



Child life care foundation

ARMANI



अ० भा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL
बहिरंग रोगी विभाग / Out Patient Department

अस्पताल के अन्दर धूम्रपान मना है। / SMOKING IS PROHIBITED IN HOSPITAL PREMISES



शरीरमांस जड़ु धर्मस्थान

बात चिकित्सा विभाग

UHID:108029410

कमरा / Room
C-210

Queue / संख्या
F4

Unit-I, Paediatric,



एकक / Unit

Dept No: 20250030000110

विभाग / Dept.

PAWAN KUSH

सं०/O.P.D.

नाम /

पता / Address

S/O GAJENDER YADAV
5Y 10M 18D / M/(पुरुष)

सोम, गुरु, Mon, Thu (सोम, गुरु)

VILL+POST AMARPUR, DISTT SAHARSA,
BIHAR, Pin 852202, INDIA
Ph: 9590336424 General Rs: 0
Follow Up Patient



Reporting: 08:27:51
18/05/2021

निदान / Diagnosis

SPRNS-UR / CRU-NR / randomized in CRU arm / NR at 6 months

दिनांक / Date

4

15-12

Htt 99 am

Rst-95/62

उपचार / Treatment

Received 2 Doses of Ritux $\left\{ \begin{array}{l} 29.4.26 \\ 6.5.26 \end{array} \right.$

Rx/

(1) Capringof 2mg ~~2.5mg~~

(2) Tab Prednisolone 7.5mg AD

(3) Tab Envars 5mg PO HO

Child life care foundation

(4) syp cotinine 5ml OD

(5) syp septran 65 5ml AD

(6) Tab Nicotobalamin 1000mg $\left\{ \begin{array}{l} 1000 \text{ mg} \\ \times 15 \text{ days} \end{array} \right.$

(7) syp vitcofol 5ml OD

R/A 2 weeks

CBC, ECT, U7 -

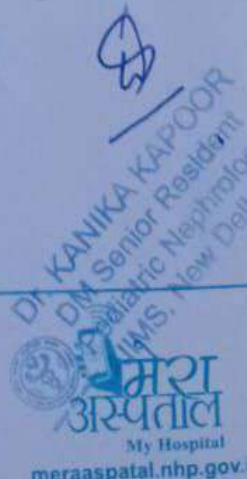
ECTP / albumin

24 hour metallo / anal

CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प

अंगदान-जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE

O.R.B.O., AIIMS, 26588360, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)



प्रयोगशाला कार्यालय विभाग
DEPARTMENT OF LABORATORY MEDICINE

WC-1405260721 108029410



PAWAN KUSH

अखिल भारत
All India Institute of Medical Sciences, Ansari Nagar, New Delhi-110029

रक्त रसायन / BLOOD CHEMISTRY

नाम/NAME Pawan kush आयु/Age 5yr लिंग/Sex M
UHID NO. 108029410 OPD / WARD UNIT BED NO.

Date 14/05/2026

Diagnosis &

Child life care foundation (UBG)

Clinical

Signature

Time of

Note :-

Name of Medical Officer

Specimen Collection

For Lab. Use only

Time of Receiving Specimen

Lab. Ref. No.

INCOMPLETE FORM WILL NOT BE ACCEPTED

Patient to Report Fasting

VISHRAM SADAN
ANSARI NAGAR, NEW DELHI-110029



RECEIPT NO: 1778914324341
BOOKING NO: 1778908729
RECEIPT TYPE: NEW_BOOKING_RECEIPT

PATIENT DETAILS

Name: PAWAN KUSH	Contact No: 9590336424
UHID: 108029410	Address: VILL+POST AMARPUR^DISTT SAHARSA^^5^852202^^91^

BOOKING DESCRIPTION

Sadan-Room & Category	Check-In	To Date	Amount
SSVS- Room:C-6B (Semi-Dormitory) Neha Kumari, [F] [Sister] 14Yrs , Id:4786	12:22 16/05/26	23/05/26	280
SSVS- Room:C-6C (Semi-Dormitory) Gajendra Yadav, [M] [Father] 43Yrs , Id:1371	12:22 16/05/26	23/05/26	280
SSVS- Room:C-6A (Semi-Dormitory) Tetri Devi, [F] [Mother] 60Yrs , Id:6189	12:22 16/05/26	23/05/26	280
SSVS- Room:C-6D (Semi-Dormitory) Khushboo Kumari, [F] [Sister] 19Yrs , Id:9802	12:22 16/05/26	23/05/26	280
Total			1120 Rs.

