









Not attending

Possible oral therapy
Significant weight loss

Now admitted for oral therapy

Post Augmented course
week 3. on 16/04/24

K1/d0. Reassessant SLRB
Group B
Group C
Group E
Progression =
multiphasic

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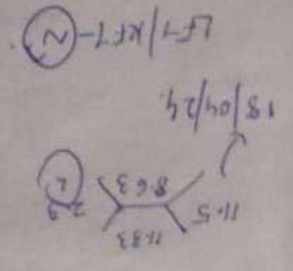
Sup system for (4mg/5mg) 5mg 4/5

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5M - 13/9/24 - SR ward
DR. SWATHA

NI/O/O - 20/4/24 (Sri Ramana)

CM: 15/7/21



20/04/24

13/4/24
Dated on 14/4/24.
Day: Euvect 5mg iv push + Day: Dera 5mg iv push
Day: Carbapenem 1800mg 1800mg iv over 1 hour
Day: Separate 2000mg 1800mg iv over 1 hour
Day: Euvect (5mg/2mg) 5mg 2mg } x 3 days
Day: Dera (4mg/2mg) 5mg 2mg }
Day: GST 50mg qd x 3 days (from Day)
Auto - SR ward - Day: Anandakrishnan
Day: Ganesan
Day: Nischal
21/04/24 Dr. Subramaniam
21/04/24 Dr. Anandakrishnan
21/04/24 Dr. Ganesan
21/04/24 Dr. Nischal

21/9/24/24
- CE Syp CE TRIVENT
2 H. S x 3 days
2 mg/2 5mg/5
Adv.
with stable
no 50 pm
c/o cough x 5 days

10/04/24

Re consultant K/C/O B/L RB
 (R) Group E
 (L) Group B Multifocal

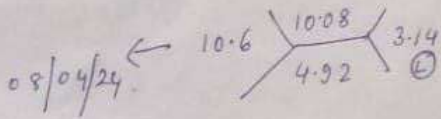
Post 6 cycles of HO-CEV

Progression → New Active seeds on B/L eyes.

Advised for (R) eye - IAC including (L) eye - cyotherapy

Vision in (R) eye - not mentioned advised Cardiff VA. ↳ awaited.

clinically well.



08/04/24

Funds for IAC - still in process.

(33) → RPC.

C/O/ between Dr Louis Sir and Dr Aditya Gupta Sir → plan to review for need of escalated / Augmented chemotherapy. (not known)

C/S/B Dr Louis Sir,

→ may consider for Augmented dose chemotherapy

→ May require IAC later (RE) + touch light

→ Cardiff VA ↳ follows object

Confirmed: Dr Aditya Gupta Sir, to go ahead: Augmented chemo.

- LF7 / KF7.

- 2D-ECHO - form given to expedite

- PROTOCOL for Augmented chemo [Day Care]

To meet Dr Sharan 3.30pm

- N/V on ~~13/04/24~~ reports.

- To also take tentative date for week 3 chemo [Cyclo + Dox] as advised by Dr Aditya

Wendee

27/02/24

R/L RB

(L) Group B / Group E

EVA → Regressed calcified mass
23/01/24

Review in 2mo = EVA
Next EVA - 26/03/24

11.8 > 11.73 < 2.5 (L)
4.95
LFT/KFT - (N)
27/02/2024

Clinically well
Speech Delay (+)
on Speech Therapy

Adv.

- Vitamin D Levels
LFT/KFT.

← - Et to follow
up after next
EVA

if in remission
to start re-vaccination

- STOP SEPTRAN

27/02/24

Adv: B/L RB (R) Group E
(L) Group B

(R) 6# HDCEV

Completed Rx on 10/2/2023

GVA (23/1/24) : B/L regressed calcified mass

EVA : : Right eye - 3 new active lesion.
(20/3/24) Left eye : active lesion.

Planned for single drug IAC in (R)
Cyotherapy in left.



Adv: - Sacked Vit D (60K/sacket)
+ Sacket = Milk x one weekly
- To procure IAC drugs & equipment

- Septtran / Sit bath / Betadine
gargle to cont.

