

सेवा में,

GIGGLES FOUNDATION

1516, 3rd Floor, Wazir Nagar

Kotla Mubarakpur

New Delhi - 110003

महादय

मेरा नाम संतोष कुमार मंडल है, हम मुजफ्फरपुर बिहार के रहने वाले हैं, हमारी बेटी का नाम अनुष्का है वह 11 वर्ष की है हमारा बच्चा को ब्रुस कैंसर है हम पिछले एक साल से अपनी बेटी का इलाज दिल्ली के AllMS अस्पताल में करा रहे हैं डॉक्टर ने बताया है कि बच्चे का इलाज 2-3 साल और चलेगा एवं इसके इलाज में बहुत खर्ची होगा हम एक मजदूर हैं हम अपनी बच्ची का इलाज आगे कराने में अक्षम हैं

आपसे निवेदन है कि हमारे बच्चे का इलाज कराने में हमारी सहायता करें।

Giggles' Foundation

For GIGGLES FOUNDATION

Moolu Kumar

Director

संतोष कुमार

संतोष कुमार



भारत सरकार

Government of India



Download Date: 26/02/2021



संतोष कुमार मंडल

Santosh Kumar Mandal

जन्म तिथि/DOB: 30/03/1978

पुरुष/ MALE

Giggles Foundation

Issue Date: 11/02/2021

7004 0422 5013

VID : 9138 5911 0343 0243

मेरा **आधार**, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

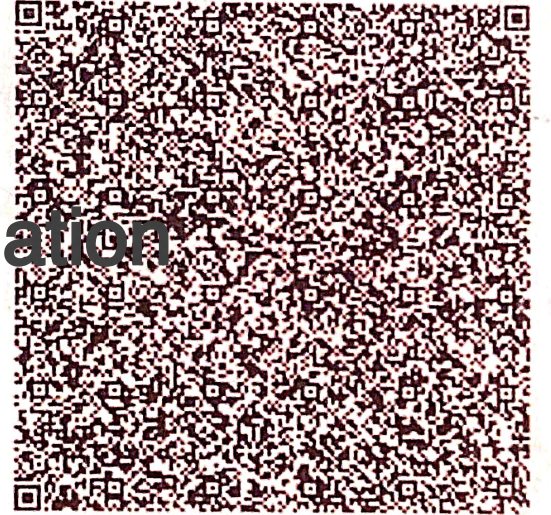


पता:

द्वारा: राम एकबाल मंडल, ग्राम-पागाडीह, पोस्ट-थर्मा,
थाना-गायघाट, कोतसा बारुअरी, मुजफ्फरपुर,
बिहार - 847107

Address:

C/O: Ram Ekbal Mandal, gram-pagadih, post-
tharma, thana-gayghat, Kotasa Baruar, **Giggles Foundation**
Muzaffarpur,
Bihar - 847107



7004 0422 5013

VID : 9138 5911 0343 0243



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भारत सरकार

Government of India



Aadhaar no. issued: 22/02/2024



अनुष्का कुमारी
Anushka Kumari
जन्म तिथि/DOB: 2013
महिला/ FEMALE

Giggles Foundation

आधार जन्म का प्रमाण है, जन्म तिथि का नहीं।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/
ऑफलाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए।
**Aadhaar is proof of identity, not of citizenship
or date of birth.** It should be used with verification (online
authentication, or scanning of QR code / offline XML).

5370 7279 1397

मेरा **आधार**, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

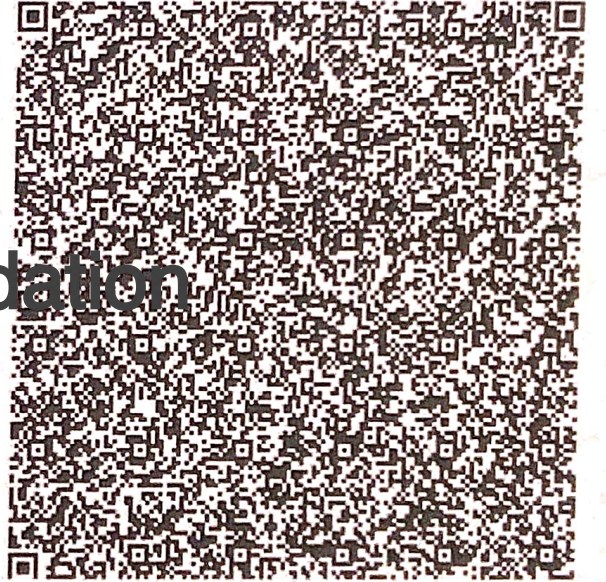


पता:

