BEACONMEDAES
CENTRAL LINE

VEDANSHI TRIPATHI
18 M/Female CAT-3
3818909 IP01650766 CAT-3
Admit On : 22/09/2026 09:23AM
PAEDIATRIC HEMATOLOGY, ONCOL
1277/1277-C CAT3 SP
OLD (OB)-WARD 9

Sir Ganga Ram Hospital

Date and Time	Progress Notes and Investigation Orders	Medication orders in capital letters to prevent occurrence of medication errors with your patient			
		Name of drug Cap / tab / inj.	Dose	Route	Freq.
30/09/26	S/B PHO team				
	40 AML - M5 Day + 8				
	Issues:				
	fever				
	Picc line				
	site swelling				
	vitals stable				
	ppw/f				
		Adv			
		→ cbc -			
		→ if repeat			
		fever spikes > 101			
		↓			
		4M BCs, CBC/RFC			

Sir Ganga Ram Hospital

VEDANSHI TRIPATHI
18 M/Female CAT-3
3818909 IP01650766 CAT-3
Admit On : 22/09/2026 09:23AM
PAEDIATRIC HEMATOLOGY, ONCOL
1277/1277-C CAT3 SP
OLD (OB)-WARD 9

Date and Time	Progress Notes and Investigation Orders	Medication orders in capital letters to prevent occurrence of medication errors with your patient			
		Name of drug Cap / tab / inj.	Dose	Route	Freq.
29/09/26	S/B vascular Sx.				
	(R) UL venous doppler				
	(R) Basilic vein, SCV, Axillary v. Compressible, Patent c phasic flow.				
	No c/o DVT.				
	(R) forearm cv; basilic vein c/o no c/o - DVT.				
	Inj: (R) UL venous doppler study c/o - no c/o DVT				

SIR GANGA RAM HOSPITAL

Rajinder Nagar, New Delhi-110060

INITIAL ASSESSMENT SHEET (Paediatrics)

Name of Patient VEDANSHI

Ward/Bed Ward-6 Reg No

Date/Time 22/09/26 Resident: Dr. Anukriti

Vulnerable - Yes/No

Restraint - Yes/No Informant Mother

VEDANSHI TRIPATHI
18 M/Female CAT-3
3818909 IP01650766 CAT-3
Admit On : 22/09/2026 09:23AM
PAEDIATRIC HEMATOLOGY, ONCOLO
/
OLD (OB)-WARD 6

Allergy — if patient has bleeding disorder, metal implant, pacemaker, HbsAg or any viral marker positive, write them in the ALERTS box below

Write generic name (e.g. paracetamol)

Alert —

Allergy Reaction —

Anaphyaxis, Urticaria, Bronochospasm, 'Diarrhoea', etc.

★ [CHRONIC FEBRILE ILLNESS & BONY PAIN] ★

Presenting complaints

1	June – Fever, documented 101°-102°F intermittent
2	loose stools
3	↓
4	~~decreased~~ appetite
5	↓
	again for 1 week
	↓
	again similar complaints

Treatment History

1	(Hb 8.4 to Hb- low
2	10) MVI, Calcium given
3	abd dist, asymptomatic in July
4	loss of ↓
5	night sweats Vaccination done in last week July 2026
	↓
	cough, cold, jaundice. again, similar complaints.

Past History :

1	
2	28/08/26 : Fever x Cont., high grade → inability to bear weight
3	
4	
5	— (Multiple visits at Bhagat Chandra Hospital & Dr. Vikas Khatri

Tab Ondansetron 4mg 1DS x 3 days
MVI syrup Rx 3/09/26 & 05/09/26 - (VIKAS KHATRI)

Sgrh/PN/F-104

Sir Ganga Ram Hospital

VEDANSHI TRIPATHI
18 M/Female CAT-3
3818909 IP01650766 CAT-3
Admit On : 22/09/2026 09:23AM
PAEDIATRIC HEMATOLOGY, ONCOL
1277/1277-C CAT3 SP
OLD (OB)-WARD 9