विश्राम सदन, अंसारी नगर, नई दिल्ली-110029
VISHRAM SADAN, Ansari Nagar, New Delhi-110029

रसीद/RECEIPT

15750

पंजी. संख्या/Registration No.: 565

क्र. सं./Sr. No. _____

New Aded

दिनांक/Date: 16/05/26

श्री/श्रीमती/कुमारी _____

से _____

Received with thanks from Shri / Smt. / Kumari Teteri Devi

डोरमेटरी/सेमीडोरमेटरी/कमरा सं. C-6C 4B (w)

में दिनांक _____ से _____ तक

RVS

SVS

SSVS

Dormitory /Semi Dormitory/ Room No. _____ dated from 16/05/26 to 22/05/26

दिनों के लिए _____ व्यक्तियों के रहने हेतु किराए के रूप में रु. _____

days(s) for 7 days (w) fullon on account of rent for person(s) in Rs. 11201-

रूपये _____ सधन्यवाद प्राप्त किए।

(Rupees One thousand one hundred Twenty only)

हस्ताक्षर/Signature _____

(प्रबंधक)/(Manager)

मोहर/Stamp _____

रु. _____

Refunded Rs. _____

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(रूपये)
(Rupees)

दिनांक _____ के वापसी वाउचर सं. _____

) Dated _____ vide Refund Voucher No. _____

द्वारा वापस किए गए।

दिनांक 23/5/26 को 10A बजे कमरा खाली किया गया।

1. Vacated on _____ at _____
किसी भी पक्ष की तरफ कोई बकाया नहीं है और कमरा/सेमीडोरमेटरी/डोरमेटरी दिनांक को बजे खाली किया गया/की गई।
2. No dues from either side & Vacated Room/Semi Dormitory/Dormitory on _____ at _____
ठहरने की अवधि बढ़ाई गई (पिछली रसीद सं. _____ दिनांक _____)
3. Stay extended (Previous Receipt No. _____ Dated _____)

हस्ताक्षर/Signature _____

(प्रबंधक)/(Manager)

मोहर/Stamp _____

कृपया पृष्ठ के पिछली तरफ छपे निर्देशों को ध्यानपूर्वक पढ़ें।
PLEASE READ INSTRUCTIONS CAREFULLY PRINTED OVERLEAF

Firefox



<https://ehr.aiims.edu/ehospitalR>

printA pp

नकदी रसीद / CASH RECEIPT

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली
ALL INDIA INSTITUTE OF MEDICAL SCIENCES (AIIMS) New Delhi, null

26588500

26588700

रसीद संख्या / Receipt No.:

नियुक्ति पर्ची
APPOINTMENT SLIP

दिनांक



जमाकर्ता / Received From:

Done By: Ms. HEMA YADAV DEO SWSC. (Follow-up)

General ₹ 0.0

रोगी प्रकार / Patient Type :

ओ.पी.डी. / यू.एच.आई.डी. से / OPD / UHID No.:

कक्ष संख्या / Room No. :

के नामे / ON ACCOUNT OF

Department Name: Paediatrics/Paediatric

Appointment Date: 01/06/2026

Reporting Time: BATCH A 8:00 AM-9:00 AM

Doctor Name	Dr. SR/JR UNIT 1 ROOM NO 4	Appointment Request date	25/05/2026
Name of Patient			
Sex	MASTER. PAWAN KUSH Male	Appointment No Age	2026052512691 5 years 10 months 25 days
Contact Details	Mobile: XXXXXXX424	Request Mode	counter
Queue No:	F4		

Remarks:

Your UHID Is : 108029410.

Book Online apppointment from :<https://ors.gov.in> Developed by NIC

भुगतान का प्रकार / Payment Mode :

रुपये / INR (Rs.) :

रुपये शब्दों में / Rs. in Words

यह कम्प्यूटर द्वारा जारी की गई रसीद है और इसमें हस्ताक्षर और मोहर अपेक्षित नहीं है।
THIS IS COMPUTER GENERATED SLIP AND DOES NOT REQUIRE SIGNATURE AND STAMP

Rev:

11/30/19
Lax

- ① inj Enset 3mg 1/2 stat
- ② inj Pantop 20mg 1/2 stat
- ③ IVF/DNS (potassium free) @/
- ④ ORS 1 glass after each loose stool
- ⑤ Sy 2M (1/20) 5ml 5D x 14 days
- ⑥ Paed Nephro 1/2.
- ⑦ 1/2 suposi / need of Anti top / oral intake 4-



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2:30 PM
 ✓ IVF RL 1000 ml (500 + 500) IV over 4 hrs
 ORS → 200 ml every loose stool
 (Signature)