द्वारा: संतोष कुमार मंडल, विलेज निठारी, सेक्टर-31, नॉएडा,
नोएडा, गौतमबुद्ध नगर,
उत्तर प्रदेश - 201301

Address:

C/O: Santosh Kumar Mandal, Village Nithari,
Sector-31, Noida, P.O. Noida, G.T. Road,
Buddha Nagar,
Uttar Pradesh - 201301



5370 7279 1397

VID : 9151 1119 6236 1877



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Details as on: 03/03/2024

Giggles Foundation

Parent-
copy

DISCHARGE SUMMARY
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, New Delhi
Department of Paediatrics
Unit III Paediatric Oncology

Name: Anushka	Age/Sex: 11 year/ Female	Bed No: C6/36 POC NO. 11/24
UHID: 107419343 107210743	Date of admission: 10/11/24	Date of discharge: 14/11/24
Address: Noida, New Delhi		Contact: 9315672579
Consultants in charge: Prof Rachna Seth/Dr.K Jat/ Dr. Aditya Gupta / Dr.J P Meena/ Dr.Nitin		
Diagnosis: HR- B-ALL/ DI phase/ FN-Mucositis Grade 3		

CHIEF COMPLAINTS:

Known case of B-ALL (diagnosed in Dec 2023) presented with %
Oral lesion for past 5 days
Fever for past 1 day

HISTORY OF PRESENTING ILLNESS:

Child was known case of BALL (diagnosed in Dec 2023) (last chemo with VCR, Doxorubicin and ITM on 1/11/24) presented with complaint of oral lesion for 5 days causing difficulty in eating and drinking, pain in mouth and throat. no bloody discharge from lesion.
Child also had history of fever for 1 day - low grade - 104.1, 6F - respiratory onset, associated with chills and rigor
No h/o cough, coryza, chest pain, shortness of breath
No h/o vomiting, abdominal pain, diarrhea, jaundice, clay colored stools or itching
No h/o burning micturition or increased frequency of micturition

Past History: Disease onset in JULY 2023, diagnosed as ALL in December 2023. Classified as High risk in view of extensive extramedullary disease. RC discussion revealed no intracranial extension of disease. Induction started on 12/01/24. D8 CSF clear, D8 PS no blasts. EOI MRD negative. Induction completed on 23/2/24.

PREVIOUS ADMISSIONS

1. 3/2/24- 7/2/24: FN/AGE/Hypovolemic shock
2. 17/3/24- 27/3/24: FN/ Perianal abscess/ Fungal LRTI
3. 14/4/24-19/4/24: Pancreatitis/ FN mucositis

Birth history: preterm, NVD at home, CIAB, Bwt 3.5kg, no h/o NICU stay, no adverse perinatal events.

Development History: Developmentally appropriate for age.

Immunization History: Immunized as per age

Family History: 3rd born out of a non-consanguineous marriage. No history of malignancy in family

EXAMINATION Child is conscious, alert, slightly irritable
Vitals:

HR: 84 bpm	RR: 24 per minute	SpO2- 100%
Peripheries: Warm	BP: 128/90 mmHg (stage 2 HTN)	Temp – afebrile

General examination:

Pallor +
 Oral ulcers grade 2
 Multiple palpable, non blanchable petechiae
 No icterus/clubbing/cyanosis/edema

Anthropometry

Weight	24 kg	-2.1Z
Height	143cm	-0.09Z
BMI	11.7	
BSA	0.98	

Systemic examination:

Respiratory examination:

Trachea is midline. B/L chest expansion is symmetrical. Retractions are absent. B/L chest expansion symmetrical. Resonant note in all lung fields. Air entry equal. NVBS heard. No added sounds

Cardiovascular examination: Normal heart, S1/S2 normal

Abdomen:

INSPECTION: Abdomen is not distended, umbilicus is central. All 4 quadrants moving equally with respiration. No visible scars/ sinuses/ distended veins.

PALPATION: Tenderness in epigastric region and left hypochondriac region, no guarding or rigidity. Liver palpable cm under right costal margin, smooth borders, soft to firm in consistency. Spleen not palpable. Organomegaly not reaching umbilicus. No other masses palpable.

PERCUSSION: dull note corresponding to organomegaly. Tympanic elsewhere. No evidence of free fluid.

Auscultation: BS present.

Neurological exam:

HMF-conscious, alert and active.

