(REVISIT)

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI -110029
आपातकालीन विभाग

(DEPT. OF EMERGENCY MEDICINE)

129

UHID No:105236289

आपातकालीन सं.(Emergency No): 2022/030/0065222 दिनांक DATE: 18/08/2022 समय TIME: 11:23:02 AM

NON-MLC

peds Surgery

नाम NAME: MR. HARINDER आयु AGE: 13 years 10 months 15 days लिंग/SEX: M

S/O: ATAR SINGH

पता ADDRESS मकान संख्या H.NO: KHEKRA गली / मुहल्ला STREET/MOH:

शहर/प्रखंड CITY/BLOCK: UTTAR PRADESH पिन PIN:

राज्य STATE: दूरभाष सं. PHONE NO:

मोबाइल MOBILE NO: स्थान Location: Paediatrics Emergency

द्वारा BROUGHT BY: Relative MOTHER **Criticality: Red / Yellow / Green**

(peds Surgery)

Triage: Responsive/ Unresponsive HR /min BP mmHg RR /min spO2 %

Shifted to Paeds/ Main/ New Emergency

c/o Rt WT i WAGR syndrome.
s/p Rt nephrectomy done in 2010
recieved RT 2010

Presenting Complaints

c/o facial swelling - 1 day
NO c/o vomiting/headache

Primary Assessment (ABCDE) : Assessment Pentagon

Airway

Open & stable: Yes/No
If No.....

Breathing: RR 23 /min
Efforts: Normal/Poor/increased
Auscultation:
Air entry:
Normal/poor/Differential

Added sounds:
None/Stridor/Wheeze/Crackles

SpO2 on Room air 100%.

Circulation

HR 98 /min

CFT 2 secs

BP 130/80 mmHg

Peripheral pulse: Poor/Good

Central pulse: Poor/Good

Skin temp: Warm/cool

Others

P/A - soft, NT.

Disability

GCS 15/15

Pupil size...../min

Pupillary Reactions B/L RTL

Motor activity:
Normal & Symmetrical/Asymetrical/
Posturing/Flacidity/Seizure

Blood Sugar.....mg/dl
Exposure:
Temp.....
Colour: Normal/pallor/cyanosis
/mottled
Any other skin lesions.....

Wt - 24 kg

Rt WT i WAGR syn (post OP)
i Hypertensive urgency.

Diagnosis

IV cannula
CBC/VBG
LFT/RFT
ECG
CXR
Fundus

peds Surgery SR to review informed

Rx in Rx chart.

उपचार/ऑपरेशन का विवरण
Treatment/Operation notes

The above mentioned child is a k/c/o. Rt wilms tumour c̄ WAGR syndrome c̄ Rt nephrectomy c̄ RT recieved (in 2010) c̄ large OS ASD c̄ CKD stage 5 c̄ HTN urgency presented in emergency with c/o facial puffiness since 2 days. O/E Aniridia present. BP elevated in all 4 limbs. no hepatosplenomegaly noted. child was given antihypertensive. labetalol got c̄ infusion of labetalol started @ 0.25 mg/kg/hr. which was increased to 1.0 mg/kg/hr as hypertension still persisted. child was also given vit D3 & Nodosis. with treatment child responded to treatment and BP came down to normal range. facial puffiness resolved. child is hemodynamically stable accepting orally well. passing urine & stool adequately.

छुट्टी के समय दी गई सलाह तथा अनुवर्ती मुलाकात
Advice on Discharge & Follow up visits

Adv. Cont - (24.6 kg)

24/8/2

1. Cap Rocaltrol 0.25 mg 1 cap x OD o
2. Tab Nodosis 500 g 1 tab x TDS ooo
3. Tab. Calcium. carbonate 500 mg 1 tab x BD. oo
4. Tab amlodipine 5 mg 1 tab x OD. o
5. Tab Sevelamer 400 mg 1 tab TDS ooo

Patient is a F/U case of AIIMS

Referred back to AIIMS for Paeds Nephro and paeds cardiology follow up

F2 (1pm)

वरिष्ठ रेजिडेंट के हस्ताक्षर तथा मुहर
Sign & Stamp of Senior Resident

इकाई प्रभारी के हस्ताक्षर तथा मुहर
Sign & Stamp of Head of Unit

PAEDIATRIC EMERGENCY
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
ANSARI NAGAR ,NEW DELHI-110029

PATIENT'S NAME: Harinder AGE/SEX: 13y / M UHID: 105236289.

