



**Date 27/04/2023**

**REQUISITION LETTER**

**To,  
Rebirth care trust**

**Sub- Help the poor Baby of Sarita Twins - Two (ID – 20/005520)**

Respected Sir/Madam,

This is to certify that **Baby of Sarita Twins - Two (ID – 20/005520)** is being treated at Girraj Ji Children Hospital since 12/03/2023.. The expected stay of baby is for another 7 weeks.

Parents are poor & unable to bare the expanses.

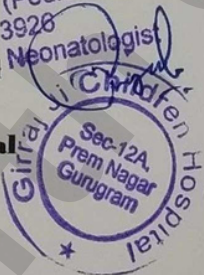
Expected expanses are Rs. 300,000/- to Rs 350,000/-

Please help the poor baby financially & oblige them. That shall be a great help for the parents.

Thanks

**Dr Mohit Kumar Agrawal**  
**Head NICU/PICU**  
**Girraj Ji Children Hospital**  
**Sector 12A Gurgaon**

Dr. Mohit Kumar Agrawal  
MBBS, DNB (Pediatrics)  
HN-13928  
Pediatric & Neonatologist





# Girraj Ji Children Hospital

## First Exclusive Pediatric Hospital in Gurugram

Opp. BSNL II Office, Car Market, Sector-12A, Gurugram - 122001 (Hr.)  
 Tel.: 9871869863 | Email : girrajchildrenhospital@gmail.com

### - CASE SUMMARY

<b>Patient's Name</b>	Babyof SARITA TWINS TWO	<b>IPD No.</b>	3231
<b>S/O</b>	CHKRADHAR KUMAR	<b>UHID</b>	20/00 5520
<b>Address</b>	VPO-DANRAILA SIWAN, BIHAR-841239	<b>DOA</b>	12-Mar-2023 03:02 PM
<b>Age/Sex</b>	NB / Female	<b>TILL DATE</b>	27-April-2023 12:01 PM
<b>Consultant Name</b>	Dr. Mohit		
<b>Contact No.</b>			
<b>Department/Speciality</b>	PEDIATRICIAN & NEONATOLOGIST		

#### DIAGNOSIS

Extreme Prematurity(27 W)/ELBW (945 GMs)/TWIN-2/Female/RDS-post surfactant/ Hs-PDA/Apnea of prematurity/Anemia of prematurity/ Shock/ Sepsis/NEC-2/ DIC/ Neonatal seizures/AKI/ LSCS (12/03/2023)/Outborn (Lall hospital)

#### PRESENTING COMPLAINTS

Baby was depressed at birth. After initial resuscitation & stabilisation baby was shifted to our hospital of life on OXYGEN support for further care.

#### EXAMINATION FINDING

O/E GC - Severe RD  
 CVS- Acrocynosis. Peripheries cold. HR 180/min.  
 RS- RR 100/min. AEBE. Subcostal retractions. Spo2 - 85%.  
 Abdo - Soft  
 CNS- Af at level. Age appropriate.

#### COURSE IN THE HOSPITAL



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Baby was relieved via ambulance on OXYGEN support. Baby had resp. distress. RDS/Apnea of Prematurity- baby had distress so baby was given surfactant NEOSURF(INSURE technique) loaded with Inj.capnea & maintainance continued & put on high flow support. On day 3 of life baby distress progressed, baby had desaturations. Baby was intubated and shifted on mechanical ventilation.As distress settled baby shifted to high flow support. & high flow continued as baby stabilized during stay & distress settled down, flow was tapered and then stopped. At present baby is on room air(>12hrs), maintaining sauration > 95%.  
DIC/Sepsis/NEC/GIT - Initial septic screen was negative. Started on level 1 iv antibiotics.Baby had vomiting with altered colour aspiratest, IV antibiotics upgraded.I/V/O worsening DIC & hemodynamic status, started ionotropic support. FFP/PrBC transfusion given(Anemia of Prematurity). as condition stabilised minimal feeds were started. currently baby is on 14ml/2hrly tube feeds. Oral supplements given.  
CVS: inotropes started i/v/o poor perfusion as perfusion improved inotropes weaned & stopped.. ECHO- PDA 2mm.Inj. PCM was given. repeat ECHO planned.baby haemodynamically stable for rest of stay.  
CNS - tone/cry/ activity: dull. AF at level. Baby had seizures, for which loaded with Inj.Levera and maintenance dose continued, Pediatric Neurologist Opinion was taken. EEG was Planned.USG Cranium, BERA and MRI Planned. currently on Syp Levera.ROP\_B/L zone 1 vascularised, zone 2 immature, to be reviewed after 1 week.  
AKI- baby had decreased urine output & KFT.managed conservatively, gradually urine output increased & KFT was WNL.

