoring.

Patient Father Is Working As A Labour And Earns A Nominal Income. Mother Is A Housewife

DN. 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. 16,500/-

Mother: Housewife

Dependents: 3

He Expenses Incurred So Far By The Parents On Treatment: Rs. 3.00 Lakh For Child's Treatment. The Expected Cost For The Treatment Would Be Rs. 3.00 Lakh Further Treatment.

Thanks

Girraj Ji Children Hospital



