MOTHER CONCERN – REGISTRATION FORM

Sponsorship Form for Financial Assistance for Medical Treatment

Reg. No: MRCN/2016/Aug/0005

Date: 26 /08 /2016

Beneficiary Demography

Patient Name	: Nasreen
Date of Birth (MM/DD/YYYY) / Age	: 07/13/2012- 4.1Years
Sex	: Female
Religion	: Muslim

Family Details: Baby Nasreen is 4.1years old and is suffering from Neuroblastoma stage L 2. Her treatment is been done at LNJP Hospital for the past 12 months. Due to the poor condition of the family,they are unable to take care of the medical expenses. The family belongs to Bihar. The family has approached MOTHER CONCERNfor the Sponsorship towards the treatment of their child.

Family Details

Name of Father	: MOHD KALAM	Name of Mother	:SHABAN
Age	: 30 YEARS	Age	:27 YEARS
Occupation	:CUTTING AND STICHING	Occupation	:HOUSEWIFE
Family Income Yearly	: INR 72000		

Treatment Details

Patient suffering from	:NEUROBLASTOMA STAGE L 2.
Treatment prescribed	: 7 CYCLES OF CHEMOTHERPAPY

Approximate Expense for which financial assistance is required

Cost of Treatment	:2,00,000
Parent Contribution	:
Total Amount of Fund required	:2,00,000

The treatment is done at : LNJP HOSPITAL

Declaration

I hereby declare that the information given above is true and to the best of my knowledge. I am not in the financial position to arrange for the funds required for the treatment of my child. I am fully aware of the fact that the Organization will be raising funds for the treatment of my child and I have no objection with it.

(Signature of Mother)

TIME

LOK NAYAK HOSPITAL

(GOVT. OF NCT OF DELHI)
JLN MARG DELHI GATE
NEW DELHI-110002

DEPARTMENT OF PAEDIATRIC SURGERY
WARD-9D
UNIT I/C : Dr. → DR. N.K. SORIN

Name : Nasreen. SR. : Dr. Pranay | Dr. Nitin.
: 4yrs JR. Dr. Shamsher
: Female.
Wt : 14kg.
: 24659.
Date of Admission : 24/8/16. Date of Discharge:
Provisional Diagnosis :
Final Diagnosis : H/o of Intrarenal Ganglioneuroblastoma c̄ nephrectomy.

Surgical Procedure
Examination
Complications
Findings
Disability

NOTE

दिल्ली सरकार / GOVT. OF NCT OF DELHI

लोक नायक अस्पताल

जवाहर लाल नेहरू मार्ग, नई दिल्ली–110002

LOK NAYAK HOSPITAL

Jawahar Lal Nehru Marg, New Delhi-110002

उन्नति अभिलेख / PROGRESS RECORD

...ne	आयु Age	लिंग Sex		मा० Mar	स्टे० Status	अ० Hosp	सं० No.
...vice	विभाग Ward	शय्या Bed		वृति OCC	धर्म Religion	आय Income	

दिनांक Date	समय Time	
		H/o of ganglioneuroblastoma ... Nephrectomy done on 4/8/15.
		Now c/o ... c/o Cough ... & Swelling, fever ... ~ 15-20 days.
		Cough is Non productive, ... No ... in diurnal variation
		fever is low grade ...
		body
		No c/o ... in ...
		No c/o ... / ... / ... in stools
		No c/o TB contact
		c/o ↓ in appetite over the last month
...		USG whole Abd: ... 10.5 cm; No SOL; Multiple enlarged ... peripancreatic margins of ... well defined ... of the ... shows ... with ... Multiple ... foci
		...
		No ...

दिनांक Date	समय Time	
		O/E: GC fair
		Vitals stable
		Alert, Conscious
		PR 88/min
		RR - 20/min
		P/A: Transverse scar mark in R hypochondrium of previous surgery (healed by primary intention), non distended, flanks not full. Non tender. No palpable mass/lump. No signs of free fluid in abdomen. No [illegible] of divarication
		Chest: B/L clear
		- No adventitious sounds
		CNS/ CVS NAD
		[illegible]

ME

Pre-op order :

- N.P.O from 4 Am
- S/C consent
- inj monocef sensitivity test
- Dulcolax suppository { 5mg / 10mg } HS & cm
- Prepare patients
- Application of Betadine
- Syr phenargan .... ml { HS / cm
- Send patient to OT at 8 Am with OT clothes, antibiotics & all reports

LOK NAYAK HOSPITAL NEW DELHI -110002
लोक नायक अस्पताल, नई दिल्ली - 110002
(Government of NCT. of Delhi)
ADMISSION SHEET

