





<b>MR NO:</b> 326793	<b>IPD NO:</b> IP2521538	
<b>Name :-</b> B/O SAVITREE	<b>DOA :-</b> 16-03-2026 / 8:01PM	
<b>Guardian :-</b> S/O PRASHANT YADAV	<b>DOD :-</b>	
<b>Age &amp; sex :-</b> 7 D / M	<b>Ward :-</b> NICU	
<b>Address :-</b> MANOHARPUR DHAURRA AGRA	<b>Bed :-</b> 01/NICU -IV	
<b>Contact :-</b>	<b>Referred Dr :-</b> Dr.NIDHI JAIN	
<b>Company :-</b>	<b>Category:-</b> HOSPITAL	
<b>Specialty 1 :</b> Dr.NIDHI JAIN	<b>Specialty 2:-</b> Dr.	<b>Specialty 3:-</b> Dr.

Secondary Survey

Review of systems	HEENT: <i>sw</i>
	CHEST: <i>sw</i>
	CVS: <i>sw</i>
	ABD:
	EXT:
	NEURO: <i>sw</i>
	OTHERS

Ample History

Allergies : Yes  No  If Yes, then Details : .....

Current Medications : .....

Past illness: DM...../Yr; HTN...../Yr; CAD...../Yr; Dyslipidemia...../Yr

Obesity..... Yes/No.....

Any Other .....

Pregnancy..... LMP.....

Events prior to the incident : .....

POC Test/ Result: ECG..... ABG.....

RBS..... *86 mg/dl*..... Chest X ray.....

X Ray PBH..... Others.....

Working Diagnosis:

Name of Emergency Physician

Signature : *[Signature]*

Emp. ID:

Date and Time : *10/3/26*

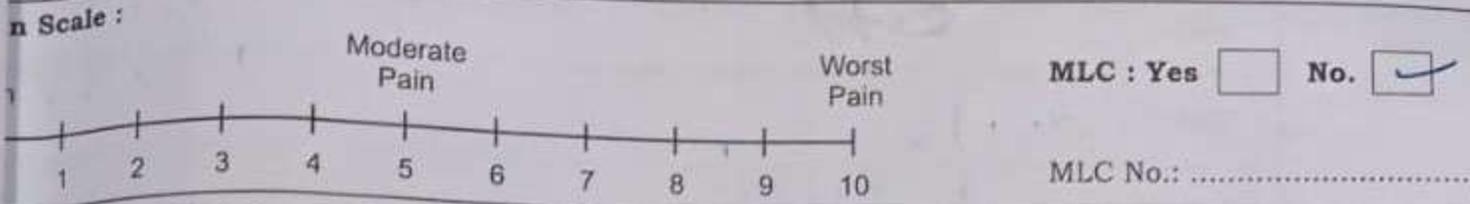


Patient Address: B/D SAVITREE  
 File No: IP2521538  
 Ward/Room: NICU-IV/01  
 DDA: 16-03-2026 01PM  
 Consultant1: NIDHI JAIN  
 Consultant2: NIDHI JAIN

**EMERGENCY ASSESSMENT**

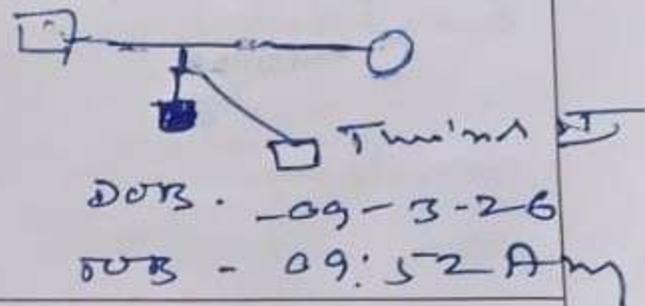
Patient Name: B/D Savitri Devi Age/Sex: ..... Date: 16/3/26 Time: .....

Age Category: Red  Yellow  Green  Black



**General Assessment:**  
 Arrival date & time: 16/3/26 Time Seen by ER Physician: .....  
 Referred by Doctor: Dr. Nidhi Jain Follow up case of Doctor: .....

Complaint: Respiratory distress / Grouching  
- ↓ SpO2  
- Abdominal distension



During: NVD / male IT / delayed cry after birth

**Primary Survey**

Airway	Breathing	Circulation
Patent Unobstructed Not detected Maintained Not compromised	RR: <u>6.6</u> /min Symmetrical: Yes No Labored: Yes No Trachea Midline: Yes No Crepitations: Yes No Wheeze: Yes No SpO2: .....% on RA SpO2: .....% on .....lt/min O2 By Nasal Prong O <sub>2</sub> Mask NRBM NIV Ventilator	Skin: Pink Pale Membrane: Flush Jaundiced Ashen Cyanotic Pulse Rate: <u>72</u> /min, Rhythm: Regular Irregular Normal, Site..... Bounding, Site..... Weak, Site..... Absent, Site..... Skin Temp: Warm Hot Cold Skin Moisture: WNL Dry Moist Visible bleeding: Yes No Site..... BP: <u>74/38/12</u> MM of Hg Temp: <u>98.4</u> °F/C
<b>Management:</b> Intubation CL JT A NPA A ET	<b>Management:</b> O <sub>2</sub> Therapy BVM NIV IV Chest Tube (ICD) Other.....	<b>Management:</b> Intravenous Fluids Inotropes/Vasopressors Compression Bandage

Invasive monitor: .....; AVPU .....  
 E: ..... V: ..... M: ..... /15; Weight: 2.5 kg; Pupils: PERLA / .....