BLOOD GROUP: WEIGHT: 24 kg UNIT:

BED NO.: DIAGNOSIS: WT/WAGR syn.

TREATMENT CHART

S. NO.	DOCTOR's NAME / TIME	MEDICATIONS (DOSE,ROUTE AND FREQUENCY)	DOSE (mg/kg/)	DATE: 18/8/22 TIME	NURSING OFFICER'S NAME	DATE 19/08/22 TIME	NURSING OFFICER'S NAME
1.	Sharma	T. Amlodepine	5mg PO stat				
		T. Amlodepine 5mg 6Am →	& BD. 6pm (0.6) 11pm		✓	9am	✓
		T. minipress	PO 5mg stat (0.6)				
		5mg minipress: 9am – 9pm					
		T. Clonidine [illegible] 100mg – 100mg [illegible]	[illegible] 4 [illegible]				
		Tab Metolaz. XL 25 mg BD.					
		K Bind Sachet 25gm – TDS.					
		Inj. Tramadol 2mg IV stat – NG.					

Please Inform to Nursing Officers after writing each new medication.

18/8/22

O/I/B CMO / RPC

V/A (Denies PL (not following light)

IOP (Dig ↓ / Dig N/T

K/c/o WAGR syndrome c̄ hypertensive emergency.

c/o both eye corneal opacity since childhood

O/E

(BE) Leucomatous corneal opacity c̄ microcornea c̄ poor outer surface c̄ keratinisation

(R): prephthisical. c̄ (L) 2° glaucoma.

Remaining anterior segment & fundus details not visible.
(can't comment on papilloedema)

Imp. BE congenital corneal opacity : microcornea ↓ evaluation.

Adv. Poor visual prognosis
(27) (BE) USG for PSE / ONH imp / axial length.

(615) Timopen (

(124) VER (

RPC OPD followup on discharge.

Dr. [signature]
SR/RPC

PHYSICAL EXAMINATION				
Temp.	Pulse	Resp.	B.P.	Weight

18/8/22 C/C/B Ped Sy SR

F/U/C (R) Wilm's tumor ε WAGR syndrome

NACT → (R) Nfu → RT → Chemo → completed in 2010.

No recurrence noted on f/u evaluation.

↓

Presented ε hypertention in June' 2020 - admitted & managed conservatively

↓

Not Compliant for anti-hypertensives. & not on regular follow-up.

Now presented ε c/o facial puffiness ∴ 2days.

No H/o decreased urine output / pain abd / distention / vomitings.

C/o - GC-fair, Afebrile,
Pallor ⊕⊕, No icterus, Cyanosis, Puffiness ⊕
HR- 98/min, BP- 170/130 mmHg CVS-S1S2+ RS-B/L AE+
PA- soft, Non-tender.
No palpable lump.

VBG:
pH - 7.310
pCO_2 - 31.4
pO_2 - 105
Cr - 5.14
HCO_3 - 15.3

CBC -
8.1/5700/128K

C/d/N & Sandeep Agarwala

Adv - Peds nephro opinion.
- Pt needs admission for management of hypertensive crisis ε renal failure.

Regret
- No beds available ∠ Peds surgery.

Ped 4 cc.

	BP	MAP	
12.15pm	176/124	14/	Labetalol 0.25mg/kg
12.30pm	176/128	143	
12.45pm	174/129	144.	
1.00pm	164/132	142.	(1) Labetalol 0.75mg
1:15pm	165/126	139	- Labetalol @ 0.75 mg/kg
2:20 pm	161/134	143	"
4pm	165/118	133	"
6pm	174/120	142	"
8:15pm	180/130	146	

ε RR
Phone.