	WARD 9C	Dept.	PEDIATRICS SURGERY	DR. YOGESH KR. SAINI	Mother CR No.		CR No.	24639	
	NASREEN	Sex	F	Age 4Y	APL / BPL	Monthly Income		MLC Sheet No.	
	D/O: MD KALAM	Religion	MUSLIM	Occupation			Marital Status		
	BAKARWALA CLY TIKARI BAGDAR DL			Patient's Contact No.	0000000000		Nationality		
		Attendant's Address				Attendant's Tel. No.			
Time ssion	24 Aug 2018	Admited From OPD/Emer.	EMER	Date & Time of Discharge/ DOR LAMA / Transfer/ Death/ Absconde			Duration of Stay		
	Admission Date & Time					Date of Birth			

SIONAL DIAGNOSIS
ritten at the time of admission) ICD 10 Code :

DIAGNOSIS
ritten at the time of discharge) ICD 10 Code :

DARY DIAGNOSIS/ ASSOCIATED DISEASES ICD 10 Code :

LICATIONS ICD 10 Code :

ATIVE PROCEDURE ICD 10 Code : Anesthesia : GA/ Spinal / Epidural / Local
/ Operated by (Name of Consultant)

OF DELIVERY NVD / Vacuum / Forceps / Breech / Caesarean

seen my baby Time of Birth : Birth Weight : Sex :

ure of Patient/ Signature of relative

DITION AT DISCHARGE Recovered/ Improved/ Not Improved/ Exmination only/ Not treated/ LAMA/ Absconded/Expired

E OF DEATH ICD 10 Code : Whether sent for autopsy : YES / NO
e of Death)

NATAL DEATH : YES / NO PREGNANCY RELATED DEATH : YES / NO Transfer to :

Sig. & Name) SR (Sig. & Name) Unit I/c Consultant (Signature)

of Pages - Doctors Notes : Including investigation Sister Notes : Including Charts Total No. of Pages :

LOK NAYAK HOSPITAL

NEW DELHI - 110002

लोक नायक अस्पताल

नई दिल्ली - 110002

GOVERNMENT OF NATIONAL CAPITAL TERRITORY OF DELHI

E-mail: lnhmsoffice@gmail.com
msinh@nic.in

69

OUT PATIENT REGISTRATION CARD

Queue Token No. :

PAEDIATRICS	DR. R. N. MANDAL(MON-THU)	Room No.	512	OPD Regn. No.	ODB154056		
NASREEN(PID-1633276)	Sex F	Age 4Y	Date	15 Feb 2016 9:08AM	Marital Status		
D/O MD KALAM	Area/ Location	DARBANGA BIHAR	Referred to Deptt.	PAEDIATRICS	Contact No.		
	Nationality		Occupation		APL	BPL	Monthly Income
	Birth Wt(Kg.)		Wt(Kg.)	18 Kg	HC (Cms.)		Ht (Cms.)

...tion	BCG	DPT 1 2 3 B1 B2	OPV 1 2 3 B1 B2	Hepatitis B 1 2 3	Measles	MMR	Typhoid	Other

...ONAL DIAGNOSIS :

Allergic to ____________

...ATIONS	DATE	CLINICAL FINDINGS & REPORTS	TREATMENT
...GY / DLC ... PT ... M ... STRY F/ PP/ R Hb. ... s : Na / K ... s ... T / D / I ... p ...tal ... Time / INR ... MRI ...OGY Adv CXR		Thanx for referral from Peadi Sx (519) F/U/c/o Intrarenal ganglioneuroblastoma Dr. Yogesh Sarin. At present c/o cough/cold, Fever on & off / 5-6 days. - Cough. NP, NS, not assoc. c diurnal variation - Fever on & off, undocumented, relieved on medication No F/H/o koch's contact / No smoking history. O/E Alert / conscious. PR - 90/min RR - 20/min Pal / Ic / Cy / Cl / Ed / LAP S/E - Chest - B/L clear, B/L AE (+) CVS - S1 S2 (+), No abnormal sounds. CNS - NAD P/A - Soft, Mild distension (+), Scar (+), Liver, Spleen / NP.	Adv - Prepare Temp. chart - Syp Bromhexine (+) 5ml TDS - Tab. PCM (500) 1/2 tab SOS - F/U/c in Mon/Thu (519) c R/v in OPD Mon-Thu (512) - Danger sign explained Sig. / Name / Designation of Doctor Date & Time: 15/2/16

अस्पताल परिसर में बीड़ी, सिगरेट पीना (धुम्रपान) दण्डनीय अपराध है।

23/08/16
S/B SR Peds Sx (c/o/w Dr. Y. K. Sarin)

Admit ward 5A
↓ Dr. Y. K. Sarin

22 AUG 2016

plan - CECT abdomen
23/08/16

Admit ward 5A ↓ Dr.
27/08/16

Wt - 15 kg

F/4/4 - ganglioneuroblastoma (intrarenal) 22/8/16

Operated
[illegible]