No cranial nerve deficit detected

Motor- tone normal in B/L UL and LL

Power > in B/L UL and LL

DTR- knee 2+, ankle= 2+

Plantar- B/L flexor

No sensory deficit, No meningeal signs

HOSPITAL COURSE:

Course in Emergency-

The child in view of suspected FN – ANC (40), with mucositis was started on Fluids, pantop, emset Piptz and Teicoplanin, acyclovir and fluconazole

Course in ward-

The child was shifted to ward and had the following course-

1. **MUCOSITIS**- child had grade 3 mucositis having whitish membrane over the lesion. Considering possibility of candidal mucositis KOH mount was send and fluconazole was added. In view grade 3 mucositis child was also started on acyclovir. KOH mount report came out to was negative. Slowly over the course of admission mucositis started improving, child started accepting feeds well. In view of improvement was planned for discharge.
2. **Febrile neutropenia** : At time of admission child had fever for one day and ANC of 40. In view of profound neutropenia child was started on piptaz and teicoplanin. Gradually ANC count started improving. Blood culture came out to be sterile and antibiotics were omitted. Last ANC count is 380

At the time of discharge the child is afebrile, non-neutropenic, orally accepting well.

Investigations

Date	Hb (g/dl)	TLC	ANC	Platelets
9/11/24	10.4	700	40	11000
10/11/24	8.6	980	20	11000
11/11/24	7.9	920	50	12000
12/11/24	7.5	1150	210	44000
13/11/24	7.8	1510	380	50000

Date	Urea/Cr	T. Bil/ D. Bil	Na/K	Ca/PO4	AST/ALT/ALP
9/11/24	41/0.49	1.4/0.41	129/4.4	8.5/3.8	116/117/142
10/11/24	22/0.4	0.89/0.21	129/4.4	8.3/3.7	57/92/116
11/11/24	27/0.42	1.08/0.37	134/4.5	8.4/3.7	68/92/118
12/11/24	18/0.4	0.74/0.57	136/4.7	8.2/4.9	57/75/98

Date	Investigation	Report
9/11/2024 10/11/2024	Blood culture	sterile Sterile
11/11/24	Procalcitonin	0.74
11/11/24	KOH mount from oral lesion	negative for fungus

Treatment given

Inj Piptax and teicoplanin for 5 days

Inj fluconazole for 5 days

Zytee gel

Inj Pantop

Inj Emset

Examination at discharge

Child is conscious, alert and oriented.

Vitals:

HR: 98bpm	RR: 24per minute	SpO2- 100% on RA
Peripheries: Warm	BP: 110/70mm Hg	Temp – afebrile

General examination:

No pallor/ icterus/clubbing/cyanosis/edema

Systemic examination:

Respiratory examination:

Trachea is midline. B/L chest expansion is symmetrical. Retractions are absent. B/L chest expansion symmetrical. Resonant note in all lung fields. Air entry equal. NVBS heard. No added sounds

Cardiovascular examination: Normal precordium, S1/S2 normal.

Abdomen:

Soft, non tender, hepatomegaly present. BS present

Neurological exam:

IIMF-conscious, alert and active. Mild irritability.

No cranial nerve deficit detected

Motor- tone normal in B/L UL and LL

Power > in B/L UL and LL

DTR- knee 2+, ankle= 2+

Plantar- B/L flexor

No sensory deficit, No meningeal signs

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PLAN AT DISCHARGE:

- Review in Peds Onco clinic on Monday at 2 pm in NEW RAK opd 2nd floor on 18/11/2024
- To take date for chemotherapy- due for cyclophosphamide/Ara-C block from MCB daycare. Plan to give on tuesday- 19/11/24 after reviewing CB e

Advice at discharge: (weight – 24 kg, BSA- 0.98m²)

1. Tab FLUCONAZOLE 200 mg 1 tab OD x 7 days (1-0-0)
2. TAB AMLODIPINE 5mg 1TAB BD (@0.4mg/kg/day) (1-0-1)
3. TAB ENVAS 5mg 1 TAB BD (@0.4mg/kg/day) (1-0-1)
4. TAB EMSET 4mg SOS
5. TAB PANTOP 20mg PO OD BBF x 7 days (1-0-0)
6. ZYTEE GEL L/A
7. CANDID PAINT-L/A
8. SYP LEVERA (1ml/100mg) 2.5ml BD (@20mg/kg/day) (1-0-1)
9. To continue SEPTRAN
10. To continue sitz bath TDS/ BETADINE GARGLES TDS
11. Next visit in POC at 2pm on 18/11/2024 with CBC/LFT/RFT

Junior Resident
Dr Eliza

Senior Resident –
Dr. Shravani/ Dr Shreshtha

Dr Kaushik

ANUSHKA

Ht - 142.5 cm

Wt - 25 kg

BSA - 0.99 m²

High risk

ECHO - (2)

