

डा. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल  
 Dr. B.R. Ambedkar Institute Rotary Cancer Hospital  
 अ.भा.आ.सं. अस्पताल / A.I.I.M.S. HOSPITAL

OPR-6

Patient Department  
 PROHIBITED IN HOSPITAL PREMISES  
 UHID 10257837  
 IECN 196938  
 रोगी/रजिस्ट्रेशन नं./O.P.D. Regn. No.

| लिंग<br>Sex | उम्र<br>Age | जन्म तिथि/Date of Birth |
|-------------|-------------|-------------------------|
| 16          | F           |                         |

DR. B.R.A. DR. RAJESH KUMAR DEBBI  
 UHID: 10257837  
 IECN No. 196938  
 Name: RAVINA SHARMA  
 DO: TALA RAMJIARMA

निदान/Diagnosis

Osteosarcoma (B) femur. Pat C#3 HDH

दिनांक/Date  
 19/6/19

उपचार/Treatment

- ① T. Nodosis 500 mg TDS
  - ② T. Emst 8 mg BD
  - ③ T. Dexa 4 mg BD
  - ~~④ T. Par 2 100~~
- } x 3 days

T. Leucovorin 30mg PO  
 19/6/19 - 10:30 PM  
 20/6/19 4:30 AM  
 10:30 AM  
 4:30 PM  
 10:30 PM  
 21/6/19 4:30 AM  
 10:30 AM  
 4:30 PM  
 10:30 PM  
 22/6/19 10:30 AM

Case 40 NS on 20/6/19.

- Syb Cramaffin 3T5F HS (as per)
- T. Rantae 1BD 0''
- Epp Mykaine gel 3T1F TDS...
- steam inhalation / nebulizer mouth wash. | use both

Flu - 20/6/19

fy

1/2/15

(CBC. NEG)

Regd. Dt: 19/06/2019 Aoc. ID: 101946334  
 Coll. Dt. Tim: 19/06/2019 14:50:21  
 Recd. Dt. Tim: 19/06/2019 14:50:24  
 Age: 16 Yrs Sex: Female  
 Name: Mrs. RAVINA SHARMA CK 13565

Client Details: Cankids  
 Cankids (Heavens office) D-77, Basement Vasant Vihar, New Delhi  
 Refd. By: Dr. AllMS  
 Report Dt. Tim: 19/06/2019 17:52:45

| Test Name   | BIOCHEMISTRY |        |                          |
|---|--------------|--------|--------------------------|
|   | Result       | Unit   | Biological Ref. Interval |
| <b>Methotrexate</b><br><small>Serum<br/>CMA</small> | 7.48         | µmol/L |                          |

Dilution protocol is being used for values above >1.5 µmol/L. Sample is being processed in 1:20 dilution to reach the correct value.  
 Rechecked with given sample.

The value should be read in conjunction with the clinical picture and other relevant parameters.

**Interpretation**

| Time after high dose therapy | Toxic Level in µmol/L |
|------------------------------|-----------------------|
| 24 hours                     | >= 5.0                |
| 48 hours                     | >= 0.5                |

**Note**

- The concentration of Methotrexate in serum or plasma depends on the time of the last drug dose, mode of administration, concomitant drug therapy, time of sample collection, and individual variations in absorption, distribution, biotransformation, and excretion. These parameters must be considered when interpreting results.
- Aminopterin, an antineoplastic agent is derived from folic acid and cross reacts with the Methotrexate antibody used in this assay.
- Renal disease, ascites, pleural effusions, gastrointestinal obstruction, urinary pH, or other drugs delay the clearance of Methotrexate. In these cases, toxic concentrations may last beyond the usual duration of Leucovorin rescue.

**Comments**

Methotrexate is a folate antagonist and is effective against malignancies with rapid cell proliferation like Acute Lymphoblastic Leukemia, Chorioncarcinoma, Trophoblastic tumours in females & Carcinomas of Breast, Tongue, Pharynx and Testis. It is used as an antineoplastic agent against these tumours, administered at a high dose and usually followed by Leucovorin (Folic acid) rescue to salvage non-tumour cells. Relatively low doses of methotrexate have been used in the treatment of non-malignant disease such as severe psoriasis, arthralgia, rheumatoid arthritis, sarcoidosis and transplantation therapy.  
 Methotrexate levels are monitored to avoid excessive toxic effects of the drug and to determine when to intervene with counter-acting rescue therapy.

*Kush K. Singh*

--- End of Report ---

Dr. Ruchi Kapoor  
 MD (Pathology)  
 Chief Consultant Lab Medicine

Dr. Kush Kumar Singh  
 MD (Pathology)  
 Consultant Pathologist

The sample is processed by Oncquest Laboratories Ltd.