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली- 110029
All India Institute of Medical Sciences, New Delhi-110029
परामर्श अभिलेख / CONSULTATION RECORD

एम.आर.- 9
M.R.-9

Harinder	आयु Age 13y	लिंग Sex M	वैवाहिक स्थिति Marital Status	यू.एच.आई.डी.सं. UHID No.
	वार्ड Ward peds casualty	बिस्तर Bed	व्यवसाय Occupation	धर्म Religion 10/5/22
				स्थिति Status

d by Dr. SR peds. (Requesting Doctor) to Dr. RPC casualty (Consultant & Specially)

Date : 18/8/22

c/o WT ε WAGR syndrome.
ε hypertensive urgency.
kindly do fundus to look for papilledema & HCN retinopathy

Thanking you.

gnosis or Impression :

Recommendations:

Consultant's Sig

EMERGENCY MEDICINE
AIIMS

Report Printout

Validated

		Sample ID	Collection Date
		AUTO_SID43	
		Department	Physician
		Patient Name	First Name
Patient ID		HARENDER	
183175285		Age	Gender
Date of Birth		12 Y	Male
Comments			
Operator	Technician		

RBC	2.71	L	$10^6/mm^3$	
HGB	7.6	L	g/dL	
HCT	23.5	L	%	
MCV	86		μm^3	
MCH	27.8		pg	
MCHC	32.3		g/dL	
RDWcv	15.7		%	
RDWsd	49		μm^3	
PLT	250		$10^3/mm^3$	
MPV	8.4		μm^3	

Flags and Alarms

Morphology Flags
LL NE LL1
Analyzer Alarms
CO
NO
Remarks
RBC of the Run 25/06/2020 15:11:47
WBC of the Run 25/06/2020 15:11:47
PLT of the Run 25/06/2020 15:11:47
DIFF of the Run 25/06/2020 15:11:47

WBC	9.2		$10^3/mm^3$	
	%		#	
NEU	—		—	
LYM	28.3	*	3.5	*
MON	0.1	*	0.01	*
EOS	—		—	
BAS	0.2	*	0.02	*
ALY	0.3	*	0.02	*
LIC	0.0	*	0.00	*

Printed on 25/06/2020 15:11:51 Serial number 312QR6186 Operator Technician Page 1

Plan of action & Investigation to CKD

CKD to Ped. Nephro OP

Inv
- CBC & PS for indices
- Iron Profile (TIBC, Ferritin, Transferrin saturation)
- Calcium/PO4
- 25(OH) D levels
- PTH
- Folic acid, B12 levels
- Urine protein (24 hour)

(Lal Path Lab)

Rx
→ Tab Calcium / Elcalcitol
300 mg OD
→ Tab Calcitriol / Elcalcitol
→ Restricted fluid
→ Input/output chart
→ Cont. Tab. Amlodipine (5 mg)
1 tab OD

→ To review reports and plan to add further supplements after reports

→ Relatives explained the purposes & discussed

Patient & Relatives

प्रयोगशाला कायचिकित्सा विभाग
DEPARTMENT OF LABORATORY MEDICINE
आपातकाल जैव रसायन प्रयोगशाला
Emergency Biochemistry Lab
अखिल भारतीय आयुर्विज्ञान संस्थान, अंसारी नगर, नई दिल्ली-110029
All India Institute of Medical Sciences, Ansari Nagar, New Delhi-1100
रक्त रसायन / BLOOD CHEMISTRY

UHID: 103175295

Patient Name : Mr. HARENDER HARENDER

Age : 12 years 9 months 9 days

Unit-I

Reg Date : Bio Chemistry

Report Generated Date: 16/09/2017 09:52 AM

Recommended By : 25/06/2020 06:11 pm

Dr. Priyanka

Sex : Male

Sample Received Date : 25/06/2020 03:5

Department : DEPT OF EMERG

Unit Incharge : MEDICINE

Lab Sub Centre: Dr. Praveen Aggar

Sample Collection Date: Emergency Bio-Che

Dept / IRCH No: 25/06/2020 03:01

Lab Reference No: 20200300047851

0110

Sample Details : EMB-250620179

Test Name	Result		Report	Normal R
SODIUM	*116.4*	millimol/litre	Comment	135.00-145
POTASSIUM	3.66	millimol/litre	Kindly Correlate Result Clinically	3.50-5.50
CHLORIDE	*124.5*	millimol/litre		98.00-108.0
IONIZED CALCIUM	*0.98*	millimol/litre		1.10-1.30
BILIRUBIN TOTAL	*0.36*	mg%		0.30-1.20
CREATININE	*5.2*	mg%		0.9-13.0
UREA	*53.1*	mg%		