Date and Time	Progress Notes and Investigation Orders	Medication orders in capital letters to prevent occurrence of medication errors with your patient			
		Name of drug Cap / tab / inj.	Dose	Route	Freq.
27/9/26 1 pm.	Inj. Albumin. - 10 gm. Batch - AN20F25002. Mfg - May 2025 Expiry - Apr. 2028. Date of Injusion - 27/9/26.				
	Adv- ① Inj- Avil 0.2 ml IV Stat				
	② IV albumin 25 ml over 2 hrs start @ 1 ml/hr x 10 min ↓ 2 ml/hr x 10 min ↓ 3 ml/hr continue & finish				
	③ send CBC c/m				
	④ MBN to ward 3502 1pm				
	GA 55208				

For internal official use only

Sir Ganga Ram Hospital

VEDANSHI TRIPATHI
18 M/Female CAT-3
3818909 IP01650766 CAT-3
Admit On : 22/09/2026 09:23AM
PAEDIATRIC HEMATOLOGY, ONCOLI
1277/1277-C CAT3 SP
OLD (OB)-WARD 9

Date and Time	Progress Notes and Investigation Orders	Medication orders in capital letters to prevent occurrence of medication errors with your patient			
		Name of drug Cap / tab / inj.	Dose	Route	Freq.
		R26 - 21290.			
		Atm RDP.			
		21/9/26			
		26/9/26.			
		DOT - 23/9/26			
		Transfusion over 10 min			

Transfusion Details : Bag No. R26 – 21290 Date 23/9/26

	Start	After 15 min / 1 hr.	
	11:15a	11:30Am	
Temp	98°F	98°F	Transfusion Reaction
Pulse	120/m	118/m	Yes / No
Resp.	30/m	32/m	Pre Transfusion Medication
B.P.	104/60	100/60	Yes / No
Consent Taken			Yes / No

In case of any reaction: Stop BT, give inj. Avil 2 ml. and inj. Efcorlin 100 mg. I/V slowly and inform the doctor

Name & Sign. of Doctor

Name & Sign. of Staff Nurse

SIR GANGA RAM HOSPITAL
RAJINDER NAGAR, NEW DELHI, 110060
BLOOD BANK. LIC.No. 1443/94
COMPATIBILITY LABEL

Name of Patient: MS VEDANSHI TRIPATHI
Component: PLATELETS CONCENTRATE-I.P.
Reg. No: 3818909 Ward/Dept: OLD (OB)-WARD 9
Unit ID: R26-21290
Blood Group & Rh(D): A+
Date of Collection: 21-09-2026
Date of Expiry: 26-09-2026 Mid night
Date & Time of Issue: 23-09-2026 10:51 AM
Sig. of issuing Tech:

Sgrh/PN/F-104

Sir Ganga Ram Hospital

VEDANSHI TRIPATHI
18 M/Female CAT-3
3818909 IP01650766 CAT-3
Admit On : 22/09/2026 09:23AM
PAEDIATRIC HEMATOLOGY, ONCOL
1277/1277-C CAT3 SP
OLD (OB)-WARD 9

Date and Time	Progress Notes and Investigation Orders	Medication orders in capital letters to prevent occurrence of medication errors with your patient			
		Name of drug Cap / tab / inj.	Dose	Route	Freq.
		25/09/26			
		01:20 pm			
		R26-21280			
		A +ve			
		21/09/26			
		02/11/26.			
		Kindly transfuse			
		IV PRBC slowly			
		over 4hr.			

Transfusion Details : Bag No. R26-21280 Date 25/9/26

	Start 1:40pm	After 2hr 40m	
Temp	98F	98F	Transfusion Reaction
Pulse	110bpm	110bpm	Yes No
Resp.	28pm	28pm	Pre Transfusion Medication
B.P.	100/70	100/70	Yes No

Consent Taken Yes No

In case of any reaction: Stop BT, give inj. Avil 2 ml. and inj. Efcorlin 100 mg. I/V slowly and inform the doctor