06/19/2019 16:00

Progress Notes

MED ONCO IRCH DISCHARGE SUMMARY

DISCHARGE SUMMARY

06/19/2019 16:00 DR OFFICE

DR MR AMBEDKAR INSTITUTE ROTARY CANCER HOSPITAL, AIIMS, NEW DELHI-110029  
DEPARTMENT OF MEDICAL ONCOLOGY

DISCHARGE SUMMARY

\*UNLESS OTHERWISE SPECIFIED ALL DATES MENTIONED IN THIS NOTE ARE IN THE FORMAT MM/DD/YYYY\*

REGISTRATION DETAILS

UNID No:102-51-8371 IRCH No: CR No:  
NAME:SHARMA , RAVINA AGE:16 GENDER:FEMALE  
DOA:Jun 17, 2019 DOD:Jun 19, 2019 DURATION OF STAY:2 days  
WARD: MO Ward BED No:17  
CONSULTANT INCHARGE:DR SAMEER RASTOGI  
ADDRESS:  
DIAGNOSIS: Osteosarcoma

ADMITTED FOR :Chemotherapy

CASE SUMMARY: Ravina, 16 years old female, a case of osteosarcoma of right femur, admitted for 3# HD-MTX 812g/m2. After urinary alkalinization, HD-MTX was started on 18/6/19 at 10:30AM. She tolerated chemotherapy well without any complication and leucovorin rescue was started on 19/6/19 at 10:30AM. Currently patient is hemodynamically stable and is being discharged and advised to follow up in OPD.

CHEMOTHERAPY

PROTOCOL: HD-MTX 3# 812g/m2  
WEF: 18/6/19  
Height: 165cm, Weight: 62.5kg and BSA: 1.69m2  
MTX: 19g over 4 hours

FOLLOW UP

Come for follow up in OPD on 20 june,2019

Signed by: /es/ KAUSHAL KALRA  
06/19/2019 16:04

SHARMA , RAVINA  
102-51-8371 DOB:01/19/2003

AIIMS NEW DELHI  
Pt Loc: OUTPATIENT

Printed:06/19/2019 16:04  
Vice SF 509

AL RECORD

Progress Note

DATE DATED: 06/19/2019 16:00  
LOCAL TITLE: MED ONCO IRCH DISCHARGE SUMMARY  
STANDARD TITLE: DISCHARGE SUMMARY  
VISIT: 06/19/2019 16:00 DR OFFICE  
Dr BR AMBEDKAR INSTITUTE ROTARY CANCER HOSPITAL, AIIMS, NEW DELHI-110029  
DEPARTMENT OF MEDICAL ONCOLOGY

DISCHARGE SUMMARY

"UNLESS OTHERWISE SPECIFIED ALL DATES MENTIONED IN THIS NOTE ARE IN THE FORMAT MM/DD/YYYY"

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06/19/2019 16:04

SHARMA , RAVINA  
102-51-8371 DOB:01/19/2003

AIIMS NEW DELHI  
Pt Loc: OUTPATIENT

Printed:06/19/2019 16:04  
Vice SF 509

Salvage Protocol for relapsed OGS (Treatment Plan)

| Week | Date | Chemotherapy  | Dose | Toxicity        |
|------|------|---|------|-----------------|
| 1    |      | High Dose MTX 8 gm/m <sup>2</sup> with leucovorin Rescue  |      | <del>IRCH</del> |
| 2    |      |   |      |                 |
| 3    |      | Ifosfamide 1.8 gm/m <sup>2</sup> D1-5+ Mesna              |      | NCI Inscr       |
| 4    |      | Etoposide 100mg/m <sup>2</sup> D1-5                       |      |                 |
| 5    |      |   |      |                 |
| 6    | ✓    | High Dose MTX 12 gm/m <sup>2</sup> with leucovorin Rescue |      | IRCH            |
| 7    |      |   |      |                 |
| 8    | ✓    | Ifosfamide 1.8 gm/m <sup>2</sup> D1-5+ Mesna              |      | IRCH            |
| 9    |      | Etoposide 100mg/m <sup>2</sup> D1-5                       |      |                 |
| 10   |      |   |      |                 |
| 11   |      | High Dose MTX 12 gm/m <sup>2</sup> with leucovorin Rescue |      |                 |
| 12   |      |   |      |                 |
| 13   |      | Ifosfamide 1.8 gm/m <sup>2</sup> D1-5+ Mesna              |      |                 |
| 14   |      | Etoposide 100mg/m <sup>2</sup> D1-5                       |      |                 |
| 15   |      |   |      |                 |
| 16   |      | High Dose MTX 12 gm/m <sup>2</sup> with leucovorin Rescue |      |                 |
| 17   |      |   |      |                 |
| 18   |      | Ifosfamide 1.8 gm/m <sup>2</sup> D1-5+ Mesna              |      |                 |
| 19   |      | Etoposide 100mg/m <sup>2</sup> D1-5                       |      |                 |
| 20   |      |   |      |                 |
| 21   |      | High Dose MTX 12 gm/m <sup>2</sup> with leucovorin Rescue |      |                 |
| 22   |      |   |      |                 |
| 23   |      | High Dose MTX 12 gm/m <sup>2</sup> with leucovorin Rescue |      |                 |



भारत सरकार

GOVERNMENT OF INDIA



रवीना शर्मा

Ravina Sharma

जन्म तिथि/ DOB: 08/09/2002

महिला / FEMALE



मेरा लक्ष्य, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण  
INDIAN IDENTIFICATION AUTHORITY OF INDIA