Over All Comment : Kindly Correlate Result Clinically

Authorised Signatory
Sudip Kuma Datta

RAKSHAK TRUST

25/06/2020 11:37

भारत सरकार/Government of India

स्ना.चि.शि.अ.सं.-डॉ. राम मनोहर लोहिया अस्पताल, नई दिल्ली-110001
PGIMER-Dr. Ram Manohar Lohia Hospital, New Delhi-110001

छुट्टी/मृत्यु की रिपोर्ट : Discharge/Death Summary

केन्द्रीय पंजीकरण संख्या CR No. 50062

विभाग/इकाई प्रभारी का नाम- Deptt/Name of HOU: Dr. Deepak Sachan

वार्ड/रोगी कक्ष सं. Ward No. C3F Wd-32

नाम Name: Harender.

आयु/लिंग Age/Sex: 12yrs/M

एम.एल.सी. सं. MLC No.

सी.जी.एच.एस. सं. CGHS No.

भर्ती की तारीख Date of Admission: 20/08/2022

छुट्टी/मृत्यु की तारीख एवं समय- Date & Time of Discharge/Death: 21/08/2022

छुट्टी/मृत्यु का निदान- Diagnosis on Discharge of Case History: Δ Sis. K/c/o Rt wilms tumor c̄ WAGR syndrome c̄ Rt nephrectomy c̄ RT received. (in 2010) c̄ large OS ASD c̄ CKD stage 5 c̄ HTN urgency (R).

मामले का संक्षिप्त सारांश- Brief Summary of Case History

Presented c̄ c/o facial swelling x 3 days.

O/E

GC - fair.

HR -

RR - 20/min.

BP 4 limb - 146/108 | 150/110 ; 160/108 | 160/110.

Aniridia (+)nt.

Pallor (+), periorbital puffiness (+)nt.

जांचों का विवरण Details of Investigation: ext. warm

CFT < 3sec

SpO₂ 98% on RA

PP/PV - (+)/(+)

CVS - S1 S2 (+)nt

no murmur

P/A - soft, not distended

Liver] NP

Spleen] NP

R/S - B/L AE (+) ↓.

CNS - E4V5M6

Tone - (N) | (N) ; (N) | (N)

Power - >4/5 | >4/5 ; >4/5 | >4/5

Plantar - ↓ | ↓

20/08/2022.

Hb - 7.1 gm/dL

TLC - 7800

P54 L36 E04 M06

Plt - 1.2 lakh

Ca++ - 10.1 mg/dL

PO4³⁻ - 5.9

20/08/2022

U/Cr - 122/5.6

Na+/K+ - 136.8/5.07

Tridot - Negative.

21/08/2022

130/4.8

134.66/5.19.

Continued.....

4:00PM

c/s/B SR Pediatric nephrology

Case of WAGR Syndrome / Rt WT - Post ® nephrectomy / ASD / hypertensive urgency.

Presented today with facial swelling x 2days

↓

evaluation showed high BP records (170/130 mmHg)

No headache, vomiting, seizures.

↓

Started on labetolol infusion.

U.O. present

History: Chemo 2010.
®nephrectomy 2010] Irregular follow up → Admission in 2020 | Pede Surg for LRTI & HTN.
S.Creat → 1.5
(Never taken in Peds nephro)

O/E

HR - 91 RR - 20 BP - 177/130 mmHg PP/CP - WP

Pt is C C L L E+

mild facial puffiness ⊕

RS - B/L air entry equal, NO added sounds

CVS - S1S2 (N), PSM ⊕ @ 3rd ICS

PA - Soft, NT, NO HSM

CNS - No focal deficits

PH - 7.310

PCO_2 - 31.4 Na/K - 134/5.2

PO_2 - 105

HCO_3 - 15.3

S.Creat → 5.14

C/D/W Dr. Aditi Sinha
Adv

- To continue labetolol infusion
- Add amlodipine
  |
  Prazosin XL
  |
  Nifedipine XL in that order
  To control BP.
- Pede Surg to admit — as being followed up ↓ Pede Surg.