Q - Syg. Blartocal (100/5) Siml to BD
N/V on 10/04/2024 =
CBC RFT / UFT

27/02/24
(Gue)



- 40% cck/cckp v intermittent
- no fever
- No BTI at 1 1/2 months - admitted for 2 weeks
- k/o neurologicals → intermittent ⊖

ms = 9 kg

Day -
 { - to take date for repeat EUA

- Cpk

Adv

- ① - bpp mantle 2ml R/D
 - ② - bpp fragments (ms/sms)
- 5ml R/D x 5 days

→ - to qv i Cpk

→ - Mv 11/11/23



ofc
HL = 126/12

M = 33/12

PI/CI/H

R/S ADSD
no added sounds

LEAD



Dr. Subodh
Dr. Kishanti
Dr. Siddharth

mc noted

- BSA monitors attached
- Anesthesia machine checked.
- Ind - O₂ + SENO
- 20G IV secured (R) hand
- M - O₂ + SENO RW, O
- L - 100% O₂

21/12/2023

Cb

Bilateral retinoblastoma

⊕ G/PB / ⊕ G/P E

post 6 # VEC

completed R ∴ July 2023

EUA (17/11/23)

- ⊕ calcified seed
- ⊕ Multiple calcified lesions

Residual

10.4 > 8210 / 4390 < 3.02 ⊕

Delayed speech.

BERA - ⊖

Adv.

- Refer to ped neuro for evalⁿ of speech delay.

- RIU after 3m, post EUA on 21/3/2024
CBC, LFT/RFT

Adv

Adv:

- 1) Monitor vitals
- 2) O₂
- 3) NPO till 2hrs - 5hrs
- 4) Review 802

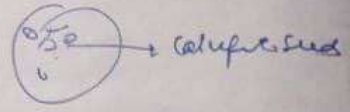
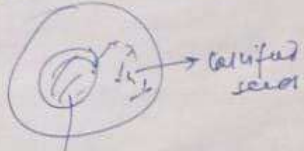
28/10/23

Post 6 cycles HBCEV

KE

28/10/23

KE



Adv

- Next EVA after 2 months
- PSC file on -

1
brush
on bed

4/10/23

B/L Pt - ① Gp R
② Gp C

Senior

- 40 USD/ course @
- no other complaints.
- Next EVA date to be taken

Plan

- viral markers repeat
- Growth & mutation monitoring
- EVA to be done
- Vaccination to resume after 6 months
- to do repletion of cell 6 months
- To stop 1000 prophylaxis - 6 months complete
- Genetic counselling (Genetic 11) } @ 7pm
- Hearing assessment - ENT OPD @ 7pm
- N/A after 3 months - N/A 2/11/23 @ 7pm

28/6/2023

P/C#4 HDU-V

EVA (16/6)



UE

LC0407231850 106554987

LH0407231310 106554987

ROSHANIROSHANI

Overall UE-PR
UE-PR

Received C#5 on 16/6/2023

- NO G_r-II CIN V / mucositis / thrombocytopenia
- NO FN

- Due for ^{#6 Ado} C#8 on 27/7/2023
- R/V on - 27/7/2023 U
Circulation

LH1907230986 106554987



5/7/23

LFT/RFT=V

10.1/585/541

Child med.

Drug Dexa / premedication
Drug Emetet

VCR 0.2mg IV push (D)

Carboplatin 180mg in 100ml NS IV over 1hr (D)

Etoposide 80mg in 200ml NS IV over 2hr (D)

Drug Emetet 5ml TDS x 3d

Drug GCSF 50µg sc od (D₅-D₁₀)

Drug Septan (40mg/5) 5ml alt day

Nasoclear drops

o/po x 3 times a day x 5 days

Department of Pediatrics
All India Institute of Medical Sciences
Ansari Nagar, New Delhi-110029

AIIMS FREE GENERIC PHARMAC
(✓) MEDICINE RECEIVED

NAME

DATE 5/7/2023

SIGN

19/7/23

Recd Cycle 6 (7/7-8/7/23)