Patients Address: B/D SAVITREE  
Patients Name: IP2521538  
Room: NICU-VV01  
16-03-2026 01PM  
Consultant Name: NIDHI JAIN

PHRC/PPD/DPH

**PROGRESS NOTE**

17/3/26

Date / Time

17/3/26

Echocardiogram - 3mm PDA (L to R)  
PFO (L to R)  
Aortic Regurgitation (PAIP - 46 mm)  
Mild mitral regurgitation  
Mildly dilated RA/RV

Dr. Jay Babu Sir

1  
(NICU Number 1116)

Name & Signature



Consultant 1: NIDHI JAIN  
Consultant 2: NIDHI JAIN  
Name: B/O SAVITREE  
IP No: IP2521538  
Ward/Room: NICU-IV/01  
DA: 18-03-2026 01PM

PHRC/ICD  
**PROGRESS NOTE**

18/3/26  
①

CC - Sick  
on SIMV (nasal)  
↑ activity  
sepsis ⊕  
PIA - distended  
OG aspirate ⊕  
WS - SIS ⊕  
Chest B/C AE ⊕  
periphery - warm  
CRT < 3 sec  
vital stable

adju.

- PRBC 20ml IV over 6hrs
- IVIG 0.5gm IV stat
- send WBC, CRP, CR, CRP, PCT, PT, INR.
- sent CRT.
- poor prognosis. Di

Name & Signature



NG RE

wt. 1.120 kg

9 days / m

R.O.S → 105 mg/dl

18/3/22

PHRC/TPD/MC/1006

# Medication Chart

Resident Name: Mr. Moh Jain  
 Address: 109/1, Moh Jain  
 Phone: 92521538  
 Room: NICU-101  
 JA: 16-03-2022 01PM  
 Resident: MOH JAIN

Medication	Dose	Route	Frequency	Recommended Time	Actual Time	Nursing Sign.
IV, MEROPENEM 125 mg (D-3) Diss 5ml	1ml + 5ml NS	IV	8HRly	6 Am 10 pm 2pm	5.40 Am	Signature
IV, TICLOPIDINE 200 mg (D-3) Diss 3ml	0.15ml + 5ml NS	IV	24HRly	10 Am	10 Am	Blow 200 mg
IV, AZITHROMYCIN 250 mg (D-3) Diss 5ml	1ml + 5ml NS	IV	12HRly	10 Am 10 pm	10 Am	Blow 200 mg
IV, TIGECYCLINE 50 mg (D-2) Diss 10ml	0.12ml + 5ml NS	IV	12HRly	10 Am 10 pm	10 Am	Blow 200 mg
IV, CAPREOMYCIN (D-3)	12mg + 5ml NS	IV	24HRly	2 pm		
IV, FORCAN (D-3)	7ml	IV	24HRly	6 pm		
IV, VIT-K (D-3)	1mg	IV	24HRly	12 MD		
IV, SYLATE	0.1ml	IV	12HRly	10 Am 10 pm	10 Am	Blow 200 mg
IM PENTAMIDOLIN	0.5 gm	IM	STAT			
IV, PULMOSOL + NS (D-2)	2ml + 22ml	@	1ml/hr	CONTINUE		
IV, DOPAMINE + NS (D-3)	0.6ml + 24ml	@	1ml/hr	CONTINUE		
IV, DOBUTAMINE + NS (D-3)	0.3ml + 24ml	@	1ml/hr	CONTINUE	6 Am	Signature
R.O.S CHECK			8HRly	10 pm 2pm	6 Am	
T-BACT OINTMENT (UMBILICAL AREA) (PRBL-Plan)						

and Checked By Signature

Name & Signature of In-charge Nurse Signature



Addressograph

Name

Consultant Name

Consultant: NIDHI JAIN

Dr. B/O SAVITREE

IP No. IP2521538

Ward/Room: NICU-IV/01

JA : 16-03-2026 01PM

Consultant: NIDHI JAIN

PHRC/IPD/DPN/007

## PROGRESS NOTE

Date / Time

B/O Savitree twin baby delivered on 9/3/26 via normal delivery at 7 months of pregnancy. Twin 1 died in outside hospital during treatment at the age of Day 7. Now twin 2 (B/O Savitree) is admitted in Pushpanjali hospital needs ventilator support & other medications. The parents Baby is showing signs of improvement but parent not able to continue treatment because parents are financially constrained & have exhausted all their available funds on the treatment of twin 1. They are currently unable to afford further medical expenses. Kindly provide financial assistance so that the treatment of their child can continue.

Thanking you,

Dr. Nidhi Jain  
Paediatric consultant  
Pushpanjali hospital  
agra.

Name &  
Signature

*N Jain*  
18/3/26