Regret no beds available

△ :- WAGR Syndrome / ® wilms tumour / ®Nephrectomy / CKD 5 / Hypertensive Urgency

Nafisa/SR.

PHYSICAL EXAMINATION

Temp.	Pulse	Resp.	B.P.	Weight

- Blood pressure controlled

Adv

1. T. Amlodepine 5mg BD
2. T. Metp 25mg BD
3. T. Minipress 5mg BD.

5th floor:
ABS ward

Dr [illegible] informed on phone

Duty

19/8/22

(R)

4O WT/ WAGR syndrome/
(R) Nephrectomy/ CKD 5/ HTN urgency

child needs admission for
Strict BP monitoring &
anti hypertensive titration.
Might require hemodialysis.
currently no bed in ward.
Hence child is being referred to
any other govt. hospital for
admission & Management (Kalawati/K

To F/up in peds Surg OPD &
peds Nephro OPD after discharge.

Nishi
SR

एम.आर.-3 जनरल हिस्टरी
M.R.- 3 General History

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI-110029

नाम Name | उम्र Age | सर्विस Service | दिनांक Date | यू.एच.आई.डी. नं. UHID No.

प्रोफेसर इंचार्ज Professor I/C | Notes written by ....

CLINICAL NOTES

19/4
12:35 PM
K/c/o Post op Williams tumour.
NAGP [illegible].

(KD)

O/E
P – 100/min, RR – 20/min, SpO2 – 98%
CRT<3, [illegible]
ABP MAP – 88 mmHg

CVS: [illegible]
CNS: [illegible]
[illegible]
Abd: soft, [illegible]

Plan
← [illegible] 10 ml/kg
AS [illegible]
← [illegible] labetalol @ 2 ml (0.4 mg/kg)/hr
← Blood for KFT. [illegible]

11:45 P 100/min RR 22
ABP – MAP 90 mmHg

Plan
[illegible] 1.5 (0.3 mg/kg)

3:00 P – 96/min
RR 20/min SpO2 – 97%
BP – 194

Plan
[illegible] 1 ml/hr. (0.2 mg/kg)

[illegible]

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI-110029

नाम Name Harinder | उम्र Age 13y/M | सर्विस Service | दिनांक Date 10/8/22 | यू.एच.आई.डी. नं. UHID No. 105236289