**Current Status**  
Gc - Stable.  
wt-1090gms  
RS- on Room air(>12hrs), saturation >92%.  
CVS - S1,S2+ , haemodynamically stable  
CNS - AF at level. syp Levera .CTA-fair  
Abdo- soft. 14ml/2 hrly tube feeds. tolerating well.  
on oral supplements & iv antibiotics.

#### TREATMENT GIVEN

Level 3 NICU(mechancial ventilation)  
Inj Mero  
Inj Amikacin  
Dobutamin & Dopamine  
Blood product transfusion  
Oral supplements

#### INVESTIGATION RESULT

Attached

#### PATIENT CONDITION



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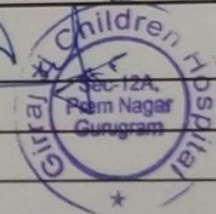
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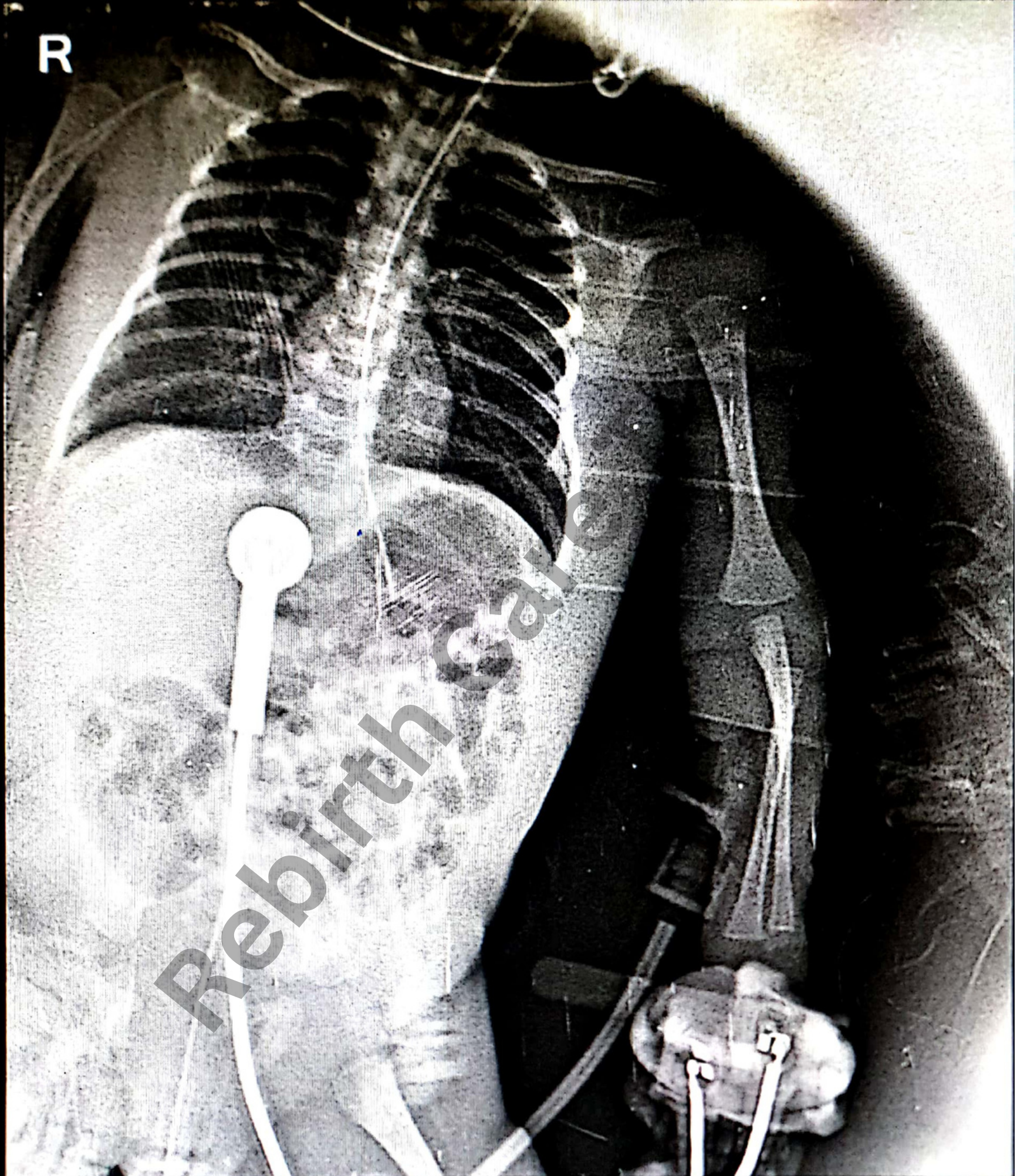
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 wt-1090gms  
 RS- on Room air(>6hrs), saturation >92%.  
 CVS - S1,S2+ , haemodynamically stable  
 CNS - AF at level. syp Levera . Pupil NSNR.  
 Abdo- soft. 14ml/2 hrly tube feeds. tolerating well.  
 on oral supplements & iv antibiotics.