H/S fever - undocumented x 3 days
no cough/coryza,
appetite ↓, [illegible] -
no Koch's contact

G/E - active / oriented, afebrile
HR - 96/min
RR - 24/min
P- I- G- LAP+ submandibular
Lt - 2x1 cm
nontender
mobile

P/S - [illegible]
[illegible]

P/A - liver - N
spleen - N

CNS - NAD

USG - liver - 12.5 cm
peripancreatic / [illegible] LN+
with dense calcification
multiple calcific foci in
spleen [illegible]

Adv - [illegible]
- [illegible]
- CXR
- Syp [illegible]
- Syp [illegible]
r/v in OPD with report

Nil

c/o
weakness
↓ appetite
abd pain - occasional
[illegible]

o/E
P/A - soft NT

Rx

— Syp [illegible]
Syp Albendazole [illegible]
Syp B complex [illegible]

S/B SR Paeds Sx

c/o fever (+)
- cough (+)
↓ appetite

Adv
P/A soft → Refer back to paeds
med for fever

Urgent USG (Abd & Pelvis)
Refer to Pediatric Sx

328/520

Urgent

GOVT OF NCT OF DELHI

लोक नायक अस्पताल

LOK NAYAK HOSPITAL

Jawahar Lal Nehru Marg, New Delhi-110002

शारीरिक परीक्षा : Physical Examination

LNH 4

Nasreen | Ward 4/F | Unit | CGHS | CR-154056 P.Sx.O
Patient | Age | Sex | C Status | Religion | Occupation

Dr. Sarin

22/8/16 | Pulse | Resp | BP | Weight

Inv - USG (Abdoment Pelvis).

C/o ↓ appetite.

F/U/C/O Intraarenal ganglioneuroblastoma operated smooth ward

Cancer
RUC/O C/o Abdo pain

Urgent USG to r/o any recurrent mass or Haematoma

Dr. YOGESH SARIN
Prof. & Head
OPD: Mon. Thurs.

DMC Reg No 1305

2.2/08/16 En USG abdomen

Liver - 10.5cm.
No SOL/IMBRs

multiple enlarged periportal & peripancr LN are seen. margins of LN are well distinct. one of the LN shows calcification within. multiple calcific foci Spleen - 8cm, No SOL noted in othe

R.K - Not seen in (R) renal fossa

L.K - (N) in size,
No HDM/calculus
No intra renal mass noted

Adv: CECT abdomen.

Regn

दिनांक Date	समय Time	
Naveen, 41 F		Wd 14 LDr. U.
ODB1540S6		
		R_x - CXR
		Resp distress.
		?D - pneumonia
1082576 2x8/16		

दिल्ली सरकार/GOVT. OF NCT OF DELHI

लोक नायक अस्पताल

जवाहर लाल नेहरू मार्ग, नई दिल्ली--110002

LOK NAYAK HOSPITAL

Jawahar Lal Nehru Marg, New Delhi-110002

उन्नति अभिलेख/PROGRESS RECORD

नाम Name	आयु Age	लिंग Sex		म० Mar	स्टे० Status	अ० Hosp	सं० No.
विभाग Service	विभाग Ward	शय्या Bed		वृति OCC	धर्म Religion	आय Income	

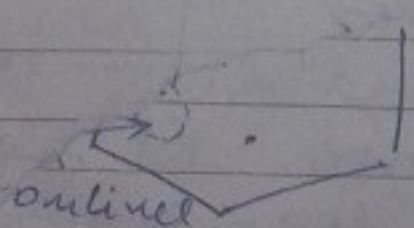
तारीख Date / समय Time	
	Contd
	LAP+ - Cervical Submandibular.
	USG - Calcification in LNs c spleen - Conglomeration.
	Adv
	Koch's w/u
	- Mtx
	- [illegible] for CBNAAT
	- CXR
	- Supp diagnosis stdy TBS.
	- [illegible]
	- Temp. Charting
	- F/U - in Mon/Thursday OPD
	-
	[illegible signature]

Page No.
Date

NASREEN. 3y/F
Wt = 12kg CR No. 326640
Δ = Rt. Suprarenal
neuroblastoma - Stage L2
(Father)
—1
—2

Ht = 90cm.
Wt = 12kg
BSA = 0.52 m²

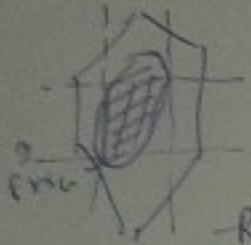
S-246, Bakarwalan,
DJ Colony, DL.