**पता:**

आत्मजा: लाला रामचंद्र,  
ग्राम राजमठ सिजवाहा स्टोन  
झौसी, बिजोसी, झौसी,  
उत्तर प्रदेश - 284135

**Address:**

D/O: Lala Ramchandra, gram  
rajgarh sijwaha stone jhansi,  
Bijoli, Jhansi,  
Uttar Pradesh - 284135

MEERA AADHAAR, MERI PEHACHAN



डॉ० बी० आर० अम्बेडकर संस्थान रोटरी कैंसर अस्पताल  
**Dr. B. R. AMBEDKAR INSTITUTE ROTARY CANCER HOSPITAL**  
 अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029  
**ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI-110029**

Dr. B. R. A. I. M. S., NEW DELHI  
 Reg. No. 196918  
 Reg. No. 1340/2017  
 Dept. Pathology Medical Oncology Clinic  
 Clinic No. 409/2017  
 Dept. MEDICAL ONCOLOGY  
 Patient Name: **RAVINA SHARMA**  
 EHS No. 1000-102114773  
 Date: 9/7/19  
 Patient No. 901821046  
 Room No. 409/2017



Mode (Other than X-ray)

Patient Status

Outdoor

Indoor (Ward / Bed No.)

General Condition of the Patient:

Ambulatory

Non-ambulatory

Critical with life support

Payment Status:

Paying

Exempted by (Sign & Stamp)

EHS (No.)

Investigation Requested (Separate requisition is required for each type of investigation)

|  |  |   |  |
|--|--|---|--|
| <p><b>CT</b></p> <p>Type</p> <p><input type="checkbox"/> CECT</p> <p><input type="checkbox"/> NCCT</p> <p><input type="checkbox"/> HFCT</p> <p><input type="checkbox"/> Dual phase CT</p> <p><input type="checkbox"/> Other (Specify) _____</p> <p>Body Part(s)</p> <p><input type="checkbox"/> Head</p> <p><input type="checkbox"/> Orbit</p> <p><input type="checkbox"/> PNS</p> <p><input type="checkbox"/> Face / mandible</p> <p><input type="checkbox"/> Neck</p> <p><input type="checkbox"/> Chest</p> <p><input type="checkbox"/> Abdomen</p> <p><input type="checkbox"/> Pelvis</p> <p><input type="checkbox"/> Other (specify) _____</p> | <p><b>Ultrasound</b></p> <p><input type="checkbox"/> Abdomen &amp; Pelvis</p> <p><input type="checkbox"/> Upper Abdomen</p> <p><input type="checkbox"/> Pelvis</p> <p><input type="checkbox"/> KUB</p> <p><input type="checkbox"/> Breast</p> <p><input type="checkbox"/> Scrotum</p> <p><input type="checkbox"/> Neck</p> <p><input type="checkbox"/> TVUS</p> <p><input type="checkbox"/> TRUS</p> <p><input type="checkbox"/> Colour Doppler of _____</p> <p><input type="checkbox"/> Other (specify) _____</p> | <p><b>Fluoroscopy &amp; Special Radiography</b></p> <p><input type="checkbox"/> Barium Swallow</p> <p><input type="checkbox"/> Barium Meal UGI</p> <p><input type="checkbox"/> Barium Meal Follow Through</p> <p><input type="checkbox"/> Gastrografin Study</p> <p><input type="checkbox"/> Loopogram</p> <p><input type="checkbox"/> Distal Cologram</p> <p><input type="checkbox"/> Sinogram</p> <p><input type="checkbox"/> IVP</p> <p><input type="checkbox"/> Other (specify) _____</p> | <p><b>Image Guided Interventions</b></p> <p>Procedure</p> <p><input type="checkbox"/> FNAC</p> <p><input type="checkbox"/> Core Biopsy</p> <p><input type="checkbox"/> Fluid Aspiration only</p> <p><input type="checkbox"/> Fluid Aspiration for cytology</p> <p><input type="checkbox"/> Catheter Drainage</p> <p><input type="checkbox"/> Other (specify) _____</p> <p>of (organ/ lesion) _____</p> <p>As per the requirement, Please provide filled cytology/histopathology form</p> |
| <p><b>Mammography</b></p> <p><input type="checkbox"/> Bilateral</p> <p><input type="checkbox"/> Right</p> <p><input type="checkbox"/> Left</p>   |  | <p><b>Films Review</b></p> <p><input type="checkbox"/> CT</p> <p><input type="checkbox"/> MRI</p> <p><input type="checkbox"/> Other _____</p>   |  |

Clinical Diagnosis:

Clinical details: - C/O → O<sub>2</sub> TR Distress

Previous imaging:

None

At BPA/ICM (study/date)

Outside (details)

Notes:

To look for lung metastasis

Signature & Name of the Doctor

*[Signature]* Dr. S. M. S.

For CT & IVP only:  
 Blood urea, creatinine  
 any history of allergy, asthma

Date:

Study number/ Date:

Senior Resident/ Technologist:

Comments:

For the use of Radiology Department only

Appointment on: 9/7/19

Contrast Details: 1ml 8:30 AM