प्रयागशाला कायाचिकित्सा विभाग
DEPARTMENT OF LABORATORY MEDICINE
नैदानिक सूक्ष्म जीव विज्ञान
Clinical Microbiology & Molecular Medicine
अखिल भारतीय आयुर्विज्ञान संस्थान, अंसारी नगर, नई दिल्ली-110029
All India Institute of Medical Sciences, Ansari Nagar, New
Delhi-110029



UHID: 108029410 Reg Date : 31/12/2024 07:52 AM
Patient Name : Master. PAWAN KUSH
Sex : Male Age : 5 years 10 months 15 days
Department : Paediatrics Unit Name : Unit-I
Unit Incharge : Dr. Rakesh Yadav Sample Collection Date: 15/05/2026 10:27 AM
Lab Name: Microbiology Sample Received Date:
Lab Sub Centre: Clinical Microbiology (Stool)
Dept / IRCH No: 20250030000110 Recommended By: Mrs. DR.SHIVEHA VERMA
Lab Reference No:
Ward Name: DAY CARE PEDS MCH GF

Sample Details : CST-150526050 (Stool) / Report Date: 15/05/2026 02:47 PM

STOOL ROUTINE MICROSCOPY

STOOL MACROSCOPIC	
Colour	Brown
Consistency	Semisolid
Blood	Absent
Mucus	Absent
Parasite	Absent
MICROSCOPIC	
No Abnormality Detected	
Ova	Nil
Ascaris	Nil /HPF
Hookworm	Nil /HPF
Taenia	Nil /HPF
Trichuris trichiura	Nil /HPF
Enterobius vermicularis	Nil /HPF
Flukes	Nil
Others:	Nil
Larva	Nil
Cysts/Trophozoites	Nil
Giardia lamblia	Nil
Entamoeba histolytica	Nil

Child life care foundation

BLOOD / S / ...



117 (REVISIT-)

आपातकालीन विभाग



(DEPT. OF EMERGENCY MEDICINE)

UHID No:108029410

आपातकालीन नं. (Emergency No): 2026/030/0053950

दिनांक DATE: 14/05/2026

समय TIME: 10:22:52 AM

NON-MLC

पेश नाम: MASTER. PAWAN KUSH

आयु AGE: 5 years 10 months 14 days लिंग / SEX: M

S/O: GAJENDR YADAV

पता ADDRESS: पञ्चम संख्या H.NO: VILL.+POST AMARPUR

गली / मुहल्ला STREET/MOH: DISTT SAHARSA

शहर/प्रखण्ड CITY/BLOCK:

पिन PIN: 852202

राज्य STATE: BIHAR

दूरभाष नं. PHONE NO: 9590336424

मोबाइल MOBILE NO: 9590336424

स्थान Location: Paediatrics Emergency

किसी द्वारा BROUGHT BY: Relative: MOTHER

Criticality: Red (Yellow) Green

Triage: Responsive HR 110 /min BP 84/64 (68) mmHg RR 28 /min SpO2 99%

Unresponsive

Shifted to Paeds/ Main/ New Emergency

SANS - LR / CN1 - NR / ~~...~~ Reflex & trial < 29/1/26
6/5/26.

Presenting Complaints

yo loose stool since 8AM x 10-12 ep watery large volume.
vomiting x 2 ep.

Primary Assessment (ABCDE): Assessment Pentagon

no fever, pain abdomen mild

Airway	Circulation	Disability
Open & stable: <u>Yes</u> /No If No.....	HR... <u>110</u> /min	GCS... <u>15/15</u>
Breathing: RR <u>28</u> /min Efforts: <u>Normal</u> /Poor/increased	CFT... <u><3</u> secs.	Pupil size... <u>2mm</u> HR
Auscultation: Air entry: <u>Normal</u> /poor/Differential	BP... <u>84/64 (68)</u> mmHg	Pupillary Reactions.....
Added sounds: <u>None</u> /Stridor/Wheeze/Crackles	Peripheral pulse: Poor/ <u>Good</u>	<u>Motor activity:</u> <u>Normal & Symmetrical</u> Asymmetrical/ Posturing/Flacidity/Seizure
SpO2 on Room air... <u>99%</u> <u>wt - 15kg</u>	Central pulse: Poor/ <u>Good</u>	Blood Sugar.....mg/dl
<u>urine 2+/3+</u> act w/ mch <u>U/O</u> (N)	Skin temp: <u>Warm</u> /cool	Exposure: Temp... <u>98.6</u> Colour... <u>Normal</u> pallor/evanosis/ mottled Any other skin lesion... <u>no</u> delayed skin prick
	Others <u>acute</u> (N) <u>U mch</u> <u>no tenderness</u>	