IR = NAD

संक्षिप्त रोग लक्षण वृत्त :
Brief Clinical History

This 3yr old female child presented c (R) sided abdominal lump since last three months.



Clinically PA - Ovsa lump palpable separate from liver in rt lumbar, hypochondrium & umbilical region

Rest child was clinically stable.

16/3/15 USG hypoechoic complex mass in upper 1/3 of rt. kidney

17/3/15 Trucut biopsy. Neuroblastoma chromogranin NSE, synaptophysin } +ve

9/2/15 Investigation: CECT 9x8·1x10·3 cm mass heterogeneous enhancing hypodense lesion in upper pole rt. kidney.

CXR — Nad
Skeletal Survey — Nad | Bone scan - no evidence of metastasis.

26/3/15 VMA in urine Nil
BMA no evidence of metastasis

	16/3/15	6/5/15	10/8	15/8
Hb	6·4	9·7	12·5	12·3
TLC	17200	4500	13600	7900
PLT	5·31 lac		2·92 lac	6900
S.Ca	<13	13·4	13·6	12·5
S.Ur	4·2	3·9	3·1	4·3
S.Cr	20	10	41	23
ESR	WNL			
T.Bili	0·4			
AST	14			
ALP	152			
AST	71			

2D echo (N) study

Upr abdominal IVC + (L) renal vein c retroperitoneal lymphadenopathy

Neuroblastoma stage L2 (image defined risk factors)

↓

OPEC regimen x 4 cycles
[Dj Vincristin, Cyclophosphamid, Etoposide, Cisplatin]

↓

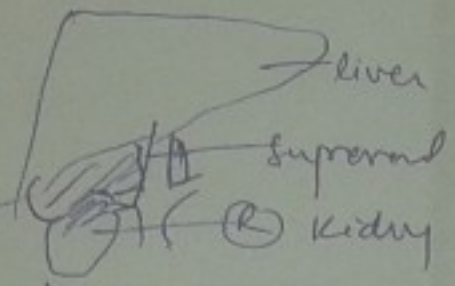
Subsequently child was taken up for surgery

संक्षिप्त रोग लक्षण वृत्त :
Brief Clinical History

4/8/15 Excision ? (R) suprarenal mass + (R) nephrectomy

Surgeon : Dr Y.K. Saini
Dr Abhishek
Dr Ashwini

Findings



- large suprarenal mass involving (R) kidney encasing IVC and adherent already liver
- mass was excised and sent for biopsy.

जांच :
Investigation

HPE S(11129/15)

Tumor involving upper and middle lobe. Intrarenal ganglioneuroblastoma (intermixed) c small area lymphocytic infiltrate, multiple foci of calcification, focal capsular invasion c extension into perirenal fat.

Post-op course

- ~~Extubated~~ Child was shifted to PICU intubated
- Child was extubated on POD-3.

किया गया उपचार :
Treatment Given

Child developed bilious aspirates from nasogastric tube

↓

X-Rays showed fixed bowel loop.

↓

21/8/15. Reexploratory laparotomy c adhesiolysis and decompression of bowel

Dr. Abhishek
Dr. Ashwini

Findings : Jejunal loop seen fixed to renal fascia c band formation and adhesion formation
- adhesiolysis done and bands released on

Post op

- Uneventful
- Child was discharged after

Urinary VMA : showed (N) value 2.72 mg/24 hrs

Hb = 6.4 BU = 17
TLC = 17,700 N-5-37L E-13L/4.
ESR = 115
P.S. moderate anisocytosis, microcytosis, hypochromic RBS
Urine 3-5/HPF RBC & pus cells.
Albumin trace
T.Bil = 0.4 AST = 14 ALP = 152 AST 71

17/3/15 Trucut Biopsy (S-3558/15)
f/s/o neuroblastoma. Tumour cells express NSE, Synaptophysin & chromogranin.
(NB84A)

6/2/15 USG :- LK (N)
RK - predominantly hypoechoic complex mass in Upper 2/3 of RK. (11 X 7.1 cm) - ? angiomyolipoma

9/2/15 CECT (ATP) :-
Ill defined heterogenously enhancing hypodense lesion of size 9.6 X 8.1 X 10.3 cm in UP of RK with pericaval fat stranding & internal coarse calcification. Rt renal V & rt. renal A seen seperate from lesion. Rt suprarenal gland not seen seperately. No IPN
Enlarged LN, size 2.8 cm in pre & both paraaortic regions.
No FF
Rest all organs (N)

CXR - NAD
Skeletal Survey - normal

26/3/15 Bone Scan ^{99m}Tc-MDP Bone Scintigraphy :- no e/o any skeletal metastasis

26/3/15 VMA in urine in 24 hrs = 7.00 (N)

BMA - no e/o metastasis


19
20
CH SUR. 9.D
CH-SURG-3-C