Delayed intensification HR R2A

Week 23-29 (49 days)

Eligibility: ANC > 750/cumm, Platelets > 1,00,000/cumm

Day	Dexa 10mg/sqm 2DD (max 20mg)	VCR 1.5mg/sqm (max 2.0mg)	L asparaginase 10,000 units/sqmIM	ITM Age appr	Cyclophos 1000 mg/sqm IV 30 mts with esna	Ara C 75mg/sqm IV	6 mp 60mg /sqm PO	Doxo 25mg/sq m IV Infusion 4-6 hrs
1.	10/11	10/11		10/11				10/11
2.	✓							
3.	✓							
4.	✓		11/11					
5.	✓							
6.	12/11							
7.			12/11					
8.		12/11						12/11
9.								
10.			12/11					
11.								
12.								
13.			12/11					
14.	12/11	12/11						
15.	1/11	1/11		1/11				1/11
16.	✓							
17.	✓							
18.	✓							
19.	13/11							
20.								
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25.								
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27.								
28.								
29.					19/11			19/11
30.						20/11		
31.						21/11		
32.						22/11		
33.								
34.								
35.								
36.								

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DRAFT PEDIATRICS ONCOLOGY

5/11/24

9/11/24

C/O BALL/HR/DI/Dec 23

BP: 103/60 mmHg

oral ulcers (++)

D15 chemo

Confoundal (glycozyme)

on septum

2-1, beech

Dr. Vishakh Varshney
Senior Pediatric Oncologist
Dept. of Pediatrics
AIIMS, New Delhi

C/O fever x 1 episode
100°F

C/O oral ulcers (+)

child able to drink water
Notable to open mouth

NO cough / cold

NO pain abdomen

NO loose stools

NO Rash

O/E

Alert

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febrile -

HR = 120/min

RR = 24/min

CFT < 3sec

Pulses = WP

BP = 103/60 mmHg

Chest - clear

CVS - } NAD
CNS - }

ABC =

9.1 } 790 } 240K
20

LFT/RFT - (N)

ANUSHKA

Ht - 142.5 cm
Wt - 25 kg
BSA - 0.99 m²

High risk

Delayed intensification HR R2A

ECHO - (N)

Week 23-29 (49 days)

Eligibility: ANC > 750/cumm, Platelets > 1,00,000/cumm

Day	Dexa 10mg/sqm 2DD (max 20mg)	VCR 1.5mg/sqm (max 2.0mg)	L asparaginase 10,000 units/sqmIM	ITM Age appr	Cyclophos 1000 mg/sqm IV 30 mts with esna	Ara C 75mg/sqm IV	6 mp 60mg /sqm PO	Doxo 25mg/sq m-IV Infusion 4-6 hrs
1.	10/11	10/11		10/11				10/11
2.				10/11				10/11
3.								
4.								
5.								
6.	11/11							
7.								
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14.	12/11							
15.	11/11							
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36.								

Giggles Foundation

DRAFT PEDIATRIC ONCOLOGY

15/11/24

Ado (1) ~~Start IV Antibiotic~~ ~~Piptaz~~ ~~Murthen~~

(3) ~~ur~~ urgent CBL LFT/RFT
VBC | Blood CR
CR

(3) Bedside assessment will remain.

(4) Start IV Fluids maintain

(5) Zyle gel TDS

(6) Betadine gargles TDS
Sit 2 Bath

Dr. VISHAKHA VARSHNEY
SR, Paediatric Oncology
Dept. of Paediatrics
AIIMS, New Delhi

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Grade ^{IV} ~~maintain~~

start (1) PiPtaZ / Teicoplanin
Fluconazole / Acyclovir

to Refer to Bedside Casually
CD1 w Dr. Bhanu Varshney SR Ped

Dr. VISHAKHA VARSHNEY



अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली
All India Institute Of Medical Sciences, New Delhi

UHID: 107210743 Sex : Female
Patient Name : Mr. ANUSHKA Sample Received Date : 16-Nov-2024 15:59 PM
Age : 11Y 10m Department : Paediatrics
Lab Name: Dept of Laboratory Medicine Lab Sub Centre: Smart Lab New OPD Block
Reg Date : 16-Nov-2024 15:59 PM Sample Collection Date: 16-Nov-2024 14:09 PM
Recommended By: Lab Reference No: 2414880936