Diagnosis

CSF
LFT/Serum
VLY
urine re/yours 9/5

∴ SANS / LR / CN1 - NR / ~~...~~ Reflex < 29/1/26
6/5/26.
now i AGG no 90 dehydra
(+ purge rate)
? SBP - no tenderness / no fever



अ० भा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL
बहिरंग रोगी विभाग / Out Patient Department

अस्पताल के अन्दर धूम्रपान मना है। / SMOKING IS PROHIBITED IN HOSPITAL PREMISES



बात चिकित्सा विभाग, UHID: 10802941i
कमरा / Room C-210
एकक / Unit Dept No: 20250030000110
विभाग / D PAWAN KUSH
Queue / संख्या F14
Unit-I, Paediatric.
पंजीकृत सं० / O.P.D. Regn. No. OPR-6
आयु / Age
पता / Address
S/O GAJENDER YADAV
5Y 9M 27D / M (पुरुष)
VILL+POST AMARPUR, DISTT SAHARSA,
BIHAR. Pin-852202 INDIA
Ph: 9590338424
General Rs. 0
Follow Up Patient
सोम, गुरु, Mon, Thu (सोम, गुरु)
Reporting: 08.27.17
27/04/2026

निदान / Diagnosis

SANS-UR | CNI-NR | Randomized in CNI

दिनांक / Date
3

उपचार / Treatment
15-8kg now CNI NR at 6 months so planned for ritux
Generics reg.

Wt 9.91
B.P → 108/68 mmHg

- Child life care foundation
- 1) CAP VINGRAB 2 — 2.5 mg
 - 2) Tab Prednisolone 7.5mg AD
 - 3) Tab Amoxicillin 2.5 — 2.5
 - 4) Tab Calcium 5ml OD
 - 5) Syp Septiam 5ml all day
 - 6) Tab Mecobalamin 1000mg 1 tab OD x 1 month
 - 7) Syp Vitrofol 5ml PO OD x 1 month

Ritux 29.4.26 200mg
6.5.26 300mg

CBC
Hb, Se albumin
Specy plus

COVID-19 Absc. - 13.5.26

11.5.26

CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प

अंगदान-जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE
O.R.B.O., AIIMS, 26588360, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)

KRISHIKA KAPOOR
DM Senior Resident
Pediatric Nephrology
AIIMS, New Delhi-26
मेरी अस्पताल
M Hospital
meraaspatal.nhp.gov.in





Master	: PAWAN KUSH	Age	: 5 Years
Ref No	: 510876974	Gender	: Male
Ref Lab	: AIIMS	Reported	: 13/5/2026 6:15:07PM
Collected	: 13/5/2026 9:10:00AM	Report Status	: Final
Status	: P	Processed at	: LPL-NATIONAL REFERENCE LAB
Collected at	: Yusuf Sarai - Lab		: National Reference laboratory, Block E,
	: C.L HOUSE, UPPER GROUND FLOOR, 4/1-3		: Sector 18, Rohini, New Delhi -110085
	: AUROBINDO MARG, YUSUF SARAI(NEAR AIIMS		
	: GATE NO.3) New Delhi - 110016		

Test Report

Test Name	Results	Units	Bio. Ref. Interval
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IMPORTANT INSTRUCTIONS

•Test results released pertain to the specimen submitted. •All test results are dependent on the quality of the sample received by the Laboratory. •Laboratory investigations are only a tool to facilitate in arriving at a diagnosis and should be clinically correlated by the Referring Physician. •Report delivery may be delayed due to unforeseen circumstances. Inconvenience is regretted. •Certain tests may require further testing at additional cost for derivation of exact value. Kindly submit request within 72 hours post reporting. •Test results may show interlaboratory variations. •The Courts/Forum at Delhi shall have exclusive jurisdiction in all disputes/claims concerning the test(s) & or results of test(s). •Test results are not valid for medico legal purposes. •This is computer generated medical diagnostic report that has been validated by Authorized Medical Practitioner /Doctor. •The report does not need physical signature.

(#) Sample drawn from outside source.

If Test results are alarming or unexpected, client is advised to contact the Customer Care immediately for possible remedial action.

Tel: +91-11-49885050, Fax: - +91-11-2788-2134, E-mail: lalpathlabs@lalpathlabs.com

National Reference lab, Delhi, a CAP (7171001) Accredited, ISO 9001:2015 (FS60411) & ISO 27001:2013 (616691) Certified laboratory.

Child life care foundation