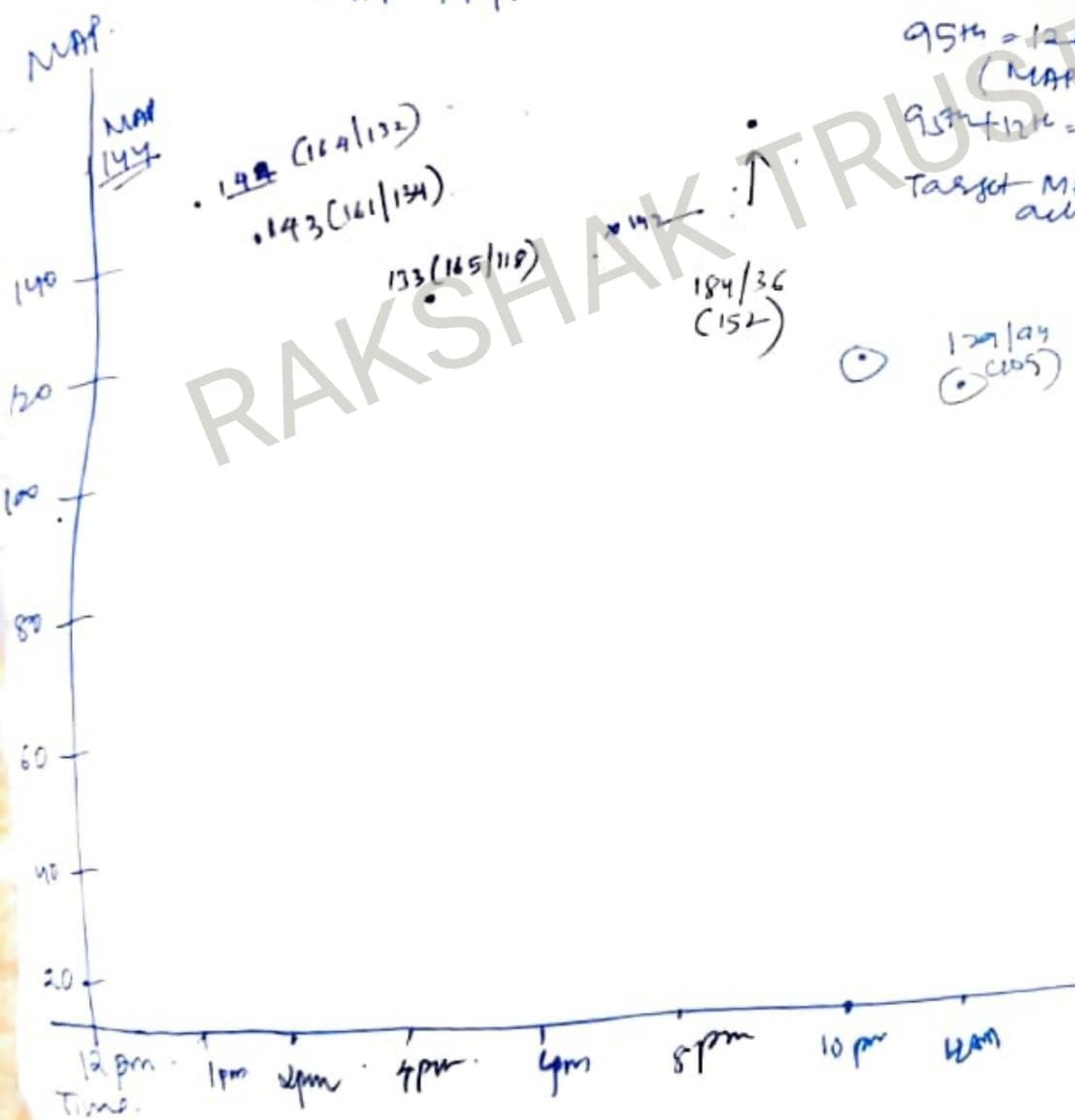
प्रोफेसर इंचार्ज Professor I/C

Notes written by ....Nisha....

CLINICAL NOTES

Current BP = 170/133
MAP = 144.

50th = 104/60
90th = 116/74
95th = 120/78.
(MAP = 92 mmHg)
95th + 12 = 132/90.
Target MAP to be achieved in 6hrs (130)



एम.आर.-3 जनरल हिस्ट्री
M.R.- 3 General History

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI-110029

नाम Name Harinder | उम्र Age 13y/M | सर्विस Service | दिनांक Date 18/8/22 | यू.एच.आई.डी. नं. UHID No. 105236289

प्रोफेसर इंचार्ज
Professor I/C

Notes written by ....Nisha....

CLINICAL NOTES

Current BP = 170/133
MAP = 144.

