



Caring for the girl child foundation

DR SHROFF'S CHARITY EYE HOSPITAL
5027, KEDARNATH, DARYAGANJ

New Delhi, 110002, Phone 011 4352 4444/011 4352 8888
Website <https://www.sceh.net>

DISCHARGE SUMMARY

Name:	Mast. Murari Ji	MRNo.:	DEL-G-24-04-3436 (UID-758899)
Age (DOB):	11 Mo. (01-11-2023)	Gender:	Male
Date of Admisslon:	23-09-2024	Date of Discharge:	25-09-2024
Date of Operation:	23-09-2024		
Address :	Ram pur, bihar , Bihar , Bhagalpur , hatia , 821106		

Admit For

6th cycle of SD chemotherapy completed on 25.09.24

Diagnosis

Both Eyes RETINOBLASTOMA

Surgery Performed

Left Eye TTT Laser (Oculoplasty) - per sitting - each eye

NA Chemotherapy(1 cycle)* incl 1 night stay

N/A. EUA(Oculoplasty)

Anaesthesia

Course During Stay in Hospital Improved

Condition at Discharge Others

The patient's discharge process is planned in consultation with the patient and/or family.

Post-Op Instructions

RE GROUP A
LE GROUP B
strong sibling h/o RB
s/p 5th cycle of SD chemo completed 27.8.24

MRI (April 2024)- no e/o ONI/EOE
EUA done on 23/9/24- RE all scarred, LE active superior, inferior and nasal edge- TTT done superior and inferior edge

6th cycle of SD chemotherapy completed on 25.09.24

adv

r/w after 4 weeks for EUA+/- TTT

Condition explained and Management discussed with the patient.

Post OP instructions

Prescription

Route	Medicine Name	Dosage	Qty	Timings	Duration	Special Instructions
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Oral	SYRUP FERONIA XT	2.5ML	1	Once a day	Till Next Visit
Oral	SYRUP SHELICAL	2.5ML	1	Once a day	Till Next Visit
Oral	SYRUP ZINCOVIT	2.5ML	1	Once a day	Till Next Visit
Subcutaneous	INJ NEUKINE / COLSTIM 40mcg (6 UNITS IN INSULIN SYRINGE) on 30/8/24, 1/9/24, 3/09/24, 5/09/24		1		

INVESTIGATION REPORTS ATTACHED

Your next appointment is on 23-09-2024 08:00 AM with Dr Sima Das

Counselor Shayba Ali ()

If you experience any of the following symptoms which last more than 24hours, contact our emergency services or an ophthalmologist immediately. It is important that you be aware of these symptoms.

1. Any sudden worsening of vision
2. Pain and redness
3. A white or cloudy cornea or pupil.
4. Severe pain or a rapid decrease in vision, contact immediately.

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Sai rabiq
27/8/24



Dr Sima D
(OPHTHALMOLOGIS

IN CASE OF EMERGENCY, PLEASE CALL 01143524444, 4352... AVAILABLE 24 HOURS, 9643985154. EMERGENCY SE

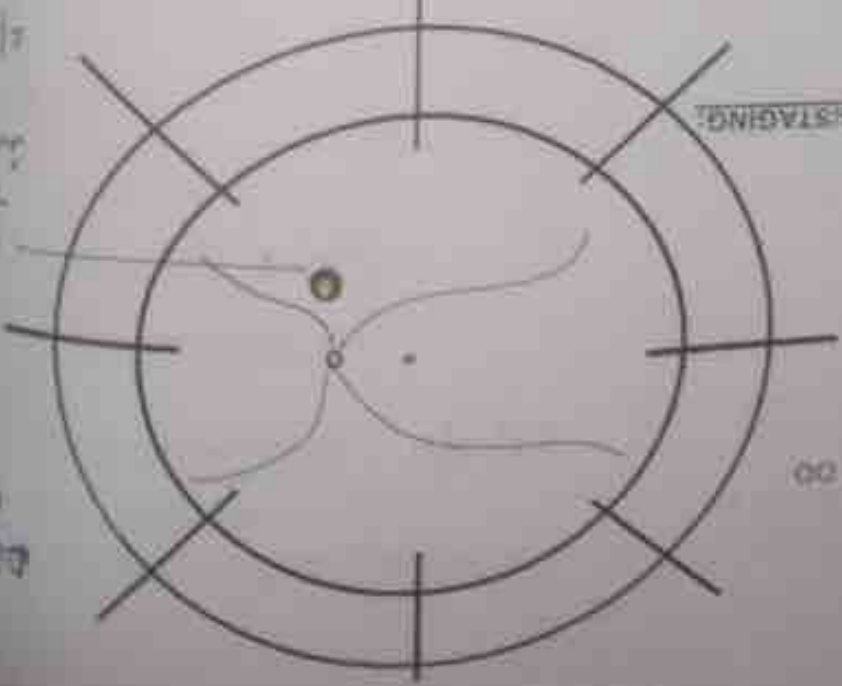
Start 5D chemo cycle
Keep admitted
Parents screening
EVA 1 + chemo 2 > 4 weeks