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>			

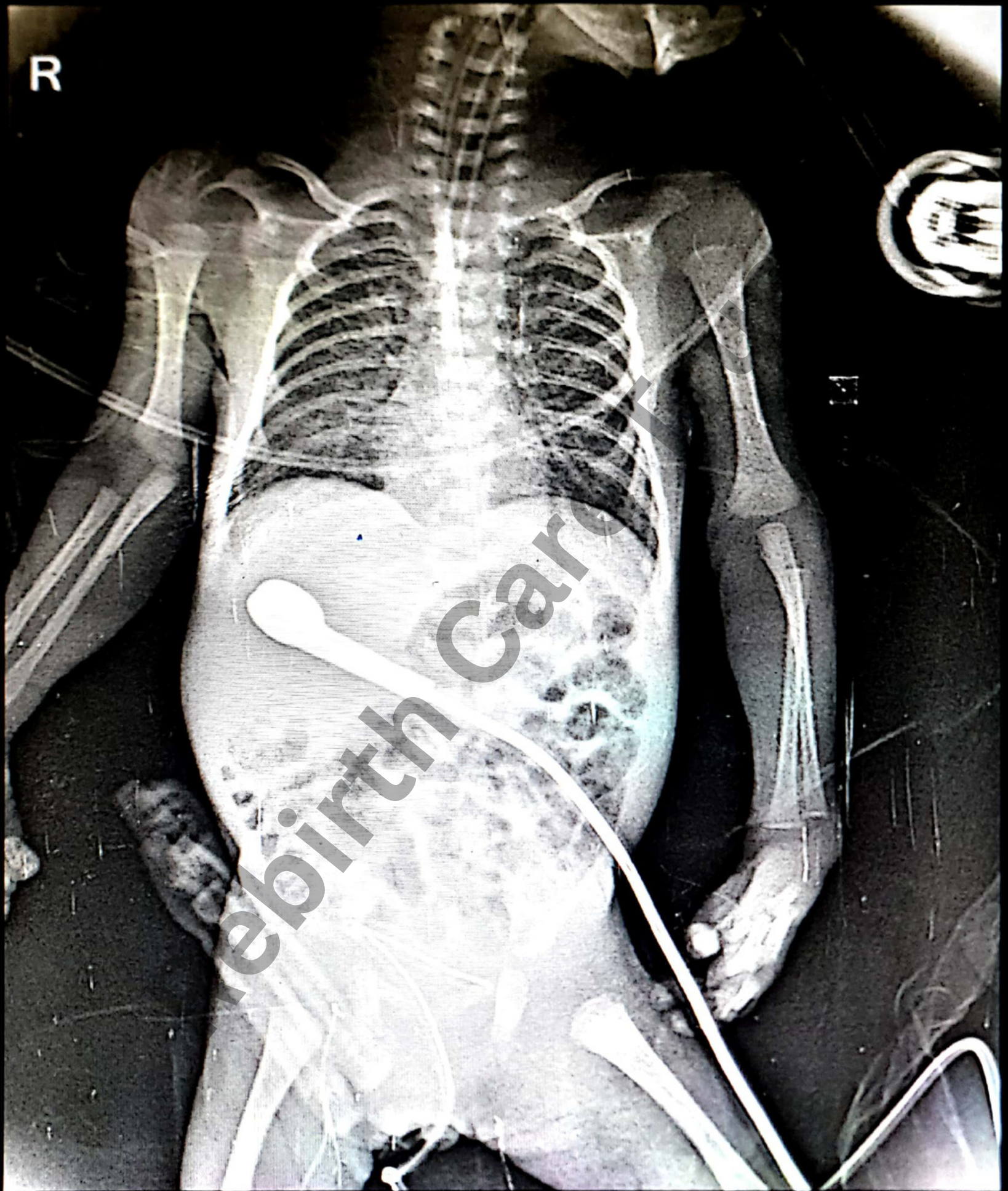


Rebirth

R



B O SARITA TWO GIRRAJ 20005520 CHEST,FRN A->P 3/20/2023  
GIRRAJ JI CHILDREN HOSPITAL, SEC-12A, GURUGRAM



**B O SARITA TWO GIRRAJ 20005520 CHEST,FRN A->P 3/17/2023  
GIRRAJ JI CHILDREN HOSPITAL,SEC-12A,GURUGRAM**



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21/4/2023

Baby of Sarita

## ROP PROCEDURE NOTES

DIAGNOSIS - Both eyes Zone 2 Stage 3 ROP  
(12 clock hours) E plus disease

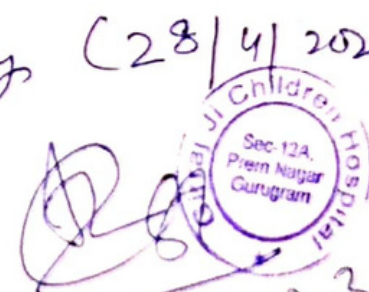
PROCEDURE DONE → Both eyes. prophylactic laser  
photocoagulation of avascular  
retina done under sedation &  
~~anesthesia~~ short analgesia.  
4658 spots given RE @ 200  
mW x 150ms.

## POST-OP ORDERS

1. EYEDROP MOXICAP 1 drop 8 hourly x 7 days
2. EYEDROP PMZ 1 drop 8 hourly x 7 days.
3. EYEDROP HOMIDE 1 drop 8 hourly x 7 days.
4. EYEDROP REFRESH LIQUID 1 drop 8 hourly x 7 days

~~5. EYEDROP~~  
REVIEW

AFTER 7 day (28/4/2023)



21/4/2023



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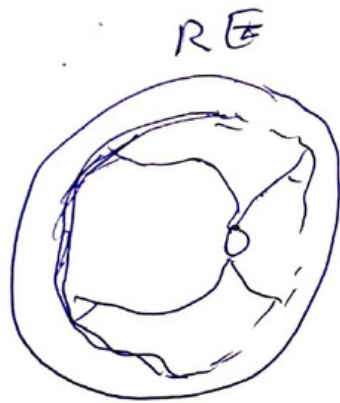
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12/4/2023