Excess cry. 2 days ago

Had UR₁ - on PCM / Ceterogem

Next QUA 28/7

LFT/RFT=V

CBC = 9.9/3.97/13
0.83

↓
recd 2 platelets

CBC

17/6/23
oral care / Skizib
on Septran
cycle (3) last on 24/6/23

seen without appointment
POC file NOT taken out

(R) group E & (L) group B Rb.

post #3
EVA - good response to chemotherapy

Next EVA due on 16/6/23

post #4 HD CEV w.e.f 19/5/23 - 20/5/23

no complaints
of baby well
PICC dressing done today

06/5/23
U/C: 20/0.2
P. Bil/AST/ACT - 0.28/13.2/18.1
11.2 3300/1.9 lakhs
530

Adv

- 1) continue supportive care
- 2) RPC f/u as dated
- 3) CBC/RFT/LFT on 6/6/23
- 7) f/u in hd 3 OPD on 7/6/23 with reports

K. Lalit Singh
on 6/6/23

7/6/23
8.1kg

Pat/cateral RB..
(GPE/LH GPB).

post. 1 HD CEV. ∴ 19/5/23

Due for next # on 9/6/23 / 16/6/23
EVA date on 16/6/23

11.8 5810/2.60
1350

LFT/RFT Accented

By check LFT/RFT before 8mg in day

- Pre chemo.
 - IV. Dexam 2mg N. push.
 - IV. Emeset 2mg N. push.

AST = 78
ACT = 87

Handwritten notes and initials on the left margin of the right page.

- chemo.
 - IV. VCR 0.2 mg N. push.
 - IV. Carboplatm 130 mg/100ml NS N. @ 1hr.
 - IV. Etoposide 80 mg/200ml NS N. @ 2hr

- post chemo.
 - sup Emeset 2ml x TDS
 - Tab Dexam 2mg x TDS } x 3 days.
 - IV. G-CSF. 500ug S.C OD. D₅ - D₁₀.
 - f/u on 28/6/23 ∴ CBC, LFT/RFT.

- sup septum. (5ml = 10mg) 5ml Alt day.

P/C#3 VEC
 ↓
 Go - ? viral LATE now resolved
 AWP - 180, NO H/O fever

- 7/8
 - Child is active, playful
 - RR - 22/min
 - NO signs of Resp Distress
 - Resl System - NM

- Adv
 - MC roslyn + Amikacin
 - Syt Augmentin (5/15mg)
 Sunl TDS x 5 days
 - Take aft VEG guided PICC line
 - To review in Day care after getting aft PICC line

conclude pt
Admission
10/5/23

hash
 SENIOR RESIDENT
 Department of Pediatrics
 All India Institute of Medical Sciences
 Anand Nagar, New Delhi-110029

↓
 Labs pending (N) (M)
 * Check CBC/UA/RFT

↓ if normal
 Dig. Enset + Dera 1.0mg s/c stat

Date 19/5/23
 4pm
 D1: Dig VCR 0.13mg slow s/c push.
 D1: Dig Carboplatin 80mg + 100ml NS over 1hr.
 D1: Dig Etoposide 80mg + 200ml NS over 2hr.

Rest LT
 → Dig PEG-4CSF 0.07ml s/c stat
 → Syt Enset (2mg/sml) 2.5ml TDS / r3d.
 → T. Dera (2mg) 1/2 tab BD
 - N/V POPD on 27/5/23 z CBC/UA/RFT

20th 28/4
 LE - Achur
 Le ren
 Achur boni
 20 - Achur
 man
 dig for
 seabs



Signature

Req G-CSF — NA

(D1) G-CSF 35 mcg x 5 days.

2/5/23

- Chugger.

6.9 / 1.6 / 0.16 / 34,000

B/L RB

c/o cough/coryza x 2 days

No c/o fever, fast breath acceptance

c/o fast breathing x 2 days

O/E: HR - 125/min
RR - 36/min

Pallor (+)

CAT 35 PP - gv.

CVS - S, S (+)

R/S - B/L AEE, B/L x hunch (+)
B/L crepts (+)
occasional

P/A - } WNL
CNS - }

Adv.