Sample Details : LH16112401452

Sample Type : Whole Blood

Report

HEMATOLOGY

Test Name (Methodology)	Result	UOM	Reference
Hb (SLS-photometry)	8.40	g/dL	11.5 - 15.5
Hematocrit (Direct Measure)	29.80	%	35 - 45
RBC count (Impedance)	2.57	10 ⁶ /μL	4.0 - 5.2
WBC count (Fluo. flow cytometry)	3.23	10 ³ /μl	5.0 - 13.0
Platelet count (Impedance)	160.00	10 ³ /μL	170 - 450
MCV (Calculated)	116.00	fL	77 - 95
MCH (Calculated)	32.70	pg	25 - 33
MCHC (Calculated)	28.20	g/dL	31 - 37
RDW-CV (Calculated)	16.60	%	11.6 - 14
Neutro (Fluo. flow cytometry)	36.90	%	23-53%
Lympho (Fluo. flow cytometry)	52.90	%	23-53%
Eosino (Fluo. flow cytometry)	0.00	%	1-4%
Mono (Fluo. flow cytometry)	9.60	%	2-10%
NRBC	2	%	
Baso (Fluo. flow cytometry)	0.60	%	0-1%
Neutro - Abs (Calculated)	1.19	10 ³ /μl	2.0-8.0
Lympho- Abs (Calculated)	1.71	10 ³ /μl	1.0-5.0
Eosino - Abs (Calculated)	0.00	10 ³ /μl	0.1 - 1.0
Mono - Abs (Calculated)	0.31	10 ³ /μl	0.2 - 1.0
Baso - Abs (Calculated)	0.02	10 ³ /μl	0.02 - 0.1

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Remarks: Bicytopenia present. Kindly correlate clinically, with drug history, and further investigation and follow up is suggested.

-----End of Report-----

Dr. Sudip Kumar Datta
(MD Biochemistry)

Dr. Tushar Sehgal
(DM Hematopathology)

Dr. Suneeta Meena
(MD Microbiology)

Dr. Khyathi Nayak
16-Nov-2024 16:48

09/10/24

K/C/O BALL (NR) / Extensive extramedullary disease at presentation

No complaints.

8.8 > 2560 < 133 x 10³
540

Completed IM (last ADMTY 21/9).

HT -
WT -
BSA

Adv. Start DI Post count recovery

- F/U on 14/10/24 & repeat CBC/LFT/UA
- Continue Septren / betadine gargle / site care.

Protocol - given

14 | 10 | 24
10.0 | 3.4 | 411
750.

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Child me

Tak Dexta ~~5mg~~ BD.
(4mg) - (4mg) x 5d.
1 tab 1 1/2.

Inj VCR 1.5 mg IV stat

Inj Methotrexate 12mg IT stat

Inj DOXORUBICIN 25mg IV infusion

- Inj Emeset pre chemo.

- Septren T/C

- continue dulodipirini
lev on

after
Echo

Aditya Gupta

Date for 18/10/24



Dr. Anitabh
DM Resident
Pediatric Oncology
DMC - 52671
AIIMS - New Delhi

K/Ch B-ALL (HR)

07/10/24.

Completed IM on

04/10/24.

4th HDMTx on 21/09/24.

9.0 2.99
1.11 65,000

04/10/24

Clinically well.

No features of oral/GI
mucositis

No HSM/LAP

O/E - Mod ~~to~~ Paller (+)

Adx

- DT protocol
SISTINCA

- CL CBC

2D-ECHO form
given

Giggles Foundation

- N/V on 09/10/24

- CBC / LFT / KFT

Maneju

Dr. Saranya S
DM, Pediatric Oncology
AIIMS, New Delhi
DMC-10888

14/9/24

2% Betadine gargles.

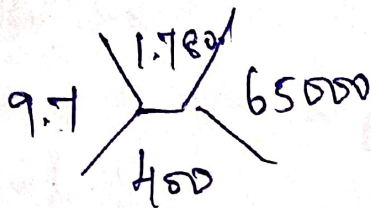
Sitz Bath.

on septum sat/sund.

on waiting list for
 4th HDMtx.

B-AU/HR/im.

FN post 3rd HDMtx: ~~Improved~~
 resolved.



Advice:

1. due for 4th dose.
2. on waitlist.
3. Shall call **Giggles Foundation**
4. N/R on 21/9/24 c/CBC.

~~Inj m
 SR~~

To arrange:

Inj. METHOTREXATE 3000mg

Inj. LEUCOVORIN 50mg

Inj. INTRATHECAL METHOTREXATE (5mg)

d

21/9/2024

B-ALL / MR / Interim maintenance
one for 1st HD-MTX

- no complaints now
- last from 8/9/2024.