Name & Sign. of Doctor	Name & Sign. of Staff Nurse
	Shiva

SIR GANGA RAM HOSPITAL
RAJINDER NAGAR, NEW DELHI, 110060
BLOOD BANK. LIC.No. 1443/94
COMPATIBILITY LABEL

Name of Patient: MS VEDANSHI TRIPATHI
Component: PACKED RED BLOOD CELLS-I.P.
Reg. No: 3818909 Ward/Dept: OLD (OB)-WARD 9
Unit ID: R26-21280
Blood Group & Rh(D): A+
Date of Collection: 21-09-2026
Date of Expiry: 02-11-2026
Date & Time of Issue: 25-09-2026 01:16 PM
Sig. of issuing Tech:

or internal official use

Sir Ganga Ram Hospital

VEDANSHI TRIPATHI
18 M/Female CAT-3
3818909 IP01650766 CAT-3
Admit On : 22/09/2026 09:23AM
PAEDIATRIC HEMATOLOGY, ONCOL
1277/1277-C CAT3 SP
OLD (OB)-WARD 9

Date and Time	Progress Notes and Investigation Orders	Medication orders in capital letters to prevent occurrence of medication errors with your patient			
		Name of drug Cap / tab / inj.	Dose	Route	Freq.
		Unit no:	R26	-21518	
		DOC: 24/09/26			
		DOE: 29/09/26			
		Transfuse	1	IV	RDP
		over 5 to 10	mins		

Transfusion Details : Bag No. R26-21518 Date 28/9/26

	Start 2:35p	After 1 Hr 2m
Temp	98.4	98.4
Pulse	110/m	110/m
Resp.	24/m	24/m
B.P.	90/60	90/60

Transfusion Reaction: Yes ~~No~~

Pre Transfusion Medication: Yes ~~No~~

Consent Taken: Yes ~~No~~

In case of any reaction: Stop BT, give inj. Avil 2 ml. and inj. Efcorlin 100 mg. I/V slowly and inform the doctor

Name & Sign. of Doctor: D. Trikha

Name & Sign. of Staff Nurse:

SIR GANGA RAM HOSPITAL

RAJINDER NAGAR, NEW DELHI, 110060
BLOOD BANK. LIC.No. 1443/94

COMPATIBILITY LABEL

Name of Patient: MS VEDANSHI TRIPATHI
Component: PLATELETS CONCENTRATE-I.P.
Reg. No: 3818909 Ward/Dept: OLD (OB)-WARD 9
Unit ID: R26-21518
Blood Group & Rh(D): A+
Date of Collection: 24-09-2026
Date of Expiry: 29-09-2026 Mid night
Date & Time of Issue: 28-09-2026 01:55 PM
Sig. of issuing Tech:

SIR GANGA RAM HOSPITAL

TRANSFUSION ADMINISTRATION RECORD SHEET

Patient Details

VEDANSHI TRIPATHI
18 M/Female CAT-3
3818909 IP01650766 CAT-3
Admit On : 22/09/2026 09:23AM
PAEDIATRIC HEMATOLOGY, ONCOLO
1277/1277-C CAT3 SP
OLD (OB)-WARD 9

Fill this form during each transfusion and in case of suspected transfusion reaction and send back to blood bank (For suspected transfusion reaction please read the instruction overleaf)

Licence No. 1443/94

BLOOD BANK

1. Clinical History (Check all that apply)

(a) Pre Existing fever ☐ (c) History of evidence of circulatory over load ☐
(b) Immune Compromised ☐ (d) Transfusion under GA/REGIONAL anaesthesia ☐
(e) Transfusion pre medication (Specify) _____
(f) Patient currently prescribed - ACE inhibitor/Diuretic/Antibiotic or Catheterized

History of transfusion : (a) No ☐ (b) Unknown ☐
(c) Yes (within 3 months) ☐ (d) Yes (>3 months) ☐

History of pregnancy/Miscarriage : (a) No ☐ (b) Unknown ☐
(c) Yes (within 3 months) ☐ (d) Yes (>3 months) ☐

2. Patient & Blood Component/product unique verification (Clerical Check)

Is the information IDENTICAL on all the following :

1. The recipient's name and hospital registration number matches the corresponding information on blood bags and compatibility form. Vedanshi
2. The donor unit number and blood product name on the bag label matches corresponding information on the form. 18 months
3. The donor's and recipient blood groups are compatible. Female
4. The blood product is not outdated. 3818909

Verified By : 1. N/O Shanti
2. N/O Meena

Transfusion Started By N/O [illegible] Date & Time 23/9/26

3. Location, Date & Time of Transfusion Reaction (if Any)

Patient Location : (a) ICU ☐ (b) ER ☐ (c) Medical Ward ☐ (d) OT ☐ (e) Day Care ☐ (f) Outpatient ☐ (g) Chronic Care ☐