- Refer to Paed ER

- SpO₂ < 90
- Blood < 5
- Inj. PIPRAZ
630mg iv q 6H.

- Inj. TEICoplanin
70mg iv q 3days
12hrs apart / 60-D

- Inj. G-CSF 35mcg to continue till ANC recovery
- To send VIKAL PANEL

Handwritten signature

2/5/23

PN review

- Afebrile
- cough/coryza improved
- or inj piptaz / teico → D3 today
- repeat CBC sent today
- blood s - awaited

Adv.

- to ct inj. Piptaz / teico

- to ct in MED DL on

2/5/23

- Inj. G-CSF for 5 days

Handwritten signature

- CBC (27) and review in HCH-DC on 19/04/23

- of IV antibiotics
- of Oseltamivir x 5 days
TOTAL

- ORS 100ml after each loose stool

- c/c Blood $\frac{c}{s}$ ml

19/04/2023

Afebrile

✓ loose stools persisting better than before

✓ active playful

LFT/RFT ✓
ALT/AST = 61/68
alk P = 487

8.0/42.6/14

N = 75%

PCT = 0.06

B $\frac{c}{s}$ → awaited

- stop GCSF

✓ - Platelet transfusion in day care (20 platelets)

- stop IV antibiotics

- stop Zifi (50/5) 3.5ml BDA 5d.

- stop Septin to continue

- Review in day care on 22/04/23

↓
Recheck platelets

Anti-biopsin

डॉ. आदित्य कुमार गुप्ता/Dr. Aditya Kumar Gupta
सहा आचार्य/Associate Professor
राजयोग अकोशजी Prakash Chandra
भारतीय चिकित्सा विश्वविद्यालय
कानपुर, उत्तर प्रदेश - 208002

24/4

→ 100 Septin
→ CBC
→ PFT/AST/ALT
→ CA
→ LFT/RFT

B/LRB
Lt Group B

(last done on 7/4/23)

21/4 = 85%
34,770
25,500
1.62L

18/4 LFT/RFT (M)

GCSF related

EVA d/t 28/4/23

No active issues

Adv

EVA as d/t 28/4/23

Next HO-CEV (3rd cycle) → d/t 28/4/23

Zij. Eniset + Dexa 1.5mg iv

Zij. VCR 0.13mg iv slow push

Zij. Carboplatin 180mg/100ml NS iv over 1hr

Zij. Stoponde 80mg/200ml NS iv over 2hrs

D1 REC - done 28/4/23

Port Chem → Zij. Pils-G₁CSF 0.07ml s.c. on D3.

Syp Eniset (2mg/5ml) 4ml p/o TDS x 3d

T. Dexa 2mg 1/2 tab p/o BD

T. Kanrel JK 15mg 1/2 tab BDF OD

N/V → 6/5/23

Syp Septan (40mg/5ml) 4ml p/o A/D

24/4/23 3d/1

SENIOR

08 / 04 / 23

Child kept overnight in casualty -
1vo high pyrexia:

- Non-neutrophilic & no fever
- Child active, feeling well
- overnight no loose stools.

Plan: - Breast freely ad lib to comfort

- Zyrtec 2mg/5ml,
0.5ml PO OD x 14 days

- R/w in MCB daycare lounge (09/04/23)
@ 9am for chest film
or in casualty SOS.

[Signature]

15/4/23

LT Grip B

Post admission (09-07/23)

FN - AGE → D2 Zyrtec
D2 Amoxicillin

Cough & coryza → 1-2 days
Fever spike reduced, loose stools ↓
Oral appetite - (⊕), taking breakfasts well
→ was advised Osetamivir in Casualty - did not give as of now

O/E - Vitals stable
No eps/dehydr
Nasal block (⊕)
chest - clear

14/4 8.3 > 2700 (3000)
60
Blood c/s not sent

Adv → Cont Zyrtec + Amoxicillin & Osetamivir as advised

→ Cont GCIF

→ Viral respiratory panel, Blood c/s, PCT by DayCare MCB

→ Nasoclear 2 drops B/L nostrils QID

→ Cont Septean

→ ⊕ FNIR review on 17/4/23 → 4pm - DayCare

- N/U - 24/4/23 = CBC
LFT/RFT

[Signature]