20/9/24 9.5 } $\xrightarrow{2620}$ } 2.35 lakhs.
 Amc -
 (810)

U/Cmt - 21/0.4

Crat - 0.4

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na(u) - 142/3.7

MR/AS - 46/38

MB/MB - 0.24/0.13

MR - 4.

P-I-CW-E-C-

no CW

non sm

Plan: on Tab 6-mg 25mg 1/2 of
 admit for 1st course of HD-MTX

W/H Septin



Shan
DR. SHARAN SHANUBHOGUE
 Senior Resident
 Paediatric Oncology
 Dept. of Paediatric
 Institute of Medical
 New Delhi-110

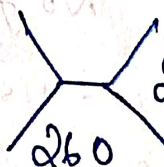
30/9/24
counselled on
- gargle / sitz bath

personal hygiene
No fresh complain
on Septan A/D.

(photocopy of protocols)
ANC-260.

B-ALL / HR

Completed Interm maintenance

9.8  2.52 L
260

- No fever.
- No focus of infection

Advice:

Giggles Foundation

- Rpt CBC on 4/10/24
- N/V on 5/10/24 c CBC
- T. Septam ds 1 tab SatSun
- Betadine gargles.
- T. PCM 250mg sos / T. Emulset 4mg sos
- Dengue signs explained

Dr. Sanjana. S
DM, Pediatric Oncology
AIIMS, New Delhi
DMC-109886

Leut HDM to on 22/9/24

No fever
No active issues.

5/10/24

9 > $\frac{2990}{1110}$ (65000)



Adv

CBC repeat 7/10/24 morning

f/u in Roc
7/10/24 2pm

11/9/24

D BAU/HR/ICELG/EM

POST 3 ≠ HD-MAX

D Sebale Neutropenia

found-sep.

Prophetic - post

NO occlus

COMO - neg

9.6) 730 / 17,000
(130)
(9/9/24)

on piperac + tercoplanin → 8/9/24

last benes ~ > 12 hrs

no sep distres

Chest - clear

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Adv:

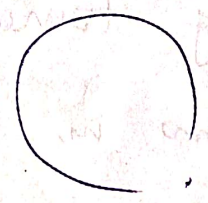
o to cert antibiotics

to collect blood cs

CBC on 13/9/24

W 14/9/24

day case → ROP
transfers



12/9/24

FN review

DS FN

DS piptan + Teicoplanin

Afebrile > 48hrs.

cough improving

Blood c/s → sterile

ANC (130 → 10/9/24) (from 40)

O/E

Clinically well.

BP = 90/64

SpO₂ = 96% RA

PR = 82

RR = 24/min

Chest clear

Giggles Foundation

Blood c/s - sterile.
monocytosis (+)

Plan

- ① ~~T/C blood c/s.~~
- ② CBC ~~today~~ tomorrow
- ③ R/V tomorrow in D/C for FN.
- ④ Syp CETRIZINE (5ml/5mg) 5ml t/s x 5 days.
- ⑤ Stop IV Antibiotics after today.

Shani
SN ADC

Observation . 72~80

XX

+X

+1, +2, +2, +3, +3, +4, +5, +5, +6, +7, +8, +8, +9
+10, +11, +12, +13, +14, +15, +16, +17, +17, +18, +18, +19.

+20, +21, +21, +22, +22 (cp14) / 46, XX [02]

Interpretation - Hybridized neoplastic clone - 88% cells.

MR Brain

9/12/2023 . rim of crescent shaped extra axial collection
approx. intermediate signal intensity on T1W

hypointense on T2/FLAIR. thickness - 3mm.

Giggles Foundation

S/O chronic



16/7/2024 .

mild ventriculomegaly - prominent B/L temporal horns

rediscovered - brain atrophy, no PRES/cvs mts

Day 8 CSF - 19/1/2024 - occasional mononuclear cells

11/4 - 19/4/24 - admission C6/13 -

2-3 periods of loss of consciousness (+). (a/w laryngospasm
convulsions)

- started on Levetiracetam.

Plan:

1) NO role of RT.

disease is not CNS 3

- at inst -
- no deficits
 - CSF - acellular
 - re-dissection -
no intracranial
enhance.