PLAN
RESPONSE OF THERAPY
FNAC
BONE MARROW/CSF



Group B - 05

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Group A

FNAC 00

Child or EMB

OUT PATIENT RECORD CONTINUATION SHEET

Name Murari ji MR No. Del-47-24-04-3436 Date _____

Date	Out Patient Record Continuation Sheet
1/5/24	<p>Temp - 97.4 F pulse - 120/min SpO2 - 97% wt - 7.4 kg ht - 66 cm</p> <p>CNS Dyslexia No Complaint Affected 3/4 of eye of eye (left eye) Chest all clear CVS (S3) Lungs clear All well</p> <p>Abdominal Report well Except SGPT which <u>Abn</u> - full for characterization - standard vital, - blood infection (+)</p> 

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TTT done

Power = 12.0 mm
Diameter = 10.0 mm
Spots = 5

TDD like lesion

Active lesion

RE group A

LE group B

TTT done

Adv

Admox-KR @ 1000

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Refer to Pediatric oncology → Prof. Ramesh Sethi / Dr. Jagdish
 20/10/21 for activity
 Systemic chemotherapy. Wed/Thu 10AM
 New eye 2nd floor
 CEMRI Brain + Orbit Antel, sagittal, coronal sections 2mm
 into thickness optic nerve & pineal gland. Av on Monday ward 4
 10AM for NRE 2 floor

येत्र ईश्वरीय सर्वश्रेष्ठ उपहार है जिन्का मनुष्य जीवन में दान करना परमश्रेष्ठ है।

इन्की पूर्ण रक्षा कीजिए ताकि ये आपकी रक्षा कर सकें।

Eyes are God's most precious gift to man kind and eye donation is the most noble deed.

Take full care of them so that they can take care of you.

Regd. for
Human Oncology
all india

(Curd. unit 6)

25/10

आई.डी. संख्या
No.

आचार्य राधिका टंडन का एकक
Prof. Radhika Tandon's Unit

रोगी का नाम Name of the Patient	पुत्र/पुत्री/पत्नी S/D/W	लिंग Sex	आयु Age	पता Address

मिदान
DIAGNOSIS

उपचार Treatment

Sisley of RB child
EVA s/o B/A RB

Ad

Myxent chemotherapy

Prof. Ravindra Seth, M.D.
Dr. BRAVNA CHAWLA

अभ्युक्त विज्ञान Professor Ophthalmology
Dr. R. P. Centre for Ophthalmic Sciences
आयु.आ.सं. नई दिल्ली/A.I.I.M.S., New Delhi

Chawal

not for
as

Sisley was not treated for chemo in both eye consulted for chemo 2/1/10

इस कार्ड को सुरक्षित रखें तथा अस्पताल में दिखाने के समय हर वक्त साथ लायें।

Kindly keep this Card safely and bring it on your follow-up visits.

- 1. धूम्रपान निषेध No Smoking
- 2. कूड़ा कर्कट केवल कूड़ेदान में ही डालें Use Dustbin
- 3. थूकिये नहीं No Spitting

earl
b/L
d



CHEMOTHERAPY PRE-CHECK LIST

1) PATIENT NAME- Mrs. Musari Ji

2) M R NO.- Oct-14-24-04-3436

3) NEXT OF KIN- Mr S/O Rinky Karmain

4) CONSULTANT NAME- Dr. Smita Das

5) ONCOLOGIST ADVISE- YES / NO

6) PEDIATRICIAN FITNESS- YES / NO

7) CYCLE OF CHEMO- 2nd cycle

8) CONSENT COMPLETED- YES / NO

9) INVESTIGATION REPORTS- YES / NO

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chemo dose verified
Atm
14/5/24

SIGN OF NURSE INCHARGE
NAME- Tanvi
DATE/TIME- 14/5/24.

Pre-Anesthesia Checkup

Department of Anesthesiology

Munawar J

MR No.

3436

Date

16/9/24

Age

Sex

M

Weight

Surgery Planned

(BE) EVA

HISTORY (Tick relevant points)

<input checked="" type="checkbox"/> Respiratory Dyspnea Recent URI / LRTI TB Pneumonia		<input type="checkbox"/> OSA COPD Fever	<input type="checkbox"/> Wt. Rhe Arthritis / GOUT Scoliosis / Kyphosis Muscle weakness	<input type="checkbox"/> Neuro / Musculoskeletal CVA / TIA Head Injury Fractures
<input type="checkbox"/> Cardiovascular Hypertension DOE Syncope / Faint LADGNA / MI Exercise Tolerance		<input type="checkbox"/> RENAL / Endocrine Renal Insufficiency Thyroid Disease	<input type="checkbox"/> Others Hemat. Disorder Pregnancy Smoking	
<input type="checkbox"/> Hepato / Gastrointestinal Cirrhosis GIB		<input type="checkbox"/> Others Radiotherapy Chemotherapy Alcohol Immunosuppressant Steroid Use Allergies		

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2. Significant Details of the above, if any

NVP of Indigestion / back held (+)

3. Current Medication(s)

Morbid Cal today - UE

4. PAST HISTORY

- No Previous Anesthetics
- Prolonged Emergence
- PONV

LA GA RA NA

- Post OP ICU admission
- Adverse anesthesia response in family

5. GENERAL / AIRWAY EXAMINATION

- | | | |
|-------------------|-----------------------|----------------------------------|
| • Pulse 140 / min | • Clubbing | • Intubation: Simple / Difficult |
| • BP mmHg | • Cyanosis | • Short Neck |
| • RR | • Icterus | • Mouth Opening <3cm >3cm |
| • Temp | • Obesity | • M.P. Class I E S, IV |
| • Mallor | • COH | • Thyromental >8cm <8cm |
| | • Loose Tooth | • Distance |
| | • Artificial Dentures | • Difficult Venous Access |