17/04/23: PCT (⊕)

- Mx - 21/1/23

- Out of particular prominence

6# ^{MBS}
Gene Xpat to be done

letyandu

S-B/C 30PB ^{(A) - 4PE}
^{(E) - 4PB}

1/4/23
MTK = 17mm

QA for 2N staining

(-w)
Gene Xpat (+w)
Blood cultures (+)
USG Abd - NIAD

Post 1# HDCEV (13/3-14/3/23)

Check CBC/LFT/RFT

* 2x Emnet 1mg / qv stat
2x Dexa 1mg

↓
D1 2x Vinorelbine 0.13mg slow qv push
D1 2x Carboplatin 180mg + 100ml NS over 1hr
D1 2x Etoposide 80mg + 200ml NS qv over 2hr

Post CT

- ~~Emnet~~
- Syp Emnet (2mg/5ml) 2.5ml TDS x 3d
- T. Dexa (2mg) 1/2 tab qd

- Syp Septan (40mg/5ml) 4ml OD M/D

① Syp INK (50mg/5ml) ^(20mg/kg) 7ml OD x 6 months

- N/V POPD on

- Screening of elder sibling being done.

→ a T INK (100mg) 2/3 tab OD → 06/08/23

Chemis dated for 5/4/23

- Inj G-CSF 35mg q 24H x 5 days

OR
Inj PEG-G-CSF 0.8ml SC q 24H on 07/04/23 x 1 day

0.07ml SC

24/3/23
FN monitoring
C10.

~~B/L~~
B/L RB ~~(R)~~ GPE / (L) GPB.

Post: 1 # HD CEV. ∴ 13/3/23.

∴ FN w/ ∴ Diarrhea.

D₅ IV: piperz/Amika/Metro.

Blood c/s.
sterile.

[~~of~~ Never had fever.
Loose stool subsided.
O/E - ~~no~~ WNL.

Adm

- stop Antibiotics after today.
- syp Metronidazole (sul = 200mg) 2x sul TDS.
- syp ofloxacin (sul = 80mg) sul OD.
- HU in OPD on 3/4/23 ∴ CBX.

Q

25/3/23

B/L SOB. $\left\{ \begin{array}{l} \text{GPB} - (L) \\ \text{GPE} - (R) \end{array} \right.$

- continue HO-CEV. →
- Mtx = 12mm $\left\{ \begin{array}{l} \text{CBX} \\ \text{use w/A to be done.} \end{array} \right.$
- screening of elder sibling⁵