2) continue:

- Tab. 6-mt 50mg $\frac{1}{2}$ OD

- Cogni **Giggles Foundation**

- cont Tab Amitriptyline 5mg $\frac{1}{2}$ OD

- To do EEG - Pediatric neuro OPD (Tue / Friday)

San
DR. SHARAN SHANUBHOGUE
Senior Resident
Paediatric Oncology
Dept. of Paediatrics
All India Institute of Medical Sciences
New Delhi- 110029

07/09/24

B-ALL / HR / CNS-negative / Interim maintenance /

Due for 4th HDMSX - 08/09/24

% Sepisode of fever (100°F) - Yesterday } x 1 day.
Cough

No % vomiting / abdominal pain / loose stool / oral ulcers /

PE - Afebrile

HR - 78 / min

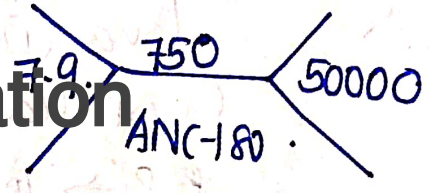
RR - 22 / min

CFI - 0

Perplexus - w/w

Giggles Foundation

06/07/24



Adv / Danger signs — Explained .
1. Respiratory viral panel / COVID tests

2. Chest X-ray


3. 1. Cetirizine 10mg HS x 5 days

4. 1. Paracetamol 500mg $\frac{1}{2}$ tab sos

5. 1. Augmentin 625mg PO BD x 5 days

6. 1. Pantop 40mg PO OD x 5 days

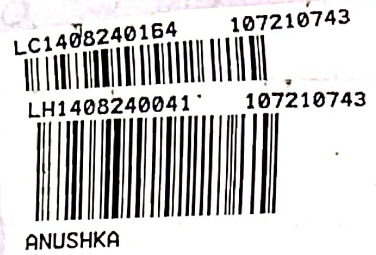
7. N/A — 09/09/24 53 POC @ 2pm


 Dr. RUKSANA SIDHIQUE PR
 DM Resident
 Pediatric Oncology
 AIIMS, New Delhi

14/8/24

B-ALL / HR / IM

Prd 2nd rd Mtx



- due for 3rd rd Mtx -

7.2 > 1820 < 1.09 lacs.
340



no active complaints.

Adv

Giggles Foundation

✓ to keep...

✓ ANC > 500 pending

CPAA please to arrange:

inj. methotrexate 500mg x 6

inj. levamisole (50mg/ml) x 2

inj. Intrathecal methotrexate (15mg/ml) x 1

✓ Np 14/8/24 i chf hr/24

Sabirul

21/8/24

sis: B-AU/HR/IM

Due for 3rd HD-MTX.

20/8/24

7.5 / 6240 / 3.21 g
4580

RA/UA: WNL.

Adv: 1. cetirizine (5mg) 1 tab po od

- Arrange drugs as wanted. x5d.

- Meet Tiny sister for waiting list.

- W/H septran 1 week before chem.

- cont. p. GMP.

- NIV in OPD on 20/08/24

CB/UA/UA

1
Slinen

Giggles Foundation

28/8/24

Int - CNS1

Disease Summary:

Disease onset - July 2023.

December - December 2023.

Symptomatology - - Fever ~ 5-6 months

- B/L eyes - lid swelling, proptosis,

- low back ache

} 2 months

- no bloody manifestations

anopia ⊕
blurred vision ⊕

NO LOC / Seizures

no Spurt

no elevation of angle of mouth

CNS
Symptoms
Review

9/9/24

FN Review



D₂ FN

D₂ pīplār + Teicoplanin

Last fever yesterday 101°F.

focus :- (1) stye (+)
(2) cough → dry cough
No cough
No contact

Blood c/s - awaited.

O/E

HR = 132/min

fever (+)

Chest clear → An enter? but CXR - (8/9/24) - (N)
BP → 133/70.

Giggles Foundation

plan

Stye - healing

- (1) fever charting
- (2) T/C Duj pīplār + Teicoplanin + moxifloxacin
- (3) CBC tomorrow → Smart lab.
- (4) T/C Blood c/s.
- (5) FN Review in Daycare alternate day.
- (6) N/V 11/9/24 at 7am OTP.

Shruti
SR POC

DR. RUKSANA SHOHABE FAR
1st Floor
Pediatric Oncology
AllMS, New Delhi
Inlled well, 2011

N/V in OPD on 3/8/2024 ~ CBC NR/UA

Shine

- 3/8/24

- 2x Betadine gargle
- sitz bath
- on sepsan Sat/Sun
- c/o - Cough / No fever

B-AU / UR / IM. - Post 2nd HD 4/4/24
25/7/24.

8.2 / 1830 / 1.2L
700

No fever.