Baby of Sarika

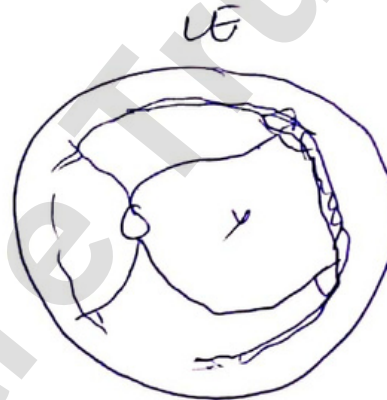
ROP screening report



Zone 2 Stage 2-3

ROP

No plus disease



Zone 2 Stage 2-3

ROP

No plus disease

h  
led Maxip  $\frac{10}{20}$  BLE  
+3 day

Review after  
1 wk for  
decision of laser

12/4/2023

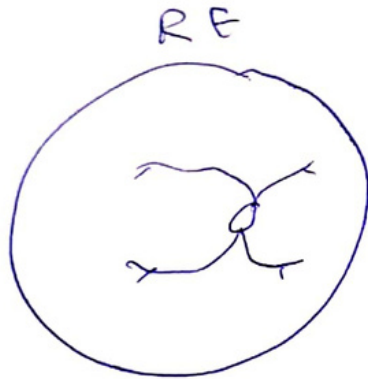




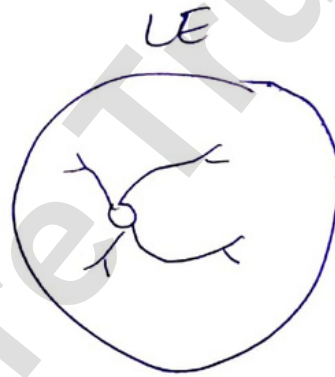
3/4/2023

B/o Saile II

ROP screening notes



Zone 1 vascularised  
 Zone 2 immature  
 No ROP  
 No plus disease

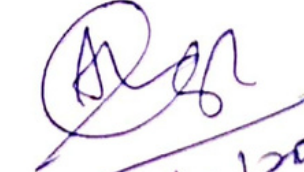


Zone 1 vascularised  
 Zone 2 immature  
 No ROP  
 No plus disease

R

1yd Moxicip B/E  
 x 3 days

Review after 1 week

  
 3/4/2023



B/o Sarika 2<sup>nd</sup>

12/3/23

Echo screening:

2.0 mm PDA L-R

PFO / small ASD L-R

Mild TR. Ph = 20 mmHg

Normal arch

Normal biventricular junction

Normal valves and chambers

22/3/23

Echo reviewed:

No PDA flow

PFO L-R

Normal ventricular junction

Normal arch. Dr. Pardeep Bajpai

Dr. Pardeep Bajpai



UHID No : 20/005520	Age/Sex : NB / Female
Patient Name : Babyof SARITA TWINS TWO	Coll. Date : 15-Mar-2023 06:20 PM
Rep. By : DR MOHIT	Rep. Date : 15-Mar-2023 18:37:08
Lab No : 5357	

### HAEMATOLOGY

Description	Result	Unit	Ref.Range
<b>COMPLETE BLOOD COUNT ( CBC )</b>			
HAEMOGLOBIN ( H b )	10.7	gm/dl	14 - 18
TOTAL LEUCOCYTES COUNT	4100	/cumm	4000 - 25000
<b>DIFFERENTIAL LEUCOCYTES COUNT ( DLC )</b>			
Segmented Neutrophils	18	%	50 - 70
Lymphocytes	72	%	20 - 40
Eosinophils	02	%	1 - 6
Monocytes	08	%	1 - 10
Basophils	00	%	0 - 0
TOTAL R.B.C. COUNT	3.31	million/cumm	3.5 - 6.5
P.C.V./ Haematocrit value	30.5	%	35 - 40
M C V	92.1	fL	78 - 98
M C H	32.3	pg	27 - 32
M C H C	35	g/dl	30 - 35
PLATELET COUNT	2.52	lacs/mm <sup>3</sup>	1.5 - 4.5

Test done on Erba H-360 Automated Hematology Analyzer and Correlation with smear Examination.

Test conducted on EDTA whole blood

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

*Pasveen*

Dr. SWATI S. GIRI  
MD. PATH  
REGN. NO. 46822



UHID No : 20/005520	Age/Sex : NB / Female
Patient Name : Babyof SARITA TWINS TWO	Coll. Date : 15-Mar-2023 06:20 PM
Rep. By : DR MOHIT	Rep. Date : 15-Mar-2023 18:37:08
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**SEROLOGY**

Description	Result	Unit	Ref.Range
<b>CRP ( C-REACTIVE PROTEIN )</b>			
C- Reactive Protein ( CRP ) Quantitative	4.0	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 .

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

*Answer*

Dr. SWATI S. GIRI  
MD. PATH  
REGN. NO. 46822

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**BIOCHEMISTRY**

Description	Result	Unit	Ref.Range
<b>KFT ( KIDNEY FUNCTION TEST )</b>			
BLOOD UREA	82.4	mg/dL.	10 - 45
SERUM CREATININE	1.10	mg/dL.	0.7 - 1.4
SERUM URIC ACID	5.88	mg/dL.	3.5 - 7.2
<b>ELECTROLYTE PROFILE</b>			
SERUM SODIUM ( Na )	154.9	mmol/L	135 - 150
SERUM POTASSIUM ( K )	4.33	mmol/L	3.5 - 5.5
SERUM CHLORIDE ( Cl )	125.2	mmol/L	94 - 110

**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 \*\*\*\*

*Parents*

DR SWATI S. GIRI  
MD PATH  
RESN NO. 46822

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