Adm

17/09/24

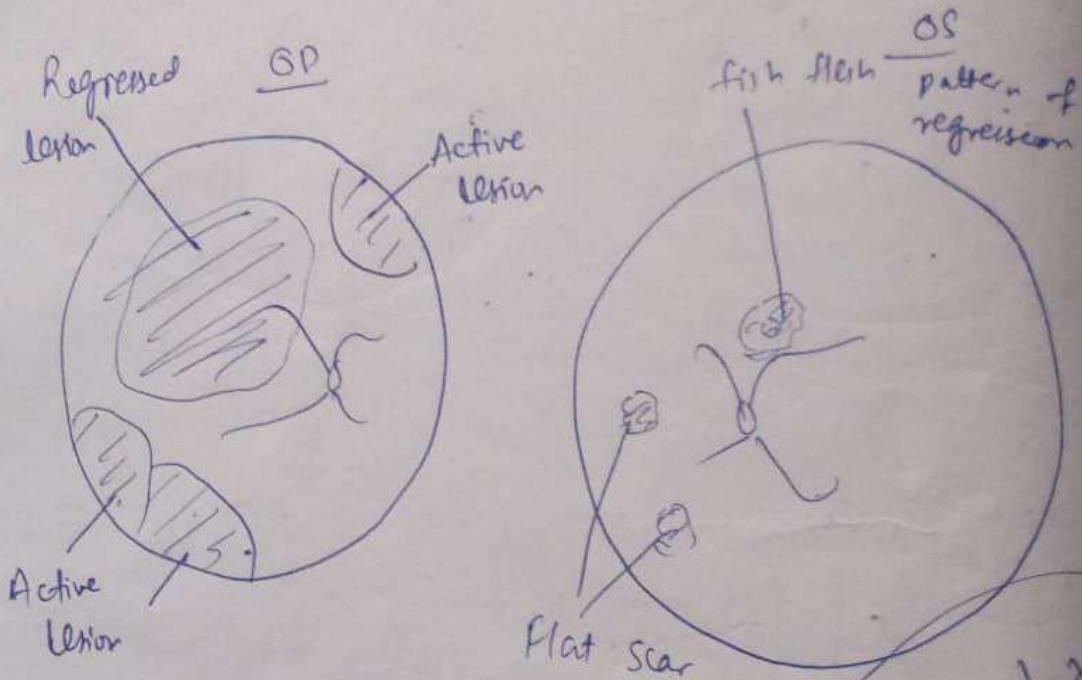
EVA done & unit 6

Prof Bhambhani / Dr Loni / Dr Loni (Dr Loni)
(Dr Loni)

No. of SDCEV cycles - 6 (last 7/7/24)

No. of HDCEV cycles - 2 (last 11/5/24)

(1) TTT (24/4/24)



(BE) - E/d Mycin (3) x 5 days

Adv 40/w Dr Loni

28/09/24
S.w am
w/ed IA

(R) Single drug IAE

(DoA)

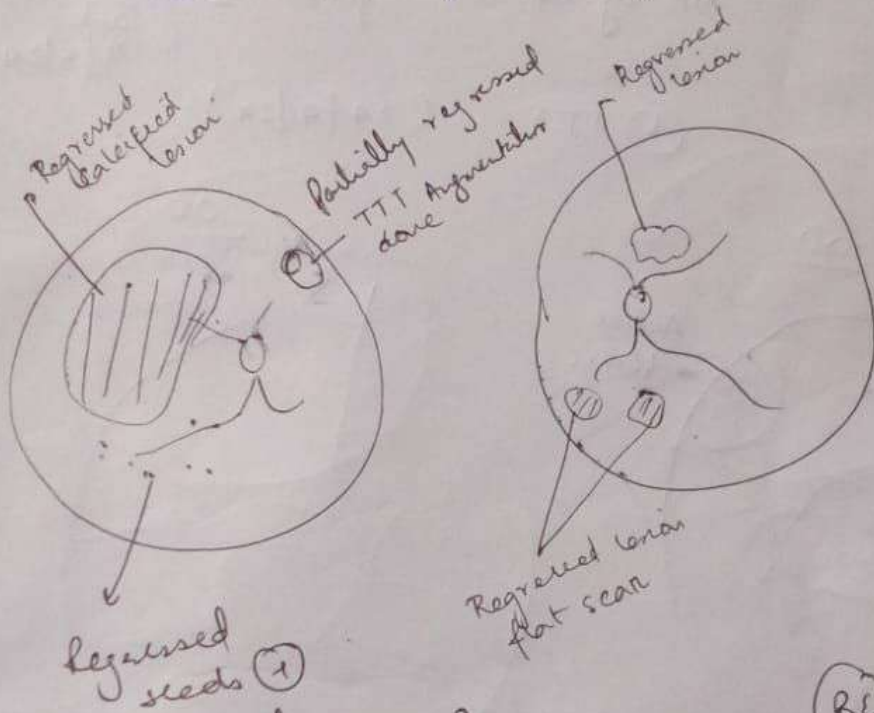
4/6/24

EVA done JUNITG (Dr Lomi / Dr Deep / Dr Ablunhek / Dr Nanitana)

24/16

No. of cycles - 6 cycles of chorio (SDCEV) (7/7/23)
2 cycles of HD CEV (Jan 11/5/24)

(C) TTT (24/4/24)



copy by N Lomi

(B) Eto Myun for 5d

7:30 am
Casualty
OT.
#63

6/8/24

R/A 6 wks for TTT augmentation if needed in (R)

17/09/24
8:09am
#63