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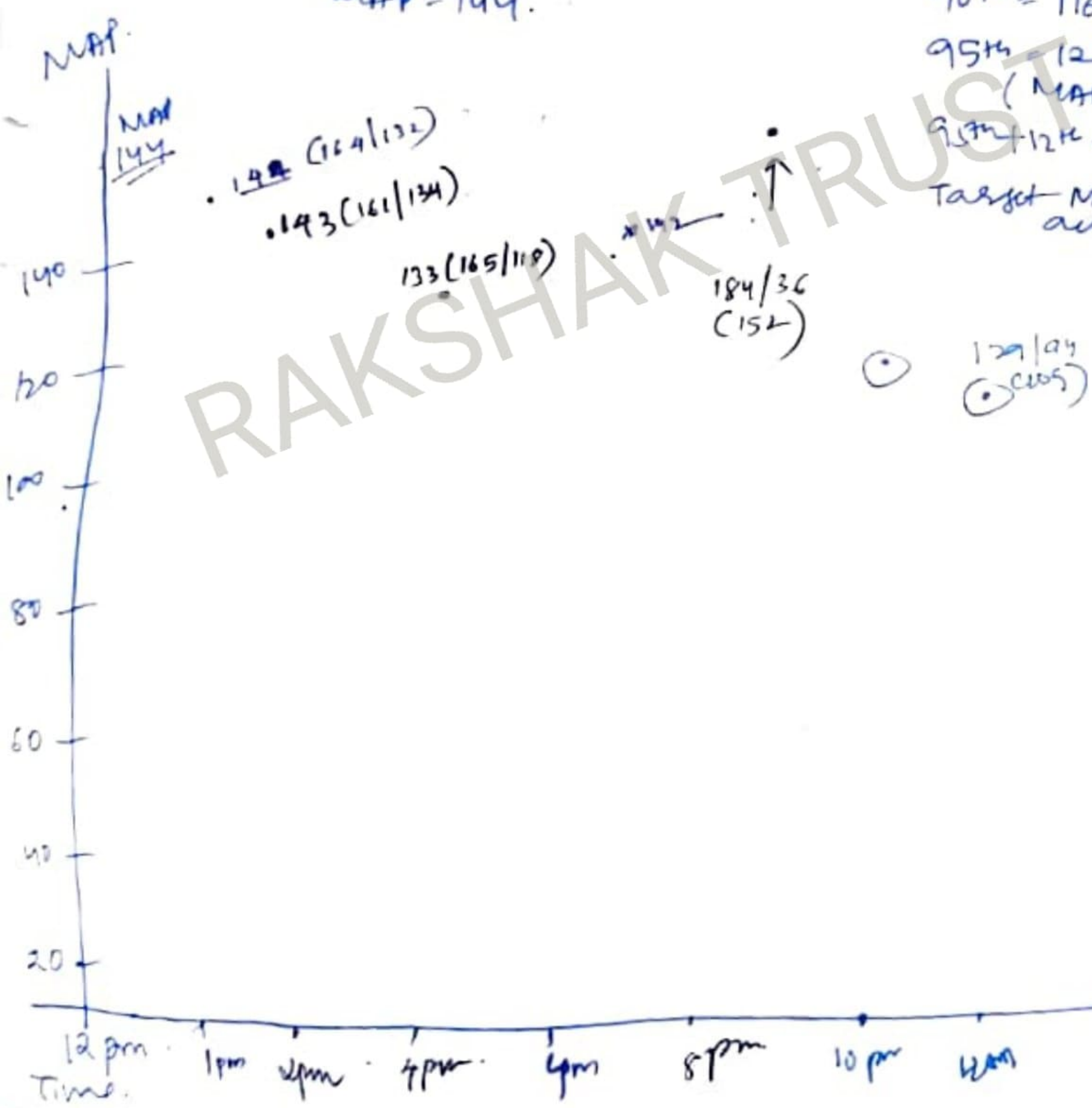
(130)



PAEDIATRIC EMERGENCY
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
ANSARI NAGAR ,NEW DELHI-110029

UH ID -

DATE

PATIENT NAME -

FLUID CHART

S.NO.	Doctor's Name / Time	IV Fluid	Rate (ml/hr)	Starting Time	Stop Time	Nursing Officer's Name

INFUSION CHART

S.NO.	Doctor's Name / Time	Infusions	Dose	Rate (ml/hr)	Starting Time	Stop Time	Nursing Officer's Name

Intake/Output Chart

Time (6 Hourly)	Intake			Output				Nursing officer's Name
	Oral	IV	Total	Urine	NG	Drain	Total	
8am-2pm		300ml						
2pm-8pm								
8pm-2am		500ml						
2am-8am		500ml						
Grand Total		1400ml						

Please Inform to Nursing Officers after writing each new medication.