No systemic compl^{ts}

- low ANC
UA / UA - (2)

Adv CPAA
~~CANIDS~~, Please arrange it

- Ty. Methotrexate 2800mg i.v. over 24 hrs
- Intrathecal MTX 12mg stat

Giggles Foundation

- Ty. Lencovostin 15mg iv x 3 doses

Cont GMP as advised / sitz bath / Betadine gargles

f/v 12/8/24 - POC 2pm ~ CBC
UA/UA

Sham

04/11/2024

B-ALL/HA/DI/19CLC

D-19

CSC Acellulos

(01/11/24)

CBC/4.11.24

10.60

1090

20,000

(170)

UIC - 56/0.6

Cap - 0.8/4.0

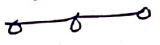
RL - 1.13 ^{40 (D)}
 _{0.73 (I)}

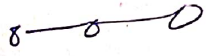
OT/PT - 32/49

Oral Ulcers (+)

NO fever

Adv:


① CANDID MOUTH PAINT LA 

• Zyltee gel LA 

• + ciprov 250 mg $\frac{1}{2}$ tab ^{for} ②

Giggles Foundation

• to cont Septan

• Befadine gargles (2x/d) 

• w 9/11/24

• plenty 3 blmels

• beds GR SOS

Arrows

25/10/24

Daycare

5.30 PM

Completion of
doxosembicin
infusion

~ local area cannulation site
linear marked
change of acute vascular
exn ⊕

trij. Avil / Hydrocort gun ~
(no apparent swelling)

vitals - stable

Lead II - (no)
ECG

Giggles Foundation

no aspirate
possible
↓
cannula
remove

① local area cold compress
for 20 min

q 6hrly x 3d

② Tab PCM
(500mg)

⑪ tab 710 x 2d

③ Tab EMSER
(4mg)

① tab 705 x 2d

④ Tab paraf
(4mg)

⑪ tab 80 x 2

⑤ To give vca in separate cannula

⑥ Report 64 @ SPD / Daycare 25/10/24

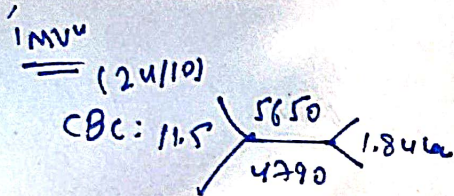
1
a nikitā
(CSR)

26/10/24

40 B-ALL / high risk / DI

09

→ no fresh issues



LFT/RFT: (N)

Adv

1. chemo

1mg LEONATE 9900 IV deep i.m.

27/10

30/10

Giggles Foundation

2. next from date to be taken from day care

3. Ct. sepiham / betadine gonjles

sepi+ bath as advised

4. ORTHO

1mg DOXORUBICIN (50mg) - 1 vial

1mg METHOTREXATE (15mg/m²) - 1 vial

5. ONIV on 30/10/24

9 AM

CBC
LFT/RFT

DR. SAURAV SHARMA
Senior Resident
Department of Pediatrics
All India Institute of Medical Sciences
New Delhi - 110029

30/10/24

- No fresh complaints
- Parent counselling done regarding Mouth care, Nail care, Sitz baths.

11.4 } 5850 } 116 x 10³
2980

- Oral - clean & white patches L4
- On Septren [Sat/Sun]
- BP - 90/63 mmHg

B-ALL/HR10I
= = D12

→ no fresh issues

* due to leucocytosis

AN

1. D15 chemo (from 01/11/24)

- tab DEXA (4mg)

1 tab - 1 1/2 tab
BD
x 5 days

- Inj. VINCRISTINE 1.5mg slow iv push

Giggles Foundation

- Inj DOXORUBICIN 25mg / 100ml NS over 1hr

- Orally

Inj METHOTREXATE (15mg/ml)
- 1 vial

2. (Septren) betadine gargles / sitz bath as advised

3. Nilv on 6/11/24

04/11/24 POC @ 2pm @ 9AM

CBC
LFT/RFT

DR. SAURAV SHARMA
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21/10/24

BP: 117/69

- Lethargic
- L-ASP today.

- 2nd. Betadine gargles
→ Sitz Bath
→ to give CSF & PS
report photocopy.

B-ALL/HR

DI phase.

Concerns: Jaw pain (+)

oral cavity - (N)

Afebrile.

likely VCR induced.

CBC - Not done.

Advice:

Giggles Foundation

to CPXA
to
manage

1. Inj. L-ASPARAGINASE 9900 IU deep im - 21/10

24/10

2. Inj. VINCRISTINE ~~1.5mg~~ 1.5mg iv slow push 25/10

3. Inj. Emetet 4mg iv stat.

Inj. DOXORUBICIN 25mg / 100mL NS iv over 1 hour.

(X)

(FRESH CBC TO BE CHECKED BEFORE DOXO)

4. N/r 26/10/24 E CBC

5. T. PCM 250mg TDS X 2 days

Imp m
CR/PT