Date	Unit ID.	Time product received	Time Transfusion start	Time reaction noticed	Time Transfusion Stopped / Finished	Time Transfusion restarted
23/9/26	R26-21248	1:15am	1:20 am		1:40 am	

Reaction suspected ☐ No reaction ☐

Amount administered : All _____ml Part _____ml

4. Transfusion Record

Vitals recorded on another record
Anaesthesia record - Yes / No
Flow Sheet - Yes / No

R26 21248

		Unit ID / Time	Temp	Pulse	B.P.	Resp.	Unit ID / Time	Temp	Pulse	B.P.	Resp.	Unit ID / Time	Temp	Pulse	B.P.	Resp.
Pre Tx		1:20am	98F	122	100/64	22										
During Tx	15 min	1:40am	98F	126	100/62	26										
	45 min															
	1½ Hrs.															
	1¾ Hrs.															
	2¼ Hrs.															
	1¾ Hrs.															
Post Tx	Immed	1:46 am	97F	110	100/62	26										
	30 min.	2:10 am	97F	112	100/60	26										

Received 10 RDP from Blood Bank at 1:15am Transfusion started at 1:20am
Transfusion completed at 1:18pm

Reg. No.: 2026/19/IV/134

PAN NO : AAMTA5076E

AROGYA SHAKTI TRUST

Healing Hand, Healthy Future

K-34, 2nd Floor, Block - K, Andha Mughal, Malka Ganj, North Delhi-110007

Ref. No. : 03

Dated: 30 / 09 / 2026

सेवा में,

संस्थापक,

संस्था को चिकित्सक सहायता हेतु आवेदन पत्र

आरोग्य शक्ति ट्रस्ट, K-34, प्रताप नगर, नई दिल्ली 110007

विषय : संगठन के संस्थापक को चिकित्सक सहायता संबंधित अनुरोध पत्र।

महोदय जी,

"सविनय निवेदन यह है कि प्रार्थी भारती पांचल, उत्तर प्रदेश (जालौन) की निवासी हूँ। मेरे बच्चे का नाम चेताशी जिसकी आयु 02 वर्ष है। जिसका इलाज सर गंगा राम हास्पिटल में चल रहा है, मेरा बच्चा ब्लड कैंसर की बीमारी से पीड़ित है, बच्चे की चिकित्सक स्थिति संबंधित विवरण मेरी बच्ची को ब्लड कैंसर के इलाज के लिए किमो दवाइया और अलग अलग टेस्ट की जरूरत है कृपया आप सभी दानी बच्ची के लिए इलाज में सहायता करें।

हमारा परिवार बच्चे का इलाज करवाने हेतु आर्थिक रूप से सक्षम नहीं है एवं बच्चे की वर्तमान स्थिति के अनुसार बच्चे को सुचारू इलाज की शीघ्र आवश्यकता है। प्रार्थी **आरोग्य शक्ति ट्रस्ट** से अनुरोध करता / करती हूं कि आप मेरे बच्चे के इलाज में **हमें आर्थिक सहायता प्रदान करें।**

मैं अपनी सहमति से बच्चे के इलाज से संबंधित सभी चिकित्सक आलेख आपसे साझा कर रहा/रही हूं जिससे आपको मेरे बच्चे की वर्तमान चिकित्सक स्थिति से अवगत करवाया जा सके। **मैं और मेरा परिवार आरोग्य शक्ति ट्रस्ट एवं आप से जुड़े सभी दाताओं का दिल से आभारी रहेगा /रहूंगी।**

धन्यवाद!

संस्थापक

आपका अनुरोध **आरोग्य शक्ति ट्रस्ट**

अभिभावक

हस्ताक्षर Bharbodhini

अंगूठे का निशान

AROGYA SHAKTI TRUST Reg. No. 134 NEW DELHI

Authorised Signatory
Arogya Shakti Trust

Mob: 8766233698 | Email: contact@arogyashaktitrust.org | Website: www.arogyashaktitrust.org

यह प्रारूप परिवार की शैक्षिक स्थिति एवं को ध्यान में रखते हुए तैयार किया गया है, किसी प्रकार की त्रुटि के लिए संस्था क्षमा व्यापक है।