PAEDIATRIC EMERGENCY
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
ANSARI NAGAR ,NEW DELHI-110029

PATIENT NAME - Harinder. UH ID - 105236289 DATE - 18/8/22

FLUID CHART

S.NO.	Doctor's Name / Time	IV Fluid	Rate (ml/hr)	Starting Time	Stop Time	Nursing Officer's Name
	Rangitha 6pm	IVF: DNS + 1:1 KCl @ 70 ml/hr		6pm		

INFUSION CHART

S.NO.	Doctor's Name / Time	Infusions	Dose	Rate (ml/hr)	Starting Time	Stop Time	Nursing Officer's Name
1	Nirbhay 8pm	inj Labetalol (3 ml/5 mg) @ 1.2 ml/hr (@ 0.25 mg/kg/hr)			12pm		
			→ 1.8 ml/hr		2pm 6pm		
			↑ 2 ml/hr	→	6pm		
					4 1.5.		
					4pm → 1.0 → 6pm		
					12pm		

Intake/Output Chart

Time (6 Hourly)	Intake			Output				Nursing officer's Name
	Oral	IV	Total	Urine	NG	Drain	Total	
8am-2pm								
2pm-8pm								
8pm-2am								
2am-8am								
Grand Total								

Please Inform to Nursing Officers after writing each new medication.

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029 (REVISIT)

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI -110029

आपातकालीन विभाग

(DEPT. OF EMERGENCY MEDICINE)

UHID No:103175295

आपातकालीन सं.(Emergency No): 2020/030/0047851 दिनांक DATE: 25/06/2020 (2Y) समय TIME: 02:15:20 PM

NON-MLC

नाम NAME: MR. HARENDER HARENDER आयु AGE: 12 years 9 months 9 days लिंग/SEX: M

S/O: AMAR SINGH

पता ADDRESS मकान संख्या H NO VILL K**KERA S गली / मुहल्ला STREET/MOH

शहर ब्लाक CITY BLOCK पिन PIN

राज्य STATE UTTAR PRADESH दूरभाष सं. PHONE NO:

मोबाइल MOBILE NO स्थान Location: SCREENING

Criticality: Red / Yellow / Green

लाया गया BROUGHT BY: Relative amar singh

Triage: Responsive/Unresponsive HR /min BP mmHg RR /min spO2 %

Shifted to Paeds/ Main/ New Emergency WAGR/ Wilm post nephrectomy / CKD.

Presenting Complaints c/o Pedal edema } x 3 days
Facial puffiness }

Primary Assessment (ABCDE) : Assessment Pentagon Urine Output (N) on Amlo s/o BP

Airway	Circulation	Disability
Open & stable: (Yes)/No If No......	HR 124/min	GCS 15/15
Breathing: RR 20/min Efforts: (Normal)/Poor/increased	CFT 2 secs	Pupil size 2mm
Auscultation Air entry: equal Normal/poor/Differential	BP 130/60 mmHg	Pupillary Reactions RTL
Added sounds: (None)/Stridor/Wheeze/Crackles	Peripheral pulse: Poor/(Good)	Motor activity: Normal & Symmetrical/Asymetrical/ Posturing/Flacidity/Seizure
SpO2 on Room air 98%	Central pulse: Poor/(Good)	Blood Sugar..........mg/dl
	Skin temp: (Warm)/cool	Exposure: Temp.......... Colour:Normal/pallor/cyanosis/mottled Any other skin lesions..........
	Others	

Diagnosis WAGR/Wilms post-op/CKD.

Adv:
CBC
RFT U/C - 53/3.2
VBG.
Urine protein 4+

Nephro SR to review

[signature]

एम. आर. – ३ जनरल हिस्टरी
M.R.-3 General History

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली–110029
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI-110029

नाम Name	उम्र Age	सर्विस Service	दिनांक Date	यू.एच.आई.डी. नं. UHID No.
Haindu Kumar	12yr/M		25/6/2020	103175295

प्रोफेसर इंचार्ज
Professor I/C

Notes written by.....................................

CLINICAL NOTES

C/o NT c̄ WAGR Syndrome post nephrectomy. c̄ HTN c̄ CKD.

c/b/w c̄ ~~SRO~~ SR. Peds casualty on call for VBG and then to be reviewed by SR peds nepho on call

SR peds Surgery
Dr Shreya
#35 ...